



**HAMMERSMITH AND FULHAM
LOCAL SAFEGUARDING CHILDREN BOARD**

**ANNUAL REPORT
2011/2012
Draft report**

Updated
05/09/12

Contents

1. **Foreword by H&F LSCB Chair**
2. **Summary**
 - 2.1 Key LSCB Priorities.
 - 2.2 Key Priorities and Progress for member agencies 2011-2012
3. **Governance and Accountability**
 - 3.1 Structure of the H&F LSCB in 2011-2012
 - 3.2 Governance Arrangements – agencies
 - 3.3 Role of Chair
 - 3.4 Lay Members
 - 3.5 Operational Group
 - 3.6 Training Commissioners' & Providers' Subgroup Membership
 - 3.7 Serious Case Review Subgroup Membership
 - 3.8 Audit & Practice Improvement Subgroup Membership
 - 3.9 Child Death Overview Panel
 - 3.10 Members of CDOP
 - 3.11 Neonatal Panel
 - 3.12 Budget 2011-2012
4. **Monitoring and Audits**
 - 4.1 Multi-agency audits
 - 4.2 Single Agency auditing activity
 - 4.3 Training Subgroup
 - 4.4 Audit and Practice Improvement Subgroup Report
 - 4.5 Serious Case Review Subgroup
 - 4.6 Child Protection Performance Report

- 4.7 Complaints
- 4.8 Joint Strategic Needs Assessment

5. How does the LSCB Monitor Activity and Quality Assure?

- 5.1 Sexual Exploitation
- 5.2 Early Intervention
- 5.3 Allegations against Professionals
- 5.4 Missing Children
- 5.6 Safe Workforce
- 5.7 Safeguarding in Schools

6. Priorities for next year

1. Foreword (Russell Wate, Chair of LSCB)

This is the final annual report for Hammersmith & Fulham's LSCB.

The Children's Act 2004 required each local authority to establish a Local Safeguarding Children's Board (LSCB). This LSCB was chaired firstly by Mr Andrew Christie for its first four years and then for the last two years by me as an Independent Chair. The LSCB has always been highly regarded nationally as a high performing one, and the current minister for children and families Mr Tim Loughton MP has positively commented on its activities and asked for this to be promulgated widely.

The LSCB as a single local authority LSCB will no longer exist from 1 April 2012, when it will become part of the Tri-borough LSCB which will incorporate as well as this LSCB, the LSCB's for Kensington & Chelsea and City of Westminster. The first meeting of the Tri-Borough LSCB takes place in April 2012.

The following report will outline what activity agencies have completed in the preceding months as well as outline what activity they are carrying out currently to safeguard and promote the welfare of children. The future activity is worthy of note as is the positive Ofsted evaluation of the multi agency contribution to safeguarding.

Safeguarding children requires all agencies working with children and their families to work together. I am pleased to say Hammersmith & Fulham does this very well.

Ofsted in their inspection in June 2011 made the following comments

On the strength of the LSCB:

- Partnership working is outstanding at both a strategic and operational level. The LSCB fulfils its statutory duties well and provides highly effective and consistent community and professional leadership in relation to universal, targeted and specialist safeguarding services;
- At a strategic level, the LSCB is robust in auditing the work of agencies and their compliance with action plans arising from serious case reviews;

- The LSCB has a demonstrable commitment to tackling challenging issues such as children with long-standing or repeated child protection plans, which it does through multi-disciplinary case discussion.

The main areas of activity for the LSCB have been:

- 1) Understanding high numbers of children on CP list and developing an action plan.
- 2) Promoting improved participation of agencies at core groups and conferences.
- 3) Reducing long term CP plans, increasing rate of CP plan removals.
- 4) Analysing re-registrations.
- 5) Multi agency audit work looking at 2 children in need cases, 2 CP cases and 2 Looked after Children cases.

The LSCB carried out a serious case review into the tragic death of a 12 year old (child A) who had spent almost 8 years as a looked after child. This SCR has developed a number of recommendations and an action plan. Ofsted evaluated the SCR, recommendations and action plan as outstanding. A review into the death of a three month old is taking place using the systems methodology, and will report in July 2012.

I have thoroughly enjoyed over two years as the Independent chair of the LSCB and have nothing but admiration to the commitment to keeping children safe that is shown in Hammersmith and Fulham.

Russell Wate QPM MSc

2. Summary

2.1 The table below outlines the key priorities and activities that the multi-agency partners that make up Hammersmith & Fulham's LSCB have carried out within the last year. They were asked to highlight answers to four key questions.

- What were the key safeguarding priorities for 2010/11? How had these been identified?
- What are the key areas of progress/achievements in relation to these priorities (and others which may have emerged during the year) .What is the evidence of improved outcomes?
- What are the remaining challenges and issues?
- Any specific safeguarding update,

2.2 Key priorities and progress for individual agencies

Key Priorities and progress for individual agencies				
Name of Agency/Service	What were the key safeguarding priorities for 2010/11? How had these been identified?	What are the key areas of progress/achievements in relation to these priorities (and others which may have emerged during the year)? What is the evidence of improved outcomes?	What are the remaining challenges and issues?	Any specific safeguarding update?
Contact and Assessment Team (CAS)	Continuing to maintain timescales and improve quality Further develop Feedback from service users Link and establish formal audit process Common Assessment Framework processes with	Development and implementation of Single Child and Family Assessment as part of Department for Education pilot project / Trial Timescales continue to be monitored and maintained	Seeking feedback from agencies and service users particularly in respect of the piloting of the single child and family assessment.	No

Key Priorities and progress for individual agencies				
	CAS activity			
Family Support and Child Protection (FSCP)	<p>Maintaining reduction in numbers of children subject to CP plans.</p> <p>Reduce length of time children subject to plans</p> <p>Improved stability in staffing in child protection social work teams, reduction in use of agency staff</p> <p>We have worked with the CP chairs to improve the quality and quantity of child protection plans to ensure that they are focused on risk and outcomes.</p> <p>The staff group have been able to access targeted training to support them in their work.</p>	<p>The numbers of children subject to CP plans have steadily reduced over the last year and have stabilised at a level that we believe is a realistic.</p> <p>This has been an ongoing piece of work throughout the last 18 months. We have provided multi-agency scrutiny of those children who have been subject to a plan for over 12 months and the cases where parents are non compliant.</p> <p>We have reduced the turnover of staff and the use of agency staff. This has had a direct and positive impact on the number of changes of social workers that children and their parents experience.</p> <p>The length and quality of our child protection plans have improved. The recommendations are more easily measureable in relation to the progress that families make in reducing risk to their children.</p> <p>Team managers and staff are able to access a comprehensive offer of training to improve their understanding of the complex issues in risk</p>	<p>Ensuring social workers feel confident in managing potentially challenging core groups.</p> <p>Reviewing the work carried out at core groups to ensure that all agencies are addressing recommendations between conferences, to progress the cp plan effectively.</p> <p>Continuous improvement in relation to the staff groups, experience and skill and managing complex child protection and risk assessment work. We are piloting a new quality assurance framework in 2012/13 to identify service strengths and areas for development.</p>	<p>Ofsted recommendations have been fully implemented</p>

Key Priorities and progress for individual agencies				
		assessment.		
Disabled Children's Service	<p>To train NQSW to an appropriate level whereby they can undertake CP practice safely.</p> <p>To participate as the pilot service in the Ofsted Thematic inspection of Safeguarding for Disabled Children.</p> <p>To induct our new sessional workers and ensure they are trained in and able to recognise safeguarding concerns.</p> <p>To ensure staff continue to have access to specialist training in safeguarding disabled children.</p>	<p>All NQSW were trained appropriately and in accordance with the NQSW training standards.</p> <p>We were the pilot authority for the first Ofsted Thematic inspection of Safeguarding for Disabled Children (Jan2012) which went successfully and which resulted in us being given an opportunity to feedback to Ofsted regarding their methodology for undertaking these thematic inspections for other local authority disabled children's services.</p>	<p>To ascertain whether all services that need to refer safeguarding concerns to us are doing so appropriately.</p> <p>To ensure all CP Plans have clear outcome and that we are able to evidence that these outcomes have been met.</p>	Pilot authority for the Ofsted Thematic Inspection of Safeguarding for Disabled Children.
Adoption and Fostering	Foster Carers To provide training, support and supervision of all carers. Consult with service users, providers, professionals and other agencies to highlight service development needs.	LBHF is 40% above the national average in relation to the number of permanency placements for the year. Significantly high in the number of connected persons/SGO placements made for the year. LBHF also posted the fourth best figures	Increase the number of in-house foster carers. Work more closely with the Children in Care Council and Foster Carers' Association with the view to promoting service user feedback and improving the quality of service	Review of Allegations against carers completed with the view to improving our understanding of the training needs of carers and thus looking at new and creative opportunities to provide support and supervision such

Key Priorities and progress for individual agencies				
	<p>Work in partnership with foster carers, children and young people and their families, and with other professionals and agencies.</p> <p>Adoption and Permanence To match all children under five years old with permanent carers within 12 months of court permission for permanent placement.</p> <p>Reduce the length of time that children spend waiting for permanent placements.</p> <p>To improve the quality and level of post order support with the view to preventing placement breakdown.</p> <p>All priorities were identified as an outcome of teams working on their own and then joining together as a service and from the strategic priorities set nationally and by the leaders of the respective councils.</p>	<p>nationwide in relation to the average number of days for placing children in adoptive placements.</p> <p>The service has successfully merged with RBKC and WCC to function as a tri-borough service.</p>	<p>delivery.</p> <p>To enable and support children and service users to use the complaints process with confidence.</p> <p>To improved the quality of support provided to foster carers with the view to enhancing their skills and capacity to manage the challenges of undergoing an allegation or complaint from a Looked after Child more safely.</p> <p>To reduce the length of time children spend waiting for a permanent placement.</p> <p>To increase the number of adopters for children from a black and ethnic minority background.</p> <p>To enable and support adopters who opt to adopt children from different cultural and ethnic backgrounds.</p>	<p>as mentoring for experienced carers and an improved induction and orientation programme for new carers.</p> <p>Ensure that all staff and all carers have access to training and support as well as written guidance in relation to allegations and complaints.</p> <p>Service undertakes regular audits of cases with the view to improving service to carers and children and promotes best practice within the service.</p>

Key Priorities and progress for individual agencies				
<p>Housing</p>	<p>Children's Safeguarding responsibility & awareness to be part of every divisional member's job description.</p> <p>Housing attendance at Multi Agency Safeguarding Delivery Group led by CSD</p> <p>Ensure that all new written procedures give consideration to Safeguarding Children agenda</p> <p>Ensure Safeguarding training is maintained at 100% of Housing Options staff members</p> <p>Review of Safeguarding role across Housing & Regeneration Department following reintegration of H&F Homes</p>	<p>The Divisional reorganisation implemented 1.3.12 makes Safeguarding a key area of responsibility in all divisional job descriptions</p> <p>Attendance at MASSDG has been maintained with HOD representative Carmel Benson & Housing Management Services Peter Hannon</p> <p>All new members of staff have attended basic awareness training</p> <p>Review of procedures ensures Safeguarding inclusion where relevant</p>	<p>All divisional procedures are currently under review and consideration will be given by managers to the Safeguarding agenda where relevant</p>	<p>Enhanced CRB checks are made where relevant</p> <p>Housing were involved in the 11/12 Inspection of Children's Services and the outcomes for communications between children's services and housing department were noted as good</p>
<p><u>Health organisations incorporating: NHS INWL (Hammersmith and Fulham),</u></p>	<p>The PCTs for the tri-borough came together to form INWL PCTs in April 2011. This meant that safeguarding had to be reworked to ensure robust structures remained in</p>	<p>The Designated professionals work together as a team across the tri-borough. One Designated Nurse leads for Hammersmith and Fulham and Westminster. Since January 2012 there has been the additional support of a</p>	<p>There are significant reforms underway of the NHS which will greatly impact on the way health services are commissioned in the future and the roles of the</p>	<p>Learning from the Inspection and SCR has been linked with the learning from cases in the other boroughs to inform future practice of the tri-borough LSCB.</p>

Key Priorities and progress for individual agencies				
<p>Imperial College Trust, West London Mental Health NHS Trust, Central London HealthCare NHS Trust</p>	<p>place. The Designated nurse and Commissioners led on the health aspects of the Safeguarding an LAC inspection in June 2011.</p> <p>Collection of data to provide assurance regarding safeguarding performance and also to demonstrate the range and good practice in safeguarding activity has been a key priority for providers to submit to the PCT for analysis on a quarterly basis.</p>	<p>Deputy Designated Nurse to work with Independent Contractors such as GPs. The PCT continues to have service level agreements in place for 2 sessions a week each for a Designated Doctor for Safeguarding Children and Named GP. The executive Lead Director for safeguarding is Dr Melanie Smith, Director of Public Health. During 2011-12, the PCT Board received quarterly reports regarding safeguarding.</p> <p>Named GPs have worked to raise the GP profile within safeguarding and effectively contributed to multi agency meetings. They have also established Lead GP forums to ensure all practices across the borough have up to date information.</p> <p>All of the providers contributed to the inspection</p> <p>Training programmes had been successful in significantly improving the levels of staff up to date with safeguarding knowledge within all the providers.</p> <p>CLCH has developed the data collection to enable analysis of contribution to conferences by health visitors and school nurses. Safeguarding</p>	<p>Designated professionals. Work is currently being done to ensure that safeguarding remains secure once the PCT ceases to exist in April 2013. For the Tri-borough LSCB a Designated Doctor and Nurse will continue to act as advisers. Health will also continue to chair the child death overview Panel and contribute to all sub groups.</p>	<p>Changes to the safeguarding structure have taken place within WLMHT with a Lead Director in place for safeguarding. In CLCH a Head of safeguarding has been recruited to oversee the work across the whole Trust. This has strengthened the impact of safeguarding issues within the Trust.</p>

Key Priorities and progress for individual agencies				
		<p>supervision for HVs and SNs is monitored and has been made available to more teams.</p> <p>Chelwest have established a robust system for discussing safeguarding concerns through more effective psychosocial meetings.</p> <p>Imperial have set up regular reporting regarding safeguarding activity including the number of referrals made and the primary reason for the referral.</p>		
Imperial	<p>Effective safeguarding children training programmes for 9,500 staff</p> <p>Improved capacity in the Safeguarding Children's team:</p>	<p>82% of staff have been trained at the appropriate level, as a 3 yr rolling average</p> <ul style="list-style-type: none"> • New Liaison Health Visitor post developed to cover the ED services at Hammersmith and Charing Cross hospital. This complements the LHV post in ED at St Mary's hospital • Improved Liaison Health Visitor cover in the Trust's Emergency departments (ED'S) • CNS for safeguarding to support Named Nurse commenced summer 2011 	Meeting requirement for level 2 training increased	<p>Revised training strategy in place for 12/13 due to new Intercollegiate guidance. Feedback to LSCB in annual report.</p> <p>Both new posts successfully recruited to</p>

