



Southwark Safeguarding Children Board

Annual Report 2014/15

If you have any comments on this report please email Michael O'Connor, the independent chair of Southwark Safeguarding Children Board at SSCB@southwark.gov.uk

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1. Foreword from the independent chair of Southwark Safeguarding Children Board

This is my second Annual Report as the Chair of Southwark Safeguarding Children Board (SSCB). It has been another busy and productive year and this is reflected in the work highlighted in the 2014/15 priorities. This report also provides an overview of safeguarding practice in Southwark and identifies the priorities for 2015/16.

During this year the SSCB established the Changemakers group of young people. This group provides the SSCB with direct access to the views of young people. The young changemakers attended two Board meetings and provided input to the annual SSCB conference. The conference this year focused on safeguarding and adolescents. I also met with the Changemakers group to hear and discuss their views on safeguarding issues. The young people identified their priority issues and plan to set out principles and values to guide staff and volunteers working with them. Further details are set out in section 4.

The board has been working with partners across the borough on the priorities of early help, more assertive practice around neglect, and child sexual exploitation (CSE). Last year, the board held the system to account on developments around “best start” now known as ‘Families Matter’ which is Southwark’s response to Troubled Families and services that make sure children, young people and families receive early help as soon as problems and issues arise. The SSCB led two Families Matters workshops and the local authority then undertook the lead for developing services. Our whole system challenge on neglect has shown some positive improvements, for example, during 2014/15 no (zero) children and young people were the subject of a second child protection plan within 2 years of the previous plans which indicates practice has been effective in addressing safeguarding issues.

Child Sexual Exploitation (CSE) was a priority for all agencies during 2014/15. The CSE sub-group led this work and developed the CSE Strategy which enabled a review of the current position. As a result, there is a stronger focus on preventing CSE and on CSE risk assessment. By the end of March 2015, 995 staff had completed CSE training. The CSE audit completed in January 2015 is informing future developments and a review of the strategy and implementation plan is due to take place in autumn 2015.

This year we have continued to develop and challenge how we use data and audit to develop practice and improve safeguarding outcomes. We worked with partners to develop a multi agency data framework to support whole system accountability, debate and challenge for safeguarding performance and outcomes. In supporting the learning from more qualitative information, we have reviewed the multi-agency audit programme on the learning, action and impact from past audits to support developments in our priorities. Two further multi-agency audits took place during the year on distant placements and on CSE, and summary findings are detailed in this report. We have invested in how we can better learn from Serious Case Reviews (SCRs), and are now using the “Welsh model” for SCRs and a case review that uses a systematic approach to promote respectful challenge and for a thorough understanding of agency action in each case. The Section 11 Challenge Panel continues to provide a vehicle for challenge between agencies in compliance with statutory duties around safeguarding.

The SSCB vision is set out in the next section of this report. The 2015/16 priorities are summarised and the SSCB business plan details how the priorities will be achieved.

I look forward to continuing to work with local partners to improve the safeguarding of children and young people.

Michael O’Connor, Independent Chair

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Vision

All children in Southwark have the right to be safe and protected from harm. We will work together to protect children and young people through high quality services that enable children to reach their full potential and achieve the best possible outcomes.

Responsibilities

The SSCB will ensure all agencies are aware of and undertake their key safeguarding responsibilities:

- All those who work with children and young people know what to do if they are concerned about possible harm.
- When concerns about a child's welfare or concerns about harm are reported, action is taken quickly and the right support is provided at the right time. This covers the spectrum from early help when issues first arise through to emergency action needed to keep children and young people safe.
- Agencies that provide services for children and young people ensure they are safe and monitor service quality and impact.

Key Strategic Questions for the SSCB

NB. This Annual Report responds to these key questions

- **Is the help provided effective?** How do we know our interventions are making a positive difference? How do we know all agencies are doing everything they can to make sure children and young people are safe? This includes early help.
- **Are all partner agencies meeting their statutory responsibilities** as set out in Working Together 2015 chapter 2?
- **Do all partner agencies quality assure practice** and is there evidence of learning and improving practice?
- **Is training on early help and safeguarding monitored and evaluated** and is there evidence of training impacting on practice? This includes multi-agency training.

2015/16 SSCB Priorities

Thematic priorities

- Families Matter
- CSE and children and young people who go missing
- Domestic abuse and adult misuse of alcohol
- Preventing violent extremism
- Female Genital Mutilation

Other safeguarding groups and issues

- Safeguarding children with SEND
- Children in need
- Looked after children and the role of the independent reviewing officer (IRO)
- The impact of Social Work Matters on safeguarding
- Private Fostering

Learning & Improvement

- Learning and development framework
- SSCB training programme and its impact
- Further work on the multi-agency data set and audit programme
- Disseminating learning from case reviews

Improving Governance

- Continuing to improve engagement with children and young people
- The work of the LADO
- Developing a set of SSCB values
- SSCB communication strategy including website
- Producing a governance handbook

2. Purpose of the Southwark Safeguarding Children Board (SSCB)

'Working Together to Safeguard Children' (2015, statutory guidance) sets out the statutory responsibility of the Local Safeguarding Children Board (LSCB). As a minimum, LSCBs are required to:

- Assess the effectiveness of the help being provided to children and families, including early help
- Assess whether LSCB partners are fulfilling their statutory obligations as set out in Working Together chapter 2. The Annual Section 11 audit is used to provide an overall assessment on compliance with statutory responsibilities
- Quality assure practice, including through joint audits of case files involving practitioners and identifying lessons learned
- Monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children

Working Together also sets out requirements regarding Annual Reports. These are summarised in the table below and signposted to where this information can be found within this annual report.

| Requirement | Where covered in Annual Report |
|--|--|
| "The Chair must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area." | This annual report covers early help and safeguarding. |
| "The report should be submitted to the Chief Executive, Leader of the Council, the local police and crime commissioner and the Chair of the Health and Wellbeing board." | The 2015/16 work plan includes dates when the Annual Report will be considered by key individuals and groups |
| "The report should provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action." | Section 5 assesses the effectiveness of help being provided. Section 6 sets out quality assurance and performance management arrangements. The 2015/16 work plan includes proposals for addressing the areas for development identified. |
| "The report should include lessons from reviews undertaken within the reporting period." | Section 6.3 focuses on audits of case files and 6.4 on case reviews. |
| "The report should also list the (financial) contributions made to the LSCB by partner agencies and details of what the LSCB has spent, including on Child Death Reviews, Serious Case Reviews and other specific expenditure such as learning events or training." | Section 7.3 covers financial information. |

3. Local context

3.1 Key facts

Southwark is a London borough bordering the City of London and the London borough of Tower Hamlets to the north with the River Thames forming the boundary. To the west Southwark is bordered by the London Borough of Lambeth and to the south by the London Borough of Lewisham.

