



# **Croydon Safeguarding Children Board**

## **Annual Report**

**2015 – 2016**



Dear Reader,

This report is set out as a series of questions and answers and we hope that this helps make it easy to read. If you have any questions about the content please contact any of the following:-

|                |                                     |  |
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**You can read more about the Croydon Safeguarding Children Board at our website:**

<http://croydonlcsb.org.uk/>

The Board telephone number is: **0208 604 7275**

**Approval process:** This report has been approved by CSCB members at their October 2016 Board meeting and has been presented to the Scrutiny meeting of the London Borough of Croydon.

The report will also be presented to the Police Commissioner, Health and Well Being Board, the Clinical Commissioning Board and the Chief Executive Group in addition to a number of other forums.



## Foreword by Independent Chair Sarah Baker

Welcome to the 2015/2016 annual report of the Croydon LSCB. I was appointed as the Independent chair in February 2016 so am in a strong position to reflect back on the year through the eyes of the LSCB partnership.

As we prepare for the changes to LSCB's in light of the Wood Review<sup>1</sup>, Croydon is well placed to embrace these new requirements as set out within the Children and Social Work Bill<sup>2</sup>.

In line with Working Together 2015<sup>3</sup> I have regular meetings with the Chief Executive of the Local Authority to whom I am directly accountable on behalf of the partnership, the Lead Member for Children, and the Director of Children's Services enabling the opportunity for debate, discussion and challenge regarding the Safeguarding work of partners across Croydon. Joint meetings with the CSCB sub-group chairs ensures alignment of priorities and an opportunity to triangulate and analyse emerging issues.

The Croydon LSCB led by an Executive enables partners from the wider children's partnership including two lay members to understand the rapidly changing demographics and determine what partners should focus their attention on.

The Executive have demonstrated healthy challenge through which to drive forward improvements to safeguarding. These include challenge to each other regarding the progress of health assessment for Looked after children and Unaccompanied Asylum Seeking Children.

The board set an ambitious set of priorities for the year and the report sets out progress against these. Key achievements include: -

- Early help - The innovative 'Best Start' programme was launched in April 2016 aiming to integrate a pathway for 0-5 year olds and their families and implement a 'whole system' for early years.
- Improved Multiagency working - ensuring that the child is at the heart of what we do and that is evident in our actions and in outcomes for children, with particular focus on improving practice to Pre-birth and children under one. The CSCB undertook audits into the work of partners with pre-birth and under 1's, assessments, children made subject to Police Protection and children with disability, in addition to an overview of the audits previously undertaken by the Board.
- Skilled workforce – the CSCB has played a central role in learning and Improvement through sharing of learning from Serious Case Reviews, Audits and local and national research and development.

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<sup>1</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/526329/Alan\\_Wood\\_review.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/526329/Alan_Wood_review.pdf)

<sup>2</sup> <http://services.parliament.uk/bills/2016-17/childrenandsocialwork.html>

<sup>3</sup> Working Together to Safeguard Children

2015 [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/417669/Archived-Working\\_together\\_to\\_safeguard\\_children.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/417669/Archived-Working_together_to_safeguard_children.pdf)

- The CSCB identified a range of safeguarding priorities to focus on including those that span across the Croydon Safeguarding Adults Board (CSAB) and CSCB. Jointly the safeguarding boards were successful in receiving additional funding for the Female Genital Mutilation (FGM) agenda allowing the project to continue for another year

Over the last year the LSCB has commissioned one Serious Case Review. The CSCB has adopted a variety of systems methodologies allowing practitioners and managers to engage in learning from the outset of the review process.

The board staged four conferences during the last year which focussed on key issues arising from Serious Case Reviews and emerging priorities: FGM, Early Help, Fabricated and Induced Illness and Human Trafficking. These created opportunities for partnership thinking, debate and challenge.

### **Priorities for the coming year**

Develop Joint working across the CSCB partnership on assessments, plans and interventions: - Improving how well practitioners understand thresholds, undertake assessments and manage cases together to improve safeguarding outcomes.

Serious Case Reviews (SCR) - Learning into practice: In line with the Wood Review the CSCB will develop its approach to Commissioning Serious Case Reviews and Learning Reviews to further develop local learning and practice development. An important focus will be to ensure that multi-agency practitioners are able to reflect on issues highlighted in the SCRs and audits to inform their practice. In addition to ensure that the changes that have already taken place are identified and acknowledged.

Child and Family Engagement – The insight offered by children and families provides a unique perspective which provides professional practice a further opportunity to improve and develop. The ways in which we engage with Children and their families in their own communities is an area for improvement which can be done through co-ordination of specific projects, surveys and other activity.

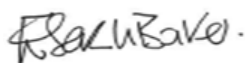
A co-ordinated and comprehensive safeguarding focus within schools across Croydon with a focus on the following in order to identify children at risk and ensure a comprehensive safeguarding response:-

- Neglect
- Child Sexual Exploitation
- Domestic Abuse and Sexual Violence
- Peer on Peer Abuse
- Harmful Sexual Behaviour
- Radicalisation
- Gangs and County Lines
- Knife Crime
- Female Genital Mutilation

Respond to the recommendations of the Wood Review and Government reforms contained in the Children and Social Work Bill

I join Croydon's Safeguarding partnership at a time of change for all LSCBs but believe the strength of the partnerships supported by the LSCB Business unit means we are well placed to embrace the changes. I would

like to thank the partnership and the LSCB Business Unit for their commitment to the work of the LSCB and look forward to the coming year.



**Sarah Baker**

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**Q: What is a Local Safeguarding Children Board and what is its purpose?**

Local Safeguarding Children Boards (LSCB) were set up by the 2004 Children Act<sup>4</sup>, which gave specific responsibilities to Boards to safeguard and promote the welfare of local children. Further details can be found within the Local Safeguarding Children Board Regulations 2006<sup>5</sup> (LSCB Regs) and Working Together to Safeguard Children 2015 (WT15)

**A: The LSCB is a group of people and organisations with responsibility to safeguard and promote the welfare of children in the area and to ensure that the work is effective.**

**Safeguarding and promoting the welfare of children is defined as:**

- protecting children from maltreatment;
- preventing impairment of children’s health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcome.

The Local Safeguarding Children Boards Regulations 2006 specify that the **Board should develop safeguarding policies and procedures** which include:-

- Actions to be taken where there are concerns about a child’s safety or welfare, including thresholds for intervention;
- training of persons who work with children or in services affecting the safety and welfare of children;
- recruitment and supervision of persons who work with children; **(see Section 11)**
- investigation of allegations concerning persons who work with children; **(see LADO)**
- safety and welfare of children who are privately fostered; **(see Private Fostering)**
- co-operation with neighbouring children’s services authorities and their Board partners;

<sup>4</sup> Children Act 2004 <http://www.legislation.gov.uk/ukpga/2004/31/contents>

<sup>5</sup> Local Safeguarding Children Boards Regulations 2006 <http://www.legislation.gov.uk/uksi/2006/90/contents/made>

Working Together 2015 gives details of the requirements that LSCBs have with regard to

- Serious Case Reviews and Learning Reviews;
- the Child Death Overview Panel,
- Section 11 Safeguarding Audits.

**Q: Who are the Board members?**

Boards are made up of representatives from local organisations, both statutory and voluntary, alongside lay members and come under the direction of the Chief Executive of the Local Authority. Boards have Independent Chairs to oversee all the work and who are able to challenge agencies to make sure that that work is effective and safeguards and promotes the welfare of local children.

**A: People from local organisations and agencies working with and responsible for the health, safety, care, education and welfare of local children**

This includes:

- |                                    |                             |
|------------------------------------|-----------------------------|
| ▪Metropolitan Police Service (MPS) | ▪Health                     |
| ▪Social Care                       | ▪Mental Health              |
| ▪Voluntary Organisations           | ▪Housing                    |
| ▪Education                         | ▪Community Safety           |
| ▪Public Health                     | ▪Adult Services             |
| ▪Lay Members                       | ▪Early Help                 |
| ▪Legal services                    | ▪CAFCASS <sup>6</sup>       |
| ▪London Ambulance Service          | ▪UK Border Agency           |
| ▪London Fire Brigade               | ▪Youth Offending            |
| ▪Local Councillors                 | ▪National Probation Service |
| ▪Community Rehabilitation Company  |                             |

**Q: What do the Board members do?**

Every year the Board develops a Business Plan (a to-do list) to identify what needs to be done to achieve their aims and responsibilities. As there are a large number of tasks on each plan, the Board has a range of sub-groups, each with a particular focus, so that they can lead and ensure those tasks are carried out. A range of different specialists sit alongside Board members on the sub-groups, this enables each sub-group to have the expertise and guidance to support the Business Plan. (See CSCB Structure Chart)

**A: Board members make sure that the Board meets its legal responsibilities and carries out the agreed Business Plan – see below**

**Business Plan 2015/16: -**

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<sup>6</sup> Child and Family Court Advisory and Support Service

The Annual Review 2014/15 helped us identify the key issues and priorities for 2015/16 and these formed the basis of our 2015/16 CSCB Business Plan: -

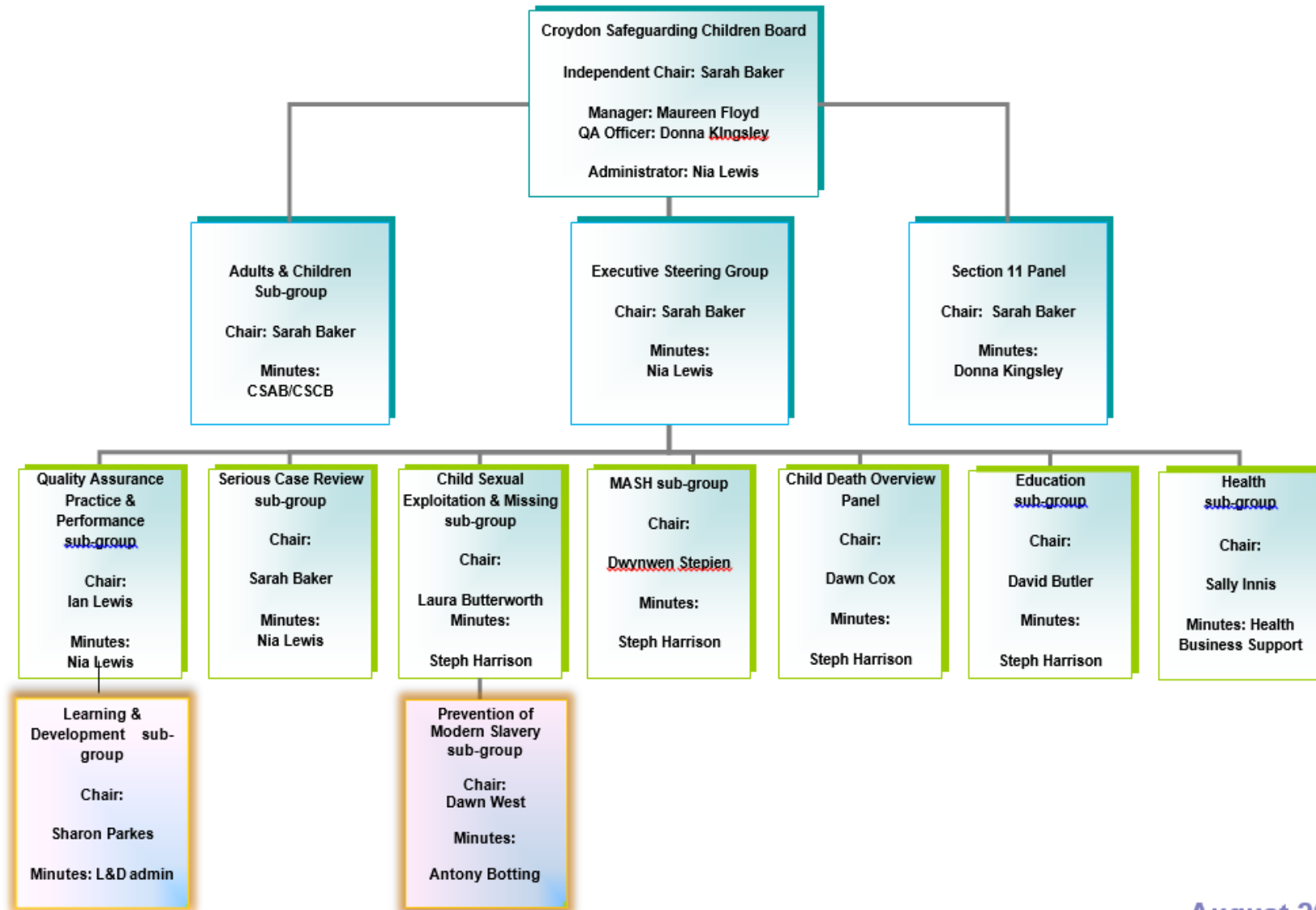
- 1. Early Help –** Ensuring that we know the children that need help and that they are able to access appropriate help; that help is effective and improves outcomes for children; that all agencies are actively promoting and supporting the Early Help agenda. As our key priority the first CSCB conference in 2016 will be on Early Help.
- 2. Improve multi-agency working –** We need to ensure that the child is at the heart of what we do and that is evident in our actions and in outcomes for children, with particular focus on improving practice to Pre-birth and children under one – recent Serious Case Reviews and audit have identified this as a high risk area that requires specific attention and support.
- 3. A skilled workforce –** We create a culture which encourages learning which effects change, such as the lessons from our SCRs and audits being widely known and embedded into everyday work.
- 4. Safeguarding priorities and interface with adults –** Missing, CSE and collective issues that impact upon children and adults, such as Female Genital Mutilation, DASV, Trafficking, and Radicalisation.

Each and every priority will be informed by communication from the children and young people; engagement with the community and staff, ensuring that the child's voice must be a priority in all that we do.

These key priorities will be promoted and overseen by way of this Business Plan being actively used and monitored in each and every CSCB sub-group, with regular feedback to the Executive Steering Group.



## Croydon Safeguarding Children Board Structure Chart



August 2016

**Q: Who pays for the Board?**

The Safeguarding Board is jointly financed by contributions from partner agencies, with the largest proportion coming from the local authority. The Board has successfully managed a balanced budget, despite there being no change in member contributions for 3 years.

**A: The Safeguarding Board is jointly financed by contributions from partner agencies**

**2015/16 Income Funded by:**

|                                    |                |
|------------------------------------|----------------|
| Local authority                    | 240,561        |
| Asylum Seekers                     | 55,000         |
| Clinical Commissioning Group       | 33,850         |
| Croydon Health services            | 33,850         |
| South London & Maudsley Trust      | 13,540         |
| Metropolitan Police                | 5,000          |
| National Probation Service         | 2,000          |
| CAFCASS                            | 550            |
| SCR 50% contribution from other LA | 9,688          |
| <b>TOTAL</b>                       | <b>394,039</b> |

**Expenditure**

|                      |                |
|----------------------|----------------|
| Staffing             | 219,455        |
| Serious Case Reviews | 48,030         |
| Training             | 38,471         |
| Audits               | 16,032         |
| Operating activities | 72,051         |
| <b>TOTAL</b>         | <b>394,039</b> |

**Q: How does the Board fit with other Croydon partnerships?**

The Board has links to related local partnerships. The CSCB, mainly through the Independent Chairperson, will report regularly to these groups and influence and challenge to promote improvements in the safeguarding and wellbeing of children in Croydon. These partnerships are: -

- Croydon Health & Wellbeing Board
- Croydon Children and Families Partnership
- Local Strategic Partnership

- Safer Croydon Partnership
- Croydon Safeguarding Adults Board
- Corporate Parenting Panel

The Independent Chair also has regular Governance meetings with the Leader of the Council, the Lead member for Children, the Chief Executive of Croydon Council and the Director of People. She also has one to one meetings with the Strategic Lead for all partner organisations on a regular basis.

**A: The Independent Chair links with the other relevant partnerships on a regular basis.**

### **Tell us about Croydon**

In 1086 Croydon was a small market town with 335 inhabitants connecting London and Brighton, since then it has become one of London's biggest retail and commercial centres with substantially developed infrastructure (rail, tram and road links) as well as having more than 120 parks and open spaces and some of London's most affluent neighbourhoods.

Croydon is an outer London borough bordering Surrey to the south, Sutton and Merton to the West, Lambeth to the north and Bromley to the east. Croydon is London's southern-most borough and covers an area of 87 square kilometres with an estimated population of 379,031, of which approximately 25% are under 18 years of age.