Key Priorities and progress for individual agencies				
	<p>Further policy development</p> <p>A review of infant abduction and baby tagging policy was required in order to optimize security arrangements in both maternity units</p>	<ul style="list-style-type: none"> • Policy for the management of IMR's • Policy for the management of allegations against staff • Full risk assessment and cost benefit analysis undertaken. Immediate and long term solutions identified. Outcome: • The exit system from the ward areas at St Mary's Hospital was changed to a controlled exit system and was implemented in May 2012 • Radio frequency identification (RFI) for all babies will be implemented with the introduction of CERNER in April 2013 • Baby tagging system will be used for babies with safeguarding concerns until full implementation of the RFI system 	<p>Increasing staff awareness of allegations against staff guidance</p> <p>Increasing patient awareness about security and safety of babies – leaflet and poster currently being developed and policy is being updated</p>	<p>Policies currently in use</p> <p>Feedback to LSCB on outcome in ICHT annual report</p>
C&W NHS Trust,	With the increased training requirements of the	Much of the above required strengthening our admin support and we	We continue to strive to achieve 100% compliance for	We have had no SCRs or IMRs to inform our learning in

Key Priorities and progress for individual agencies				
	<p>intercollegiate document we were aware that uptake of training at levels 2 and 3 was low and therefore we needed to push this out to all relevant staff. Child Protection List (CPL) flagging was working quite well but there were some difficulties in accessing the flags on all the IT systems in use within the Trust. A large number of children from outside the 4 local boroughs continue to be seen in our Paediatric Emergency Department and therefore we were concerned we were not identifying all children subject to a Child Protection Plan. We were starting to collect Key Performance Indicators (KPIs) for safeguarding issues in order to evidence to commissioners that we have robust systems in place.</p>	<p>were successful in recruiting another person to help the incumbent carry out their duties. We have successfully increased our training uptake for level 2 and 3 training from A to B and C to D respectively. This was achieved by offering a lot more training opportunities with the help of our expert external trainers. Feedback has been very positive and has led to continued increases in calls for advice and referrals to Social Services – this indicated improved practice. We have worked hard to mitigate against any potential risk in our Paediatric Urgent Care Centre (UCC) which utilise two IT systems (Adastra and Lastword) that don't link with each other. We have extended CPL data on Adastra to include Wandsworth children. We are planning to extend coverage for both IT systems to Ealing and Hounslow children and if this is achieved we will be one of the few trusts that is able to capture and integrate so much data. We have continued to work hard on the KPIs and have been able to capture a full year's data which has been very helpful to look at trends. We are continuously extending and refining the datasets so that it can become more</p>	<p>training at all levels but we recognise that with the high turnover of staff this may not be practically possible. A large number of staff receive training elsewhere and our training management system cannot effectively capture this so this needs to be collected from staff individually.</p> <p>We are looking at how we can better collate this data.</p>	<p>this period.</p>

Key Priorities and progress for individual agencies				
		meaningful.		
Community Drug and Alcohol Service (CDAS) CNWL	<p>For all staff to complete/update the e learning packages for safeguarding children</p> <p>To establish and maintain protocols with partnerships and ensure pathways are in place for referral and to aid communication</p> <p>To ensure that safeguarding continues to be embedded into practice through supervision and multidisciplinary discussion</p> <p>To audit safeguarding cases and ensure a high standard of care is maintained feedback good practice or any area requiring improvement</p>	<p>Safeguarding children E leaning has been completed by all staff and evidence provided to the Trust (some other staff have also completed additional training in relation to safeguarding within the borough)</p> <p>Links have been maintained and protocol developed with partnership agencies</p> <p>Safeguarding issues are being addressed through assessment, supervision, training and clinical meetings</p> <p>A Trust audit has been completed and awaiting feedback</p>	<p>To further develop protocols to ensure that when a child is identified as being 'at risk' that a referral is made to the appropriate team and that any immediate action is taken to safeguard.</p> <p>Communication between services following referral and assessment</p>	No
Standing Together Against Domestic Violence	<p>a. 24 Targeted groups of vulnerable young people aged 13-19 years to be more aware of dynamics of domestic violence in intimate relationships and how to keep themselves safe. (12 to be more aware in Year 1; 12 in Year 2)</p>	<p>For outcomes 1&2 we have exceeded our targets and increased awareness in 71 vulnerable young people We have worked in partnership with Women and Girls Network and HAFAD</p> <p>Outcomes 3- 6 have been more problematic and referrals have been the major issue as services wouldn't refer to a service delivered during school time. This took a lot of time to work through</p>	<p>To continue to find a way to deliver therapy to school children in a way that does not impact on their in school time.</p> <p>To ensure that all children's workforce know how to identify, risk assess and refer appropriately to domestic abuse services.</p>	<p>Although DV specialist are now well aware of Independent Domestic Violence Advisors (IDVA's) and Multi Agency Risk Assessment Conference (MARAC) practitioners may not understand the severity of risk attached to a MARAC referral. Practitioners were</p>

Key Priorities and progress for individual agencies			
	<ul style="list-style-type: none"> b. 20 Young people aged 13-19 in the targeted most vulnerable groups feel safer (re domestic violence) as a result. (10 in Year 1; 10 in Year 2) c. 48 Young survivors aged 3-13 years to feel increased confidence (a) in the sessions and (b) generally in their lives. (24 in Year 1; 24 in Year 2) d. 48 Young survivors aged 3-13 years to feel safer (24 in Year 1; 24 in Year 2) e. 44 Non abusing parents or carers of young people aged 3 -13 years to feel more confident in supporting their children. (22 in Year 1; 22 in Year 2) f. 44 Non abusing parents or carers of young people aged 3 -13 years to feel more confident generally. (22 in Year 1; 22 in Year 2) 	<p>and in February 2012 an out of schools service was agreed. In year 1 (October 10 –Sept 11) 25 assessments were completed but not all took up the service. In year 2, 17 families will be offered individual support.</p>	
<p>aware that MARAC indicated DV, but not that it was at a level likely to cause serious harm or murder. Training has been started with practitioner groups (starting in children's services) ensuring a clear understanding of risk levels.</p>			

Key Priorities and progress for individual agencies				
Police	<p>The Central police Child Abuse Investigation Team (CAIT) has responsibility for all CAIT investigations across the Tri-Borough area .During the financial year 2011/2012 CAIT dealt with 751 referrals from police, statutory and NGO partners of which approximately 45% were generated in response to safeguarding concerns in Hammersmith and Fulham. In addition to this CAIT responded to 356 specific requests for information from Hammersmith and Fulham Children's Services.</p>	<p>In Hammersmith and Fulham there are currently 150 children subject to protection plans with data held by police and partner agencies reviewed every six weeks.</p> <p>Established information sharing agreements ensure the most up to date information is provided to partner agencies enabling social care professionals to respond quickly to protect and support the most vulnerable children. The CAIT investment to increase the number of Police Conference Liaison Officers has enabled CAIT to attend all Initial conferences for children subject to a Protection Plan which includes all pre-birth and transfer conferences across the three boroughs. Staff from the Central CAIT were also able to attend 25% of Review Conferences conducted by Hammersmith and Fulham and otherwise providing written or verbal updates for 100% of cases; in line with safeguarding objectives.</p> <p>Since January 2012 CAIT officers have been deployed on a three shift rota providing round the clock cover to respond faster to critical incidents as they arise and provide advice where it is</p>	<p>The Child Risk Assessment Matrix risk assessment tool (CRAM) for current investigations and for children subject to protection plans has become embedded as part of core CAIT business. This process is an audited and supervised review of known information to establish if identified changes in circumstances for children at risk require additional intervention. The Central CAIT has also been able to respond positively to requests to participate in Multi-Agency audits conducted in partnership with Health, Education and Social Services with an increased emphasis on children who have been subject of protection plans for more than twelve months.</p>	<p>Strong partnerships have been maintained with Great Ormond Street Hospital (GOSH) and the Foundation for the Study of Infant Death (FSID) to improve the level of service provided to parents who suffer the tragic loss of children under two years old through Sudden and Unexpected Death in Infancy (SUDI). The methodology of SUDI investigations, developed with partners through Project Indigo, has been recognised by the Association of Chief Police Officers (ACPO) Child Death Sub Group as best practice. Project Indigo continues to provide a high quality service to victims and families balancing the need for robust investigation in extremely sensitive circumstances.</p> <p>The Central CAIT currently continues to form part of the permanent membership of the Tri-Borough Case Review panel and Training panel.</p>

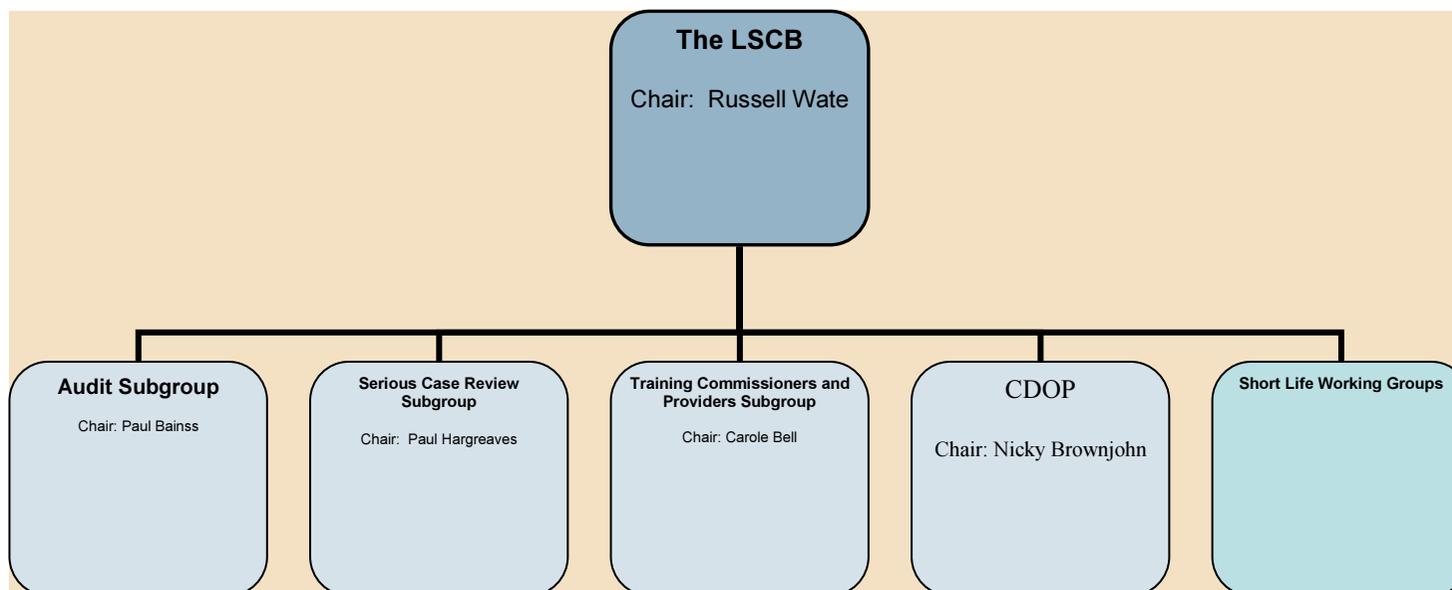
Key Priorities and progress for individual agencies				
		<p>suspected that children are at immediate risk of significant harm. This is in addition to the 24/7 response already provided by uniformed colleagues across the MPS.</p>		<p>Partners in police, health, education and social care also participate in the two day Multi-Agency Critical Incident Exercise (MACIE) and a one day Child Abuse Practitioners Exercise (CAPE)</p>
<p>Education</p>	<p>The Centrally Retained Education Welfare (CREW) advisory service was established in June 2011 following a review of the Education Welfare Advisory Service.</p> <p>It has been responsible for a wide range of work which has a significant responsibility towards safeguarding and child protection.</p> <p>Communication</p> <p>CREW have compiled a manual for use by schools 'Managing school attendance and safeguarding - a manual for schools'. This was delivered to all schools in LBHF in September 2011 and contains child protection procedures, a model CP policy and a leaflet for schools</p>	<p>Child protection training for schools</p> <p>All schools in LBHF have a service level agreement entitling them to school based CP training. Since September 2011 a total of 51 sessions have been delivered to 1324 education staff by CREW. Participants have included head teachers, teachers, support staff and school governors. Additionally, there have been 2 Designated Teachers seminars, run in conjunction with Kensington and Chelsea attended by representatives from 34 LBHF schools. Issues raised in relation to school participation in case conferences was a key topic at the designated teachers seminars. All training has been evaluated as either good or excellent and all LBHF schools have chosen to continue to purchase this training 2012/13.</p> <p>Children in entertainment and</p>	<p>Children Missing Education</p> <p>Children who are without a school place not only miss out on an education but also do not have regular contact with any professionals. CREW are responsible for working with admissions and colleagues in other services (such as housing) to track all children notified as CME. A total of 252 such children have been referred to CREW between September 2011 and April 2012 with all but 15 now having been placed. Statutory register inspections have been carried out by CREW in all LBHF schools to ensure no child has been inappropriately removed from a school roll and gone missing.</p>	<p>Children Electively Home Educated (EHE)</p> <p>Parents and carers are allowed in law to elect to home educate their children and the vast majority who do this do a satisfactory job. But as with children missing education, such children miss out on regular contact with professionals, any issues and vulnerabilities may not be identified and appropriate support cannot be offered. In LBHF all home educated children are visited at least annually. There are currently 64 such children known to CREW, an increase of 36% compared to the same period in the previous year.</p>

Key Priorities and progress for individual agencies				
	to inform parents of CP procedures. The manual has been well received and is about to go into its second print.	<p>employment</p> <p>CREW has issued a total of 173 child entertainment licences since September 2011. Prior to issuing a licence, checks are done by CREW staff with the child's school and doctor. A CRB check is also carried out on chaperones. In addition premises checks are being introduced to ensure sufficient regard to children's health and safety and adherence to relevant legislation is ensured.</p>		

3. Governance and Accountability

3.1 Structure of the H&F LSCB in 2011/12

During the past year the configuration of LSCB governance and structure has been reviewed. This has followed both the appointment of an independent chair and development of Tri-borough LSCB. Multi-agency links have developed with K&C and Westminster. This will lead to the 3 LSCBs forming joint groups around particular activities from April 2012.



3.2 Governance Arrangements

The LSCB hold four Executive group meetings annually, and the attendance by the members over the last year has been approximately 70 percent.