According to the 2001 census Southwark had a population of 288,283. 29% of households are owner-occupiers, 44% are social rented including a significant proportion of council rented properties. Significant redevelopment is taking place particularly in older estates. Deprivation is concentrated in the northern and central parts of the borough and large health inequalities exist between different geographical wards, as evidenced in the Joint Strategic Needs Analysis (JSNA).

The June 2015 Public Health England child health profile of Southwark highlights the following key findings.

Children's Health in Southwark

- The 0 to 19 years population is 67,600 which is 22.6 % of all residents in Southwark. This is slightly lower than the London average
- The latest figures for children under 16 living in poverty is 28.6% which is higher than the London average of 23.7%
- 25,207 or 79% of school children are from minority ethnic groups.
- 54% of Southwark's children and young people identify their faith as Christian, 13% as Muslim, 1% Buddhist, 1% Hindu and 21% identify themselves as agnostic (Census 2011)
- Infant and child mortality rates are similar to the English average
- Children in Southwark have worse than average levels of obesity. 12.8% of children aged 4-5 and 26.8% of children aged 10-11 are classified as obese
- In comparison with 2008-2011 the rate of young people aged 10-24 years who are admitted to hospital as a result of self harm is higher in the 2011-2014 period. Nationally levels of self harm are higher among young women than young men
- In 2013, 158 children entered the youth justice system for the first time. This is a higher rate than the England average

3.2 Local approaches

3.2.1 Social Work Matters

In September 2013, after extensive consultation with social care staff and with partner agencies, Southwark Social Care published *Social Work Matters* which sets out a vision for social work in Southwark. Social Work Matters is a whole system transformation programme. A key driver of the social work model was to support more assertive practice on neglect and introduce new ways of working, such as reflective practice, to enable us to work in a different way around entrenched needs of the family. It builds on the good social work practice already taking place in Southwark, developing a more reflective and systemic approach through creating Practice Groups. A robust project management approach was used to manage the change process incrementally and the new practice groups were established in 2014. The SSCB will be evaluating the impact of these changes early in 2016. Other evidence based tools sit alongside Social Work Matters such as Signs of Safety, a framework for social work practice and partner agencies, it provides a strengths-based methodology

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to working with families and involves a child and parent focused approach to understanding issues and developing what works well and what needs to change. This helps all agencies to be child and family centred. Signs of Safety is used in Southwark in child protection conferences.

4. Involving young people in the work of the SSCB

*Do you feel safe? Do you feel guarded?
Or do you get the feeling that you're falling deeper into a pit and
no one can find you?
Do you feel like a rag that's being used and discarded?
No purpose, no identity, no destiny
Rape is under reported
Neglect seems like the order of the day
Where negativity becomes reality
Integrity isn't just a word
It's the part of you that wants to do right and be respected
Do you feel locked up in the prison of hopelessness?
They make you do things you don't want to do
Make you ask yourself the question: Who? Who am I?
Do you feel safe? Do you feel guarded?*

By: Precious and Devontai

During 2014/15 the chair established and funded support for the Changemakers group of young people. During 2014 the group met weekly for two hours in term time. The chair met with the Changemakers Group outside of Board meetings.

The Changemakers attended two Board meetings. At their second Board meeting the group facilitated a workshop exercise involving mapping their priorities against the priorities identified by Board members. This exercise resulted in agreement that the Changemakers will develop principles to guide professionals and volunteers when working with children and young people.

The Changemakers Group identified the following safeguarding priorities; progress of which will be reported to the SSCB in January 2016:

- Making sure that people are aware of what safeguarding is (awareness)
- Being straightforward (honesty and transparency)
- Making sure young people know where they need to go for protection and safety (awareness and services working together)
- Making sure those in the sector of safeguarding are devoted and committed and make sure children are safe (safer recruitment and quality assurance)
- Being aware some children and young people may not come to the attention of services – such as young people 'sofa surfing' when they don't feel they can stay at home (good referral process and awareness about private fostering).

The Changemakers provided feedback on the draft child sexual exploitation strategy. The strategy incorporated their views that there should be support for increasing parental awareness and that schools should use PSHE (Personal, Social and Health Education) to promote how young people can protect themselves against sexual exploitation.

The young people also engaged in the consultation on SH24, an online sexual health advice service.

The Changemakers took part in the annual SSCB conference. Interviews with their peers informed their presentation to the conference. Extracts from the Changemakers' presentation to the conference are detailed below:

Changemakers – views on CSE

What CSE means to us

“Child Sexual Exploitation is someone abusing their power to take advantage of a person in a vulnerable position in exchange for sexual favours. A child is someone under the age of 18”

We think children who are the following are more vulnerable

- *Homeless*
- *Lack of friends and social network*
- *Have issues with parents*
- *Children who lack stuff*
- *Someone who lacks confidence*

Suggestions to make Southwark safer

- *Phone numbers at bus stops*
- *Workshops at schools*
- *Talking to young people about their issues*
- *Making them go home earlier*
- *More police patrols*
- *Anonymous places to go to talk to someone*
- *Just to be there for them*

5. Effectiveness of safeguarding in Southwark

5.1 Families Matter

Families Matter is the name for Southwark's approach to early help services. Families Matter also includes Southwark's response to the national Troubled Families initiative. In 2014/15 Southwark met the Troubled Families phase 1 target and began planning for phase 2.

During 2014/15 the SSCB led the next phase of development of Families Matter. The approach was informed by the learning from the 2012/13 SSCB work on "best start" and neglect. Two multi-agency events took place in June and July 2015 chaired by the SSCB Independent Chair. Following these events the Council undertook the lead responsibility for the further development of Families Matter services.

Some key early help facts for 2014/15 are noted below:

Early Help Key Facts 2014/15

- Southwark Advocacy and Support Services (SASS) provides domestic violence advocacy and support services. In 2013/14 SASS undertook 91 CAFs. This increased to 197 in 2014/15
- In 2013/14 social care stepped-down 50 cases to the Early Help Service. In 2014/15 this increased to 84 cases
- The latest DfE figures of rates of pupil absence for Southwark schools (primary, secondary and special schools including academies and free schools) show that overall absence from schools in Southwark is at 4.8%, now lower than the national average and on a par with the London average. Rates of persistent absence have also declined by 0.6%
- Primary permanent exclusions remain at zero for the seventh consecutive year and fixed term exclusions are declining with over half of primary schools reporting zero fixed term exclusions
- Secondary permanent exclusions are similarly low with an emphasis placed on managed moves as part of the In-Year Fair Access Strategy
- There was an increase in the number of Common Assessments (CAFs) completed from 2,830 in 2013/14 to 2,884 in 2014/15
- Meanwhile, the number of referrals to Children's Social Care has decreased from 3,533 in 2013/14 to 2,717 in 2014/15. Work is being undertaken to understand these figures and the relationship between increased Early Help referrals and lower referrals into Social Care
- Over 1,000 children have benefitted from a place in early years provision as part of the National 2 Year Old Offer. We continue to see increases in take up of 3 – 4 year olds narrowing the gap with Inner London and national take up
- The highest number of referrals for the Early Help Service were from schools (70%) with nearly half of referrals for children under 5 (45%), a further 43% in the primary school age range (5 to 11) and 12% in the secondary school age range (12 -19)

5.2 Initial access and assessment

In early 2015 as part of the development of Families Matter, the SSCB led a review of the multi-agency thresholds. The work included using case examples to explore understanding of thresholds and the appropriate response to best meet needs. This review of the thresholds will be completed in 2015/16.