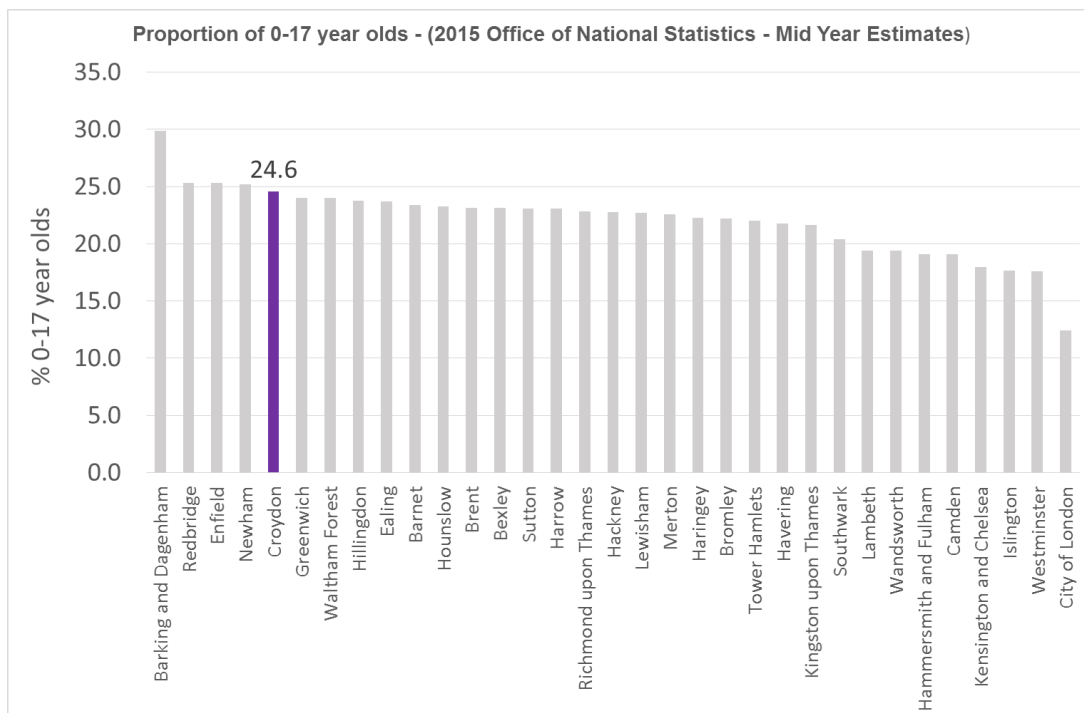
Croydon has a diverse population with 45% from Black Minority backgrounds and 55% from White British backgrounds. The BME ethnicities with the highest representation are Black Caribbean, Black African, Indian, Other Asian, and Other Black.

Croydon has become relatively more deprived between 2010 and 2015 and is ranked 17th most deprived borough in London and is in 231 position out of 326 local authorities (Indices of Multiple Deprivation 2015), with 25th most deprived in the country for the crime domain and 19th most deprived for barriers to housing and services.

Croydon shares similar demographic, economic and social characteristics with both inner and outer London boroughs, but also faces unique challenges. Compared to the other London boroughs we have: -

- 2nd highest population of the 32 London boroughs
- one of the largest populations of children and young people
- one of the highest proportions of black and minority ethnic groups in South London
- some of the most expensive houses
- some of the most deprived areas

## Tell us about Croydon children



In 2015 there were 93,194, 0-17 year olds in Croydon.

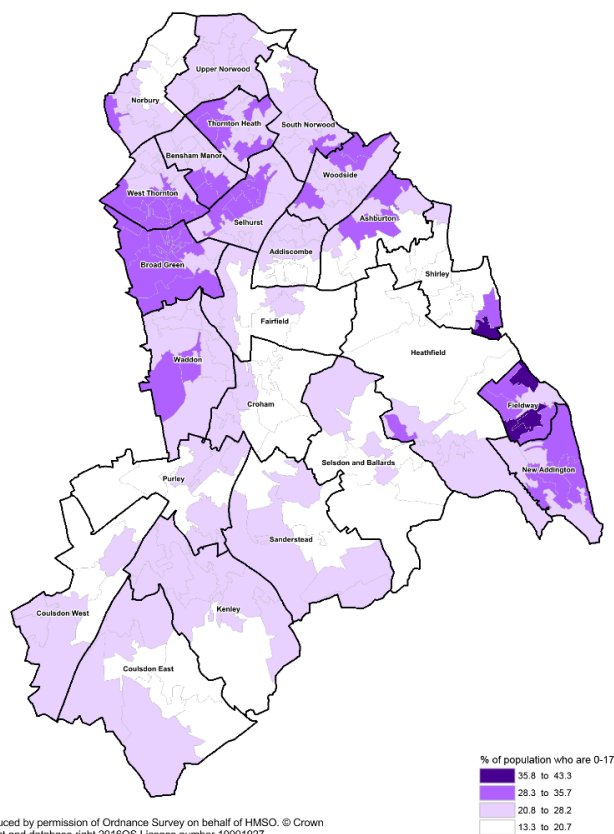
This is the highest population of 0-17 year olds in London.

This equates to 24.6% of the total Croydon population and is the 5<sup>th</sup> highest proportion in London.

According to GLA projections there will be 103,769, 0-17 year olds in Croydon by 2025. This is an increase of over 10,000 in a 10 year period.

The map shows where the 0-17 year olds are populated. There are 6,054 (30%) 0-17 year olds in the Broad Green ward. This is the 4<sup>th</sup> highest total in London.

Proportion of population who are 0-17 years old  
2014 Mid Year Estimates



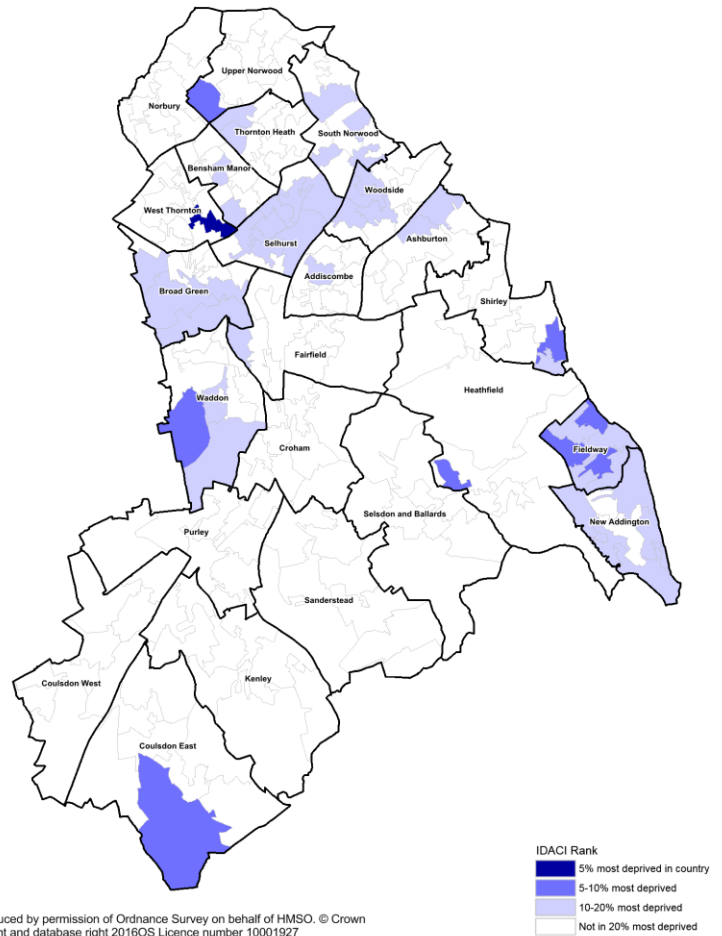
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There are 11,475 (33.7%) 0-17 year olds in the Fieldway ward. This is the 3<sup>rd</sup> highest proportion in London.

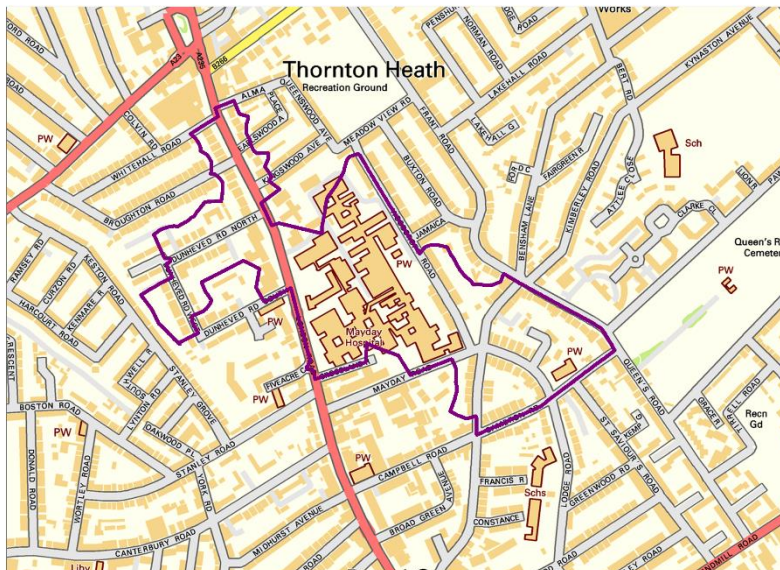
Croydon is the 70<sup>th</sup> most deprived borough in England and the 17<sup>th</sup> most deprived in London when looking at Income deprivation affecting Children.<sup>i</sup>

Only 4.1% of the Croydon population is in the 10% most deprived.

Income Deprivation Affecting Children Index (IDACI) Rank 2015



Area in Thornton Heath ward that is the 4th most deprived in London when looking at income affecting children



Despite Croydon not being relatively deprived, one small part of the West Thornton Ward is the 4<sup>th</sup> most deprived area in London.

The map on the left shows this area.

# CHILD POVERTY

5

In Croydon **1 IN 4** (17,700) children live in **POVERTY**



Children born into poverty are **4 TIMES** more likely to be poor as adults than children of affluent parents.

## WHY DOES IT MATTER?

|   |                                    |                     |  |
|---|------------------------------------|---------------------|--|
| <p>Children in poverty</p> <p><b>MORE LIKELY TO</b></p> | <p>Be low birth weight</p>         | <p>Be obese</p>     | <p>Have mental health problems</p>                       |
| <p>Have health problems</p>                             | <p>Smoke, drink and take drugs</p> | <p>Be breastfed</p> | <p>Achieve 5 A-C grades</p> <p><b>LESS LIKELY TO</b></p> |

## WHAT CAUSES FAMILIES TO LIVE IN POVERTY?

ASPIRATIONS AND RESILIENCE

COST OF LIVING

LOW WAGES AND UNEMPLOYMENT

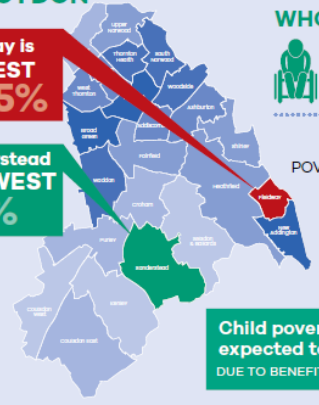
NATIONAL AND LOCAL POLICY

## CHILD POVERTY IN CROYDON

**Fieldway is HIGHEST 39.5%**

**Sanderstead is LOWEST 7.5%**

Highest  
Lowest



## WHO IS AT RISK OF POVERTY?

Lone-parent families, families with a disabled person, ethnic minority families, children in care, those with a parent in prison, those with special needs, those born to teenage mothers

**CHILD POVERTY COSTS CROYDON'S ECONOMY £171 MILLION**

|   |  |   |
|---|--|---|
| <p>87m</p> <p>Services dealing with the consequences of child poverty</p> | <p>50m</p> <p>Lost earnings to individuals</p> | <p>34m</p> <p>Benefits and lost tax revenue</p> |
|---|--|---|

Child poverty is expected to rise to **27%** in Croydon in the next four years  
DUE TO BENEFIT RATES NOT KEEPING PACE WITH GROWTH IN INCOME

## WHAT ARE CROYDON COUNCIL AND ITS PARTNERS DOING TO ADDRESS CHILD POVERTY?

### REDUCING BARRIERS TO EMPLOYMENT

Work is often the most sustainable route out of poverty.

- An online training resource to Croydon residents has been established.
- A job brokerage service has been created. Working with Job Centre Plus, Croydon and John Ruskin colleges provide employers with three job-ready applicants for each vacancy, to take advantage of jobs created in Croydon's regeneration and commercial developments.
- A 'Welfare Gateway' has been developed, bringing together existing welfare arrangements to promote independence through an aligned financial, training/work and housing support offer. Budgeting advice to these residents saw an average saving of £21 per week, per household.

### SUPPORT TO YOUNG PEOPLE

- Arrangements are in place to develop a young persons-led child poverty strategy.
- Since September 2014, all reception-aged, Year 1 and Year 2 pupils have been entitled to a free school meal, as part of the Universal Infant Free School Meal initiative.

### HEALTHY START

- Improvement in the availability of Healthy Start vitamins for pregnant and breastfeeding women, and infants and children under four years in low income families and at a higher risk of having low vitamin D stores.
- Healthy Start vitamins are now available in Croydon health centres, Woodlands Children's Centre and Cotelands in John Ruskin College.
- Going forward, provision of Healthy Start Vitamins in all Children Centres in Croydon.

### SUPPORT TO LONE-PARENTS

A local survey of lone parents showed that this group faces barriers to employment in terms of lack of jobs, lack of flexible and affordable child care support, lack of skills, training and work experience, and problems completing job applications and attending interviews.

- A six-week course, "First Steps into Work", for lone parents is being piloted. Run by Croydon Adult Learning & Training, Citizen's Advice Bureau and Woodlands Children's Centre, it aims to break down barriers to employment.
- Strategies are being developed to increase the opportunities for flexible working.

## **Education of Croydon Children**

Croydon has the largest child population of all the London Boroughs with children and young people taught in a mixture of maintained, academy, independent and free schools. The statutory school age population has increased significantly in recent years and continues to grow. State funded secondary schools are almost all academy or free schools, with just 5 church schools remaining as maintained schools. In the primary sector almost 50% of schools are academies.

The standards achieved in Croydon's schools, and their Ofsted judgements, have improved steadily over time. Achievement at Early Years, Key Stage 1, Key Stage 2 and Key Stage 4 are all above the national average.

All schools in Croydon engage well with the Local Authority on safeguarding matters. For the past two years there has been a 100% return for the annual section 11 safeguarding audit and the majority engage with the termly forum for designated safeguarding leads.

## Health of Croydon Children

Children and young people under the age of 20 years make up 26.9% of the population of Croydon.

69.1% of school children are from a minority ethnic group.

The health and wellbeing of children in Croydon is mixed compared with the England average.

Infant and child mortality rates are similar to the England average.

The level of child poverty is worse than the England average with 21.8% of children aged under 16 years living in poverty.

The rate of family homelessness is worse than the England average.

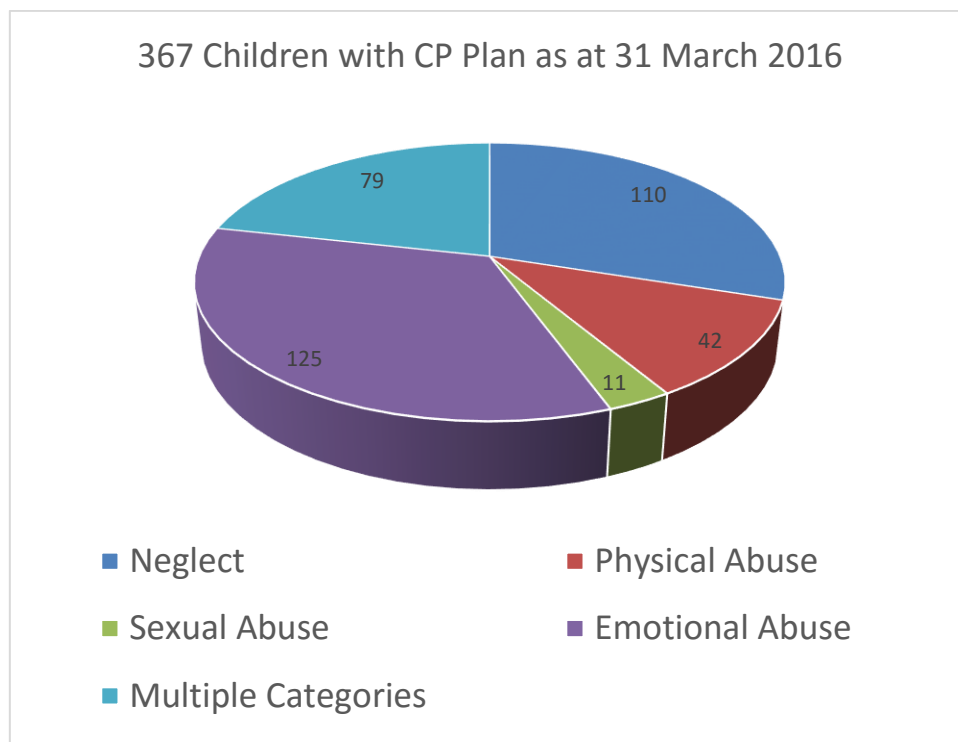
9.8% of children aged 4-5 years and 24.0% of children aged 10-11 years are classified as obese.