MEMBERSHIP LIST

Name of Member	Title	Agency
Russell Wate (Chair)	LSCB Independent Chair	
Barlow Judith	Director of Services	Central London Community Services
Bell Carole	Head of Children's Commissioning	Inner North West London Primary Care Trusts
Lucy D'Orsi	Chief Superintendent	Metropolitan Police
Chamberlain John	Assistant Director, Adult Social Care	LBHF
Christie Andrew	Director of Children's Services	London Borough of Hammersmith and Fulham (LBHF)
Davis Therese	Chief Nurse	Chelsea and Westminster NHS Trust
Deacon Tim	LSCB Strategic Lead	LBHF
Flynn Catriona	Team Manager	CAFCASS
Hargreaves Paul	Designated Doctor/Consultant Paediatrician	Chelsea and Westminster Hospital
Hassell Lynda	Head of Nursing for Paediatrics	Imperial College Healthcare NHS Trust
Houghton Peter	Assistant Director, Complex Needs	LBHF
Houston Nicola	Executive Support Manager	Community Services, LBHF
Hutton Amy	Divisional Manager	Housing
Nicky Brownjohn (Acting)	Designated Nurse for CP	Inner North West London Primary Care Trusts
Mangan Helen	Director, H&F Service Delivery	West London Mental Health Trust

	Unit	
Miley Steve	Assistant Director, Complex Needs	LBHF
Pettavel Michael	Representative Head	H&F Schools
Julie Papacoda	Head of Service	H&F Localities Team
Dr Johan Redelinghuys	Named Doctor	WLMHT
Jim Wingrave	Head, Child Abuse Investigation Team	Metropolitan Police
Smith Melanie/Ike Anya	Director of Public Health	Inner North West London Primary Care Trusts
Terry Michael	Senior Probation Officer	London Probation Service
Whiting Sarah (Melanie Smith, Anya Ike)	Managing Director	H&F Primary Care Trust
Wills Anthony	Chief Executive	Standing Together
Zielinski Cressida	Designated Nurse for Child Protection	WLMHT

3.2 Governance and accountability arrangements - agencies		
	What is your service's involvement in the LSCB and its subgroups?	Does the service have a child protection policy that includes clear expectations in relation to identification, recording and reporting of safeguarding concerns?
Contact and Assessment Team	This occurs through senior management and Quality Assurance attendance	Yes
Disabled Children's Service	Service manager is on the Tri Borough LSCB Sub Group for training	Yes the service shares the same police as Family Services in Hammersmith and Fulham.
Fostering Service	LSCB trainer covers training on private fostering. Foster Carers are also subject to annual reviews that are chaired by an IRO, thus promoting independent scrutiny in regard to the development and progress of carers.	Yes
Health incorporating: INWL PCTs (NHS Hammersmith and Fulham), Imperial College Trust, West London Mental Health NHS Trust (WLMHT), Central London Community HealthCare NHS Trust (CLCH)NHS Hammersmith and Fulham	Health contributes to all sub groups and have been significant members of the LSCB main board. The CDOP is chaired by health.	All health providers of NHS care have CP policies in place.
C&W NHS Trust,	The Designated Doctor	Yes – this is available to all staff and is covered in all

	<p>attends the LSCB and attends Case Review and Quality Assurance subgroups, as well as the Child Death Overview Panel. Vanessa Sloane (Directorate Nurse in Paediatrics) attends the Quality Assurance subgroup. Therese Davis (Executive Trust Lead) attends the LSCB and Children's Trust Meeting.</p>	<p>levels of training.</p>
<p>Community Drug and Alcohol Service (CDAS) CNWL</p>	<p>Sector manager to represent the service on the 'safeguarding children's board'</p>	<p>Yes</p>
<p>Standing Together Against Domestic Violence</p>	<p>Standing Together sits on the Tri borough LSCB and the Tri Borough LSCB training group. Both of these are new groups and Standing Together will continue to work with our partner agencies as the Tri Borough LSCB develops. We work to support the overarching LSCB objective to better safeguard children affected by domestic violence.</p>	<p>Standing Together has an internal child protection policy and through the course of our partnership and project work advocate the development and implementation of child protection policies for all partner agencies</p>
<p>Housing</p>	<p>Housing representatives attend both groups</p>	<p>The service is subject to the Councils overarching policies on reporting any areas of concern via alerts to Children's Services teams</p>

3.3 Role of Chair

The Independent LSCB Chair, Russell Wate, was appointed in January 2010. The chair oversees the work of the LSCB and chairs the quarterly LSCB Executive meetings, providing independence, scrutiny, leadership, challenge and strategic vision to the LSCB; ensures that LSCB meets its statutory responsibilities and objectives as set out under the Every Child Matters agenda, Working Together to Safeguard Children, the London Child Protection Procedures, the Children's Act and other national guidance. The Chair ensures that the LSCB co-ordinates, monitors, reviews and evaluates safeguarding practices in the borough, and that LSCB member agencies are adhering to good practice in line with guidance and requirements.

The Chair will challenge poor practice and performance and ensure that LSCB member agencies work together to take corrective action and make improvements. He has already provided leadership in respect of the work around serious case reviews. The chair also oversees the LSCB complaints process and will be involved when the need arises

3.4 Lay Members

The recruitment of a Lay Member has been delayed pending the merger with Kensington and Chelsea and Hammersmith and Fulham

3.5 Operational Group Membership

This group ended in December 2010. However since March 2011 a similar multi agency meeting of lead CP professions has met. Given that in Kensington and Chelsea a similar operational group meets regularly it is possible that the new 3 borough LSCB may seek to formalise the links between such groups and the main LSCB

3.6.1 Training Subgroup Membership

Carole Bell	Assistant Director, Commissioning (Chair)
Steve Andrews	Team Manager, Targeted Youth Support
Anthony Smith	Met Police
Carmel Benson	Acting Housing Support Manager, H&F
Cressida Zielinski	Designated Nurse for Child Protection, West

Tim Deacon	London Mental Health Services
Sue Hayward	Strategic Lead, H&F LSCB
	Representative from Schools
Roger Jones	Service Manager, Contact and Assessment
Katherine Douglas	Director, Kingwood Learning Centre
Nova Levine	Manager, LAC Education Team
Steve Miley	Director Family services.
Nicky Coote	Consultant Paediatrician, Hammersmith Hospital
Peter Okali	Chief Executive, CAVSA
Peta Sissons	Training and Information Officer, Standing Together
Paul Hargreaves	Designated Doctor for Child Protection
Ian Ruegg	Principal Enabling Officer, H&F
Bev Sharpe	Service Manager, FSCP and Askham, H&F
Emma Sleight	Substance Misuse Co-ordinator, H&F
Elizabeth Spearman	Principal Education Welfare Advisor, H&F
Jonathan Weavers	Interim Head of Housing Advice, H&F
Aileen Hamilton	Named Nurse for Safeguarding Children, CLCH
Anshu Kashyap	Health Improvement Project Officer, H&F
Ionela Flood	Third Sector Representative
Jeff Nascimento	Third Sector Representative
Jo Forsey	Imperial College Healthcare NHS Trust

3.7 Serious Case Review Subgroup Membership

Steve Andrews	Team Manager, Targeted Youth Support, H&F
Tim Deacon	LSCB Strategic Lead, H&F
Paul Hargreaves	Designated Doctor for Child Protection (Chair)
Sue Hayward	Representative from Schools
Nicky Brownjohn	Designated Nurse for Child Protection
Jim Wingrave	Head of Child Abuse Investigation Team, Metropolitan Police
Lenora Nelson	Senior Community Services Lawyer, H&F
Bev Sharpe	Service Manager, Family Services & Child Protection Teams & Askham

3.8 Audit & Practice Improvement Subgroup Membership

Steve Andrews	Team Manager, Targeted Youth Support, H& F
Paul Bains	Head, Safeguarding and Quality Assurance, H&F
Tim Deacon	Strategic Lead, LSCB
Paul Hargreaves	Designated Doctor for Child Protection (Chair)
Sue Hayward	Representative from Schools
Nicky Brownjohn	Designated Nurse for Child Protection
Lenora Nelson	Senior Community Services Lawyer, H&F
Bev Sharpe	Service Manager, Family Services & Child Protection Teams & Askham, H&F

3.9 Child Death Overview Panel

This is the fourth Annual Report of the Westminster, Hammersmith and Fulham Kensington and Chelsea Child Death Overview Panel (CDOP). It gives a summary of the work undertaken by the Panel in the last year, and sets out future action.

The work of the Panel itself has focussed on examining specific incidents of child deaths across the three boroughs, drawing conclusions about whether those deaths were preventable, and considering factors that seemed to have contributed to those deaths.

The CDOP has been fully functioning with key agencies contributing to the process during the last year. During 2011 the panel met on 4 occasions and completed full child death reviews on 36 children of children of families resident in the boroughs of Westminster, Hammersmith & Fulham and Kensington & Chelsea. These cases were from 2009-10, 2010-11 and 2011-12. The CDOP is not effectively able to fully review a death until information is gathered and other processes have been completed such as inquests and serious case reviews.

3.10 Members of the Child Death Overview Panel:

Nicky Brownjohn	Designated Nurse, NHS Westminster, Chair
Jean Chapple	Public Health, Westminster PCT
Tim Deacon	Safeguarding and Partnership Manager, H&F
Paul Hargreaves	Designated Doctor
Jim Wingrave	Detective Inspector for Central CAIT
Nelly Ninis	3-borough Designated Doctor
Iwona Puszczewicz- Moreno	CDOP Manager
Sara Sunderland	Designated Nurse, K&C PCT
Angela Flahive	LSCB Manager, Kensington and Chelsea
Debbie Raymond	Head of Safeguarding, City of Westminster

3.11 Neonatal panel - additional members as specialists;

Wendy Allen	Named Midwife for Safeguarding Children, Chelsea and Westminster NHS Foundation Trust
Therese Chapman	Consultant Midwife, Named Midwife for Safeguarding, ICHNT
Sunit Godambe	ICHNT, St Mary's Hospital
Gary Hartnoll	Neonatologist, C&W Hospital
Alex Mancini	Matron Neonatal Unit, Chelsea and Westminster Hospital
Lidia Tyszczyk	Neonatologist, Queen Charlotte Hospital

3.12 Budget 2011-2012

(This follows consultation with Alexandra Ward)

Budgeted Funding Source	2011/12
Core LBHF funding	330,095
PCT Health contribution	34,000
Met contribution (tbc)	
Total funding	364,095
Budgeted expenditure	
Training staff	57,242
External training	11,900
Room hire/refreshments	3,000
Equipment hire	500
Total training costs	72,642
Staffing costs	96,168
Child Death Review	28,000
Serious Case Review	25,000
SB Independent Chair	30,000
Printing costs	4,500
Other costs	800
Corporate SLA's	152,695
Total other costs	337,164
Total expenditure	409,805
Total net budget	375,805
	375,805

The past year has seen significant expenditure in relation to training and staffing. A significant cost has been that of carrying out of Serious Case Reviews, and reviews of serious incidents.

It is anticipated that the operating costs of the LSCB will be reduced significantly following the establishment of the 3 borough LSCB. The current cost of LSCB trainer will be shared by the 3 boroughs providing a saving for Hammersmith and Fulham of £40,000. Similarly from April 2012 there are cost savings in respect to the LSCB Manager and LSCB chair.

There has been a focus on reducing costs of venues and use of external trainers. Training now provides only limited refreshments

4. Monitoring and Audits

In the course of the reporting year there has been a focus on both multi agency audits as well as single agency audits.

4.1 Multi agency audits

A most comprehensive multi agency inspection of safeguarding and looked after children services in Hammersmith and Fulham was carried out by Ofsted in June 2011.

The inspection measured our performance against a total of 22 judgements and confirmed that children are well served by our services, which are rated by Ofsted as never less than good and, in many cases, outstanding. This evaluation is equal to the best Local Authority outcome since this new tougher inspection regime was introduced the previous year.

The inspectors were rigorous in their examination of services and challenged agencies throughout to provide actual evidence of how they had improved outcomes for children. In their feedback there are nevertheless, lessons that the LSCB needed to learn as it continues the pursuit of ever higher standards

Record of main findings from the Inspection:

Safeguarding services	
Overall effectiveness	Good
Capacity for improvement	Outstanding
Safeguarding outcomes for children and young people	
Children and young people are safe and feel safe	Good

Quality of provision	good
The contribution of health agencies to keeping children and young people safe	Good
Ambition and prioritisation	Outstanding
Leadership and management	Outstanding
Performance management and quality assurance	Good
Partnership working	Outstanding
Equality and diversity	Outstanding
Services for looked after children	
Overall effectiveness	Good
Capacity for improvement	Outstanding
How good are outcomes for looked after children and care leavers?	
Being healthy Outstanding	Outstanding
Staying safe Good	Good
Enjoying and achieving Good	Good
Making a positive contribution, including user engagement	Good
Economic well-being Good	Good
Quality of provision Good	Good
Ambition and prioritisation	Outstanding
Leadership and management	Outstanding
Performance management and quality assurance	Good
Equality and diversity	Outstanding

4.2 There has also been carried out extensive single agency auditing activity as outlined in this table below.

	a. What has your service undertaken during the year to monitor and evaluate the quality of work with children in need of protection? Please include any audits	b. Can your agency evidence good performance management systems which enable the identification of changing needs or areas for development?	c. How has the service obtained the views of its service users and staff in relation to safeguarding matters? How is this leading to improvements in outcomes?	d. How many complaints have had a safeguarding issue?	e. Does your service have a profile of the children, young people, their parents and carers who use your service? Does your service use this to inform service planning and delivery?	f. Explain how you address issues of equality?
Contact and Assessment Team	<p>Regular file audits completed by all managers</p> <p>Quality assurance Service meeting/and quarterly audit meetings</p> <p>Ongoing feedback process for service users which is to be improved and extended to occur jointly with other agencies.</p>	<p>This is achieved through regular senior management meetings, audit, inspections and Quality Assurance systems</p>	<p>Through ongoing feedback process for service users which is to be improved and extended to occur jointly with other agencies.</p>		<p>All children and young people</p>	<p>Issues of equality and diversity are addressed during meetings and within all assessments. Staff have access to mandatory diversity training.</p>

<p>Disabled Children's Team</p>	<p>The Service has participated in the combined safeguarding and LAC Ofsted Inspection as well as a Thematic Inspection. A full audit of all CP Cases and 30 VIN cases within the service was conducted prior to the thematic inspection of safeguarding in January 2012.</p> <p>Managers within the service continue to audit cases on a monthly basis in line in with the Department's audit requirements.</p> <p>An annual survey is conducted will all users of the service to gage feedback.</p>	<p>The service shares the same polices as Family Services in Hammersmith and Fulham.</p>	<p>Through the Annual Survey and regular meetings with Parents Active a support group for parents.</p>		<p>Yes, the Disabled Children's Register provides a profile of service users and is used within the service to monitor service needs and plan future projects based on demographic information and service users' needs.</p> <p>Data of children and young people held within the service is used particularly for planning respite provision and predicting future looked after children numbers, and specialist residential placement costs.</p>	<p>The service shares the same polices as Family Services in Hammersmith and Fulham. Equal opportunities starts within recruitment of staff and is an integral part of training and staff supervision and is also a standing agenda item within all staff team meetings.</p>
<p>Fostering and Adoption</p>	<p>Case Audits by managers, service manager and assistant director.</p> <p>Feedback sought regularly from children, carers and IRO as part</p>	<p>The service has a new FPU data system which is better able to provide performance reports.</p> <p>Each of teams produces and tracks performance across a</p>	<p>Yes from carers, children and IROs. Feedback is reviewed and changes made where appropriate or remedial action taken if required.</p>		<p>This is the case records of the child on FWI. However carers have a profile that is shared with the child prior to placement. The referral form for a placement usually</p>	<p>Service has a matching policy that provides guidelines in relation to making placements and addresses issues around equality</p>

	<p>of review and panel process. Research questionnaire sent to all fostering carers. Independent annual reviewing system for foster carers. An IRO sits on the Fostering Panel. Regular and creative attempts to seek feedback from service users including children.</p>	<p>range of issues both in relation to staff and service users.</p>	<p>Feedback from carers through an annual questionnaire.</p> <p>Carers are consulted around service delivery This has successfully led to all carers across the tri-borough agreeing to a harmonised set of terms and conditions.</p> <p>Carers have participated in the creation of a Foster Carers Handbook and in active recruitment and training of new carers.</p> <p>Connected Person or Family and friend Carers provided significant feedback about their experience which has lead to significant changes in the level of support and service delivery. This has had positive feedback from both carers and front line social workers alike.</p>		<p>forms the profile of the child. Children awaiting adoption and permanency have profiles that are used to recruit carers for them.</p> <p>A review of our children requiring services and carers and the matching deficiencies in this regard influences our sufficiency plans and the recruitment strategy for service.</p>	<p>as the expected standard. The service is guided by the Council's Policy on Equal Opportunities which are embedded in all practice guidelines within the service</p>
Community Drug	Safeguarding children	Performance is	Views of clients sought	Non	An audit has recently	The Service,