The table below provides information on contacts, referrals and assessments, including comparative and trend information where available.

| Indicator | 2012/13 | 2013/14 | 2014/15 | Statistical neighbour average 2014/15 | London average 2014/15 |
|--|--|---------|---------|--|------------------------|
| Number of contacts completed | Previous years not available | | 6,323 | Not published nationally | |
| % of contacts which led to a referral | | | 53% | | |
| Number of referrals completed in the year | 3,450 | 3,533 | 2,716 | 2,826 | 2,782 |
| Rate of referrals completed in the year per 10,000 under 18 | 580 | 582 | 440 | 501 | 478 |
| % referrals started within 12 months of previous open referral | 19% | 18% | 11% | 14% | 16% |
| % referrals which led to an assessment | 71% | 65% | 64% | Due to LA changes to assessments processes national figures not comparable | |
| % referrals with an outcome of NFA | 18% | 23% | 2% | 8% | 8% |
| Number of single assessments completed | Single assessment introduced in 2014/5 | | 1,734 | 2,705 | 2,573 |
| Rate of single assessments | | | 281 | 442 | 446 |
| % single assessments completed within 45 days | | | 55% | 81% | 80% |

During 2014/15 the MASH became more established, the SSCB began to review the multi-agency thresholds and work on Families Matter created debate and discussion about thresholds. This is beginning to show signs of improvement in regard to re-referrals, NFA, and improvements in the number and appropriateness of referrals from contact. With the changes and systems for completing assessments brought in through Social Work Matters, timescales for completing assessments should improve. The SSCB will continue to scrutinise initial access information including further analysis of the source of contacts and referrals, conversion rates throughout the process and activity resulting in no further action.

5.3 Child Protection and challenging neglect

As at 31 March 2015, 309 children and young people were the subject of a child protection plan. This represents a decrease from 31 March 2014 when 327 children were the subject of a child protection plan, but is higher than the 31 March 2013 figure of 272. The 2015 number equates to a rate of 50 per 10,000 which is significantly higher than the latest comparative figures available for statistical neighbours and the London average as illustrated in the table below.

| Indicator | 2012/13 | 2013/14 | 2014/15 | Statistical neighbour average 2014/15 | London average 2014/15 |
|---|---------|---------|---------|---------------------------------------|------------------------|
| Number of children with a child protection plan (CPP) | 272 | 327 | 309 | 255 | 236 |
| Rate with a CPP per 10,000 as at 31 March 2015 | 46 | 54 | 50 | 44 | 41 |

Although the CPP rate at 31 March 2015 appears to be higher than might be expected, the rate of Section 47 enquiries started is lower than the latest comparative information available and the rate of initial child protection conferences is also slightly lower. This audit shows thresholds are being applied well and children and families are not being involved in child protection processes when this is not required. However, less than 50% of Section 47 enquiries result in an Initial Conference. This is similar to statistical neighbours and the English average. 89% of conferences lead to a child protection plan. This might indicate decisions to progress to an initial conference are correct, but it is worth investigating further that multi-agency debate and challenge is happening at initial conferences.

The table below also notes that in 2014/15, 64% of initial child protection conferences happened within the required 15 days from the start of the Section 47 enquiry. This is similar to the latest comparative figures available.

| Indicator | 2012/13 | 2013/14 | 2014/15 | Statistical neighbour average 2014/15 | London average 2014/15 |
|--|---------|---------|---------|---------------------------------------|------------------------|
| Number of Section 47s started | 725 | 648 | 610 | 882 | 797 |
| Rate per 10,000 Section 47s started | 122 | 107 | 99 | 153 | 137 |
| % Section 47s led to initial child protection conferences (ICPC) | | 59% | 49% | Not published nationally | |
| Number of initial child protection conferences (ICPCs)* | 334 | 384 | 316 | 345 | 325 |
| Rate per 10,000 ICPCs | 56 | 63 | 51 | 60 | 56 |
| % conferenced that led to CPP | 87% | 88% | 89% | 87% | 86% |
| % ICPCs within 15 days of start of Section 47 | 49% | 68% | 64% | 69% | 68% |

*does not include children who became the subject of a CPP through a "transfer-in" conference.

Social Work Matters and Signs of Safety have been used to support practice on tackling children subject to neglect and where there are entrenched needs within the family. Whilst initial child protection plan activity has reduced over the last three years, the number of children remaining at risk of significant harm for 1-2 years has increased from 27% in 2012/13 to 46% in 2014/15. This is highlighted in the table below which also shows that the number of children with plans ending between 6 months and 1 year reduced from 41% in 2013/14 to 32% in 2014/15.

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The table below also includes information on the percentage of children who became subject of a CPP for a second or subsequent time where performance is below the average for other local authorities.

| CPP Plans | 2012/13 | 2013/14 | 2014/15 | Statistical neighbour average 2014/15 | London average 2014/15 |
|---|----------------|----------------|----------------|--|-------------------------------|
| % CP plans ending under 3 months | 17% | 13% | 14% | 19% | 18% |
| % CP plan ending 3 to 6 months | 6% | 8% | 3% | 8% | 10% |
| % CP plans ending 6 month to 1 year | 34% | 41% | 32% | 40% | 41% |
| % CP plans ending 1 year to 2 years | 27% | 34% | 46% | 28% | 27% |
| % CP plans ending over 2 years | 16% | 4% | 6% | 7% | 4% |
| % of children who became subject of a CPP for a second or subsequent time | 17% | 9% | 9% | 14% | 14% |

In 2014/15 there were no (zero) children and young people who were the subject of a child protection plan within two years of a previous plan. 28 children and young people became subject of a plan for a second time. Further analysis will take place on the reasons for repeat child protection plans as part of the SSCB in depth-analysis referred to above. A public health needs assessment was commissioned by the board and local authority to better understand the needs of this group and inform future practice developments across both Families Matter and safeguarding services.

A report from the Social Care Quality Assurance Unit was received by the SSCB in June 2014. In 2015/16 the SSCB will continue to monitor child protection plan performance information. The intention is to include indicators on multi-agency participation and involvement. A child protection audit is planned and an in-depth analysis of all available quality and performance information is planned for September 2015. This will include looking at the effectiveness of child protection planning and the monitoring of agreed action.