The rate at which children and young people were killed or seriously injured in road traffic accidents is lower than the England average. 20 children were killed or seriously injured on the roads in 2012-2014.

Nationally, asthma is the most common long-term condition in childhood. Locally there were 331 emergency admissions of children because of asthma in 2014/15. This gives a rate which is higher than the average for England.



| <b>Children known to LB Croydon Children's Social Care (CSC)</b> |               |
|--|---------------|
| <b>2015 / 16</b>   |               |
| <b>Contacts</b>  | <b>16,471</b> |
| <b>Contact that led to Referrals</b>                             | <b>7,137</b>  |
| <b>Referrals that led to Assessments</b>                         | <b>6,215</b>  |
| <b>Completed assessments</b>                                     | <b>4,285</b>  |
| <b>As at 31 March 2016 cases open to CSC</b>                     |               |
| <b>Children with Child Protection Plan</b>                       | <b>367</b>    |
| <b>Plans lasting more than 2 years</b>                           | <b>8</b>      |
| <b>Looked after children</b>                                     | <b>819</b>    |
| <b>LAC (local children)</b>                                      | <b>390</b>    |
| <b>LAC (Unaccompanied asylum seeking)</b>                        | <b>429</b>    |
| <b>Children with Disabilities</b>                                | <b>342</b>    |
| <b>Children in Need</b>  | <b>799</b>    |



### **Children's Social Care (CSC) main headlines for 2015/16 are:**

- Demand for children's social services continues to increase.
- There has been an increase in the reported percentage of children on a child protection plan for two years or more in 2015/16 (where the plan ceased within the year).
- There have been improvements in placement stability for looked after children.
- There have been improvements around reported completion of health care assessments but there has been a decrease in reported completion of SDQ scores.
- There has been a decrease in the percentage of children adopted during 2015/16.

### **CSC - Areas of improvement**

100% of children who were subject to a child protection plan as at 31 March 2016 had been reviewed within the required timescales. This is an improvement for the previous year's figure of 99.6%.

### **CSC - Areas of risk**

- The number of referrals increased by 14% in 2015/16 compared to 2014/15. This is the second year that the number of referrals has increased. This has led to a significant increase in the rate of referrals.
- The rate of children who were subject to a child protection plan as at 31 March 2016 was 39.0%, a slight increase from the 31 March 2015 figure of 37.5%. The national average for 31 March 2015 was 42.9%.
- The percentage of children who were subject to a second or subsequent plan has also slightly increased from 9.2% to 11.6%. Again the national average for 2014/15 was 16.6%, which if national performance has remained fairly constant, may suggest that Croydon may still be below the national average for 2015/16.

### **CSC - Challenges**

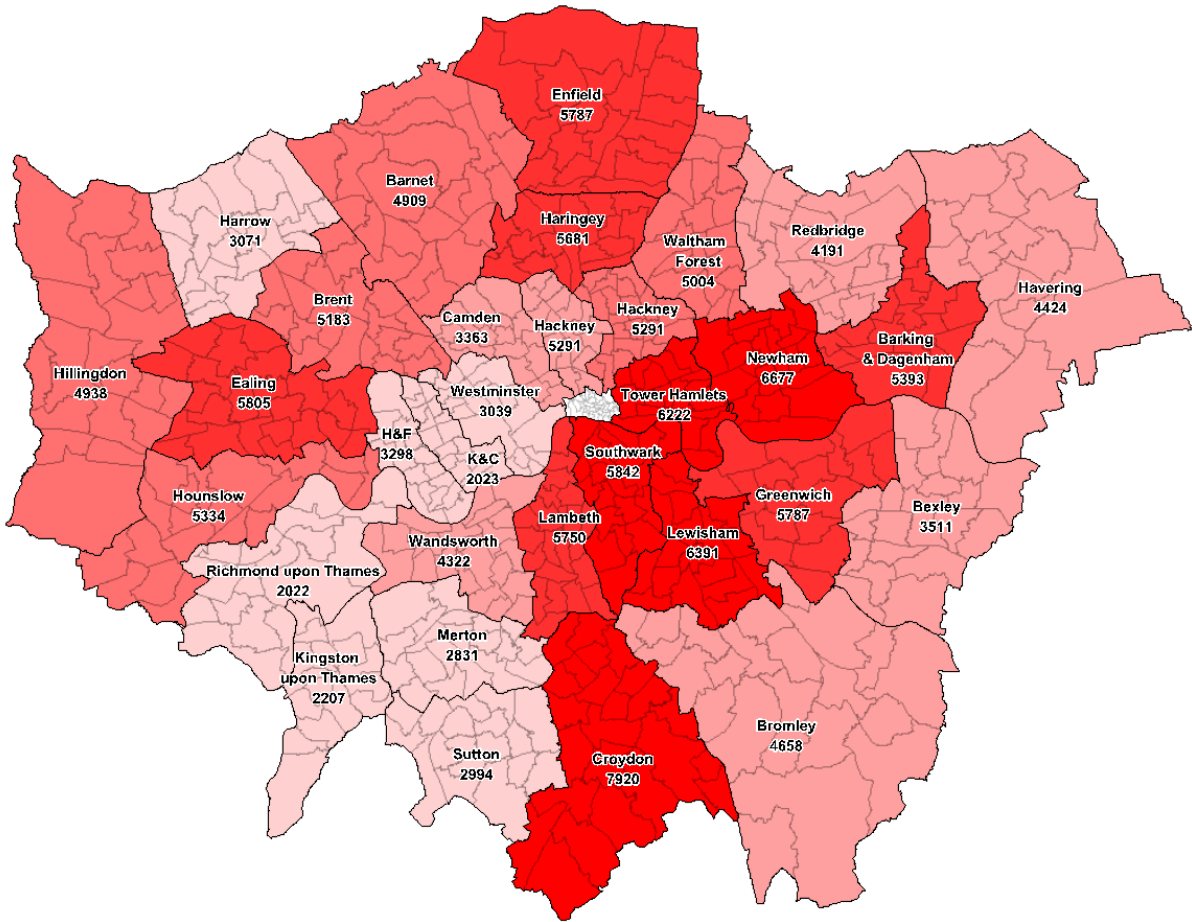
- There was an increase in the rate of children in need per 10,000 children aged 0-17 from 400.8 as at 31 March 2015 to 430.6 as at 31 March 2016.
- There has been a significant increase in the percentage of referrals that resulted in no further action – from 6.7% in 2014/15 to 11.4% in 2015/16.
- The percentage of children on a child protection plan for two years or more where the plan ceased during the year for 2015/16 was 8.2%, nearly double the figure for 2014/15, which was 4.3%.

| <b>CIN Category</b>  | <b>2015</b>  | <b>2016</b>   | <b>%<br/>increase/decrease</b> |
|--|--------------|---------------|--------------------------------|
| Children in Need - Rates per 10,000 (as at 31 March)   | <b>400.8</b> | <b>430.6</b>  | <b>7.4% increase</b>           |
| Number of referrals to Children's Social Services  | <b>4,196</b> | <b>4,775</b>  | <b>13.8% increase</b>          |
| Rates per 10,000 of referrals to Children's Social Services  | <b>454.4</b> | <b>516.8</b>  | <b>13.7% increase</b>          |
| Referrals to children's social care closed with no further action  | <b>6.7</b>   | <b>11.4</b>   | <b>4.7% increase</b>           |
| % Continuous assessments for Children's Social Care carried out within 45 days                           | <b>69.6</b>  | <b>69.8</b>   | <b>0.2% increase</b>           |
| Rate of Children in Need who were the subject of a child protection plan at 31 March per 10,000 children | <b>37.5</b>  | <b>39.0</b>   | <b>1.5% increase</b>           |
| % Child Protection Plans which lasted 2 years or more  | <b>4.3</b>   | <b>8.2%</b>   | <b>3.9% increase</b>           |
| % Second/Subsequent Child Protection Plans   | <b>9.2</b>   | <b>11.6%</b>  | <b>2.4% increase</b>           |
| % Child Protection Cases reviewed within required timescales   | <b>99.6</b>  | <b>100.0%</b> | <b>0.4% increase</b>           |
| Looked After Children as at 31 March 2016  | <b>805</b>   | <b>800</b>    | <b>0.6% decrease</b>           |

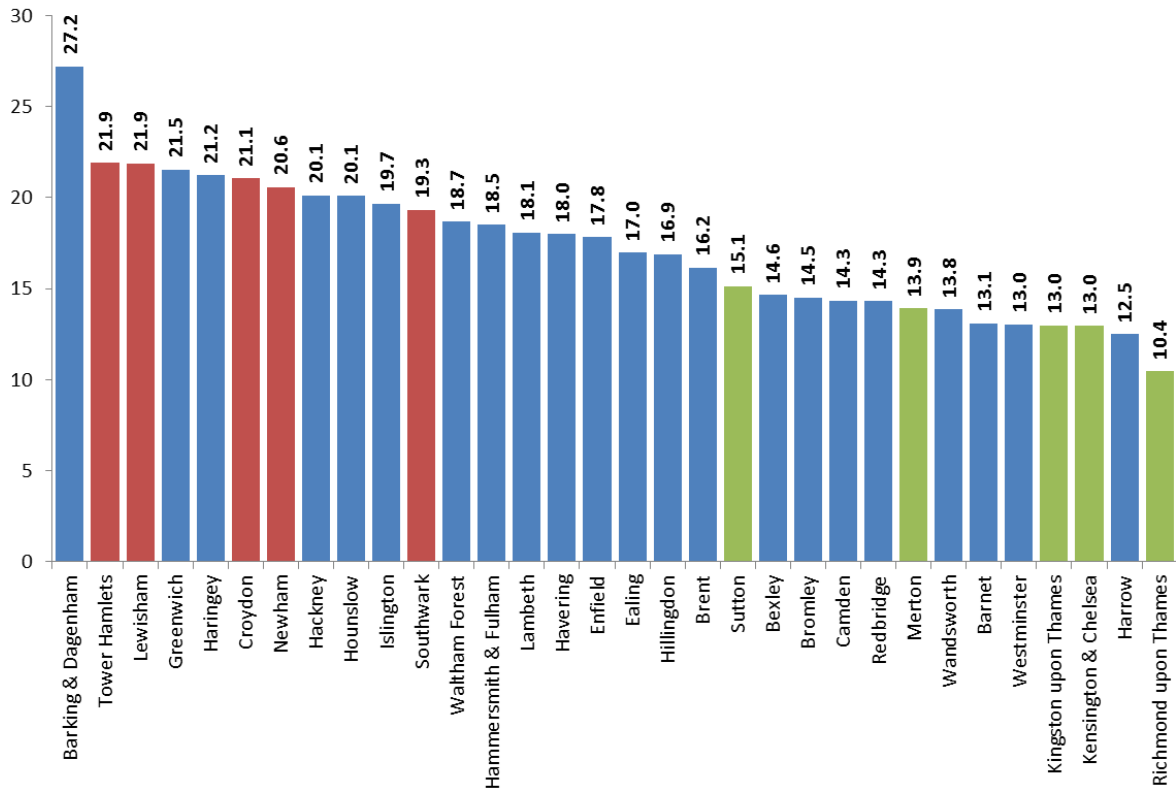
## **What are the issues for Croydon children?**

### **Domestic Abuse**

In terms of recorded domestic abuse Incidents throughout 2015/16, Croydon borough had the highest volume in London with 7,920 incidents.



Domestic incidents by borough (excl. City of London) 2015/16



Rate of Domestic incidents by 1,000 resident population

On the bar chart above, Red represents the five highest volume Boroughs whilst Green represents the five lowest volume. Blue is those in between.

When considering the volume of notifiable offences<sup>7</sup> only for the 32 boroughs it is a similar picture to the total incidents. The top five boroughs in 2015/16 for notifiable offence volume were Croydon (3,809), Newham (3,424), Lewisham (3,238), Greenwich (2,991) and Tower Hamlets (2,978). It is also apparent that there is a high correlation between population size and recorded notifiable domestic abuse offences<sup>8</sup>.

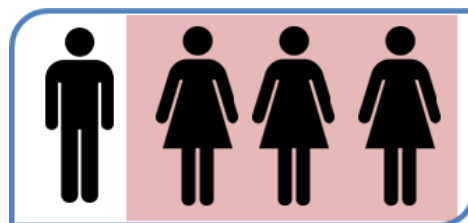
In the last four of the five years, Croydon has had the highest volume of offences.

### Victims of domestic abuse

During 2015/16 there were over 70,000 victims of domestic abuse recorded by the Metropolitan Police Service<sup>9</sup>, over the age of 16, where age, gender and ethnicity were recorded.

#### Gender and age

Three in four recorded victims were described as female, with the youngest being 16 and the oldest 97 years of age.



The average age of female victims was 41 years, yet the most frequently occurring single age at the time of the offence was 27.

Women aged between 25 and 34 years of age represented a third of all recorded female victims (see Fig 12), followed by women aged between 35 and 44 and between 17 and 24 years (both 22%). This represents little change to the proportions seen during 2014.

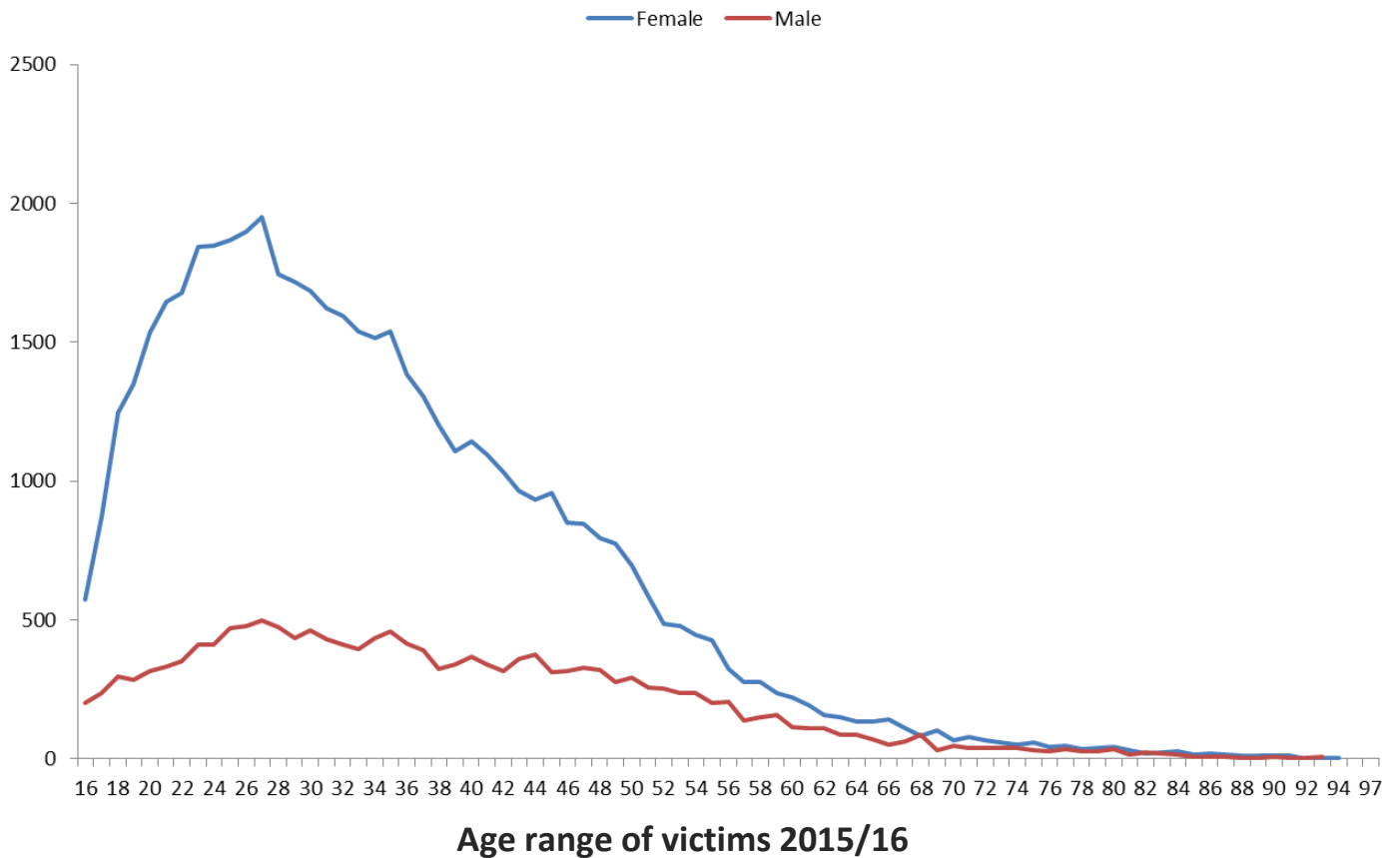
Men are less frequently recorded as victims of domestic abuse, with just over 15,000 recorded. The average age of male victims is slightly higher than with females at 42 years of age, with the most frequently occurring single year of age being 28 years.