<p>and Alcohol Service (CDAS) CNWL</p>	<p>audit has been completed. Safeguarding register established in the Service. This is reviewed through supervision and multidisciplinary team working.</p>	<p>monitored through regular clinical audit, annual service user consultation (feeding into needs assessment), regular risk assessment and planning of care (three monthly), discussion in multidisciplinary meetings and supervision (group and individual).</p>	<p>through assessment processors, Service user committee, monitoring and responding to service user's suggestions, comments and complaints, annual audits and consultation. Individual and Group supervision has enhanced awareness and practices in relation to safeguarding children</p>		<p>been carried out to identify all those accessing the service who have children under the age of 18 living with them or with whom they have regular contact.</p> <p>Separate care pathways exist for young people within the borough.</p>	<p>Directorate and Trust have equality and diversity training and action plans to address issues of equality and diversity.</p>
<p>C&W NHS Trust</p>	<p>Within Community Paediatrics we continue to look at the quality and timeliness of Child Protection medical reports on a monthly basis. Audits are regularly done looking at our compliance with local guidelines around DNAs and CP list flagging. We conducted an audit on children and young people admitted with mental health problems who were then referred to CAMHS. This</p>	<p>Child Safeguarding is performance managed via the quarterly Children's Safeguarding Board chaired by the Director of Nursing and attended by all the key safeguarding professionals. The hospital Trust Board also has regular input from the Chief Nurse who is the executive lead for Safeguarding Children and vulnerable adults in this regard. Monthly Hospital safeguarding meetings occur where</p>	<p>The hospital has used PICKER and PET surveys to obtain views of children and parents. These are being used in service design and development – e.g. the recent Netherton Grove Extension. Patient user groups and stakeholder events have also been held to include the views of service users.</p>	<p>Zero</p>	<p>Demographic profile information is available from our electronic patient records system and is used in general capacity planning and service development across the Trust in order to meet local needs. Analysis of these demographics have led to consideration of extending CPL flagging to two additional local boroughs.</p>	<p>All staff attend corporate induction and receive equality and diversity training. This is reflected in the access policy and is reinforced in child safeguarding training.</p>

	<p>concluded that we need to strengthen information shared with GPs about this patient group. Maternity services also carried out an audit on ensuring safeguarding concerns are effectively communicated to relevant Health professionals on discharge.</p>	<p>operational issues are discussed and monitored. The Clinical Governance ½ days and Clinical Effectiveness Meetings also review local guidelines and audits and make recommendations on performance issues. As mentioned above our comprehensive KPIs provide evidence of good performance management.</p>				
<p>Health incorporating: INWL PCTS (NHS Hammersmith and Fulham), Imperial College Trust, West London Mental Health NHS Trust (WLMHT), Central London Community HealthCare NHS Trust (CLCH)</p>	<p>The PCT ensures that safeguarding is included within contracts involving children. The PCT monitors performance with regard to safeguarding within the providers for training and supervision. Safeguarding activity data is also collected from the providers to develop a picture of the role of health in improving the outcomes for children.</p> <p>The Named GPs, on behalf of the PCT, carried out an audit of GP contribution to conferences. This suggested that social care did not always invite the correct GP.</p> <p>Individual providers have carried out audits to demonstrate the effectiveness of their procedures.</p>					
<p>Standing Together Against Domestic Violence</p>	<p>Standing Together is not a frontline service, but instead works to coordinate the response to domestic violence in the</p>	<p>The Domestic Violence Partnership is a key mechanism for managing and monitoring multi-agency performance</p>	<p>As we are not a frontline service we rely on other services to consult directly with service users to gain insight about direct</p>	<p>There have been none made directly to Standing Together, though we have raised some issues regarding safeguarding with</p>	<p>Not a front line service</p>	<p>Standing Together has a comprehensive set of internal policies and procedures based on best</p>

	<p>borough. However, we do monitor and evaluate our own performance regularly against the targets set by our funders and recognise our responsibilities under the statutory safeguarding guidance. In addition, we conduct an annual review day with staff and produce a detailed annual report that overviews our current programme of work and project achievements.</p>	<p>specific to domestic violence. The partnership also provides an opportunity for key stakeholders to contribute to the planning and development of the borough action plan. Through our strategic group, we report directly to the Crime and Disorder Reduction Partnership. Through our membership, we contribute to other governance structures such as the LSCB, and CAVSA.</p>	<p>delivery. We also consult a wide range of stakeholders through our partnership meetings, training and annual conference. We use this information to support monitoring performance, improve standards and identify gaps in responses. Next year we are also completing a survivor consultation which will inform us of service users perceptions of key delivery areas.</p>	<p>other partner agencies.</p>		<p>practice relating to equality. There is a clear mission statement in the Terms of Reference for the partnership. The Partnership aims to encourage and support participation from third sector services. It regularly circulates information and resources across networks, such as the Home Office guidance on responding to Forced Marriage. It has delivered themed seminars that highlighted issue such as domestic violence and traveller families.</p>
--	--	--	--	--------------------------------	--	--

4.3 LSCB Training Subgroup

This report looks at the first year of the LSCB tri borough training programme from April 2011 – Until March 2012. It will explore the attendance and the evaluation from participants who have attended the face to face courses. The report will also provide a brief update in relation to the e-learning programme that has been offered. This report has been compiled by the LSCB Multi agency trainer who has delivered or co-facilitated most of the courses.

The E-learning package was a package that we inherited from Kensington and Chelsea as they continue to have licences until November 2012. There have been some concerns raised in relation to content of the courses and it is unclear as to whether we will continue with this package once the licence is completed. There has been little take up of these courses. This form of training is very new and requires participants to be confident in the use of computers and the internet. This may inhibit some of the participants from using it. LSCB training team will be looking to how we can further use this form of training to enable larger numbers to access the training and further develop staff.

The programme aims to use the expertises of professionals working within the tri borough area however at times we have used national experts. By using local knowledge we are able to provide tailor made packages for the professionals within our tri borough. The LSCB trainer is able to provide assistance in how to ensure the training packages engage all different learners. However when we are required to use national experts we have been relying on this as a measure of goodwill and not making a financial contribution to these organisations and it may be a consideration for the next programme and an amount to be agreed.

When embarking on this programme we envisaged training being run at an average of 80% of capacity and 80% attendance rate. We have exceeded our expectations and our courses are running on average at 90% capacity. We have addressed the issue with low capacity in relation to introduction to safeguarding and Parental substance misuse and have reduced our delivery of this training. In relation to the young person's substance misuse we have removed this from the calendar for the time being however will review this at the training sub group. Furthermore our attendance rate is at 89%. The only course that falls below this is the Parental Mental Health and Safeguarding Children. It is unclear as to why we have had a low attendance rate for this course and further enquiry is required unto this. Within this first year we have offered we have offered 67.5 full days of training and have expanded to 12 different courses.

Hammersmith and Fulham appears to have the larger rate of application and attendance across the three boroughs. However if one considers employee population this may account for the disparity between Hammersmith and Fulham and Kensington and Chelsea, though it does not account for the low numbers from Westminster which would have the same population as Hammersmith and Fulham.

The statistics in relation to organisations have been difficult to correlate as the data is reliant on self description. It has been agreed that within the new application system this will be more regulated to ensure that our data is more reliant. This will enable us to be

able to provide greater evidence in relation to the attendance not only on sector but hopefully in relation to organisation for example: PCT, CLCH, MHT or hospital.

It remains concerning that attendance of some sectors remain quite low, such as police, probation and adult social care and we may need to explore how to improve our communication with these sectors to increase attendance. Some agencies continue to provide single agency training due to the large number of staff. Concerns are raised that the applicants who receive single agency training are not gaining the benefits of the multi agency training and therefore improving working relationships. The LSCB training department acknowledges the need to ensure that this single agency training is of the same standard as that of the LSCB and look towards quality assuring the training offered within the tri borough area. Furthermore it is of note that the voluntary sector has a high percentage of attendance, this may be due to the limited free training provided to this sector.

The evaluations appear to be extremely positive with only a small proportion of candidates stating that objectives were only partially met or not met (0.5%). However, people may feel difficult in providing constructive feedback. The LSCB training team needs to explore the objectives of courses and make sure that they are SMART and are reflective of the learning in the course program. Furthermore the training department needs to look at how the training delivered is impacting on children within the Tri Borough. We are exploring several different evaluation proposals at present though these will be reliant on administrative support provided within the new structure.

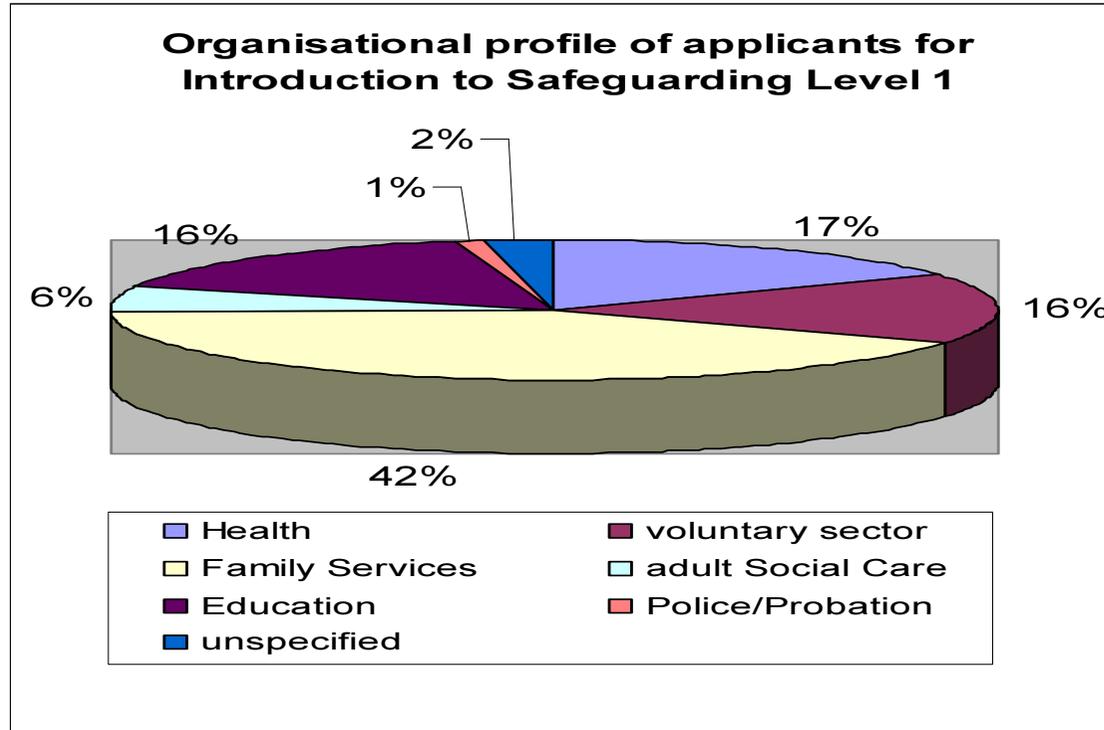
In relation to the evaluations of the trainer's skills we have received positive feedback. 80% of participants have evaluated the trainers knowledge of the subject as excellent. However participants would like greater balance between input from the trainer and group work. We continue to look at this and endeavour to provide more group learning activities within the training.

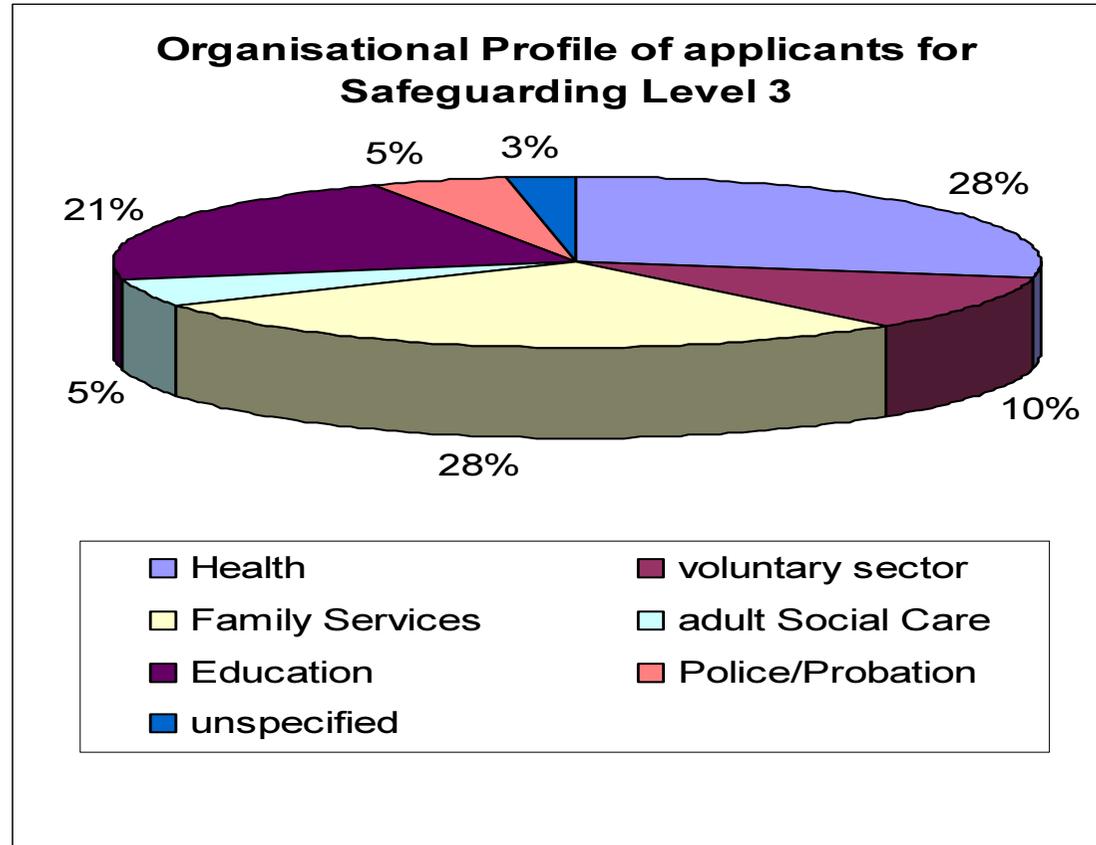
Within this programme it was agreed that we should charge for non attendance and with the figures within this report it would suggest that there has been an income of £11,450.00 from non attendance. However in February 2012 we had only recovered £4,300.00 of this money. This does not incorporate the income from charging private profit making organisations.