During 2014/15 work took place to ensure the SSCB data set reflected multi-agency contributions to the child protection process. Acute hospital trusts began to report on invitations and attendance at conferences and reviews and plans are in place for recording reports provided for conferences and reviews.

5.4 Children in Need

It is important to note that the large majority of vulnerable children and young people are worked with under Section 17 of the Children Act. The table below illustrates this noting that as at 31 March 2015 there were 2,186 children in need cases open to social care. Unlike the number of CPP and LAC, this figure increased from 1,730 cases as at 31 March 2014. Further analysis of these figures will take place, including analysing age and ethnicity. The SSCB also plans to scrutinise other information available about children in need including evidence of ensuring multi-agency approaches are taken to working with vulnerable children who are in need of help and support, but who are not at risk of significant harm.

| Total Children in need by different categories as at 31 March | 2014 | 2015 |
|--|-------------|-------------|
| Number of children with a child protection plan (CPP) | 327 | 309 |
| Number of LAC | 550 | 505 |
| Number of Care Leavers | 320 | 287 |
| Number children in need* | 2,927 | 3,243 |
| Number of cases open to social care | 1,730 | 2,186 |

* will also include some assessments being completed

5.5 Looked after children

5.5.1 SSCB in-depth report on looked after children

In February 2014 the SSCB received a detailed report on looked after children. The executive summary highlighted the following strengths and areas for development:

| Strengths |
|--|
| Reducing overall numbers of children in care |
| Capturing, and acting on, the views of children and young people e.g. Speakerbox – the Children in Care Council and Young Inspectors work which led to the development of the 16 plus accommodation strategy |
| Responding to concerns raised by children and young people e.g. commissioning St Christopher's Fellowship to provide additional support to those who have gone missing |
| Working in partnership to identify and address issues with providers e.g. CSE concerns in Kent |
| Joint working between health and social care on the health of looked after children |

| Areas for development |
|--|
| Providing safer, better quality and stable placements |
| IROs escalating concerns and triggering management action |
| Securing more suitable accommodation and support for care leavers |
| Improving timeliness of health assessments |
| Improving tracking educational progress of children in care and care leavers |

The report noted the number of children looked after is on a downward trend over the last three years from 560 at 31 March 2013, to 505 at 31 March 2015 however the rate of looked after children is still high when compared to similar local authorities. During 2014/15 the local authority introduced an Accessing Resources Panel which is enabling closer analysis of the reasons why children and young people come into care. In particular those entering and ceasing care for short periods of time which shows signs of increase over the last few years.

5.5.2 LAC placements

The February 2014 SSCB report on LAC included findings from audits and views of children and young people, it focused on a number of safeguarding issues relating to:

- Distant placements
- Placement stability and sufficiency

The table below summarises the 2014/15 performance information on placements. It is important to note that children and young people have mixed views on placements. Some are often keen to move closer to Southwark, whilst others do not want to move from placements where they are happy, even if placements are a long way from home. Using the latest comparative figures available, Southwark places a slightly higher proportion of children looked after more than 20 miles from home. The percentage placed in residential provision is lower than similar authorities but higher proportions of residential placements are more than 20 miles from Southwark. Placement stability is much the same as similar authorities. During 2014/15 the local authority updated the Sufficiency Strategy which will have an impact in future years.

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| Indicator | 2012/13 | 2013/14 | 2014/15 |
|--|---------|---------|---------|
| Number of CLA placed more than 20 miles from home | 95 | 120 | 115 |
| % CLA placed more than 20 miles from home | 17% | 22% | 23% |
| % placed in residential care | 10% | 11% | 11% |
| % placed in residential care who are placed more than 20 miles from home | | 76% | 72% |
| Number of CLA with 3+ placements in year April-March | 75 | 97 | 61 |
| % with 3+ placements in year April-March | 14% | 17% | 13% |
| % CLA living in same placement for over 2 years* | 63% | 61% | 68% |

Exact definition = % CLA at end of period who have been looked after continuously for over 2.5 years who are living in same placement for over 2 years

5.5.3 Missing or absent placements

Of all children who were looked after during the year (775 CLA), 6% had at least one missing incident, which was in line with comparators. On average CLA in Southwark had 3.2 missing incidents, this was lower than comparators (England 4.7, London 4.9, SN 3.8). There were 20 children in Southwark with multiple missing incidents in the year.

Of all children who were looked after during the year (775 CLA), 4% had at least one absent incident, which was broadly in line with comparators (England 3%, London 4%, and SN 5%). On average CLA in Southwark had 3.2 absent incidents, which was lower than comparators (England 4.1, London 3.7, SN 4.6). There were 15 children in Southwark with multiple absent incidents in the year.

5.5.4 Outcomes of looked after children

The percentage of CLA who were Convicted or subject to a final warning or reprimand in year more than doubled from 3% in 2013/14 to 7% in 2014/15. This was higher than comparators (England 5%, London 6%, and SN 6%).

The proportion of CLA in Southwark who were identified as having a substance misuse problem doubled from 3% in 2013/14 to 6% in 2014/15. Only a quarter of these children received intervention for their problem, which is lower than comparators (England 49%, London 49%, SN 56%).

Overall the health care and development assessments of CLA in Southwark has slightly improved. The proportion with annual health assessments increased from 91% in 2014 to 92% in 2015, developmental assessments (under 5s) from 92% to 100%, and immunisations from 70% to 74%. Dental checks have slightly reduced from 85% to 84%. Compared to other local authorities, Southwark's performance for annual health assessments and developmental assessments were higher, and immunisations and dental checks were lower.

In 2014/15 an SDQ score was submitted for two-thirds of CLA in Southwark, which was lower than comparators (England 72%, London 82% and SN 84%). For those with an SQD score, around a half had a normal SDQ score, and 37% had a score of concern, which was an increase from 35% the year before.

5.5.5 Care Leavers

The table below provides information on care leavers including the following:

- The number of care leavers remains stable.
- The percentage of care leavers in touch with social care also reduced from 88% to 82%.
The percentage of care leavers in education, employment and training and living in suitable accommodation also reduced from 2012/13 and 2013/14.

| Indicator | 2012/13 | 2013/14 | 2014/15 | Statistical neighbour average 2014/15 | London average 2014/15 |
|--|---------|---------|---------|---------------------------------------|------------------------|
| Number of care leavers | 320 | 287 | 290 | 56 | 165 |
| Percentage of care leavers in education, employment and training | 46% | 46% | 43% | 53% | 53% |
| Percentage of care leavers in suitable accommodation | 81% | 81% | 78% | 83% | 83% |

5.6 Female Genital Mutilation (FGM)

FGM is a priority for the SSCB and the SSCB Health Sub-group is taking the lead on FGM. The SSCB is improving how health, social care, police and education services and the community work in partnership to assess risk in order to prevent FGM occurring and provide effective support to girls, women and their families who are affected by FGM.