Men aged between 25 and 34 years of age represent the peak for male victims, representing 27% of the total male victims recorded during 2015/16, followed by 35-44 years and 45-54 years (both 22%).

<sup>7</sup> Notifiable Offence - An **offence** considered serious enough to be recorded by the police

<sup>8</sup> Source: Population of each borough compared to offence volume 2014 –  $R^2 = 0.7936$  where 1 is a high correlation

<sup>9</sup> Source: MPS CRIS system



### Ethnicities of recorded victims

The proportion of the ethnicity of victim records for domestic abuse is largely in line with the proportion of ethnicities across London<sup>10</sup>. However, there is an exception in that the proportion of victims recorded as of black ethnicity is noticeably higher than the overall proportion of the population

|              | Pop. Projection 2014 | DA Victims |
|--------------|----------------------|------------|
| <b>White</b> | 57.9%                | 56.2%      |
| <b>Black</b> | 15.7%                | 21.8%      |
| <b>Asian</b> | 12.7%                | 15.0%      |
| <b>Other</b> | 13.7%                | 6.9%       |

### Personal Characteristics of victims

In the most recent published data from Office for National Statistics (ONS) regarding intimate violence<sup>11</sup> there are a number of findings regarding the characteristics of victims of Domestic Violence across England and Wales.

<sup>10</sup> Source: ONS Census Data 2011

<sup>11</sup> Office for National Statistics (ONS) – Violent Crime and Sexual Offences 2013/14

Although directly comparable data is not available for London, the findings from the ONS analysis are invaluable in assisting in understanding the landscape of domestic abuse in the capital.

The following key findings are related to victim's characteristics in London, as offered by the ONS analysis:

- Women who were separated had the highest prevalence of any domestic abuse in the last year (22.1%) – compared to all other marital status<sup>12</sup>
- Both women and men with a long-term illness or disability were more likely to be victims of any domestic abuse (15.7% and 8.4% respectively)
- Women with no qualifications were not statistically different from other groups in their level of victimisation (9.1%)
- 1 in 5 women living in lone parent households were victims of domestic abuse in the last year (22.6%) compared to 1 in 15 of those living in a household with other adults and children (6.7%) or a household with no children (7.7%)
- Women living in the lowest income households (less than £10,000) were much more likely than those within higher income brackets to have experienced domestic abuse. Nearly three times as many women in the lowest income bracket had experienced domestic abuse compared with the highest household income bracket (£50,000 and over) (15.3% compared with 4.2%)
- Women living in households in the 20% most deprived areas of England were more likely to be victims of domestic abuse (9.9%) than women in the 20% least deprived areas (6.1%)

Borough Police have the lead for investigation and prevention of Domestic Abuse locally, whereas the Child Abuse Investigation Team have overall management of children on Child Protection Plans who are exposed to Domestic Abuse. The future design under Protecting Vulnerable People (PVP) is for child abuse investigation to be delivered more locally in partnership with borough Domestic Abuse investigation teams to focus on the links and intervention/prevention. Part of this is the pilot into CAIT referral desk and Police Community Liaison Officer staff in borough MASH to work more closely together due to commence July 2016 on MPS south region.

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<sup>12</sup> Other status examples: Married (3.7%), Co-habiting (8.9%) or divorced 15.5%)

## **Missing Children – those missing from Home, missing Education and missing from Care**

**Missing is:** A person is 'missing' when their whereabouts cannot be established and where the circumstances are out of character or the context suggests the person may be subject to a crime or at risk of harm to themselves or another.

**Absent is:** A person is 'absent' when they are not at a place where they are expected or required to be.

### **Return Home Interview Process:**

When a child is found, they must be offered an independent return interview. These interviews provide an opportunity to uncover information that can help protect children from the risk of going missing again, from risks they may have been exposed to while missing or from risk factors in their home. The interview should be carried out within 72 hours of the child returning to their home or care setting.

### **Follow up criteria after a missing episode in Croydon:**

- Identify and deal with any harm the child has suffered
- Understand and try to address the reasons why the child ran away
- Help the child feel safe and understand that they have options to prevent repeat instances of them running away
- Provide them with information on how to stay safe if they choose to run away again, including helpline numbers
- Sign-post and refer to other ongoing support or therapeutic intervention
- Share information with partner agencies including children's social care and police

### **Reasons why young people go missing in Croydon:**

**Push Factors:** Family instability, Domestic Abuse, Abuse/ neglect, substance misuse, problems at school, Bullying, Loneliness/ Isolation

**Pull factors:** To visit family or friends, to meet boyfriend/girlfriend, Problems with family contact, Peer Pressure, to attend 'parties', to take drugs/ alcohol

**Risks:** Grooming, violence, Sexual Exploitation, Criminality, Alcohol/ Drugs, Trafficking, Forced marriage, FGM

### **The Return Home Interview aims to:**

- Reduce the likelihood of the young person going missing again and reduce risk
- Gain better understanding of child's reasons and concerns when missing
- Raise the child's voice in various forums around child's experiences of missing
- Assess any relevant risks, i.e. sexual exploitation, trafficking, drugs or alcohol use
- Find out whether there are any adults or places "hot spots" that potentially pose a risk to them.
- Assess any safeguarding risks

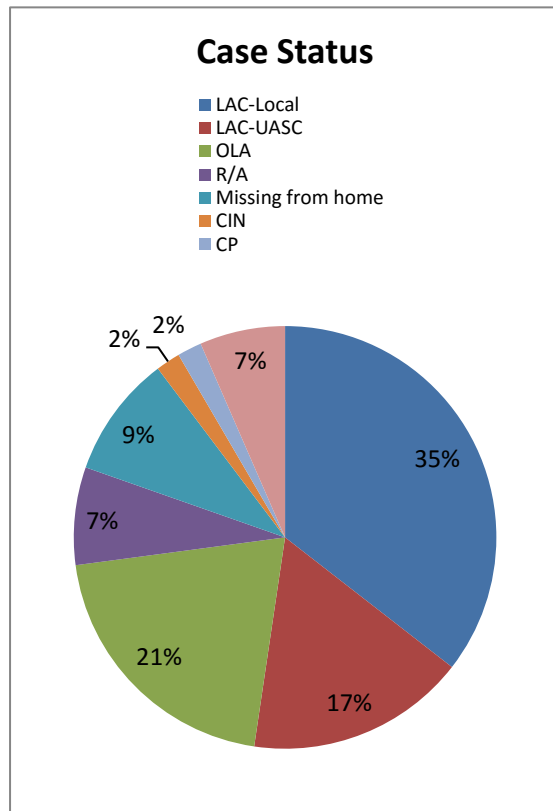


## Missing from Care – a snapshot

To illustrate the detail and concern that relates to Missing Children, below is a summary of missing children over a 6 week period during July to August 2016.

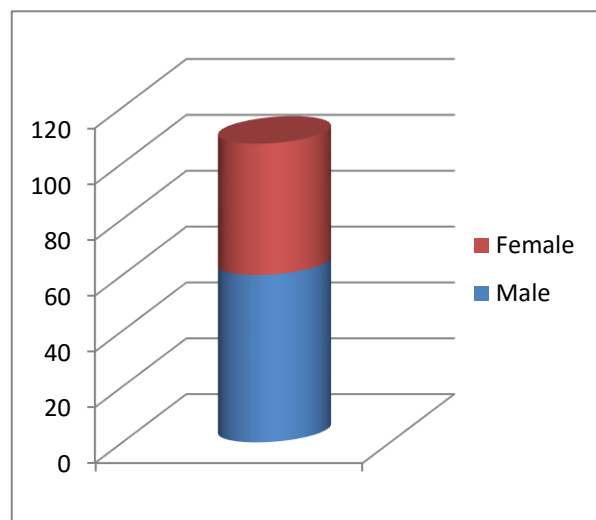
There have been a total of 107 children reported missing. The graphs below show the demographic break downs for this cohort of children by gender, case status, age and risk rating.

Looked after children continue to remain the largest single cohort of missing children, representing 36% of the total. When Unaccompanied Asylum Seeking Children who are Looked After (UASC) are added the percentage raises to 52%. There is a noted shift in the pattern of UASC as the missing



numbers have dropped and Local Looked After Children (LAC) children missing has increased. The number of children placed by other local authorities (OLA) has also increased to a point where we have more OLA's missing than Croydon UASC children. The top three boroughs placing in Croydon are Lambeth, Lewisham and Southwark

We continue a consistent pattern of more boys missing than girls, at times, almost double the



rate. This margin has dropped and over this reporting period, girls represent 44% of the missing cohort.

Some of this shift may be the result in the decreased number of UASC young people missing who were primarily male. Many of the young people going missing are known to the Missing and Sexual Exploitation Panel (MASE); both missing and MASE panel are becoming more sophisticated in linking bits of intelligence from each to build more robust profile maps of some of the most high risk children. It is anticipated that as our understanding of patterns and networks grows interventions can be better honed to meet the borough's specific needs.

The data around age remains consistent with 16 and 17 year olds representing the largest age group of missing young people. Of note are the numbers of 12 and 13 year olds with 10

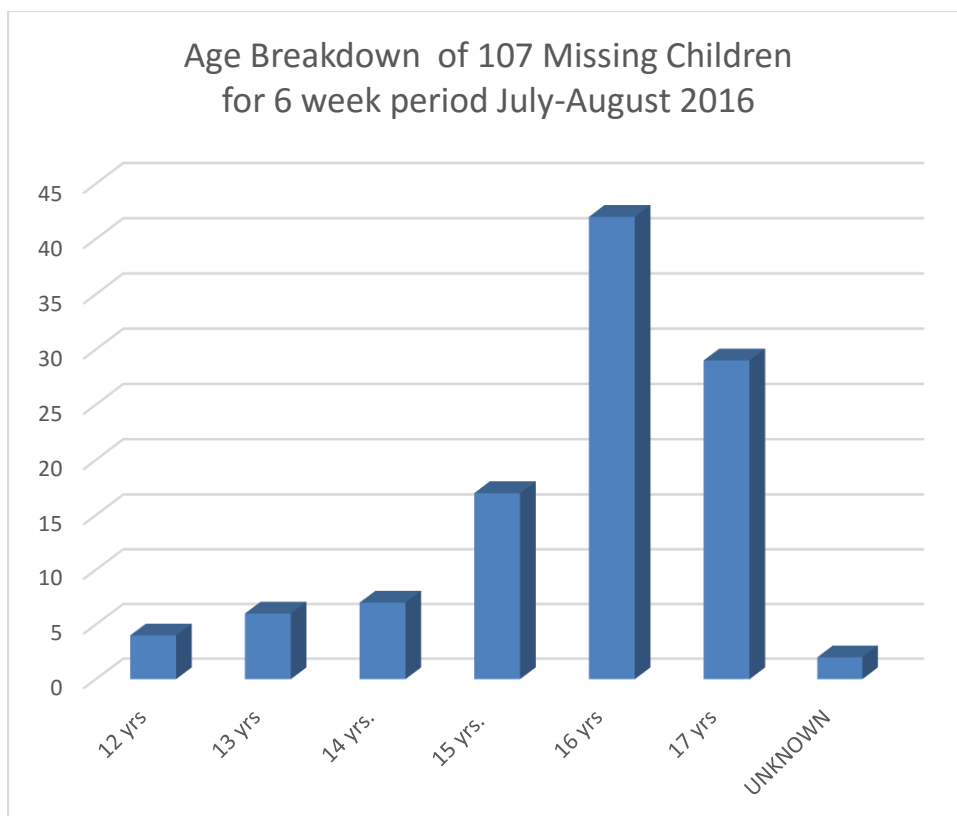
reported missing during this period. It is of concern that several of these young children are involved with drug running through 'county lines'<sup>13</sup> – some have put themselves and their families at risk due to drug or money debts owed to dealers.

The numbers of missing are on the rise with an average of 28 children missing compared to 25% 4 months ago. There has been a decrease in the number of UASC males but there is still a cohort of about 8-10 that have missing episodes extending for many weeks and a few, months. For many of these young men there is evidence to suggest they have family and friends in the UK that they are in contact with. For others there is a strong possibility that unfavourable decisions from the Home Office have sent them 'underground' to avoid deportation.

One of the most troubling aspects of our missing profile currently is the link with county lines, especially many of the LAC- Local boys that go missing. Many are the 12 and 13 year olds who have lengthy missing periods that usually end with them being arrested in some part of the UK with large quantities of Class A drugs. Intelligence from Missing Panel would suggest that often these young people are sent to various parts of England and live in rather squalid conditions with instructions to sell the drugs. The Missing Project is currently working with about 14 young people and a few of these boys are in the group. The work of the project is challenging, these are often some of the most difficult young people to engage, and many of their activities are shrouded in secrecy. They are often missing thus unavailable for any meaningful work. There is much discussion I believe to be had around what types of interventions really make a difference in reducing missing episodes for children. What we are learning at Missing Panel is that interventions are going to require 'thinking outside the box' with the contributions from all partners, including the business sector and we need to include the missing young people themselves in that discussion.

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<sup>13</sup> For more information on County Lines see Gangs Section



## **Children Missing Education (CME)**

**A child missing education is defined by the Department for Education as**

“a child of compulsory school age who is not on a school roll, nor being educated otherwise (e.g. privately or in alternative provision) and who has been out of any educational provision for a substantial period of time (usually four weeks or more).”

Section 436A of the Education Act 1996 (amended – Education and Inspections Act 2006) requires all local authorities to make arrangements to enable them to establish (so far as it is possible to do so) the identities of children residing in their area who are not receiving a “suitable education”. We stand a better chance of ensuring a child’s safety if we know how and where they are receiving their education.

By “suitable education” we mean efficient full-time education suitable to the child’s age. Children Missing from Education should not be confused with:

- Children who are on roll at a school but are not in regular attendance. In this case, referrals should be made to the Education Welfare Service, or the school’s Attendance and Welfare Officer;
- Children who are receiving Home Education (known as Elective Home Education);
- Children whose parents have applied for a school place, and the application is being dealt with via the Admissions procedures.