Breakdown of Organisational Profile of Applicants

Training courses delivered between April 2011 and March 2012

(Figures include all applicants, whether attended on the day or not, but do not include those who cancelled before the 2 week deadline)





4.4 Audit and Practice Improvement Subgroup

During the period 2011-2012 The Audit and Practice group was active in promoting a number of multi agency initiatives. These were specifically acknowledged within the Ofsted Review of June 2011

The work of the Audit and Improvement sub group has included a focus on:

Quality Assurance Framework.

On March 31st 2011 David Worlock gave a presentation of the new QAF pilot scheme. A key aspect of this approach was to consider what good looked like and develop a qualitative based outcome framework rather than rely on 'bean counting' and quantitative data relating mainly to process

CP panel

The LSCB presented a report to the LSCB in June 2011 outlining the development of this multi agency panel which focused on children that had been subject to plans for over 12 months. Ofsted had concerns for those cases where it was difficult to engage families.

It has been difficult to measure what sort of difference the panel has made on cases, though evident that between April 2011 and April 2012 there has been a reduction of from 58 children subject to plans over 12 months to just 30 children. This represents a fall of approximately 50%, which in turn has helped to reduce the overall numbers of children subject to plans

It has also been evident that a significant number of the cases were of young parents who had previously been care leavers and domestic violence

The group has focused on ensuring that outcomes within CP plans were focused with clarity in respect of the outcome, the action and timescales

Section 11 Audit and Case Reviews

The Subgroup has coordinated the carrying out of multi agency reviews by Rosalind Walker and Kathy Bundred. These have focused on core groups and the effectiveness of initial CP conferences. Recommendations have been taken forward within training

GP Audit

This has focused on the provision of GP reports for CP conference. It made clear recommendations for the improvement of admin processes.

Dispute resolution protocol

In December 2011 The LSCB agreed a dispute resolution protocol. This followed evidence both locally and nationally that there was a need for a clear process to manage disputes between agencies

- Where an agency has concerns about how safeguarding issues are being evaluated and the response
- Where an agency is withdrawing from providing a service that other agencies feel that to do so would engender the return of, or create further safeguarding concerns
- Where there are practice concerns or other communication difficulties where one agency is of the view that the communication difficulties may be impacting upon the child

The authority for this protocol can be found in chapter 18.6 London Child Protection Procedures and in Working Together 2010.

The protocol involved an informal conflict resolution process moving to a formal process if an issue could not be resolved. The formal process involved the Head of Safeguarding and then the Chair of LSCB if there remained unresolved conflict

Review of participation data and quarterly performance report

The Audit and Practice Improvement Sub group reviewed quarterly data with a view to ensure improved engagement of agencies at CP conferences

4.5 Serious Case Review Subgroup

The LSCB is confident that arrangements are in place to ensure SCRs are conducted robustly, there is a strong culture of learning from reviews and lessons learned are embedded. The priority for the SCR group is to contribute to discussions which have arisen from Professor Eileen Munro's review of children protection services and implement them locally.

A recent Serious Case Reviews (SCRs) has been submitted and evaluated as '*outstanding*' by Ofsted. The review of case by the LSCB has also highlighted the need for continued strong multiagency partnerships.

The Serious Case Review Panel met frequently during the year to discuss the case of a 12 year old child who committed suicide whilst in care placed outside the borough. This was a very sad case because of the strong family history of suicide and the effect it had on him and his siblings, and the ability of professionals to support and safeguard him. The review was particularly complex because of the large number of agencies involved and thus there was a need for the overview author and panel members to have meetings with the authors of the various agency reports and to draft the final report. There were a number of recommendations made which have been presented to the LSCB.

In the early part of 2012 the SCR met to consider the use of a new model of case review, the SCIE model, This was applied in respect of case which promoted strong engagement and learning for those involved. This emphasis was a significant difference from the traditional review model which relies heavily on external scrutiny and audit

4.6 Child Protection Performance Report

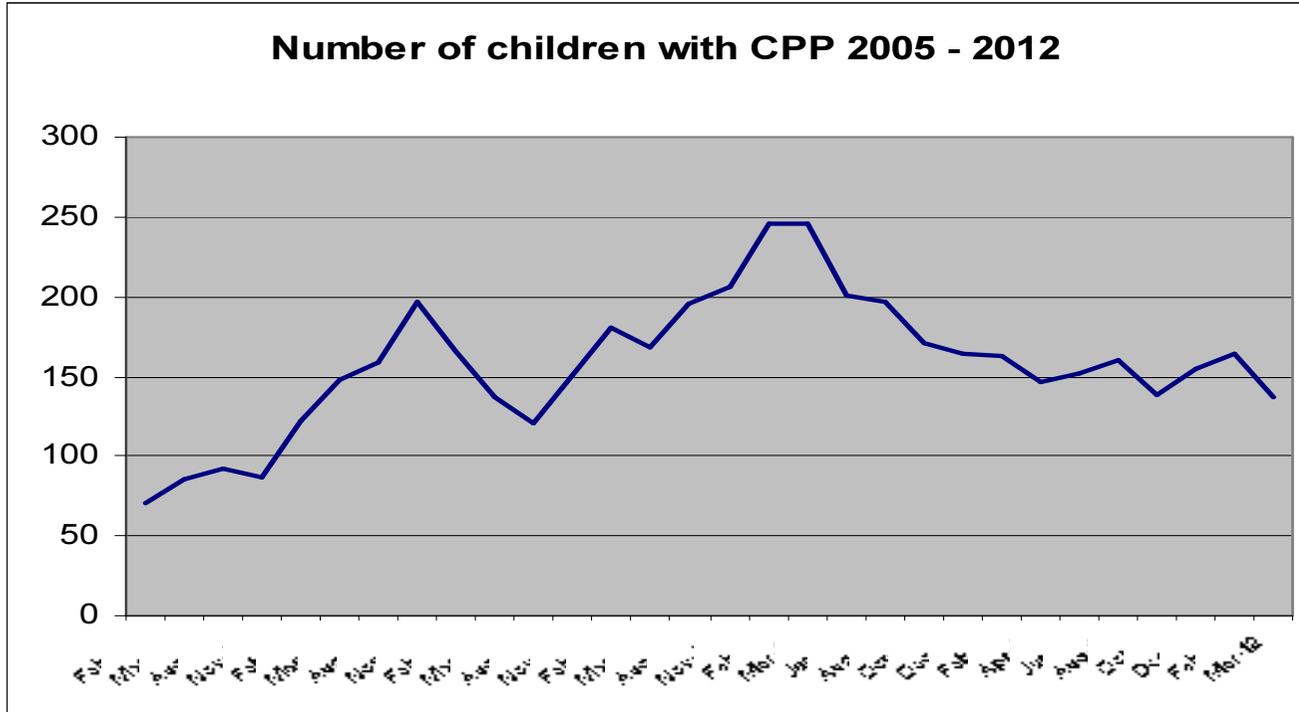
4.61 Introduction

This report primarily uses management information provided for period up to April 1st 2012. There are a number of statistical references to Westminster and K&C. The comparative population estimates are: H&F 30,668; K&C 30,562 and Westminster 33,893 The report will focus on the CP numbers, work flow, the concerns for children who are subject to CP Plans for a second or subsequent time, as well as providing a focus on specific parental issues and multi agency participation. There is also additional information on:

- Categories of plans

- Duration on CP list
- Age and Gender
- Ethnicity of children subject to CP Plans
- Performance Indicators

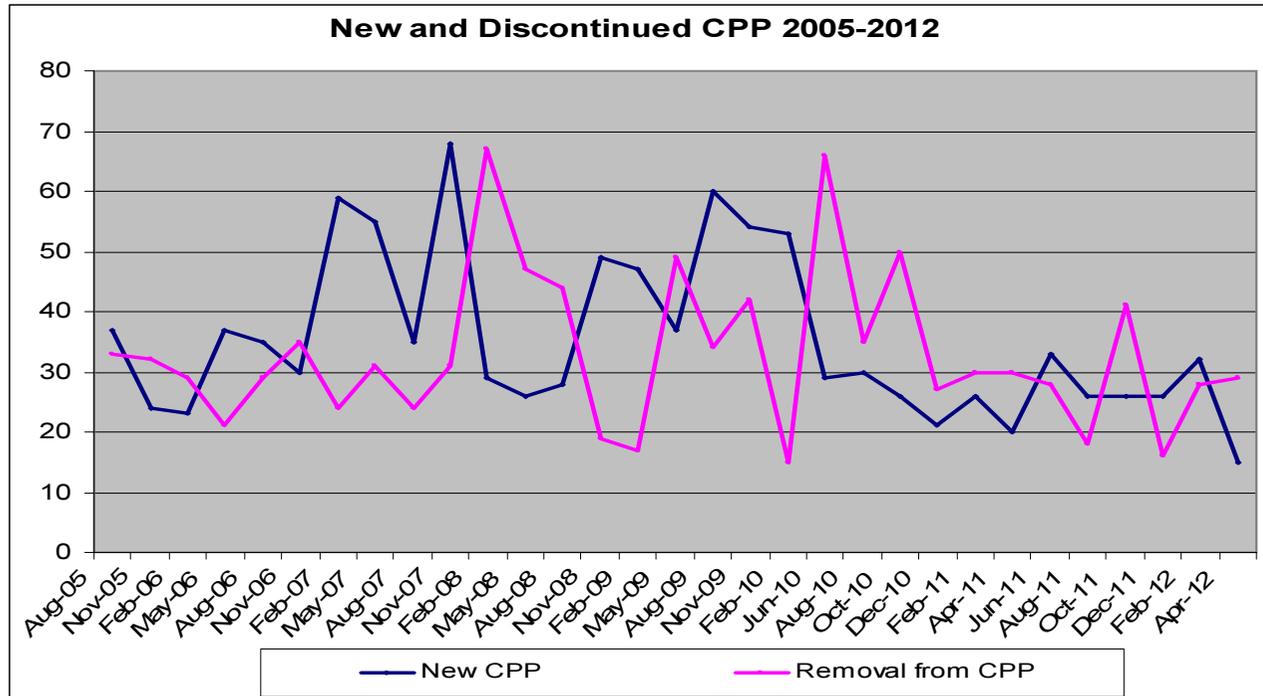
4.62 Numbers on the CP List



- At April 1st 2012 there were 137 children subject to CP Plans. This is a significant drop from 152 children at April 1st 2011 and a peak of 240 children at April 1st 2010.

4.63 New CP Plans and Removals from CP List

The following data represents activity for each quarter. They show the relative difference between new plans and removals and impact on total CP list. It is evident that other than in April 2011 and April 2012, the numbers of new plans have remained constant, in contrast to removal activity which has been subject to greater change.



Registrations and De-registrations from CPP

Quarter	New CPP	Removal from CPP	Change	De-registration rate %
Apr-11	15	28	-13	47%
June-11	33	28	5	15%
Aug-11	26	18	8	31%
Oct-11	26	41	-15	58%
Dec--11	26	16	10	38%
Feb-12	32	28	4	13%
April-12	15	29	-14	93%

4.64 Numbers of New Plans (Registrations)

- The numbers of new CP plans depends on activity before an initial CP conference (See following table that illustrates work flow)
- The trend has been for the number of initial CP conferences to be at rate of approximately 30 per quarter, This is less than the previous year. This may be a reflection of stronger multi agency activity prior to CP conferences and the impact of the development of effective Locality Teams. There is a need to consider whether some concerns (e.g. Domestic Violence) can be addressed within different frameworks.
- The rate at which Initial conferences leads to CP plans has been higher when compared to previous years , though data may also reflect CP plans that have been made in respect of siblings at review CP conferences

4.65 Work flow prior to CP Plan

Number of Referrals, Initial and Core Assessments that might result in a child having a Child Protection Plan.

Month	Referrals	Re Referrals	%Re Referrals	Initial Assessments	% Referrals to IAs
April 11	118	31	26.3%	109	92%
May 11	129	16	12.4%%	121	94%
Jun 11	182	31	17.0%	170	93%
Jul 11	183	36	19.7%	169	92%
Aug 11	112	17	15.2%	101	90%
Sep 11	113	19	16.8%	103	91%
Oct 11	154	27	17.5%	126	82%
Nov 11	181	21	11.6%	162	90%
Dec 11	110	16	14.5%	94	85%
Jan 11	126	24	19.0%	117	92%
Feb 11	122	17	13.9%	103	84%
Mar 11	165	23	13.9%	131	79%
Total	1695	278	16.4%	1506	88.7%

- The above table shows low numbers of re referrals each month

- There continues to be high number of Initial assessments generated by referrals, much higher than previous data provided for Westminster and Kensington and Chelsea.

Number of s47, Strategy Discussions and Initial Child Protection Conferences that might result in a child having a Child Protection Plan.

Month End	No. of Strat.Disc	Strat. Leading to s47	s47 leading to ICPC	s47 leading to ICPC %	ICPC Complete within 15 days	ICPC Complete within 15 days %	ICPC leading to CPP	ICPC leading to CPP %
Feb-11	119	64	29	45.3%	10	34.5%	26	89.7%
Apr-11	87	64	24	37.5%	3	12.5%	25	104.2%
Jun-11	136	92	38	41.3%	22	57.9%	39	102.6%
Aug-11	92	47	22	46.8%	10	45.5%	22	100.0%
Oct-11	113	58	32	55.2%	9	28.1%	25	78.1%
Dec-11	100	66	32	48.5%	10	31.3%	32	100.0%
Feb-12	84	58	36	62.1%	13	36.1%	28	77.8%
Mar-12	55	34	25	73.5%	6	24.0%	25	100.0%

- There appears to be a trend towards fewer strategy meetings each quarter,
- The % of S47 investigations that lead to ICPC has progressively increased during the year.
- Although There has been a relative fall in number of S47 investigations this has been accompanied by increase in rate of S47s leading to Initial CP conferences, which on turn has meant that overall numbers of new CP plans has remained constant
- The percentage of CP Plans per ICPC has remained high
- A significant performance challenge has continued to be the holding of an ICCP within 15 days of decision. The ability to hold conferences within appropriate timescales following strategy meeting remains low. All agencies are aware of the need to convene an initial conference quickly following decision at strategy meeting.
- There have been challenges in holding conferences at dates that may not fit with partner agencies and completion of key assessments.

Local Benchmark Data (comparative data in respect of S47 and CP plans (2010-2011))

Local Authority	Rate of Referrals per 10,000	Rate of re-referrals per 10,000 (2010)	IA as % of referrals (LAI 68)	CA completed within 35days (LAI 60)	Section 47 rates per 10,000	ICPC per 10,000 children	Children added to CPP per 10,000	Rate of CP plans per 10,000 at 31st March 2011
Kensington & Chelsea	629	70.06	78.7	84.2	107.6	36.3	33	30.3
Wandsworth	355	33.66	90.3	80.4	127.9	38.8	35.4	33.1
Westminster	673	100.51	63.2	74.2	85.4	39.3	33.5	28
Lambeth	824	85.35	89.8	95.4	102.9	61.5	71.9	61.7
Inner London	605	51.54	77.4	77.5	127.6	44	47	45.5
H&F	581	40.45	85.4	84.3	74.3	59.6	43.3	47.3

The figures are taken from analysis of CIN DoE 2010-2011 (released April2012).

It suggests that re-referral rates are low in Hammersmith when compared to other authorities. This is positive and may suggest good quality initial assessments, as these are less likely to lead to re-referral.