The SSCB agreed to a follow up to the December 2013 FGM case audit and received a report in June 2014 on FGM. The audit required ethical clearance from Health Boards and the Designated Nurse prioritised this work following her appointment in early 2015. The Public Health team is leading on the FGM audit and has now addressed the ethical issues, as data on FGM referral and treatment pathways is now anonymised. This will provide a baseline which can be used to measure the impact when further audit activity is undertaken. A report on the audit will be presented to the SSCB in the autumn 2015.

5.7 Child Sexual Exploitation (CSE) including missing from home, school and care

5.7.1 The CSE Sub-Group

The SSCB established a Child Sexual Exploitation sub-group in 2013 following a CSE conference. The CSE sub-group led on developing a CSE Strategy which was agreed by the SSCB in December 2014 following extensive consultation and reflection on the learning from Rochdale and other CSE case reviews.

5.7.2 The CSE Strategy

The SSCB's strategic intent is to:

- Prevent the occurrence of CSE
- Build intelligence and develop a problem profile of CSE locally
- Provide support which is timely and effective for victims of CSE
- Disrupt the activities of perpetrators
- Prosecute perpetrators.

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The SSCB is committed to implementing a coherent operating model for tackling CSE. Key commitments noted in the CSE strategy are:

- A CSE lead within each agency
- A 'problem profile', drawing on evidence from all agencies
- A CSE coordinator based in Southwark Council
- A CSE referral hub within the MASH (multi-agency safeguarding hub)
- Good co-ordination across other sub-groups and networks ensuring professionals and other adults in contact with children and young people are alert to risk factors and indicators of CSE
- End to end services, from prevention to rehabilitation and including a range of specialist and targeted support
- A strong contribution from the voluntary and community sector

An interim progress report in March 2015 highlighted a number of items as completed or progressing well including the following:

- Multi-agency online training made available from December 2014. By 31 March 2015, 995 professionals had completed CSE training. An impact evaluation of the CSE online training is due to take place in May 2015
- Specialist training for Practice Group Leads in social care
- 'Operation Makesafe' and a borough-wide awareness campaign launched online and in social media
- CSE protocol in place with thresholds amended
- Latest police data showed a significant increase in disruption activity. Southwark comparing well with other London boroughs
- The initial CSE risk assessment tool developed was reviewed as requested in the March 2015 letter from the Chief Social Worker

5.7.3 Learning from CSE practice

In January 2015 a CSE audit took place highlighting the following:

- In most cases audited young people had experienced neglect in their earlier years and the experience of CSE was seen to compound difficult family attachment styles and other issues arising from this. The relationship between neglect and CSE later in a young person's life may need further exploration
- School emerged as a clear resilience factor
- There was limited detail recorded on men who were carers or alleged perpetrators. This had an impact on the quality of the risk assessment
- There was good information recorded on processes followed, but little note of impact.
- Child sexual exploitation was not always named explicitly in casework although professionals were describing behaviour that would fit with CSE risks

A review of open cases took place in April 2014 to identify the characteristics of young people who may be at risk of CSE. The findings were consistent with national profiling of CSE victims:

- A large proportion of those at risk were children in care, spread evenly between placements in borough, within London and out of London
- Many were children frequently going missing from care
- Around half of the children at risk were still living at home
- The vast majority were in education, though some had poor or persistent absence
- A high proportion of those at risk had a special educational need

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5.7.4 CSE and missing from home, school and care

During 2014/15 improvements were made in monitoring children and young people missing from home, school and care. From April 2014 the CSE sub-group extended its remit to cover missing children and young people and children and young people being electively home educated.

A review of the impact of the CSE strategy will take place in 2015. This will include reviewing action taken in response to the CSE audit and reviewing processes in place for monitoring and taking action on children and young people missing from home, school and care.

5.8 The annual SSCB conference on safeguarding challenges for adolescents

The annual SSCB conference held in February 2015 focused on working with young people including CSE and missing from home, school or care. A summary of information from the conference is provided below.

Exploring the contemporary safeguarding challenges for adolescents and developing a partnership-wide response

Southwark Safeguarding Children annual conference - February 2015

Included input from:

- The Changemakers group
- MsUnderstood Project
- Young Minds
- London Bubble Theatre

Workshops at the conference covered:

- Risk of self-harm in adolescents
- Child sexual exploitation and adolescents
- Understanding the needs of young carers and their families
- Safeguarding and e-safety
- Working together to safeguard children looked after
- Transition planning – safeguarding young people living with disabilities and plan for safe transition into adulthood
- Theatre based workshop for young people and their chaperones
- Children missing from home and care

165 delegates including service users attended from a total of 45 agencies. Feedback was very positive with attendees requesting further learning and practice development around CSE.

Observations from delegates included:

- *This conference has broadened my understanding on how to support vulnerable children; the topics discussed were thoroughly dealt with*
- *I really enjoyed the presentations, especially George Curtis, Charlotte Levene & London Bubble. Great contents and great presentations!*

5.9 Private Fostering (PF)

The SSCB received reports on private fostering in July 2014 and January 2015. The 2013/14 Private Fostering Annual Report was published in March 2015. In July 2014 the SSCB agreed there will be a multi-agency private fostering focus, not least since there has been a significant decline in the number of notifications.

The following actions on private fostering took place in 2014/15:

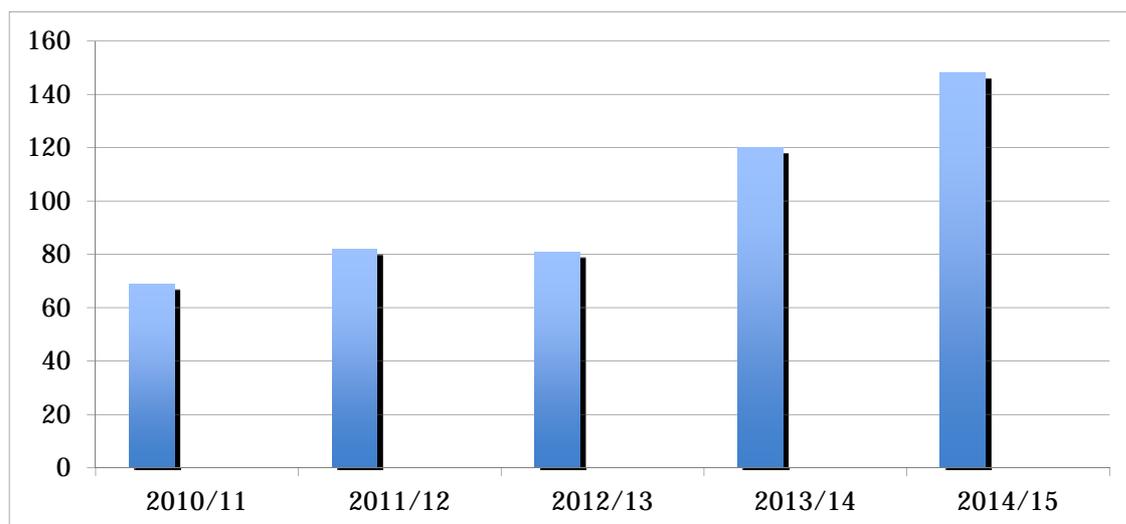
- Private Fostering Awareness week was held from 7 to 11 July 2014
- In January 2015 a letter was sent to all headteachers outlining the definition of private fostering, statutory duties and how to refer or seek advice. Private fostering was also an item in the Headteachers newsletter
- Private fostering has been a key priority of the education sub-group
- Training for Residents' Services Officers and their managers was held in January 2015
- Pilot programme is being developed for trial in one or two GP practices initially, looking at registrations and consultations as a key touch point in identifying private fostering
- Ensuring referral source data for private fostering notifications is monitored

A Private Fostering Annual Report for 2014/15 covering the seven national minimum standards for private fostering is due to be presented to the SSCB before the end of 2015.