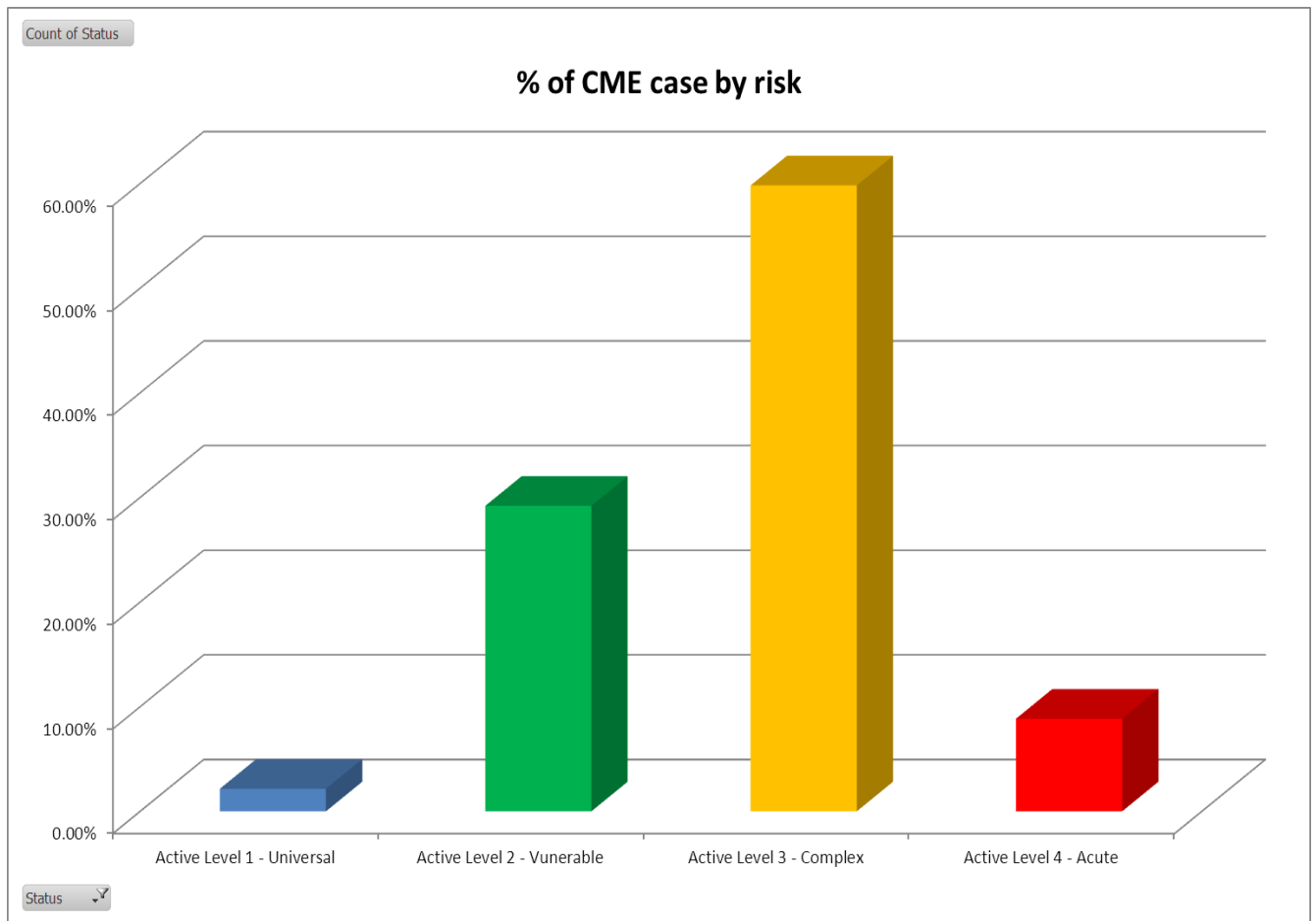
CME does not replace the Children Missing from Home or Care process. Where it becomes apparent that a CME is a child missing from Home or Care, contact with MASH is made and the situation escalated, and lead responsibility passed to the Allocated Social Worker

**Risk Assessment**

All cases are continuously risk assessed to ensure actions are conducted based on the current level of risk. Children Moving Abroad will be treated as Destination Unknown (Level 3) or higher in all circumstances

|                |                   |                       |
|----------------|-------------------|-----------------------|
| <b>STAGE 1</b> | <b>Universal</b>  | <b>Within 10 days</b> |
| <b>STAGE 2</b> | <b>Vulnerable</b> | <b>Within 5 days</b>  |
| <b>STAGE 3</b> | <b>Complex</b>    | <b>Within 2 days</b>  |
| <b>STAGE 4</b> | <b>Acute</b>      | <b>Within 1 day</b>   |

| <b>Child's level of need</b>     | <b>Educational level of need</b> |                       |                                     |                     |   |
|----------------------------------|----------------------------------|-----------------------|-------------------------------------|---------------------|---|
|                                  |                                  | CONFIRMED WHEREABOUTS | DESTINATION KNOWN BUT NOT CONFIRMED | DESTINATION UNKNOWN | DESTINATION UNKNOWN & SAFEGUARDING CONCERNS |
|                                  |                                  | LEVEL 1               | LEVEL 2                             | LEVEL 3             | LEVEL 4                                     |
|                                  |                                  |                       |                                     |                     |   |
| IN EDUCATION                     | LEVEL 1                          | 1                     | 2                                   | 3                   | 4   |
| OPEN APPLICATION WITH ADMISSIONS | LEVEL 2                          | 2                     | 4                                   | 6                   | 8   |
| HISTORY OF POOR ATTENDANCE       | LEVEL 3                          | 3                     | 6                                   | 9                   | 12  |
| OUT OF EDUCATION                 | LEVEL 4                          | 4                     | 8                                   | 12                  | 16  |



The high level of pupil population and migration in Croydon impacts on the LA’s ability to track children missing from education. As of August 2016 there are currently 84 open CME referrals to the service. The majority of referrals relate to pupil moving in and moving out of the borough.

### Missing Monday Panel

“Missing Monday” is a weekly multi-agency panel whose purpose is to help reduce the numbers of children and young people in Croydon who are absent from education, or who go missing from a school roll. The panel consists of LA services from Learning Access, School Admissions, YOT, Early Help, CSC and Safer London.

The panel considers pupils in the following categories:

- Pupils with the highest levels of persistent absence in Croydon’s schools in the period prior to the panel
- Pupils who are or are out of education due to non-engagement following exclusion or Fair Access Panel placement offer
- Pupils who have been deleted from a school roll in the period prior to the panel where a forwarding school has not been identified

- Pupils who have not taken up an offer of a school place by the Admissions Service
- Pupils known to be being electively home educated where insufficient evidence of a suitable education being provided has been submitted
- Pupils in receipt of a Statement of Special Educational Needs or Education, Health and Care Plan who are not accessing education

The panel has been in operation since Sep 15 and has considered circa 200 pupils to date

### **Future Issues**

In 2016 the Department for Education (DfE) undertook a consultation on changes to legislation re Children Missing Education. In July 2016 the DfE confirmed that amendments to the Pupil Registration regulations will come into force from 1st September 2016. The major changes are:

Schools are now required to make specific returns to the LA:

These changes are designed to place a legal duty on schools to establish and record destinations for all pupils whose names are removed from school admission registers

### **Child Sexual Exploitation (CSE)**

A great deal has been accomplished in the past twelve months. The investigative model developed through Operation Raptor in Croydon has now become a national model of excellence in working with CSE. The Mayor's Office for Policing And Crime (MOPAC) have recognised Croydon as a 'sector leader' in combating CSE and Safer London consider Croydon a flag ship borough in responding to CSE. Croydon Council supported a Congress focused on CSE which galvanised the community to respond to CSE. So strategically, culturally and developmentally much has been achieved.

Our mapping and profiling continues to improve, our working partnership is excellent and MASE functions well. We have a range of services that have been coordinated to work with young people at risk

We need a coordinated approach across all schools to further build resilience. Likewise we need to continue to engage our communities especially parents and faith groups.

We have recognised and learnt that the nature and profile of CSE is highly fluid and localised. In response as a partnership we have concluded the best way to protect children from CSE is to focus on effective information sharing

A further lesson is in how much work it takes to engage this cohort of children. The biggest challenge is supporting at risk young people to gain insight and to recognise they are being exploited.

The concept of Peer on Peer exploitation, needs to be reconsidered. Data indicates that actually we need to consider these relationships as inappropriate relationships.

Negative inappropriate relationships, (negative associations, bullying and vulnerabilities), rather than gang association, remain the central characteristics in terms of risk of CSE for children in Croydon.

Social media remains a powerful enabler of exploitation.

### **Raising Awareness about CSE in Croydon:**

Throughout the past year we have run a borough wide campaign to raise awareness. This has included a conference for professionals; we have provided information to parents, carers and professionals, trained over 1000 professionals in indicators of CSE as well as produced information for newsletters and local publications. We have supported our LSCB to produce guides for staff, parents and children in responding to CSE.

We have conducted joint training in colleges, hotels and fostering services, by police and Children's Social Care. We have developed a multi-layered training and awareness programme for professionals, which include challenging problematic attitudes and beliefs. This has led to many practitioners at all levels and many organisations having the right level of expertise and knowledge to support young people affected by CSE.

We have also targeted our support and education to vulnerable children and young people such as 2 local colleges and all Pupil Referral Units where we identified particular patterns of exploitation and or vulnerability. We believe this is building resilience in children and young people by raising awareness of CSE through educating parents, professionals, community groups (especially faith groups), and businesses.

We have purchased and provided to professionals, parents and young people, a CSE online training package which is available on the LSCB's website.

We have worked with foster care providers and children's homes in the borough to discuss their role and responsibilities and provided a peer support forum. This has ensured that providers are informed about CSE and know where to go for advice and support as evidenced by an increase in referrals from this group.

We have maintained the application of the implementation of operation Make Safe where we have targeted known perpetrators, spoken to possible survivors as well as undertaken targeted activity in local schools and children's' homes. As part of Make Safe we have held regular meetings with a wide range of businesses including hotels and B&Bs, taxis and public transport, food outlets, shopping centres, pubs and clubs. Our awareness raising strategy has

extended to volunteers/outreach staff with our CSE training programme focusing on voluntary organisations & outreach teams including housing tenancy support officers.

We held a Local Strategic Partnership Congress in Autumn 2015 focussing on CSE which attracted over 200 professionals. A large number of young people also attended. Over 150 pledges were provided to advance the strategy to combat CSE in Croydon in our communities. These pledges have been integrated into the CSE Action Plan for 2016 & 17.

### Clinical Intervention for Children at risk of or subject to CSE

|   |   |
|---|---|
| <b>Safer London Programmes in Croydon</b> | <p><b>In our Croydon hub, we are delivering the following strands:</b></p> <ul style="list-style-type: none"> <li>➤ 1:1 intensive support (CSE &amp; missing)</li> <li>➤ Specialist advice and case consultation</li> <li>➤ Young People’s Advocates</li> <li>➤ Young Men’s group programme</li> <li>➤ Young Women’s group programme</li> <li>➤ Peer Champions project</li> <li>➤ Family support work</li> <li>➤ Parenting workshops</li> <li>➤ Consultation and mapping</li> <li>➤ Professionals training and events</li> <li>➤ London Gang Exit</li> <li>➤ Aspire Mentoring</li> </ul> <p><b>The Empower Project</b> (using 2015/2016 statistics April – March) has supported:</p> <ul style="list-style-type: none"> <li>- 40 young women</li> <li>- 51 referrals in total</li> <li>- 14 current active cases</li> <li>- Consulted on 170 cases</li> </ul> |
|   | <p><b>At the Sexual Health Partnership</b></p> <p>a young person’s advocate has been based with the GUM clinic and provided:</p> <ul style="list-style-type: none"> <li>- Consulted on 28 young women</li> <li>- Made onward referrals to CSC, MASE &amp; NSPCC</li> </ul>  |
|   | <p><b>Missing Project</b></p> <p>This project is a collaboration with Safer London, NSPCC and Croydon Council where the NSPCC provide return home interviews (see next section) and will often refer to Safer London for a more comprehensive offer of 6 month 1:1 support. To date the team have worked with 14 young people so far – all cases have had reduced missing episodes. The Missing Project is funded to complete a targeted Young Men’s and Young Women’s in Shirley High School.</p>  |
|   | <p><b>Empower Family Support Workers</b></p>  |



|  |   |
|--|---|
|  | <p>The Family worker started in borough in February 2016 as part of the Early Intervention Team. The target for this project is 12 families over 3 months totalling 48 families in per year.</p>  |
|  | <p><b>Schools Programme</b><br/> Safer London trained a range of professionals and completed a targeted school work programme in Norbury Manor, St Andrews and Archbishop Tenison for the Young Women’s Programme and St Andrews and Archbishop Tenison for the Young Men’s Programmes both of which are being evaluated. (These schools were identified after triangulating sexual assault data and Op Raptor data and the MASE list).</p> |

|                             |  |
|-----------------------------|--|
| <b>The NSPCC in Croydon</b> | <p>The NSPCC in Croydon offer a range of services to children and young people who are at risk of or who have survived CSE. Their therapeutic work includes play therapy, counselling and family therapy, depending on the child or families’ needs.</p> <p><b>Protect and Respect</b> is a specific programme offered to young people in Croydon. Protect and Respect supports children and young people who have been, or are at risk of being, sexually exploited. The Croydon team especially wants to help the most vulnerable children which we know includes minority ethnic children. Protect and Respect in Croydon aims to help children and young people so they are less vulnerable to sexual exploitation, however it happens, by supporting them to:</p> <ul style="list-style-type: none"> <li>➤ Understand what child sexual exploitation and grooming are compared to a safe, loving relationship</li> <li>➤ Secure and maintain a safer environment and a more stable lifestyle. This means talking about knowing where to go to stay safe or who to talk to when worried</li> <li>➤ Understand that sexual exploitation is abuse and it’s not their fault.</li> <li>➤ Protect and Respect is for young people aged 11 to 19 who’ve been sexually exploited. It’s offered on 3 levels depending on the needs of the young person.</li> <li>➤ Protection – educating young people about keeping safe.</li> <li>➤ Risk reduction – when we’re really worried about a young person being at risk.</li> <li>➤ Recovery – for young people who have been hurt but are now in a safe place and need to make sense of what’s happened.</li> </ul> |
|                             | <p><b>CSE Consultation Service</b></p> <p>The NSPCC team, responding to significant increased demand in Croydon, has created a new CSE consultation service to practitioners. This service supports practitioners in care planning and knowledge transfer.</p> <p><b>Group Work</b><br/> The NSPCC have also developed specific group work programmes for young people again for knowledge transfer to support young people better protect themselves. The NSPCC will run 12 of these programmes throughout the year.</p> <p><b>Duty System</b></p>  |

|  |   |
|--|---|
|  | The NSPCC in Croydon has extended its Duty service and now provides immediate support to practitioners to identify additional resource and alternative interventions. |
|--|---|

|                               |  |
|-------------------------------|--|
| <b>CSA Pathway in Croydon</b> | <b>CSA Pathway Development<br/>Child and Adolescent Mental Health Service</b>  |
|                               | <p>Croydon has been working as part of the South West London Collaborative of Clinical Commissioning Groups (CCGs) to strengthen the commissioning of medical and emotional wellbeing support for children who have been victims of child sexual abuse (CSA).</p> <p>This has resulted in the development of plans for a local CSA Hub, which encompasses two pathways for this cohort of children and young people (CYP). One for CYP with historical (more than 7 days) assaults and one for CYP who are presenting with a sexual assault within the last seven days requiring a forensic medical examination. Beyond this, there has been consideration at the South West London level of the opportunity to implement a Child House in the sector, supported by funding from the Office for the Mayor of London. The vision for the CSA hub in SW London is to establish a regular CSA clinic for the examination of children and young people following child sexual abuse, exploitation or female genital mutilation (FGM). The CSA clinic will be staffed by Consultant Paediatricians who will undertake dual examination. We're planning for 25 CYP to access the brief intervention service per year and would expect the service to be operational within 2-3 months.</p> |

**Prevention of Modern Slavery in Croydon (POMSIC)**

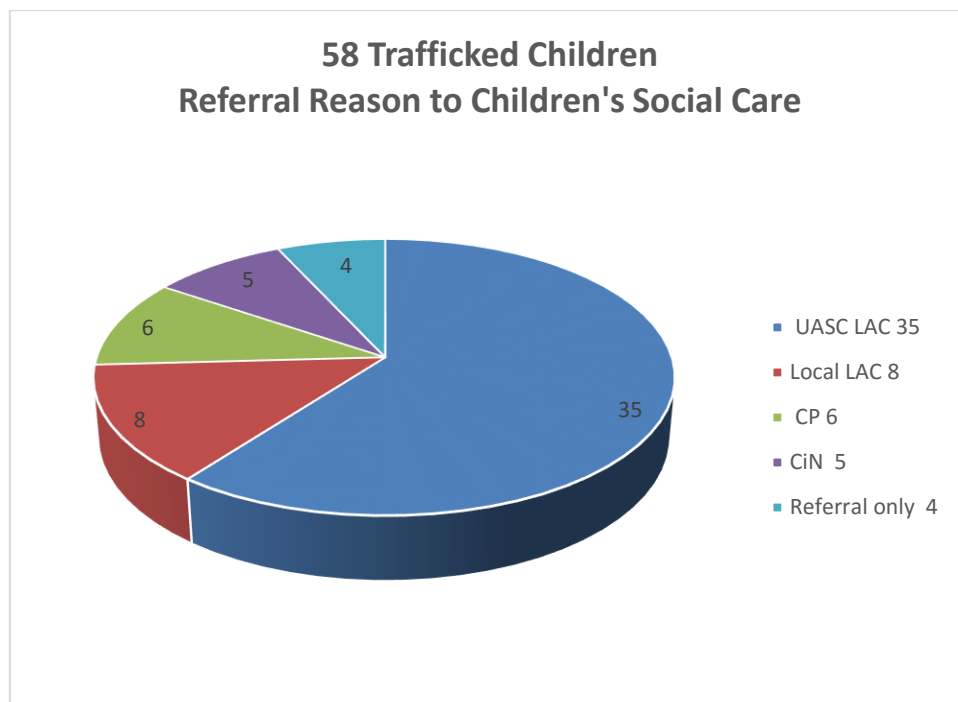
The Modern Slavery Act was enacted in March 2015. This legislation has placed a new statutory obligation on all first responder organisations such as local authorities and the police to report all suspected cases of modern slavery through the National Referral Mechanism process or Duty to Report form.