S47 rates are low when compared to other authorities. This fits with observations in workflow analysis

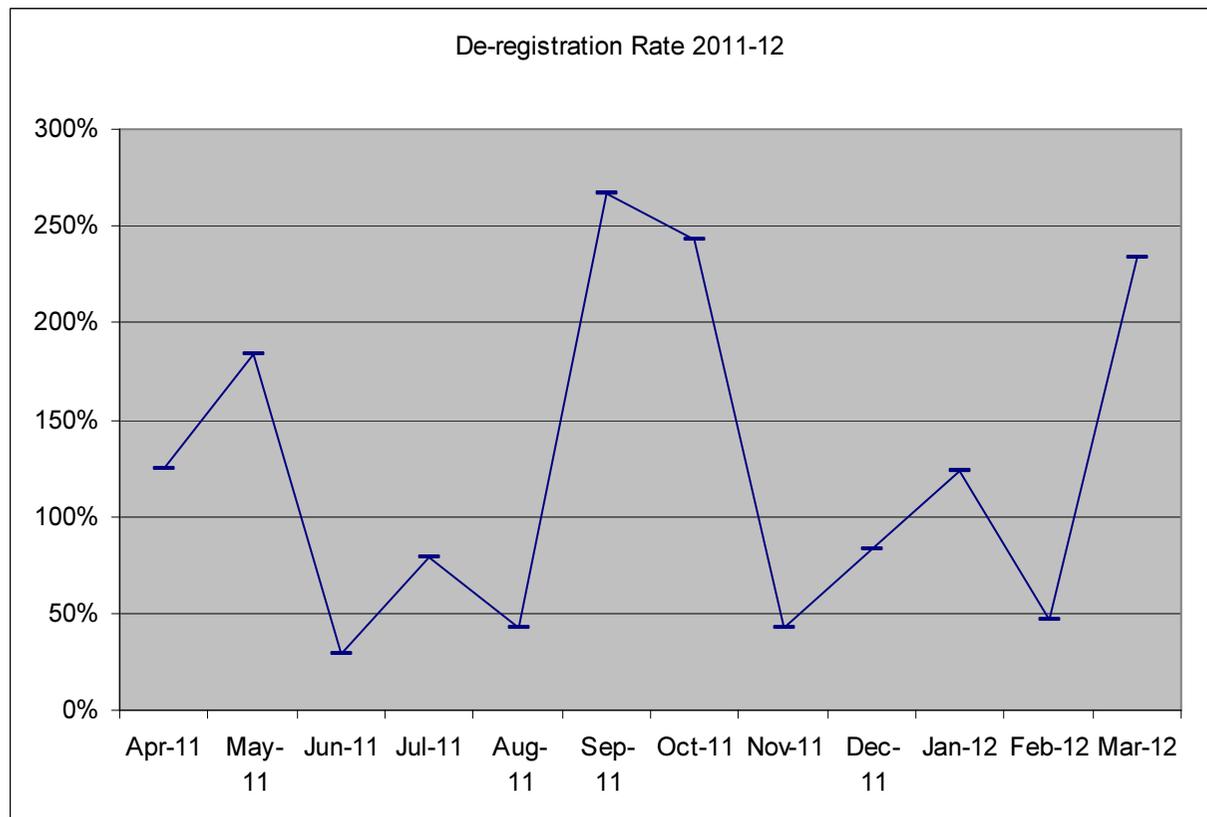
There are higher numbers of initial conferences following S47 investigations than in comparative boroughs. This also fits with current performance data.

Rate of new plans and plans per 10,000 are similar to the Inner London average.

In the year 2010 -2011.

The rate of conversion from ICPC to CPP is lower. It would appear that in 2011-2012 the rate will be much nearer to the London average and comparator boroughs.

4.66 Removals from CP Plans



- The explanation for any change in numbers of children removed from CP plans is complex. There has been a particular focus on reducing the length of time children are subject of plans.
- There has been a focus on ensuring that core groups are effective in coordinating the safeguarding work between child protection planning meetings. This ensures that barriers to removal are addressed.
- The Safeguarding and Quality Assurance Unit (SQA) and Family Support and Child Protection service (FSCP) have promoted a number of initiatives including training around core groups and clarifying expectations of core group participants.
- A multi agency panel has reviewed long term cases (over 12 months). This builds on collaboration involving CP chairs and Team managers

- In order to reduce length of time children are subject of plans the CP Plans have needed to be SMART and focus on outcomes. The CP conference summary needs to include original reasons for concern and with focus on risk.
- There has been challenge from chairs with agencies where there are problems in attendance or in providing reports for conferences. There have also been briefings for partner agencies
- There has been a focus on reducing children subject of legal orders, supervision orders and those being accommodated who are also subject of CP plans.
- There is a continued focus for improved practice in relation to key parental issues, in particularly identifying issues at earlier point and developing a multiagency response.
- The development of Locality Teams is focusing on such work, ensuring that opportunities for prevention are pursued prior to development of significant risk issues.

4.67 Children who are subject to CP Plans for a second or subsequent time (Re-registrations)

Month	New CPP	Removal from CPP	Repeat CPP	% Repeat of new CPP	Repeat within 12mths of de reg	%Repeat within 12mths of de reg
April11	12	15	0	0%	0	0%
May11	12	22	0	0%	0	0%
Jun11	21	6	7	33%	0	0%
July11	19	15	7	37%	4	57%
Aug11	7	3	3	43%	0	0%
Sept11	9	24	3	33%	3	100%
Oct11	7	17	0	0%	0	0%
Nov11	14	6	5	36%	0	0%
Dec11	12	10	0	0%	0	0%
Jan12	17	21	1	6%	0	0%
Feb12	15	7	0	0%	0	0%
Marc12	9	21	1	11%	0	0%
Total	154	167	27	17.5%	7	25.9%

- Rate of re plans (re registration rate) has fluctuated from quarter to quarter.
- Through out the year there has been a focus at LSCB meetings on the high rate of re plans, with specific reports presented
- In H&F there has in the recent past been a high rate per 10,000 of pop with CP plans .This may mean there is a greater probability of a re registration than in an area where rates are much lower for children per 10,000 of pop.
- Only 7 of 27 repeat CPP were within the past 12months (4.5%).
- There has been continued scrutiny of decisions to remove children from CP list, given potential risk of future re plans, though this focus may contribute to children remaining on CP plans for longer periods.
- There has been continued focus on post registration support, with FSCP retaining their involvement with families for at least 6 months after removal from plan.
- A significant number of re plans relate to families who have left H&F and returned following temporary re housing, children returning home following legal proceedings, and children in families where there are repeated concerns for incidents of DV.
- There is evidence that services need to continue to consider family group conferences, referrals to MARAC and other preventive work before concluding initial CP conference is appropriate.
- It is expected that the new robust locality team framework will through its emphasis on coordinated preventive work lead to less children becoming subject of new plans and as a consequence fewer re plans.

4.68 Agency participation in child protection planning meetings

On a quarterly basis there is a systematic multi agency audit of agency participation. There have been continued improvements in agency participation at CP conferences.

Agency leads are sent both details of new conferences and on weekly basis, details of CP list with changes. The provision of multi agency data and follow up by CP chairs has been crucial to improving participation. Further developments that are focusing on improving participation and outcomes include ensuring partner agencies check their records against details of adults involved with children subject to concerns, work within individual services (such as WLMHT),a multi agency workshop on conferences and Quality Assurance Framework (QAF)

There has been improved participation of agencies developed through providing invitations to agencies for review conferences as well as for initial conferences, Follow up emails are routinely sent to agencies by CP chairs who do not provide reports/attend, and links have been made with the lead safeguarding representatives. This is impacting positively on the quoracy of conferences and effectiveness of CP planning.

Key feedback on Family /Agency participation

Family issues

The presenting parental issues are important given the implications for signposting and engagement with partner agencies.

Domestic Violence

- There is a continued dominance of this issue with a continued need to ensure that agencies are working closely through the establishment of agreements with those involved.
- There is also a dominance of DV as an issue where there are re plans
- There is a commitment to training, coordinated in conjunction with Standing Together
- Within the Local Domestic Violence Partnership structure there is a specific DV group for Children and Health services as well as specialist services.
- The Hammersmith and Fulham MARAC (Multi Agency Risk Assessment Conference), has had a key role in increasing safety of victims and scrutinising DV plans.

Mental health

- WLMHT have through their safeguarding lead developed a Clinical Improvement Group (CIG) for addressing practice links. This has involved team managers from Social Care and is focused on improving participation.
- The presence of mental health issues in many serious case reviews/critical incident reviews confirms the need for robust partnership work.

Substance misuse

- There are training courses that promote greater awareness of impact of substance misuse on parenting.
- An audit was carried out on behalf of the LSCB by DAAT

Disabled children

- There is close liaison between Safeguarding and Quality Assurance Unit and the disabled children team (DCT). Feedback suggests that there continues to be careful preparation for CP meetings with good assessments and reports; however the numbers of disabled children subject to CPL is low.
- Reports suggest that parental mental health is a significant concern for those working with disabled children.

4.69 Categories of CP Plans

Quarter	Emotional Abuse	Neglect	Physical Abuse	Sexual	Multiple	Total
Jun-10	83	87	25	4	2	201
Aug-10	66	89	7	5	30	197
Oct-10	62	71	12	5	21	171
Dec-10	57	69	12	6	20	164
Feb-11	60	57	18	6	22	163
Apr-11	47	54	19	4	22	146
Jun-11	47	52	14	6	33	152
Aug-11	45	60	13	9	33	160
Oct-11	39	50	12	8	30	139
Dec-11	46	45	20	8	36	155
Feb-12	46	48	23	9	38	164
Mar-12	33	46	23	10	25	137

Categories of abuse – Comparator data 31st March 2011

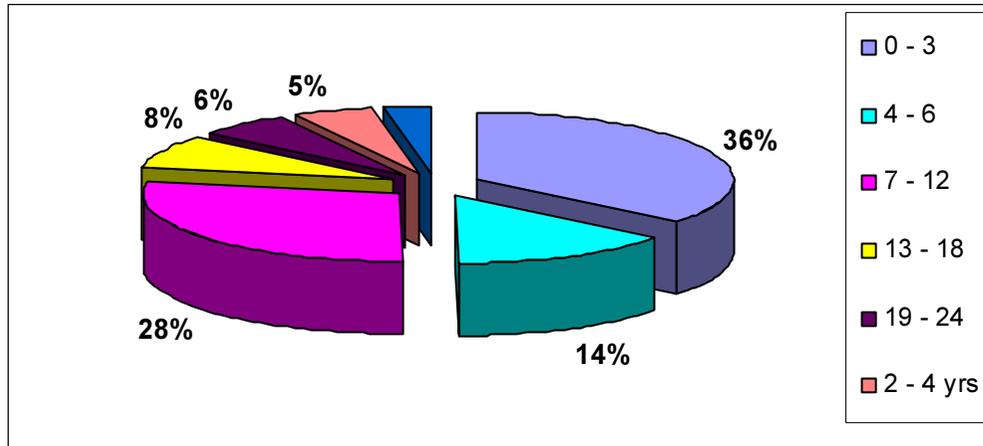
Authority	CPP	Neglect %	Physical %	Sexual %	Emotional %	Multiple Categories %
H&F	175	39	14	0	23	22
K&C	75	57	0	0	35	0
Wandsworth	180	46	30	6	18	0
Westminster	145	27	19	0	34	19

LONDON	5,795	48	10	4	31	8
--------	-------	----	----	---	----	---

- The dominant category of concern is for neglect (34%). Children who are subject to this category are likely to remain subject to the CPL for longer periods than other categories. The LSCB has organised specific training in relation to neglect.
- 24% of CPL subject to concerns for emotional abuse, This has been used where there are concerns for DV.
- There is an appropriate representation of physical abuse (17%) when compared with comparator boroughs and the national stats. This is present at higher rate for initials.
- There are small numbers of children where there are concerns for sexual abuse (7%). There are slightly more children reported at referral stage who are presenting with referral concerns for sexual abuse. The Sexual Exploitation Framework is used for older children at risk of sexual abuse. There has been a continued focus of training on children at risk of sexual exploitation and joint work with Barnardo's.

4.70 Length of time – Child with a Child Protection Plan

Month End	0 - 3	4 - 6	7 - 12	13 - 18	19 - 24	2 - 4 yrs	4+ yrs	Total
Apr-11	19	40	30	22	16	18	2	147
Jun-11	33	42	37	19	8	11	2	152
Aug-11	25	46	40	24	12	11	2	160
Oct-11	33	34	36	9	15	10	2	139
Dec-11	25	32	57	13	13	13	2	155
Feb-12	31	30	54	19	14	12	4	164
Mar-12	49	19	39	11	8	7	4	137



- In March 2012 30 children were subject to plans longer than 12months (22%). This is in contrast to the position at April 2011 where 58children were subject of plans (39%)
- In April 2011 89 children were subject of plans for less than 12 months. This had increased to 107 children in April 2012 (20% increase)
- A systematic multiagency audit of long term CP plans (over12 months) takes place through a multi agency panel that meets monthly.
- Neglect is the primary concern for long term CP plans. There is a need to prevent re plans through premature removal. This appears to be effective given the small number of children subject to repeat plans within 12 months of de registration

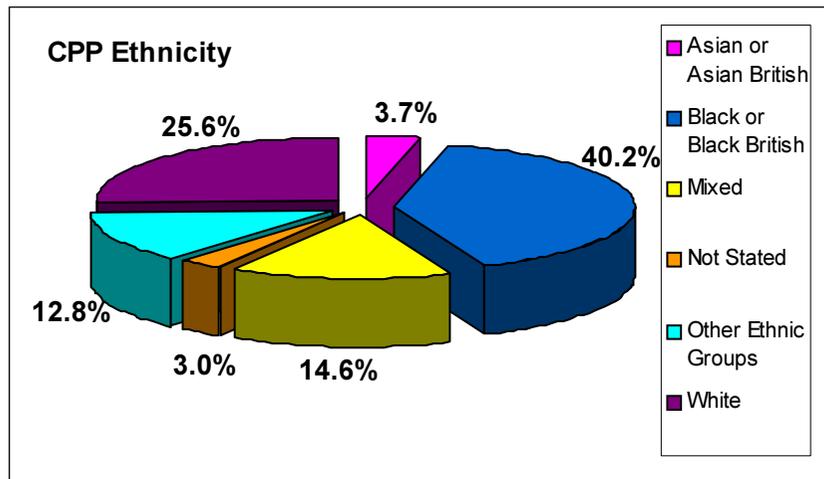
4.71 Age and Gender

Month End	0 - 1	%	2 - 3	%	4 - 8	%	9 - 14	%	15 +	%	Total
Apr-11	21	14%	21	14%	43	29%	54	37%	8	5%	147
Jun-11	21	14%	24	16%	44	29%	56	37%	7	5%	152
Aug-11	21	13%	21	13%	50	31%	59	37%	9	6%	160
Oct-11	20	14%	16	12%	47	34%	49	35%	7	5%	139
Dec-11	19	12%	20	13%	53	34%	53	34%	10	6%	155