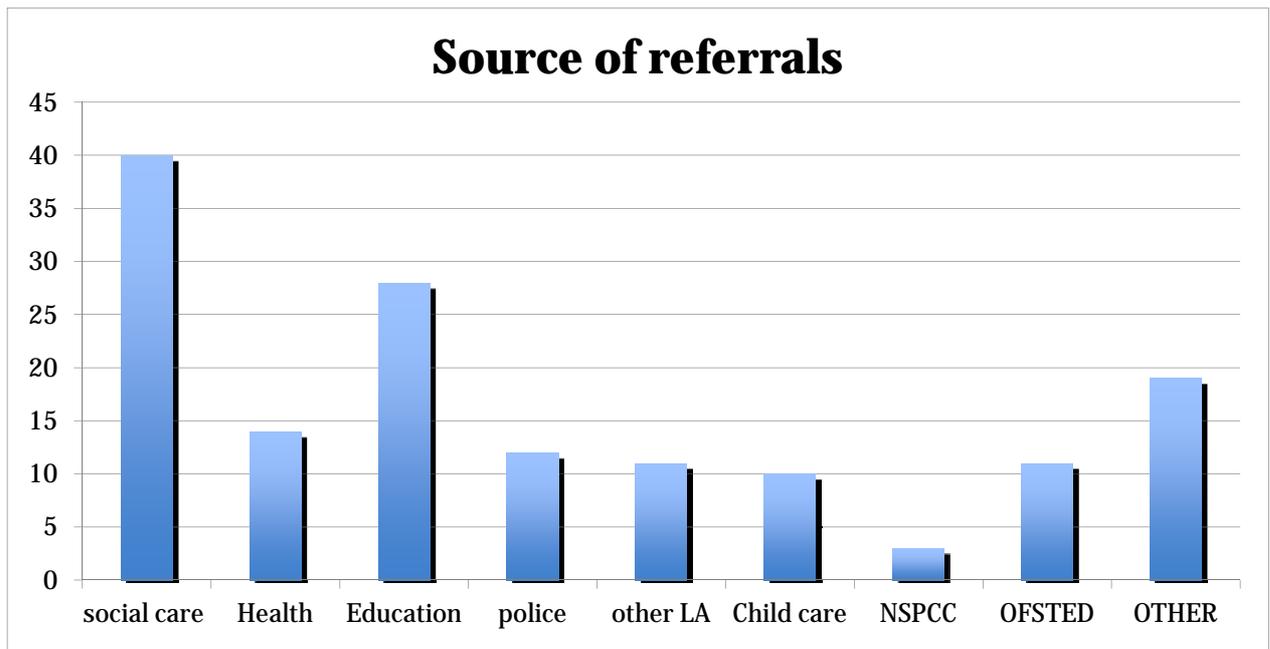
5.10 Local Authority Designated Officer (LADO)

The local authority is required to designate responsibility for the management and oversight of allegations against people who work with children. In Southwark there is a LADO who undertakes this role, based within the Social Care Quality Assurance Unit. The LADO Annual Report for 2014/15 notes that since 2010 the number of referrals has more than doubled and that the "most likely explanation is increased awareness rather than any increase in the actual number of abuses by those working with children."

The bar chart below illustrates this increase.



The source of referrals information below represents the source of the disclosure by the child or young person.



66 of the 148 referrals in 2014/15 resulted in a strategy discussion and of these 26 were substantiated, 11 unsubstantiated and 19 were unfounded or false.

The SSCB multi-agency data set improved over the year and the regular data supplied by acute hospital trusts includes the number of allegations against staff working with children and number reported to the LADO.

6. Quality Assurance and Performance Management Arrangements

6.1 Section 11 Audit

The 2015 Section 11 Audit involved a peer Challenge Panel chaired by the SSCB Chair. The Panel comprised the Service Director for Children's Social Care, Head of Quality Assurance in NHS Southwark Clinical Commissioning Group (CCG), and a Detective Superintendent from the Metropolitan Police. 13 services and agencies took part in the peer challenge and action plans were drawn up by each agency and reported to the SSCB. The SSCB will receive a report monitoring progress with the Section 11 action plans in the spring 2016.

There is a safeguarding lead in Southwark education directorate who leads on the Section 175 process. There is a rolling programme of audits over a 2 year period.

6.2 SSCB data set

During 2014/15 the chair led work on ensuring the SSCB data set includes a range of indicators from all partner agencies. The data set now includes information on domestic abuse from the Community Safety Team, Multi-Agency Public Protection Arrangements (MAPPA) data from probation services, making use of the Metropolitan Police London Safeguarding Children's Board data set and health information including CAMHS monitoring data. The data set is also using information from Public Health England, including specialist substance misuse interventions provided for young people and information from the Drug and Alcohol Team (DAAT) on adults with substance misuse issues living with children and young people.

6.3 Multi-agency audit

During 2014/15 the Audit and Learning sub-group reviewed terms of reference and produced a composite audit action plan which draws together in one place learning and identified actions from audits undertaken since 2012. The impact of multi-agency audits is summarised below:

- Domestic Abuse audits (March 2012 & follow-up May 2013) led to training and workshops for staff and SSCB members. Child Protection chairs now attend the Multi-Agency Risk Assessment Conference (MARAC) panel to improve links between the two processes. Better information sharing has resulted and the follow-up audit appeared to demonstrate improved practice as a result
- Neglect audit (April 2013) drew attention to the importance of recognising medical, especially dental neglect. This was followed up in the SSCB conference and there were learning events for staff and SSCB to raise awareness of the issues
- CSE and Neglect audits (January 2012 and April 2013) looked at very similar cases and this helped to link long term neglect with CSE risk in older childhood. The findings have been presented to staff in learning events
- The Sexually Harmful Behaviour (SHB) audit (September 2013) identified some concerning practice in response to SHB referrals. A workshop involving managers took place on improving practice. A checklist was drawn up with managers to support staff with the assessment and response to SHB. The audit was presented to the designated teachers group and to health designated leads. A follow-up audit is proposed for 2015/16 to establish improvements in practice
- The Family Focus audit (March 2014) was largely positive, it identified some concerns about the medical recording by the linked Health Visitor. These were addressed immediately by the Family Focus team to avoid loss of medical information in the future.