In response to the Modern Slavery Act and government’s Modern Slavery Strategy (2014), the POMSIC sub-group have developed an action plan to work toward the requirements.

There are currently 20 actions included on the action plan and these fall under the four P's established by the government modern slavery action plan:

- PURSUE - Prosecuting and disrupting individuals and groups responsible for modern slavery
- PREVENT - Preventing people from engaging in modern slavery
- PROTECT - Strengthening safeguards against modern slavery by protecting vulnerable people from exploitation and increasing awareness of and resilience against crime
- PREPARE - Reducing the harm caused by modern slavery through improved victim identification and enhanced support

Child referrals – during 2015/16 58 children have been identified as being at risk due to them or a family member being a suspected victim of trafficking<sup>14</sup> and referrals have been made through the NRM in most cases either by the Home Office or via the allocated social worker.

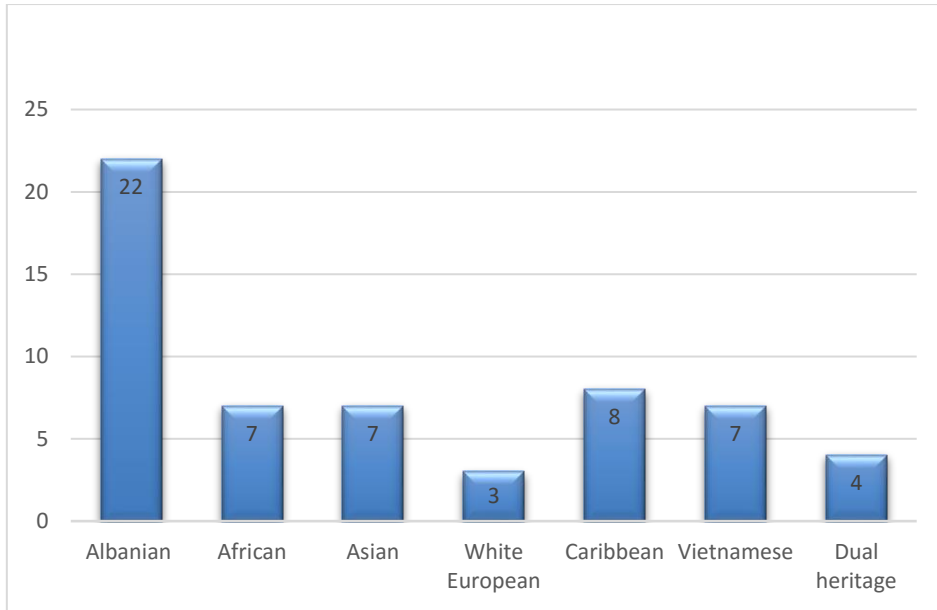


### Ethnicity of 58 Trafficked Children

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<sup>14</sup>

Child trafficking is a crime involving the movement of children for the purpose of their exploitation.



Data shows that 60% of children/young people identified as being at risk of being trafficked are unaccompanied minors and that 63% of these are Albanian with the next main country of origin being Caribbean (20%). Given that Croydon looks after approximately 400 unaccompanied minors this may be an under representation as this is only 9% of this cohort. However recording on Child Recording System (CRS) is increasing and modern slavery champions across the services are being trained so it is likely that reporting will improve.

Twenty-three local or accompanied children have been identified at risk of trafficking. Whilst this number is increasing it is very likely that this is not a true reflection of the numbers of children/young people who may be at risk. This is a priority area for the prevention of modern slavery subgroup for 2016.



The International Organisation for Migration (IOM) are facilitating a programme of human trafficking awareness raising training events for practitioners working within Croydon. The multi-agency training has been well attended and received by practitioners from a variety of local governmental and non-governmental organisations including Croydon Council, MPS, NHS, UK Visas and Immigration (UKVI) /Home Office, NSPCC, CAF/CASS, The Fire Brigade, Barnardo's. Safeguarding leads from several other London local authorities have also attended the events.

In the 2015 calendar year, a total of 8 events took place and 232 practitioners attended. Over 1,000 Croydon practitioners have now attended this Continuing Professional Development accredited awareness raising training.

The POMSIC sub-group held the third Croydon multi-agency human trafficking conference in November 2015. This served to further raise awareness about the issue of modern slavery and mark the new statutory requirements placed upon first responder organisations by the Modern Slavery Act.

The conference brought together perspectives of practitioners working for a variety of organisation types, such as local authority practitioners, Police, GPs/NHS staff, UKVI, Non-Government Organisations, churches, faith & community organisations, third sector and voluntary organisations. Approximately 150 delegates attended the event.

## Radicalisation

### Prevent Duty

Prevent is a key part of the governments Counter Terrorism strategy and is aimed at stopping more people getting drawn towards violent extremism.

The Counter Terrorism and Security Act 2015 introduced a duty on local authorities to introduce Prevent activity into the mainstream of all its work through having “*due regard to the need to prevent people from being drawn into terrorism*”.

Four duties were identified to achieve this aim:

- 1) Establish an understanding of the risk of radicalisation
- 2) Ensure that staff understand the risk and build the capabilities
- 3) Communicate and promote the importance of the duty
- 4) Ensure staff implement the duty effectively.

### Croydon has presented ‘Workshops to raise awareness of Prevent’ (WRAP training)

By 26<sup>th</sup> April 2016 33 WRAP training sessions had been provided to 283 local professionals:

- Social Workers / Youth Workers – 118
- Education – 111
- Health – 11
- Others – 43

In addition WRAP presentations have been made to 44 schools and academies in Croydon alongside a range of other organisations and forum

### Channel Panel<sup>15</sup>

Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. The programme uses a multi-agency approach to protect vulnerable people by:

- a. identifying individuals at risk;
- b. assessing the nature and extent of that risk; and
- c. developing the most appropriate support plan for the individuals concerned

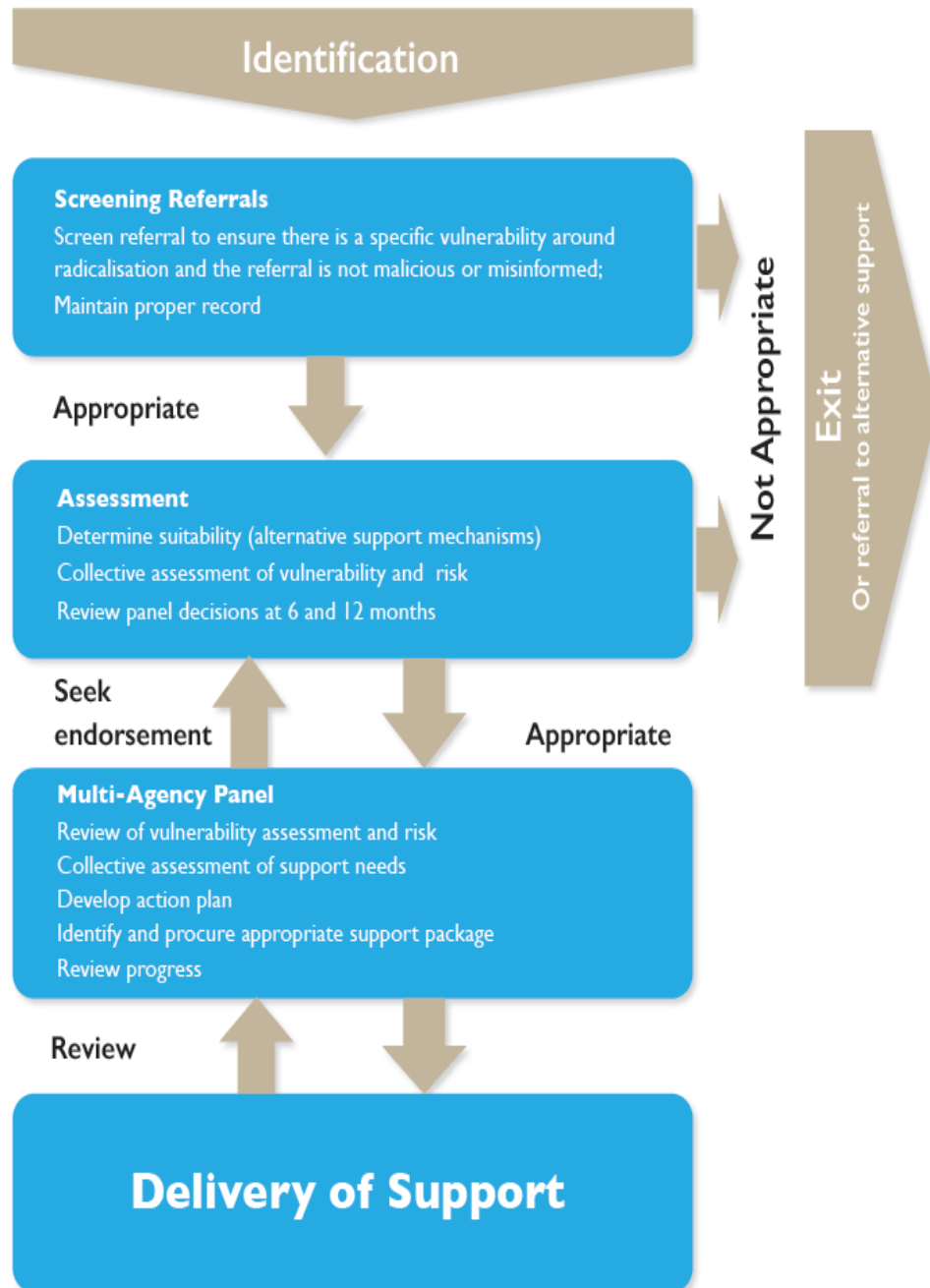
If anyone has concerns about an individual the person would be referred to the Channel Panel. The Channel panel saw 15 cases referred in 2015, of which two developed into Channel cases with a further 14 referrals made by end April 2016.

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15

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/425189/Channel\\_Duty\\_Guidance\\_April\\_2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/425189/Channel_Duty_Guidance_April_2015.pdf)

The diagram below outlines the different stages within the Channel process:



## **Female Genital Mutilation (FGM).**

FGM is an illegal practice, a form of violence against women and girls, a form of child abuse and a violation of human rights. FGM is a practice that affects the whole life course and therefore survivors of FGM that live in Croydon require access to a number of statutory and none statutory services to manage the serious short and long term psychological and physical consequences of living with FGM.

In recognition of the impact of FGM on women, girls and communities, Croydon CCG identified funding to take forward a targeted FGM Project for Croydon led by the CCG. This project aims to improve the health and wellbeing of women and girls affected by FGM who live in the borough.

- 1.1 In Croydon, there are estimated to be 3,480 females in Croydon who have been affected by FGM at some point in their lives, which is equivalent to 1 in 104 females. It is estimated that 180 females aged under 16, 2,250 females aged 16 to 49 and 1,050 females aged over 50 in Croydon are affected by FGM .
- 1.2 It is estimated that 3% of maternities in Croydon are to women affected by FGM, which is equivalent to 180 births per year, equivalent to 1 in 2020 people in Croydon.
- 1.3 During 2014 a multiagency task and finish group was formed to guide the whole systems approach to addressing FGM in Croydon. As part of the task and finish group, a number of areas were identified that required further attention in order for Croydon's FGM response to build strength.
- 1.4 The project commenced on July 27, 2015 via employment of a Senior Project consultant to lead the work over twelve months, three days per week. A proportion of the allocated funding was planned to be used to commission services or improve existing services where required, as identified by the Project.

The Metropolitan Police Service Commands Continuous Improvement Team (C.I.T) have the lead on FGM under Project Azure and provide agency and police training to raise awareness.

### **Key achievements**

A multi-agency FGM steering group has been established in order to oversee and monitor the work of the project. In addition, regular reporting of progress is cascaded via the CCG QOB and the Croydon Safeguarding Children & Adult Boards. An FGM action plan, an FGM risk assessment tool, FGM referral pathways and an FGM strategy have been developed to drive the agenda forward and ensure successful partnership working.

A number of different work streams have been initiated so far including;

1. Multi agency training roll out
2. Safeguarding training and awareness raising in schools



3. Negotiation and implementation of risk assessment tool and referral pathways,
4. Monthly FGM community support group,
5. Recruitment of community and professional FGM champions,
6. Joint working to set up specific mental health service pathways for FGM survivors
7. Borough wide FGM conference held on 24th March 2016.

### **Training Achievements**

Over 989 professionals have been trained in FGM, risk assessment, identification and management of FGM, local referral pathways and procedures.

### **Young carers**

The Young Carer's Project offers assessment, respite, and educational, emotional, social and family support to children and young people from age 7-25, who are caring for family members as a result of physical or mental illness or disability within the family. The aim of the work is to reduce the effects of harmful caring and enable young carers to build their aspirations and fulfil their potential beyond their caring role.

The Project receives funding from a number of sources; the local authority, through its Integrated Youth Support Service and Carers Support Grant, fund the assessment work, administration, education and respite support.

The Clinical Commissioning Group provide funding to deliver art therapy.

The BBC – (Children In Need) fund a mental health worker in order to support young carers who care for a parent with mental health conditions and with low level mental health conditions themselves. This work also focuses on developing and sharing of good practice and resources, working with adult mental health teams in working to pathways and protocols, but also delivering training to increase understating and impact on young carers.

The Family Navigator work (partnership with 6 voluntary sectors, organised through Family Power) solely focussing on Young Carers and their families, enabling improved relationships with the family as well as accessing support for family members.

London and Quadrant housing (L&Q) provided funding for one year to address key areas: reducing the waiting list, delivering four cookery courses and two residential.

The Project is staffed by a multidisciplinary team and supported by 3 committed volunteers and co-located with other carer's services in the Carers Support Centre in Central Croydon.

### **Achievements & Performance**

At the end of March 2016 there were 585 young carers registered with the project.

The number of referrals coming through to Project has continued to increase throughout the year. This led to large number of young people on the waiting list and this gradually being reduced as a result the Project has further simplified the assessment process.

The project has now reverted back to an assessment form but the key difference is that assessments will be taking place over the telephone with a home visit shortly afterwards.

There have been 120 referrals this year with 62 young carers being assessed and registered with the Project. 6 young carers have been signed out due to no longer having a caring role, exceeding the age of 25, or have moved out of the borough.

### **Respite**

The extensive respite program is a key component of the work of the project. Trips and activities take place throughout school holidays and boys and girls groups take place monthly but not during school holidays.

There has been 59 trips and activities, and 565 respite opportunities attended by 241 different young carers.

YCP has been working closely with the Freekick Foundation who have provided YCP with a season ticket for one adult and one under 18 young carer (the same has been offered and accepted for the 2016-17 season). 15 young carers attended Crystal Palace home matches.

In September the project held its 2nd annual family fun day. This was held at the Royal Russell School and YCP were supported by young people from the Challenge Network and the Soroptimists Group. Activities included 6 bouncy castles, face painting, and silly/fun races and include music, overall, it was a fun day for all and this was mainly funded through donations made to the Project. The event was delivered in partnership PIP and was there were over 250 people in attendance.

Two residential events took place in the summer and October half term holidays. The first took place at Frylands Scout centre and Bears wood, both near New Addington. Residential events provide young carers with highest caring roles, a complete break from their caring role and allows them to make new friends. 22 young carers took part over the two, three day events.