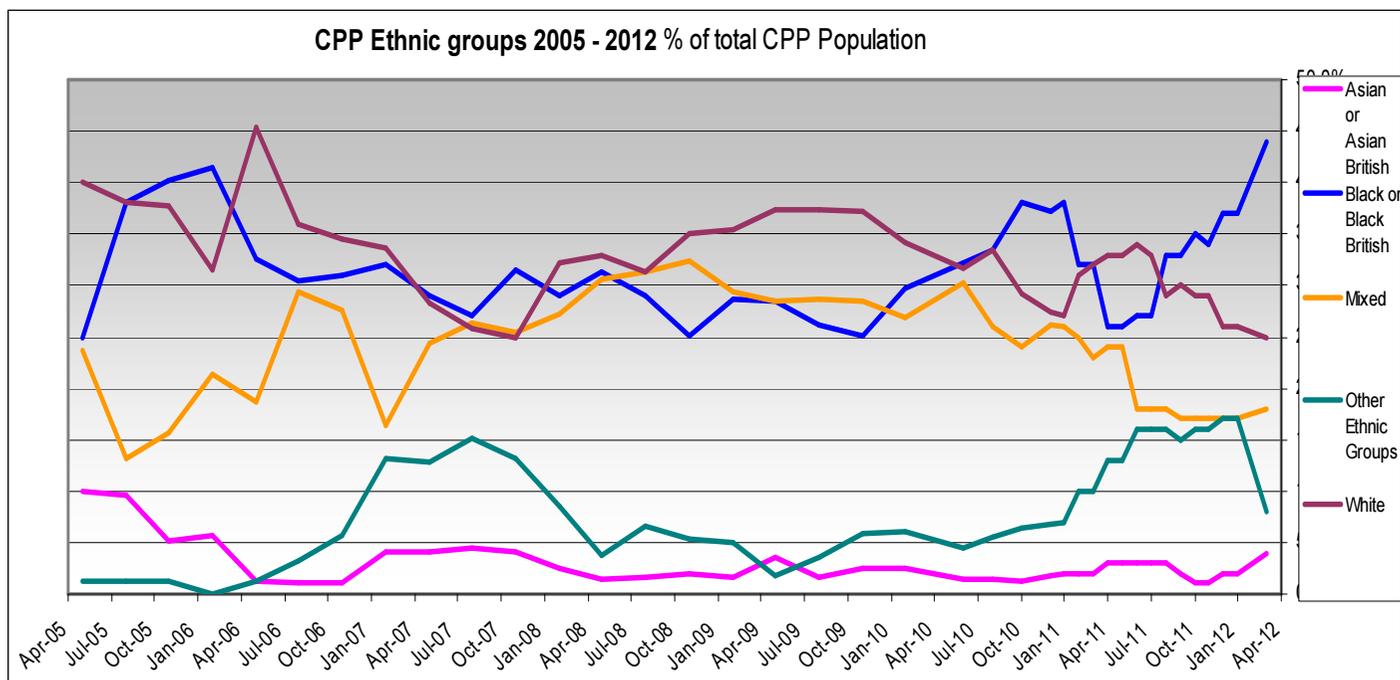
Feb-12	23	14%	16	10%	52	32%	61	37%	12	7%	164
--------	----	-----	----	-----	----	-----	----	-----	----	----	-----

The proportion of children less than 4years has remained constant at approximately 25%

4.72 Ethnicity of CPL



- The CPL at April 2012 was made up of 40.2% Black or Black British 14.6% Mixed and 25.6% White.
- This represents an increase in proportions of Black or Black British children from 28.8% at April 2011 and a fall in proportion of White children from 34.2 % (April2011.)
- Representation of Asian children remains low at 3.7% (2.7%).



4.73 National Indicators – Performance

Summary of NI definitions

NI	Definition	Good performance
NI64	% of children ceasing to be the subject of a CPP during the year ending 31 March, who had been the subject of a CPP continuously for two years or longer	Typified by a lower percentage
NI65	% of children who became the subject of a CPP at any time during the year, who had previously been the subject of a CPP	10 < 15 good performance
NI67	% of children with a CPP at 31 March who at that date had had a Plan continuously for at least the previous 3 months, whose case was reviewed within the required timescales.	100%

Key to NI Bands

NI	Low					High			
	1	2	3	4	5	4	3	2	1
NI64						0<10	10<15	15<20	20<=100
NI65	0<3	3<6	6<8	8<10	10<15	15<17.21	17.21<20	20<24	24<=100
NI67	0<92.5	92.5<95	95<97.5	97.5<100	100				

Local Authority Indicator	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	H&F 10/11 Outturn**	H&F 09/10 Outturn	H&F 08/09 Outturn
NI64	26.7	32.4	28.2	21.2	22.6	15.1	15.8	15.2	12.8	12.5	12.6	4.9	6.4	9.6
NI65	0	0	15.9	22.2	24.3	23.8	25.7	23.6	20.9	18.9	18.2	29	17.8	16.8
NI67	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	TBC	95	97.7	100.0

Performance Table Figures @ March 2012 are Internally calculated only and Not validated by DFE

The 3 NI indicators for H&F show:

- NI65: Re-registrations show that the authority's performance needs to improve. This has been addressed early in report (4.67)
- NI67: Performance has slipped when compared to previous reporting periods .The shortfall has frequently been by a few days on account of administrative error.
- NI64: This is currently within high range because of the numbers of children remaining subject to plans over 2 years. Current practice suggests that the performance in 2012-2013 will be much improved on account of much lower numbers of children subject to long term plans.

4.74 Benchmark Data

Referrals Rate per 10,000 population aged under 18							
	2005	2006	2007	2008	2009	2010	2011
H&F	1378.0	1912.0	864.0	872.0	542.0	552.5	582.0
SN	811.0	828.0	715.0	682.0	640.0	544.8	627.0
England	499.0	515.0	496.0	490.0	497.0	551.6	555.0

Re-Referrals % of referrals that are repeat referrals within 12 months							
	2005	2006	2007	2008	2009	2010	2011
H&F	15.1	40.0	28.0	22.4	17.0	N/A	17.8
SN	18.0	17.0	18.0	15.5	16.7	N/A	18.4
England	22.1	23.3	22.7	24.3	23.0	N/A	25.6

Referrals to IA - % of referrals that led to initial assessments - NI68							
	2005	2006	2007	2008	2009	2010	2011
H&F	37.8	36.9	49.7	78.7	80.0	82.2	85.4
SN	48.2	49.9	57.2	63.6	72.6	75.2	78.1
England	52.6	52.7	56.0	59.4	64.0	65.5	72.0

Initial Assessments % of IA completed within 7 or 10 working days of referral - NI59(10 days from 2011)							
	2005	2006	2007	2008	2009	2010	2011
H&F	48.4	49.4	30.4	76.4	80.0	82.9	89.0
SN	62.4	63.2	73.5	77.7	78.5	75.5	82.8
England	61.7	64.9	68.4	70.7	72.0	67.1	79.6

Number of Core Assessments Rate per 10,000 population aged under 18							
	2005	2006	2007	2008	2009	2010	2011
H&F	143.9	183.7	113.3	142.8	186.0	209.0	241.4
SN	154.0	195.7	206.5	228.2	235.0	245.0	261.6
England	66.9	76.8	84.9	95.6	110.0	123.5	167.3

Core Assessments % of CA completed within 35 working days of Initial Assessment -							
	2005	2006	2007	2008	2009	2010	2011
H&F	71.5	81.7	65.8	83.0	85.0	91.6	84.3
SN	72.5	76.8	79.4	79.4	81.0	76.9	81.5
England	67.1	74.4	78.4	80.0	78.0	73.4	75.1

CRP - Child Protection Plan Rate per 10,000 population aged under 18 @ 31st

No. of children 1st time registered							
	2005	2006	2007	2008	2009	2010	2011
H&F	105.0	90.0	145.0	150.0	135.0	194	98
SN	157.0	159.5	148.0	158.5	176.5	185	213
England	26600	27000	28800	29400	32800	38500	42030

NI65 - Percentage of children registered, previously registered							
	2005	2006	2007	2008	2009	2010	2011
H&F	6.0	18.0	18.0	11.0	17.0	17.8	29.0
SN	13.0	13.4	12.3	12.2	12.5	12.6	12.8
England	13.0	14.0	13.0	14.0	13.0	13.6	13.3

De-registration rates, per 10,000 population							
	2005	2006	2007	2008	2009	2010	2011
H&F	57.5	40.8	36.8	52.0	44.0	54.5	70.5
SN	41.4	40.6	40.2	37.5	38.1	46.2	51.0
England	28.0	28.1	28.7	30.0	30.0	34.5	40.6

NI64 - CPP Lasting 2 years or more							
	2005	2006	2007	2008	2009	2010	2011
H&F					10.0	6.4	4.9
SN			7.9	5.8	7.6	7.6	8.7
England			5.8	5.0	6.0	5.9	6.0

No. of children de-registered, on the register continuously for 2 years or more							
	2005	2006	2007	2008	2009	2010	2011
H&F	20.0	15.0	0.0	0.0	10.0	11.0	11.0
SN	16.5	17.0	10.0	5.0	9.0	19.7	22.0
England	1800	1800	1900	1760	1850	2300	2690

4.75 Summary

The past year has seen a fall in the numbers of children subject to child protection plans. There has been intensive work by Children's Services and other agencies, with continued focus on strengthening practice, thresholds, and improving participation. There remains a continued need for vigilance to prevent long term delay and ensure interventions are earlier.

The report has considered the quality of partnerships between agencies, which underpins good safeguarding practice. Whilst there is continued evidence of good practice, there are opportunities to consider further developments

4.8 Complaints

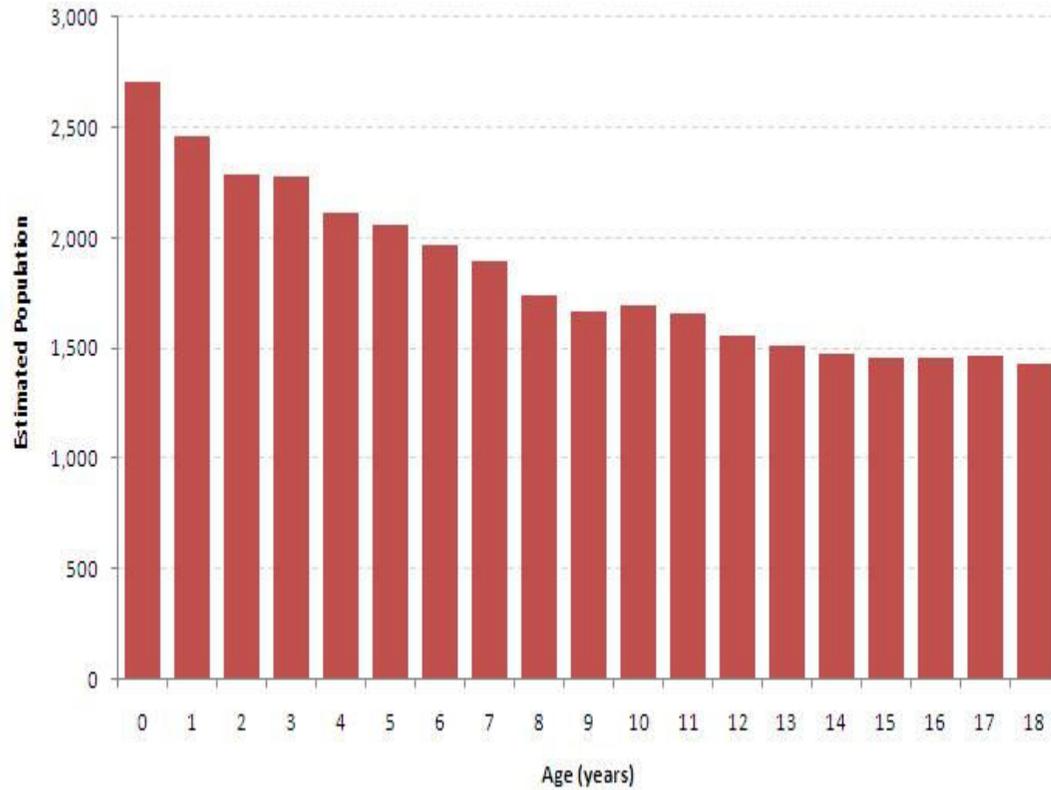
There has been no formal complaint in respect of CP conferences that has required the establishment of an independent LSCB panel. With the development of Tri Borough LSCB there has been a need to establish a new Tri Borough complaints process

4.9 Joint Strategic Needs Assessment (JSNA)

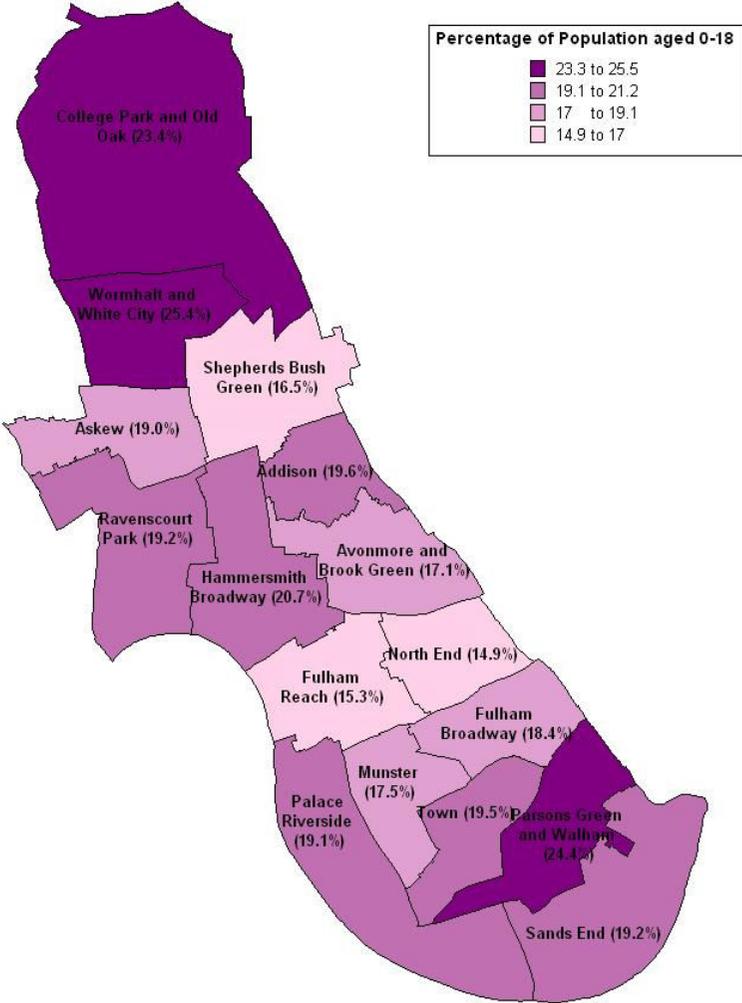
This provides an analysis of all key issues affecting children's lives, including vulnerable children and obesity. It also includes what children and young people have said about their priorities and what they think is the most appropriate service to respond.

4.91 Child Population

Currently there are an estimated 35,000 children and adolescents (0-18) in Hammersmith & Fulham accounting for 19.4% of the total population. A key conclusion from the profile below is the implication that the population of children is increasing. This is based on the fact that there are increasing numbers of younger children.