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The audit and learning sub-group also carried out initial work on sharing information on the single agency audits which take place in partner agencies. A multi-agency audit plan for 2015/16 was agreed.

Two multi-agency audits took place in 2014/15. The audit of children placed far away from Southwark is referred to in section 5.5.2 of this report. The January 2015 CSE audit is referred to in section 5.7.

6.4 Case reviews

Following research into review models available the Serious Case Review (SCR) sub-group decided to test the Welsh case review model. The model is systems based and takes a 'strengths approach'. In 2014/15 the Welsh model was used for an SCR (Child R) and a management review (Child S). The process actively engages staff and includes learning events for frontline staff and other operational managers. This promotes reflection, debate and challenge.

In 2014 the Department for Education (DfE) asked a number of local authorities to investigate information on child abuse by Jimmy Savile at a number of children's homes and schools. For Southwark Council, the information linked Savile with the Hollies Children's Home in Sidcup. The children's home was run by Southwark Council from 1965 until its closure in 1989 and the investigation was undertaken by an independent consultant.

There was a further independent investigation into a voluntary sector agency that arose from a local authority designated officer inquiry.

The Child R SCR has involved careful and appropriate consideration about publishing the review. The young woman, subject of the review, is aged 15 and there were differing views amongst SSCB members on publications.

The Child S case was used as a case example at the launch of the revised multi-agency thresholds event and was also shared at a meeting of designated safeguarding leads. The learning was further shared at a governance meeting of the CCG and used as a discussion prompt for looking at safeguarding quality assurance (QA) processes.

A further management review of Child T is taking place in 2015.

6.5 Training

The SSCB multi-agency safeguarding training strategy includes learning principles and identifies different levels of safeguarding training with guidance on who should attend each level. The core programme of training on offer is mapped against the training levels. The next version of the learning and improvement framework will be more specific about the number and job titles of staff requiring different levels of training, the core competencies required and information on the multi-agency training budget.

The training priorities for 2014/15 were influenced by work undertaken by the SSCB. For example, training was prioritised on neglect, CSE, domestic abuse and hard to engage families. Information on CSE, private fostering, domestic abuse and FGM was added to the content of all SSCB training.

A variety of methods are used including traditional 'class-room' methods, e-learning, newsletters, lunch-time learning, and conferences. In addition there were designated lead days and 6 half-day child protection updates provided.

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An annual training report is produced and in 2014/15 1,695 attendees from 121 organisations took part in multi-agency training. There has been a significant increase in training take-up since 2012 as illustrated in the table below:

| Year | 2012/13 | 2013/14 | 2014/15 |
|---------|---------|---------|---------|
| Take-up | 610 | 1,384 | 1,695 |

Feedback on the quality of the training provided is generally positive. During 2014/15 an impact evaluation survey was sent to participants and managers 3 to 5 months after completing the training. The response rate for participants was 36% and for managers was 21%. There was some evidence of training having a positive impact as noted in the tables below.

Knowledge and skills have been demonstrated in the workplace

| Rating | Individual | Manager |
|---------------------------|------------|---------|
| Strongly agree | 45% | 36% |
| Tend to agree | 45% | 48% |
| Neither agree or disagree | 7% | 16% |
| Tend to disagree | 3% | |

Positive changes in performance and/or knowledge and skills have been sustained

| Rating | Individual | Manager |
|---------------------------|------------|---------|
| Strongly agree | 44% | 29% |
| Tend to agree | 48% | 53% |
| Neither agree or disagree | 7% | 18% |
| Tend to disagree | 1% | |

The information provided by acute health trusts for the SSCB data set includes information on the percentage of eligible staff with up to date training for the four different safeguarding levels. During 2015/16 there are plans to set up systems for providing this information across the partnership.

A workforce development partnership summit attended by a range of partner agencies took place on 5 December 2014. Participants reviewed the current training programme available and some initial work was undertaken to improve the evaluation of training, including how best to monitor and assess impact.

6.6 Child Death Overview Panel (CDOP)

2014/15 CDOP data

- 23 deaths were reported comprising 11 neonates and 12 children.
- 22 cases were reviewed in this financial year with 21 (95%) deaths occurring within an acute hospital setting.
- The most common classification of death was neonatal death (11; 50%) followed by life limiting conditions (7; 32%).
- 5 (23%) cases had modifiable factors. The national figure in 2013/14 was 22%.

Summary of recommendations from the 2014/15 CDOP Annual Report

- Sudden unexpected death in infancy (SUDI) – A recurring theme. Partner organisations should ensure staff are trained with regular updates and audits to ensure quality.
- Domestic violence and risk to children – Recommendations include improving communication between medical professionals and social workers and improving risk assessments by ensuring social workers' awareness of evidence, challenging assumptions

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and improving supervision. Migrant families from countries experiencing conflict and violence should be adequately supported to prevent a perpetuation of violence.

- Youth violence – A public health approach to reducing youth violence is being considered and further implementation and evaluation is required.
- Safety in the home for young children – An awareness raising scheme regarding home safety (including SUDI) was piloted with housing officers, and safety equipment and literature scheme was made available to vulnerable families using non-recurrent funding. These schemes should be evaluated and sustained.

Progress on recommendations from 2013/14 CDOP Annual Report

- Youth violence – A public health needs assessment in Lambeth was completed and presented at the Lambeth Health and Wellbeing Board (HWB) and LSCB.
- Road/traffic safety and awareness – Transport for London has been informed of recommendations from last year's report and gave assurances regarding their staff training.
- Hospital staffing (midwifery) – Local units have provided assurances that they are reviewing staffing levels using birth rate planning tools to ensure national standards are met, and are providing enhanced caseload management for women with complex needs.
- Sudden unexpected death in infancy and safety in the home for young children - These two recommendations were addressed together. An awareness raising programme for housing officers was developed and implemented and a home safety equipment scheme for vulnerable families was commissioned.

7. SSCB Governance arrangements and activity

7.1 Meetings and events

During 2014 the role of the Safeguarding Board was clarified and the terms of reference reviewed and changed. The SSCB now meets 6 times a year and a Partnership Group meets 3 times a year. This arrangement enables the SSCB to have a strategic focus with the Partnership Group ensuring wider engagement of key stakeholders. A review of the Partnership Group will take place in 2015/16.

Information on SSCB membership is included at Appendix 1. There is good attendance at Board meetings from all partnership agencies.