### **Whole Family Working and 1-1 Support**

The project provides a number of different ways to engage young carers and their family members. Working one-to-one with young carers provides the staff with knowledge and information about the caring situation and to try and support young carers to reach their potential. One-to-one work is delivered through identifying needs to be addressed in various areas e.g. mental health, education, art therapy, family navigator or complex family support.

The Family Support Worker and the Family Navigator have worked closely with parents and other family members in order to provide whole family support. This includes using Early Help processes that are then used to create a support plan through TAC/TAF (Team Around The Child/Family) meetings as well as attending and representing young carers through Child In Need and Child Protection cases. YCP have pathways and protocols in place to escalate and de-escalate cases from Early Help to MASH team, where necessary and often liaising with Family Resilience Service through local processes.

The Project has also set up music and drama therapy support with Nordoff Robbins and Tangledfeet, respectively. The need for therapy is crucial and alternate to talking therapies has provided young carers another way to express themselves. There have been a total of 36 Music and drama therapy groups with 147 young people attending.

### **Awareness Raising**

YCP have held a number of awareness raising events during Carers Week. All 3 of Croydon's colleges were targeted to provide awareness raising information sessions. YCP have delivered number of training sessions to organisations both voluntary and statutory as well as children and adults services. The Project continues to be involved with the Carers Information day.

As a result of the Integrated Interventions partnership work between the Young Carers Project and Croydon Council IYSS department, an event was organised to share learning with professionals across both children and adults services. The first young carers' conference took place in October and was attended by a variety of professionals (65) from both statutory and voluntary services. The day consisted of guest speakers and workshops and had four key themes, identifying Hidden Young Carers, Partnership Working, Whole family Approach and Safeguarding young carers from inappropriate/harmful caring roles

### **Gangs and Youth Crime**

Whilst Gangs are an issue in Croydon, the work undertaken by the Gangs Police Partnership Team in collaboration with the Croydon Pathways Gangs Partnership have effectively managed the gang risk making Croydon a safer place. At a strategic level the work is overseen by the Gangs Strategy Board and underpinned by the Gangs Action Plan 2016/17.

The multi-agency Gang's Team (Police, YOS and Probation) concentrates on gang affiliated individuals who pose a high level of risk. This team meet weekly to discuss incidents and individuals on the Gangs Matrix and agree diversion, enforcement and safeguarding tactics.

The Gang Matrix is a list of all gang offenders identified locally as being a risk; this data is fed into the Metropolitan Police Service (MPS) Gang Matrix for London. Offenders on the Matrix are weighted for the level of seriousness of their offences. Despite Croydon having the largest youth population in London, less than 10% of its Gang cohort feature on the MPS Red Live Matrix – which is the list of London's most serious gang offenders.

Outside of the Gang's Team, Specific Points of Contact (SPOCS) have been established within a number of departments and agencies: Anti-Social Behaviour, Housing, and Education, Job Centre plus, MASH, Social Care, Community Safety, Prevent, Safer London Foundation (CSE) and the Third Sector. By bringing partners together the team has improved communication and information sharing and been able to draw on the knowledge base of all the partner agencies to offer interventions such as Education, Training and Employment support, mentoring, family and housing support.

The wider partnership meet every 6 weeks at the Gangs Multi Agency Tasking where diversion, enforcement and safeguarding actions are agreed with relevant partners and information on individuals on the matrix and their wider family are agreed. The Gangs team managed by the YOS offer intensive and group work to gang members as well as preventative workshops to Pupil Referral Units.

### **Gang territories**

There are four identified gangs in the borough:

- 8's- Broad Green, Central Croydon and Thornton Heath
- Heath or TTE ("Team Tear 'Em")- Thornton Heath, West Thornton and Bensham Manor
- Block Cartel and Field Boyz- South Norwood and New Addington
- MNS- Norbury

### **Gang conflicts**

Field Boyz and Block Cartel have a strong affiliation while the 8 Boyz are affiliated with Heath/TTE.

Both 8 Boyz and Heath/TTE are in conflict with Field Boyz and Block Cartel.

The majority of gang-related violence is due to cross-borough conflicts, mostly across to Lambeth.

8 Boyz' affiliation with A-Town in Lambeth has led to an increase in violence due to A-Town's conflicts with other Lambeth gangs. The 8's are also in conflict with Sirru, 67 and TN1 from Lambeth.

MNS are in conflict with M-Town in Merton and SUK (or Block 10) in Wandsworth.

### **Gangs members aged 17 and under.**

At the end of 2015/16 there were 26 young people and 34 adults on the Borough's Gang's Matrix. The 18 plus cohort receive the same offer of one to one support from the teams Gangs worker based at Probation.

Of the young people on the Gangs Matrix, four of these were Croydon LAC, two were LAC due to being on court remand and three were out of borough LAC.

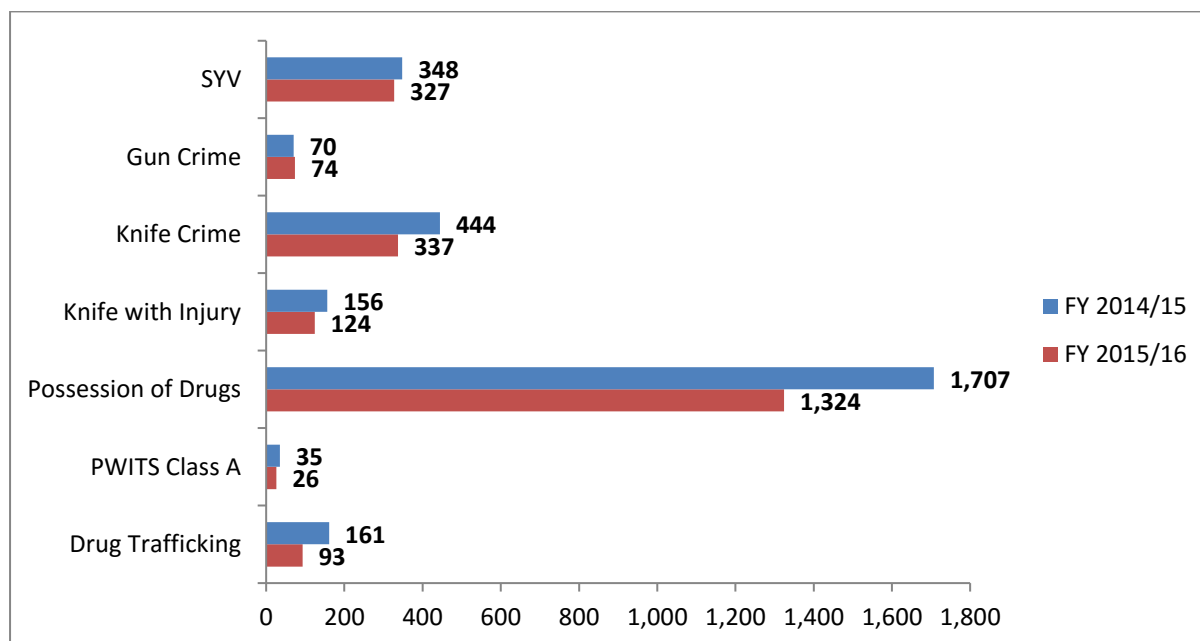
### Gangs and Offending

The main measures that can be used are Serious Youth Violence (SYV), Gun Crime, Knife Crime and Drugs offences, specifically Possession and Possession with Intent to Supply (PWITS).

The MPS definition of Serious Youth Violence is any offence of Most Serious Violence or Weapon Enabled Crime, where the victim is aged 1 to 19.

The primary hotspots are the Town Centre, West Croydon Train Station, in and around Station Road (South Norwood), in and around Brigstock Road Thornton Heath. There are secondary hotspots in Mitcham Road) and Central Parade (New Addington)

There has been a 6.0% decrease in SYV offences in the borough compared to 3.9% increase in London.



### Personal Robbery

| 1-17 Years | All     | Involving a firearm | Involving other weapon |
|------------|---------|---------------------|------------------------|
| 2014/15    | 309     | 2                   | 69                     |
| 2015/16    | 198     | 2                   | 58                     |
| Diff       | -111    | 0                   | -11                    |
| % Diff     | -35.90% | 0.00%               | -15.90%                |

### Possession of a knife

|                  |            |
|------------------|------------|
| <b>1-17 Year</b> | <b>All</b> |
| <b>2014/15</b>   | 80         |
| <b>2015/16</b>   | 78         |
| <b>Diff</b>      | -2         |
| <b>% Diff</b>    | -2.50%     |

There has been a 24.1% decrease in Knife Crime offences in the borough compared to 0.5% increase in London.

### **County Lines drug dealing**

The issue of gangs has changed dramatically in the past 18 months with less emphasis on respect and territorial based violence and a focus on establishing illegal drugs markets particularly out of London. "County line" describes a situation where a person, or more frequently a group from an urban area crosses one or more police force boundaries to a more rural or "County" force, setting up a secure base to conduct day-to-day drug dealing. The gangs groom vulnerable young people aged 13 upwards promising vast amounts of cash and place them often in a drug addict's home in the chosen location/ market. This young person will then deal crack and heroin for periods ranging from days to weeks. These young people will often come to attention via missing reports. If found and or arrested they will rarely talk to professionals about their experience. As a partnership we are trying to establish protocol that treats these young people as victims of Human Trafficking rather than perpetrators of drug dealing. The issue of county lines is the biggest challenge currently facing the gangs' team in the borough.

Intelligence provided by the MPS' Operation Holdcroft and the Croydon YOS shows from April 2014 to March 2016 shows there were 31 individuals who had been involved in County lines. 19 of these individuals were identified gang members. 17 of the 31 individuals were under 18, and 14 of them were aged 18 and over. 28 of them were male and 3 of them were female. There were 23 towns and cities which were identified where gang members were operating County lines.

**Q: So how well has the Board fulfilled its responsibilities?**

**A: This section gives the detail of all those various responsibilities:**

**Responsibility: Child Death Overview Panel (CDOP)**

Each child death is a sad and serious event but fortunately, it is rare for children to die in this country therefore the number of child deaths in any particular age range within a local area is small in number. This means that generalisations are rarely appropriate and for lessons to be learnt from the deaths reviewed, data needs to be collected and reported on nationally, over a number of years. Current data collection methods mean that accurate regional and national data are not readily available.

Child Death Overview Panels were established in 2008 as a new statutory requirement and updated in 2015. It is the responsibility of the Local Safeguarding Board to ensure that a comprehensive review of every death of a child normally resident in Croydon under the age of 18 years is undertaken to understand better, how and why they die, to detect trends and / or specific areas which would appear worthy of further consideration.

The CDOP has specific functions laid down by statutory guidance including:

- Reviewing the available information on all deaths of children up to the age of 18 years (excluding stillbirths and terminations of pregnancy carried out within the law) to determine whether the death was preventable
- Meeting regularly to review and evaluate the routinely collected data on all child deaths to identify lessons to be learnt or issues of concern relating to the safety and welfare of children in Croydon.
- Collecting, collating and reporting on an agreed national data set for each child who has died
- Making recommendations to the CSCB regarding any deaths where the panel considers there may be grounds for a serious case review
- Monitoring the support services offered to bereaved families
- Identifying any trends that can be analysed and delivering interventions in response
- Reporting any immediate concerns to the CSCB that require a co-ordinated response to ensure the safety and well-being of all children in Croydon

In reviewing the death of each child, the CDOP should consider modifiable factors, for example, in the family environment, parenting capacity or service provision and consider what action could be taken locally and what action could be taken at a regional or national level.

The principals underlying the overview of all child deaths are:

- Every child death is a tragedy
- Learning lessons
- Joint agency working
- Positive action to safeguard and promote the welfare of children

### **Rapid Response (RR)**

The arrangements for a rapid response to the death of a child and review are well established in Croydon.

Rapid Response meetings were convened for 12 unexpected deaths of children notified during the period 1 April 2015 – 31 March 2016.

RR meetings are considered a priority to be convened, where possible, within 5 working days of the child's death. 81.8% of the RR meetings achieved this time scale.

A log of the Rapid Responses is maintained and reported to the CDOP meetings.

## **National Picture**

According to the latest Department of Education, , Child death Statistical Review<sup>16</sup>, 2015 at the time of the annual report the number of deaths of children registered in England has continued to decline, with just over 4000 child deaths a year. The majority of these deaths were due to perinatal/ neonatal or perinatal events and chromosomal, genetic and congenital anomalies.

The most recently released child mortality rate (age 1-17 years) as at March 2016 from the Child and Maternal Health Observatory (CHiMat). Child Health Profile for Croydon<sup>17</sup> is 10.8 per 100,000 children in 2012/2014 down from 11.4 per 100,000 children in 2011/ 2013.

In 2012/2014, Croydon was lower than England and London, and Croydon's statistical neighbours.

## **Neonatal Deaths**

A Neonatal Death is defined as the death of a child less than 28 days of age; this includes premature births but excludes stillbirths.

Just over a quarter (8, 27.6%) of the 29 cases reviewed were deaths occurring in the first 28 days of life.

## **Infant deaths**

Infant death refers to all deaths in the first year of life. Just over half (16, 55.2%) of all deaths reviewed, occurred within the first year of life.

## **Expected and Unexpected Deaths**

An expected death is one that was anticipated 24 hours before the death; an unexpected death is where it was not anticipated as a significant possibility 24 hours before the death or where there was a similarly unexpected collapse or incident leading to or precipitating the events which led to the death.

16 (55.2%) of the 29 child deaths reviewed in this period were defined as unexpected deaths. Of the expected deaths, the majority were in children under 1 year of age.

## **Deprivation**

There is a strong evidence base which shows the strong association between deprivation and poor mortality outcomes: rates are lowest amongst the most advantaged families and highest in the most disadvantaged.

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<sup>16</sup> Child Death Reviews – Year ending March 2015, Department for Education. 2015.

<https://www.gov.uk/government/statistics/child-death-reviews-year-ending-31-march-2015>

<sup>17</sup> CHiMat Public Health England 2016 Croydon Child Health Profile.



The index of multiple deprivation (IMD) is a method of ranking areas according to their level of deprivation by combining different indicators into a single score. It is calculated by combining different scores on a range of indicators relating to income, employment, health, education, housing and access to services. The most deprived fifth (quintile) of the population is described as “quintile 1” and the least deprived quintile is described as “quintile 5”.

From the 29 deaths reviewed, there were a greater number of children who were subject to increased levels of deprivation.

### **Action**

Nationally and locally, risks of Sudden Infant Death have been identified relating to children where deprivation and smoking are factors. As a result the Health sub-group with Best Start are actively targeting those families most at risk as a prevention from harm model.

### **Responsibility: Undertake reviews of serious cases**

#### **Serious Case Reviews & Learning Reviews**

The Serious Case Review(SCR) sub-group meets every two months and considers referrals for Serious Case Reviews and Learning Reviews, the sub-group makes recommendations which are passed to the LSCB Chair for final decision. The group also monitors the action plans from SCRs, Learning Reviews and Domestic Homicide Reviews.

The LSCB commissioned one serious case review during 2015/16 which is ongoing. Two SCRs from 2014 remained incomplete due to criminal proceedings.

Serious Case Reviews are undertaken when specific criteria are met; if the SCR sub-group is of the opinion that a case does not meet the SCR criteria an option is to undertake a multi-agency Learning Review:

***Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 includes the requirement for LSCBs to undertake reviews of serious cases in specified circumstances. Regulation 5(1)(e) and (2) set out an LSCB’s function in relation to serious case reviews, namely:***

***5(1)(e) undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.***

***(2) For the purposes of paragraph (1) (e) a serious case is one where:***

***(a) abuse or neglect of a child is known or suspected; and***

***(b) either — (i) the child has died; or (ii) the child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child.***

The important element from SCRs and Learning Reviews is for agencies to learn from them. All of the multi-agency reviews have been completed using various systems models which seek to understand the actions within the wider context and not to focus on blame, but rather on learning. The models used include the staff directly involved with the cases in order to gain their insight and help improve wider practice.

Although some reviews have not yet been completed, the process has shown areas that need to be addressed and work has begun on this immediately.

For example, several reviews have identified the lack of engagement and assessment of fathers, or significant males within the child's life. The QAPP sub-group took up this issue following the Pre-Birth Audit completed by the CSCB in March 2015 with a follow up audit in February 2016.