4.92 Distribution of Child Population



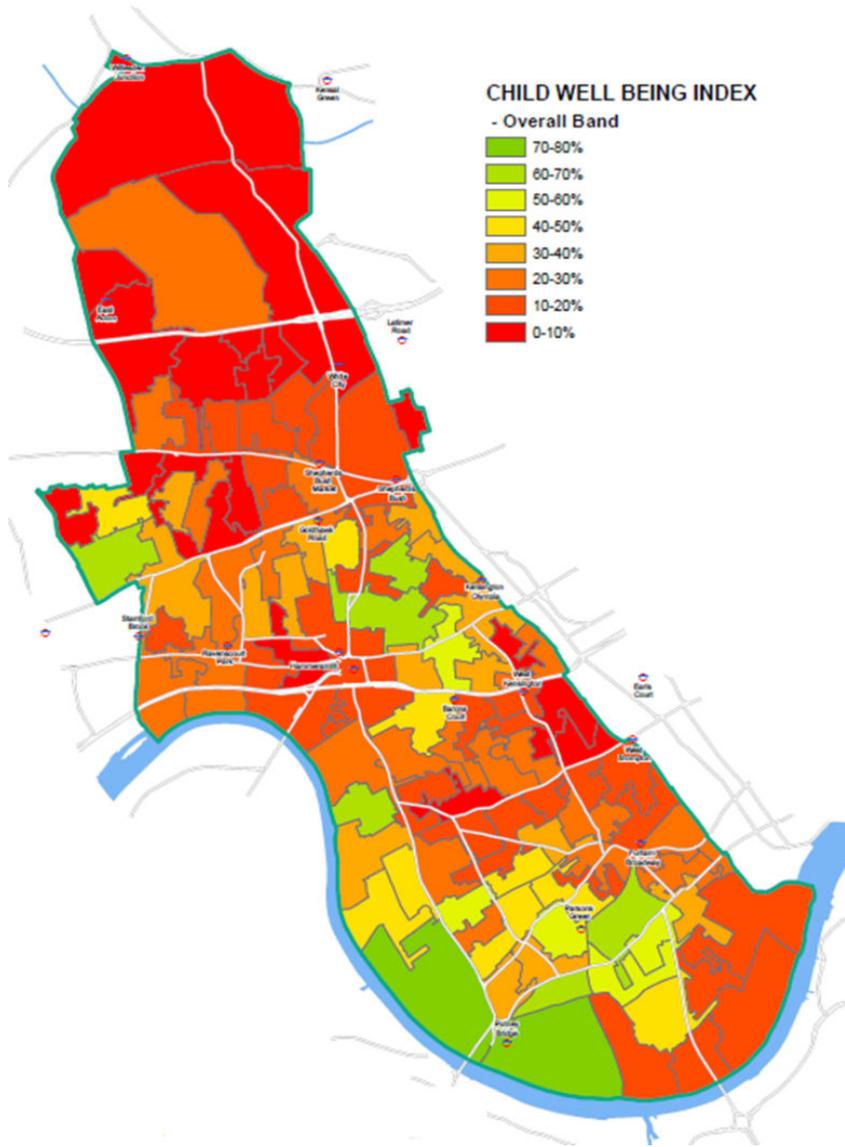
Across the borough the proportion of the population aged 0-18 years old ranges from 14.9% in the ward of 'North End' to 25.4% in the ward of 'Wormholt and White City'.

4.93 Child Well Being Index

The proportion of children in a ward aligns closely with deprivation.

Hammersmith & Fulham is ranked at 331 out of 354 local authorities (23rd most deprived) in England based on performance against all of the domains.

The seven domains that make-up the CWI are material well-being, health, education, crime, housing, environment and children in need. There are several indicators which are considered under each domain which can be found by entering the following link - <http://www.communities.gov.uk/documents/communities/pdf/1126232.pdf>.



5. How does the LSCB Monitor Activity and Quality Assure other specialist areas?

5.1 Sexual Exploitation

SEone has been working with Hammersmith and Fulham since July 2008.

Each month, cases are discussed through the multi agency forum of the Protocol Meetings under the London Procedure for Children Abused through Sexual Exploitation. The meetings assess each case on their level of risk of sexual exploitation, whether they should receive a direct work service from Barnardo's or whether Advice and Consultancy is provided to another professional for them to deliver the work.

The service also delivers preventative group work to schools using the Barnardo's published 'Bwise2 Sexual Exploitation' resource. The group work programme enables children and young people, to explore through a safe forum the areas of sexual exploitation, how young people are groomed, going missing, risks and keeping safe, abusive relationships, developing healthy relationships and the law regarding sex and young people.

Barnardo's SEone Service has continued to deliver 2 different training programmes. The '**Sexually Exploited Young People: Identifying the Need and Managing the Risk**' was delivered on 11.11.10. The other programme based on the published resource '**Bwise2 Sexual Exploitation: Training on how to use the prevention education programme.**' which introduces the direct work materials for using with groups and individual young people, so professionals have the skills to deliver the programme themselves.

In the year 2011-2012 the Child Sexual Exploitation Protocol Meetings have received referrals in respect of 23 girls and 3 boys aged 12-19. The Barnardo's Sexual Exploitation Service: has engaged with 14 girls and 2 boys

25 secondary school pupils have received a 6-9 session programme of small group prevention workshops. 534 secondary school pupils have received 1-2 awareness raising lessons.

5.2 Early Intervention

In June 2011 The Authority establish a new Localities Service, based on three multi disciplinary team in the north, central and south of the borough

The key priority areas include

Children with less than 81% school attendance

Children with at least 2 fixed term exclusions

Children experiencing neglect due to parental substance misuse

Children experiencing neglect due to parental mental health problems

Children exposed to domestic violence

Young Carers

Young people who are NEET

Young people who are substance misusing

Younger siblings of children/young people receiving defined specialist services: YOT, LAC

Adolescents at risk of becoming Looked After Children
Children at risk of suffering significant harm and requiring Protection Plans
Young People at risk of committing crime the Youth Justice System
Young People at risk of exhibiting Anti-Social Behaviour
Children at risk of being permanently excluded from school
Teenage parents

Together with Westminster and Kensington and Chelsea the Locality service is looking to develop a quality assurance framework to assess the impact it makes on outcomes of vulnerable young people.

5.3 Allegation against Professionals

Working Together to Safeguard Children (2010) defines the role of the Local Authority Designated Officer (LADO) in managing allegations and concerns that arise about people working in a position of trust with children. Where it is alleged such a person has:

- Behaved in a way that has harmed, or may have harmed a child
- Possibly committed a criminal offence against, or related to, a child, or
- Behaved towards a child in a way that indicates s/he is unsuitable to work with children

The employer must report it to the LADO. This means allegations can be referred by a wide variety of services and organisations – schools, early year’s providers, police, health, voluntary organisations, and independent schools. Allegations can also arise from complaints made directly by children, parents or third parties e.g., the NSPCC or Ofsted.

Data for 2011-2012 will be presented at tri Borough LSCB in October 2012

5.4 Missing Children

H&F’s protocol for young runaways from home and care is summarised as follows:

On unknown and closed cases these cases are responded to by H&F’s Contact and Assessment Service. If the case is open the social worker takes the lead in the assessment process.

If the child has returned when the notification is received, this information is assessed in light of previous referrals and/or the current assessment and care plan for the child by the social worker and team manager.

A decision is then made whether

- No further action to be taken

- offer support services
- allocate for an assessment or assess the circumstances and risk if the child is already receiving a service.

These decisions are based on frequency of missing incidents or details of the report relating to the responses of parents or carers. If the child remains missing then a full assessment process managed through the missing children procedure, agreed by the LSCB in 2008, until the child is found or other action is required.

5.6 Safe Workforce

Safer Recruitment training has been identified to ensure recruiting managers understand how to:

- Deter unsuitable applicants from applying
- Identify possible dangers in applications and interviews
- Develop and maintain a safer culture in the workplace

Training focuses on the good practices that should be adopted when recruiting and selecting adults to work with children, including procedures and strategies to help those involved in the recruitment process to deter, identify and reject applicants who are unsuitable to work with children.

Originally this training was introduced in response to the Bichard Inquiry into the Soham murders. The inquiry concluded that at least one member of all school recruitment panels should be trained in Safer Recruitment. Since it has been an OFSTED requirement that all Head teachers and one governor from every school must be safer recruitment trained.

Safer Recruitment training is offered via the LSCB and Early Years training programmes

5.7 Safeguarding in Schools

Child Protection and Safeguarding is given a high profile in LBHF schools. Each school has a designated person for Safeguarding and Child Protection and the Local Authority offers every school an opportunity to have a CP training session each year, over and above the 3 years recommended. Additionally, there is an annual seminar for designated teachers and 2 sessions each year for school governors.

From June 2011 The EWAS has been disbanded with the EWAs transferring to the new Locality teams, new multiagency teams designed to support families and children and focussing on preventative work. The Centrally Retained Education Welfare (CREW) continues to provide all schools with CP procedures and guidelines each year, a CP leaflet for parents for schools to use and a model CP policy. All LBHF schools have bought into the CREW CP training offer for 2011/12, the first year schools have had to purchase this service.

6.1 Priorities for next year

6.12 Individual Agencies and LSCB

Priorities for 2012/2013	
What are the safeguarding priorities and targets for your service during the next year?	
Contact and Assessment Team	<p>Continue the piloting of single child and family assessment Maintaining timescales and continuing to improve on assessment quality; Completing team managers' audit process; Develop a more robust feedback from service users and agencies Recruit more permanent staff.</p>
Disabled Children's Team	<p>To manage the service through considerable change and with reduced budgets and continue to provide high quality safeguarding services for disabled children. To work with partner agencies to identify whether we are getting appropriate referrals. Sharing safeguarding practice for disabled children across the Tri Borough. To continue to induct our next 30 new sessional workers and ensure they are trained in and able to recognise safeguarding concerns. Continued investment in the Key Worker Scheme. Continued investment in the Young Carers Service.</p>
Adoption and Fostering Services	<p>Increase the number of in-house foster carers. Work more closely with the Children in Care Council and Foster Carers' Association with the view to promoting service user feedback and improving the quality of service delivery. To enable and support children and service users to use the complaints process with confidence. To improved the quality of support provided to foster carers with the view to enhancing their skills and capacity to manage the challenges of undergoing an allegation or complaint from a Looked after Child more safely. To reduce the length of time children spend waiting for a permanent placement. To increase the number of adopters for children from a black and ethnic minority background. To enable and support adopters who opt to adopt children from different cultural and ethnic backgrounds. To launch of the Tri-Borough Service which will enable us to develop and build the</p>

	<p>infrastructure to ensure that we are in a sound position to promote and enhance the outcomes of all Looked after Children.</p>
Housing	<p>Service delivery in H&F advice will continue to take account of needs of those presenting as homeless taking account of risk to children Consultation will take place on proposed changes to Scheme of Allocation in relation to additional room for fostered children Continued provision of training to front line staff Continued enhanced CRB checks where relevant Review of representatives for department to bring a fresh approach</p>
3-borough Child Death Overview Panel (CDOP)	<p>Responsibilities The child death processes remain a statutory function. Clinical Commissioning Groups (CCGs) take on the PCT responsibility for securing the expertise of a Designated Paediatrician for unexpected child Deaths whilst the LSCB remains responsible for the provision of a Single Point of Contact.</p> <p>Panels The panels for 2012 have been planned. A panel was held in May which considered a range of cases. From July to December there will be 3 panels. These panels will be themed. The themes for the year will be: Neonatal Accidents SUDI Suicides Life limiting illnesses</p> <p>This will enable more efficient discussion at the panels and an improved quality of information being fed back to the LSCB. The themed approach will also allow effective dissemination of learning and identification of need for any significant local change to practice or requests for national alerts.</p> <p>Reporting A report will be presented to the LSCB following panels. The report will highlight: Performance</p> <p>Themes</p> <p>Learning / Research</p> <p>Dissemination process</p> <p>Rapid Response for unexpected deaths The process will undergo a review during 2012-13 to consider:</p>

	<p>Effectiveness of partnership working regarding the assessment of the home circumstances. Currently police carry out home visits and liaise with a paediatrician rather than actual joint visits, although if the necessity arose then this would be done.</p> <p>Quality of information collected to ensure that there are thorough forensic and medical investigations completed.</p> <p>Level of work regarding out of borough cases to inform commissioners and the LSCB.</p> <p>CCG service specification for Designated Paediatrician for Unexpected Deaths to ensure there is sufficient capacity to deliver a good service.</p> <p>Evaluation of family follow up and bereavement services.</p> <p>7.5 Sharing learning The Chair will continue to work as a member of the Pan London CDOP Chairs' Group to share learning. This will be fed back to the local CDOP.</p>
<p>Community Drug and Alcohol Service (CDAS) CNWL</p>	<p>To further integrate safeguarding into every day practice through Supervision, Training and performance management systems</p>
<p>Standing Together Against Domestic Violence</p>	<p>To continue to work with partners to maintain and improve responses to children and young people affected by domestic violence:</p> <ul style="list-style-type: none"> • Intimate partner violence • So-called honour based violence • Forced Marriage • Female Genital Mutilation • Family abuse <p>The current definition of domestic violence covers adults from 18 and above. This is potentially set to change to 16 and above. Standing Together welcomes this, but there will be a significant impact on safeguarding young people.</p> <p>We will also be concentrating on provision of therapeutic services to children, and provision of domestic violence sessions to health staff. We will be working closely with the new localities team in the Borough to ensure that enables us to make the most of Early Intervention.</p>
<p>C&W NHS Trust</p>	<p>We strive to achieve 100% compliance in training across all levels. KPIs will</p>

	continue to be refined and developed and it is hoped that feedback from the commissioners will enable us to reflect upon and strengthen our safeguarding practices. Our internal audit programme will be extended.
Health	<ul style="list-style-type: none"> • To ensure that secure arrangements for safeguarding children are in place during the NHS transition period. • Ensure that there are clear leadership arrangements in place in the relevant commissioning organisations for April 2013 when the PCTs cease to exist. • Review the role of Designated Paediatrician for Unexpected Child Deaths and health contribution to rapid response. <p>Review the effectiveness of DNA policies and develop tools to support practitioners to identify risk factors from non attendance at appointments</p>

6.13 LSCB Priorities for 2012-2013 LSCB.

The former Hammersmith and Fulham LSCB has contributed to the priorities of the new Tri Borough LSCB that held its first meeting in April 2012. This has taken the form of stock taking of the issues that have emerged from the June 2011 Inspection by Ofsted as well as the audits and reviews that have taken place during the past year.

The Key Recommendations from the Ofsted inspection for the Local Authority and its partners are :

<p>Safeguarding</p> <p>Within three months:</p> <ul style="list-style-type: none"> • extend the terms of reference of the LSCB's child protection panel to enable consideration of those child protection cases where the parents or carers are failing to cooperate with the child protection plan • increase the understanding across the partnership of the thresholds for access to children in need and child protection services so that appropriate referrals can be made • Improve the consistency of the recording of management oversight of cases to ensure that required actions are specified and measurable.

Within six months:

- improve the quality of supervision records for more senior social care
- professionals to ensure they show how their developmental needs are being met
- ensure that all front line and service managers are able to Understand and use data to support their management of services.

LAC

Within three months:

- work with the voluntary sector to maximise their contribution to the development, commissioning and delivery of service plans
- define the role and function of the children in care council and to further support its developing relationships with the council and its partners
- ensure that IROs bring to the attention of managers all cases where the care plan has not been implemented to enable the necessary action to be taken.

Within six months:

- ensure that the views of parents and carers of looked after children
- Inform service development and review.