During 2014/15 the following sub-groups met regularly:

- Audit and Learning
- Human Resources and Safeguarding (joint with Adults Safeguarding Board)
- Practice Development and Training
- Serious Case Review
- Child Sexual Exploitation
- Education
- Health
- Child Death Overview Panel
- Designated, Named and Lead Professionals Group

Appendix 2 provides information on chairing and frequency of meetings. Information on the work of the sub-groups is included in the sections above. The chairs of each subgroup meet three times a year with the SSCB chair to report on progress with implementing work plans and the impact of the work.

An initial joint meeting with the Adults Safeguarding Board on safeguarding and community engagement took place in February 2014. This meeting was hosted by Community Action Southwark and plans for this group to meet more regularly will be considered in 2015/16. Further details are provided below.

Community Action Southwark (CAS) is the umbrella body for the voluntary and community sector in Southwark. CAS is acutely aware that safeguarding and associated good practice is a complex and challenging area for this very diverse sector. To try and gain a better understand CAS hosted a Safeguarding Summit on 29th May 2014.

The summit's aim was to look at ways to improve cross-sector work in relation to safeguarding in Southwark's voluntary and community sector (VCS). A total of 30 participants from the voluntary and public sector attended the event. A number of actions/recommendations emerged from the event that grouped under the following themes:

- Reporting and relationships
- Training and development opportunities
- Improving communications
- Recognising difference

The outcomes of the summit have helped direct how CAS engages the voluntary and public sectors around safeguarding issues. One result was to shape how a Community Engagement sub-group would function. The summit identified that it was important that voluntary and community sector organisations took something away from the sessions – as well as the SSCB hearing community concerns and issues.

7.2 Links with strategic leaders and groups

The Independent Chair of SSCB met regularly with the Council's Chief Executive and Strategic Director of Children's and Adults' Services and also met with the Cabinet Member for Children and Schools. The Cabinet Member attends SSCB meetings.

The SSCB chair attended the Council's Cabinet and the Education and Children's Services Scrutiny Sub-Committee meetings to discuss the SSCB Annual Report 2013/14 and the CSE Strategy. The SSCB Annual Report was also discussed at the Health and Wellbeing Board. Close links were maintained with the Children's Trust through the work on Families Matter and the SSCB chair attended Children's Trust Board meetings.

Domestic Abuse Strategy

Following consultation with the SSCB it was agreed that the Southwark Domestic Abuse Strategy would be a joint strategy between the Safer Southwark Partnership, the Southwark Safeguarding Children Board and the Southwark Safeguarding Adults Board. The strategy was published in 2015 and there is a strong focus on prevention and awareness and early identification and support.

Work on the SSCB data set included ensuring information on domestic abuse from the Community Safety Team and from acute hospital trust providers is regularly reported.

7.3 SSCB Budget

The SSCB receives financial contributions from a number of agencies and other forms of in-kind support. The financial contributions for 2014/15 were as follows:

| Contribution | Total |
|--|-----------------|
| SLAM | £5,000 |
| Southwark CCG | £20,000 |
| Inner London Probation | £2,000 |
| Police | £5,000 |
| CAFCASS | £550 |
| LB Southwark – Children's Services budget | £107,000 |
| LB Southwark training – estimate from HR budget | £60,000 |
| Sub-total Southwark contributions | £199,000 |
| LB Lambeth - contribution for admin costs of joint CDOP panels | £5,000 |
| Total from contributions | £204,000 |

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SSCB income and expenditure in 2014/15 is outlined in the table below. The income and expenditure on training is an estimate and the cost of providing the CDOP function is not separated out from overall expenditure. Public Health is funding a detailed review of the CDOP function.

A review of financial contributions and the business support requirements for the SSCB will take place in 2015/16.

| Income 2014/15 | | Expenditure 2014/15 | |
|-------------------------------------|-------------------|----------------------------------|-------------------|
| | £ | | £ |
| Financial contributions noted above | 204,000 | Business Support Staff | 62,249.53 |
| | | Independent chair | 25,250.00 |
| Carried forward from 2013/4 | 58,336.20 | Reviewing officers - SCR | 15,085.00 |
| | | Reviewing officers – Mgmt Review | 5,890.05 |
| | | Investigating officer | 11,555.00 |
| | | Catering Board meetings | 703.40 |
| | | Printing | 765.00 |
| | | Room hire | 21,173.17 |
| | | Training | 2,915.05 |
| | | Misc | 300.00 |
| Total income | 262,336.20 | Total expenditure | 145,886.20 |

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Appendix 1: SSCB Membership

Chair: Michael O'Connor, Independent Chair of SSCB

Vice Chair: David Quirke-Thornton, Strategic Director of Children's & Adults Services, Southwark Council

Membership of the SSCB

The following organisations/services are represented on the SSCB:

- Children's & Adults Services, Southwark Council
- Public Health, Southwark Council
- Housing and Community Services, Southwark Council
- Probation
- Metropolitan Police
- Southwark Clinical Commissioning Group
- SLAM NHS Foundation Trust
- Guy's & St Thomas' NHS Foundation Trust
- King's College Hospital NHS Foundation Trust
- Community Action Southwark
- Primary and Secondary Schools
- Voluntary and Community sector
- Lay Members.

Frequency of meetings

The SSCB meets 6 times per year.

Contact: Southwark Safeguarding Children Board

160 Tooley Street

Hub 1

PO Box 64529

London SE1P 5LX

Tel: 020 7525 3306

Email: sscb@southwark.gov.uk

Appendix 2 SSCB Subgroups

| SUBGROUP | CHAIR(S) | FREQUENCY OF MEETINGS |
|---|---|--|
| Serious Case Review Sub-group | Michael O'Connor Independent Chair, SSCB | Meets 4 times a year |
| Audit & Learning Sub-group | Jackie Cook, Head of Social Work Improvement and Quality Assurance (QA) / Tom Savory, interim QA officer Children's Social Care, Southwark Council | Meets 4 times a year |
| Child Death Overview Panel (CDOP) and Neo-Nate Panel (joint with Lambeth) | Abdu Mohiddin, Consultant in Public Health Southwark Council Gillian Holdsworth, Consultant in Public Health Southwark Council | Meets 4 times a year Meets 3 times a year |
| Child Sexual Exploitation Sub-group | Rory Patterson, Director of Children's Social Care Southwark Council | Meets 4 times a year |
| Community Engagement Sub-group | Gordon McCulloch, Chief Executive Officer Community Action Southwark | Group being established |
| Education Sub-group | Merril Haeusler, Director of Education Southwark Council | Meets 3 times a year |
| Health Sub-group | Gwen Kennedy, Director of Quality and Safety NHS Southwark CCG | Meets 6 times a year |
| Human Resources & safeguarding Sub-group | Bernard Nawrat, Head of Human Resources Southwark Council | Meets 4 times a year |
| Practice Development & Training Sub-group | John Howard, Organisational Development Manager, Southwark Council /Clarriser Cupid Designated Nurse, Southwark CCG | Meets 4 times a year |