The learning from the SCRs and the audits have resulted in changes in practice and also the launch of a joint Father's project with WorkingwithMen

**The objectives of the Project are to:**

- Design and implement a long term project to engage fathers,
- Recruit a range of father inclusive 'champions'
- Instigate a seven point plan with a range of inclusive targets to support the implementation of a father inclusive strategy across the whole system
- Develop a father inclusive culture across our services
- A reduction in child abuse

**Fabricated or Induced Illness (FII):** One SCR from 2014 identified FII as a key factor; the Board ran a training conference with a world-renowned FII specialist in June 2015 to over 70 local professionals. Now that the criminal trial is complete the SCR will move into its second phase and the practitioners will take part in a Learning Event in the autumn. The methodology being used in this particular case review will ensure that all staff associated with the case will be invited to take part in learning events.

**Key achievements**

**Serious Case Reviews (SCR) - Learning into practice:** In the previous two years the Board has commissioned a series of SCR workshops to engage managers and practitioners in the lessons from local and national SCRs. Whilst this has been successful in terms of the number of staff engaged and the positive feedback received, there is also a drive to deliver SCR workshops in a more timely way and to provide a better level of communication when SCRs have been undertaken. During 2016/2017 the delivery of SCR learning will continue to change to the

locally led and developed response to completed SCRs which ensures that workshops are targeted for practitioners involved in the case, followed up with open events for the wider audience to attend. This should also become more cost effective and timely.

### **Systemic Models**

We are gaining greater experience of the different models available for undertaking multi-agency reviews. Over recent years the Board has used the Social Care Institute for Excellence, Serious Incident Learning Process and Welsh models as well as hybrid model using the strengths from a variety of models to best-fit with Croydon's needs.

### **Tracking**

The sub-group, Executive and Board have a regular tracking document giving the latest update on all SCRs, Learning Reviews and Domestic Homicide Reviews that are connected in any way with Croydon.

### **Impact on practice - have we made a difference?**

For each individual SCR and Learning Review we develop specific Action Plans, these document all recommendations and subsequent actions, both by the Board and all relevant partner agencies, which are overseen by the SCR sub-group. We also issue composite action plans for each agency so they are aware of the actions over various Reviews which will highlight if similar issues arise.

The important purpose of these action plans is to ensure that learning from Reviews can be acted upon and embedded in order to prevent such issues arising in the future.

In addition to alerting agencies about actions they need to take, the Board also takes responsibility for providing training on the relevant issues that emerge from Learning Reviews and SCRs.

### **Responsibility: Section 11 (s11)**

Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

In previous years the Partner Agencies completed their Section 11 Audits, which were each presented to the full Board meeting. At the Board Meeting the Partner Agency presented an overview of their organisation and invited questions; this method was reviewed in September 2015 and amended by the Executive Steering Group. In order to ensure thorough scrutiny the format was changed to require Partner Agencies to present at a specially convened Section 11 Panel. All Board partners undertook and presented their Section 11 audits to the Panel which was convened with representative Board Members overseen by the Independent Chair of the Board. This specific Panel was able to provide informed challenge and advice in

reviewing the Section 11 audit, a letter summarising the findings of the Panel was sent to each agency, which helped them formulate any necessary Action Plan. Those plans are followed up approximately 6 months later.

The standard of the audits were generally very good, the presentations were often excellent and provided the Panel with a good understanding of the Partner Agencies duties and functions. The Action Plans were generally SMART and the Board team have been able to improve the analysis and provide a more informative review, covering how the Partner Agencies found the new process, specific learning and areas for improvement. This review is currently being completed and will help inform the proposals for how the Section 11 Process should be conducted next year.

Some of the initial feedback is that the standard audit form is difficult to use and could be improved. The Panel process is considered more robust and more useful to Partner Agencies. Whilst the Audit is completed (and generally presented) by senior members of the Partner Agency, there is little assurance that those people interacting with children have the same grasp of the standards and what they mean within their day to day work.

These comments will inform the Executive and help them to decide the programme for the next round of Section 11 audits.

## **Responsibility: Learning & Improvement Framework**

### **Overall achievements:**

The multi-agency Learning and Development courses and events co-ordinated on behalf of the CSCB aim to complement single agency training which might explore more specific skills and knowledge base (e.g. motivational interviewing, systemic practice with families or particular guidance and legislation). The Learning and Development offer from the Board is informed by local needs, as identified through audits and serious case reviews and is based on statutory guidance, legislation and local procedures including Working Together 2015, London Child Protection Procedures and Competency Still Matters 2013 and 'Safeguarding Children and Young People: Roles and Competencies for Health Care Staff' (Intercollegiate Document 2014);

Learning and Development offer between April 2015 and March 2016. A range of training has been made available during this period; and this being the first complete year under a revised Learning and Development delivery structure, and was delivered in line with the Learning and Development strategy and action plan 2014-2016

Within the programme there has been a body of core safeguarding training, such as Level 1 to Level 3 Safeguarding Children, Domestic Abuse, Managing Allegations against Professionals and Serious Case Review workshops. In addition, and in response to local need, the following training has been in place: Gangs and CSE, Prevent, Fabricated and Induced Illness, Engaging

Men in Interventions, Strengthening Families, Impact of Substance Misuse, Private Fostering, Impact of Parental Mental Health, Hidden Sentence, Engaging Vulnerable Young People and most recently Female Genital Mutilation. There have been other events and conferences such as the CSCB Annual Conference which looked at the issues around safeguarding Young People, Early Help Conference which sought to promote key messages around early intervention, engaging parents positively and local best practice (e.g. Best Start). We also supported the Prevention of Modern Slavery conference, a one-day event led by Barnardo's on Children Affected by Parental Imprisonment and a partner's event on Systemic Practice in Child Protection.

### **(Achievements and Strengths) Agency Engagement and Evaluation of the CSCB Training**

**Attendance:** Section 5 of Section 11 (Children Act 2004) requires agencies to assess how they are engaging with safeguarding training, to enable this we actively promote and target the Board's Learning and Development offers to a wide range of organisations throughout the Borough. During the course of the year, the programme has become well-used with an increasing range of organisations accessing the training on offer, particularly from education, health and voluntary and community settings.

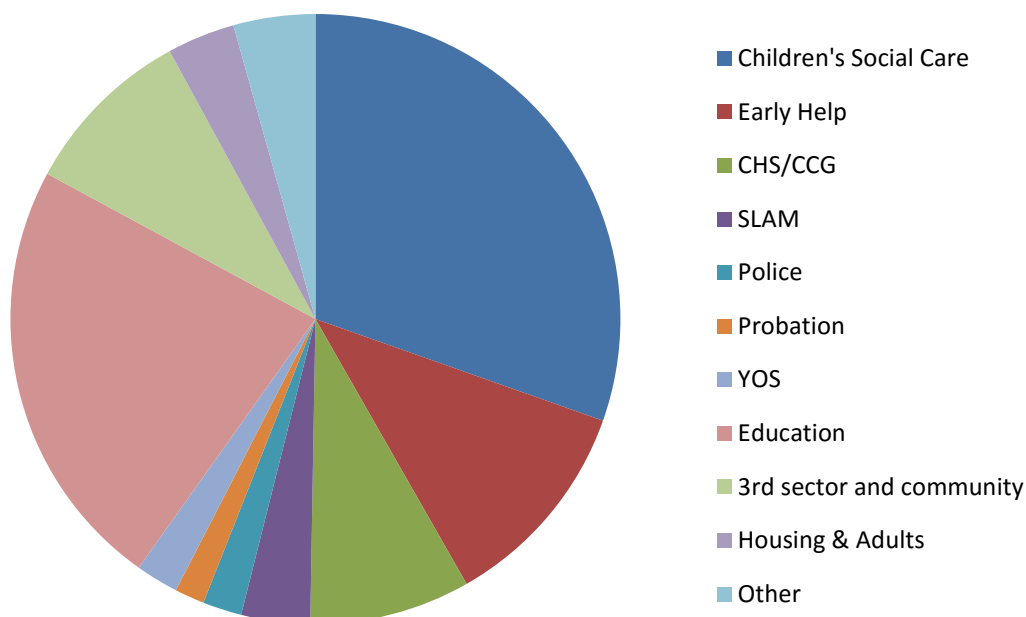
During 2015-16:

- 2029 delegates attended face-to-face Learning and Development courses and events, and

To date:

- 3422 people have completed online training for Safeguarding levels 1 and 2, and CSE. The detail below illustrates training attendance by organisational type, and a breakdown of the training events which took place and the level of take up of across the multi-agency landscape.

## CSCB Training Attendance by Organisational Type



**Evaluation of impact:** Throughout the Learning and Development programme we have evaluated the training after it has been delivered and we have sought to assess the impact of the training events on practice. The findings from this activity helps to shape future learning content of the next Learning and Development Plan.

During this period, delegates were asked via online surveys to state how the training will impact their practice. The summary results from this activity for some key training areas can be seen below. This of course doesn't give an accurate measure of impact but it does give an indication; findings from audits and reviews can help to give evidence of actual shift, although not all improvement would be attributable to training alone.

| Course                      | Collated thematic responses to the question:<br>How will this training impact your practice?   |
|-----------------------------|--|
| <b>Level 3 Safeguarding</b> | Impact on future working – qualitative responses elicited:<br>More joint working<br>Ensure professional challenge<br>More awareness of responsibilities<br>Listening/Observing child – being child focussed<br>Better use of local referrals and interventions<br>Link to whole practice |
| <b>Serious Case Reviews</b> | Improve communication<br>More following up on enquiries<br>Better use of supervision and training<br>Be more aware of the need for a multi-agency approach   |

|  |  |
|--|--|
|  | <p>Escalate problems to Managers sooner if unsure</p> <p>Work more systemically</p> <p>Develop better relationships with families</p> <p>Ensure that child/family information is logged correctly on recording systems</p> <p>Take responsibility for own actions</p> <p>Role of Early Help in dissemination of SCR learning</p> <p>More awareness of differences of expectations between agencies</p> <p>Understand more about how partner agencies work to avoid blame</p> |
| <b>Domestic Abuse</b>                      | <p>Use of assessment tool</p> <p>Use of assessment tool with families</p> <p>Use of different questions to ask difficult questions</p> <p>More awareness of impact and support available</p>   |
| <b>CSE And CSE Protocol</b>                | <p>Greater understanding of underlying needs</p> <p>Alertness of signs and risks (e.g. gangs)</p> <p>Use of protocol</p> <p>Understanding the differences between sexual abuse, sexual exploitation and under age sex and understanding the law related to these</p>   |
| <b>Prevent</b>                             | <p>Some delegates immediately identified vulnerable young person that might warrant a follow up</p> <p>Seek and identify more support</p> <p>Recognise need to undertake further training</p>  |
| <b>Managing allegations</b>                | <p>Better understanding of need for a referral</p>   |
| <b>Engaging Men</b>                        | <p>Greater awareness of the need to involve fathers</p> <p>Use of tools to aid involvement and assessment (e.g. genogram)</p> <p>Be more tenacious in getting the information from families</p> <p>Able to give a different perspective on father's involvement</p>  |
| <b>Impact of Parental Substance Misuse</b> | <p>Awareness of long term impact</p> <p>Better awareness of support and interventions needed</p> <p>Improved confidence to work with parents who misuse substances</p> <p>More awareness of the challenges for a parent to make changes</p>  |
| <b>Impact of Parental Mental Health</b>    | <p>More awareness of issues</p> <p>Seek out consultation</p> <p>Create plans tailored to need</p> <p>Methods to make assessment</p>  |
| <b>Engaging Vulnerable Young People</b>    | <p>New skills set in approaching assessment work with YP and parents</p> <p>Better confidence in dealing with teenagers</p> <p>Understanding the issues faced by YP</p> <p>Help keep YP needs in mind during assessments</p>   |
| <b>Fabricated and Induced Illness</b>      | <p>Spotting the signs and behaviours</p> <p>Early intervention and challenge</p>   |

CSCB COURSES 2015/16 AND ATTENDANCE BY ORGANISATIONAL TYPE ((We are not currently able to count by individual; a person may have attended more than one course).

| Training Level | Course Title and number of sessions run (#)<br>April 2015-March 2016 | Children's Social Care | Early Intervention and Support Services | Croydon Health Services/CCG | SLaM | Police | Probation | Youth Offending Services | Education Setting | Third Sector Services & Comm Groups | Housing and Adults | Other | # of attendees per course |
|----------------|--|------------------------|---|-----------------------------|------|--------|-----------|--------------------------|-------------------|-------------------------------------|--------------------|-------|---------------------------|
| 2-3            | Child Trafficking Barnardo's (x2)                                    | 5                      | 5                                       | 3                           | 0    | 0      | 1         | 0                        | 4                 | 0                                   | 2                  | 3     | 23                        |
| 2-3            | CSE and Gangs (x4)   | 27                     | 11                                      | 5                           | 6    | 13     | 1         | 10                       | 34                | 17                                  | 2                  |       | 126                       |
| 2-3            | CSE Protocols (x6)   | 38                     | 8                                       | 2                           | 2    | 0      | 0         | 1                        | 110               | 13                                  | 3                  | 1     | 178                       |
| 2-3            | Missing Children (x1)  | 4                      | 3                                       | 1                           | 0    | 0      | 0         | 0                        | 1                 | 0                                   | 0                  | 4     | 13                        |
| 2-3            | Prevent ( x 21)  | 63                     | 25                                      | 6                           | 2    | 2      | 5         | 5                        | 26                | 3                                   | 12                 | 9     | 158                       |
| 2-3            | Systemic Practice in Child Protection (x1)                           | 0                      | 4                                       | 7                           | 2    | 0      | 0         | 0                        | 10                | 4                                   | 0                  |       | 27                        |
| 2-3            | Children Affected by Parental Imprisonment (x1)                      | 13                     | 22                                      | 5                           | 0    | 2      | 5         | 1                        | 27                | 7                                   | 1                  |       | 83                        |
| 3              | L3 Safeguarding (x9)   | 11                     | 41                                      | 22                          | 4    | 0      | 0         | 13                       | 25                | 39                                  | 4                  | 5     | 164                       |
| 3              | SCR Practitioners (x10)  | 105                    | 20                                      | 20                          | 7    | 1      | 1         | 3                        | 36                | 7                                   | 0                  | 0     | 200                       |
| 3              | Domestic Abuse (x16)   | 110                    | 13                                      | 16                          | 11   | 5      | 8         | 1                        | 18                | 12                                  | 26                 | 6     | 226                       |



|  |  |     |     |     |    |    |    |    |     |     |    |             |     |
|--|--|-----|-----|-----|----|----|----|----|-----|-----|----|-------------|-----|
| 3  | Preparing Men for Change (x6)                    | 24  | 2   | 1   |    |    |    | 1  | 2   | 2   | 1  | 3           | 36  |
| 3  | Impact of Parental MH (x1)                       | 16  | 3   | 0   | 0  | 0  | 0  | 0  | 1   | 5   | 1  | 0           | 26  |
| 3  | Impact of Substance Misuse (x1)                  | 15  | 3   | 0   | 0  | 0  | 0  | 0  | 3   | 3   | 0  | 0           | 24  |
| 3  | Fabricated and Induced Illness (x1)              | 26  | 4   | 16  | 13 | 2  | 0  | 0  | 4   | 9   | 0  | 0           | 74  |
| 3  | Female Genital Mutilation (x2)                   | 12  | 5   | 3   | 5  | 0  | 2  | 3  | 4   | 12  | 1  | 1           | 48  |
| 3  | Engaging Vulnerable Young people (x3)            | 10  | 2   | 6   | 4  | 0  | 0  | 1  | 9   | 6   | 1  | 1           | 41  |
| 3  | Engaging Men in Assessment& Interventions (x1)   | 17  | 16  | 1   | 0  | 0  | 0  | 0  | 8   | 1   | 0  | 6           | 49  |
| 3-4                                      | Managing Allegations – the role of the LADO (x2) | 9   | 0   | 3   | 6  | 0  | 0  | 0  | 6   | 2   | 2  | 1           | 29  |
| 4-8                                      | SCR Managers (x5)                                | 23  | 9   | 10  | 6  | 0  | 0  | 0  | 26  | 5   | 0  | 0           | 79  |
| 2-8                                      | CSCB Annual Conference (x1)                      | 44  | 14  | 23  | 3  | 5  | 8  | 7  | 55  | 21  | 1  | 0           | 181 |
| 2-8                                      | CSCB Early Help Conference (x1)                  | 10  | 19  | 21  | 0  | 0  | 1  | 0  | 56  | 4   | 0  | 0           | 111 |
| 2-8                                      | Prevention of Modern Slavery (x1)                | 35  | 1   | 5   | 3  | 12 | 0  | 0  | 3   | 14  | 16 | 45          | 134 |
| <b>Total attendees across all events</b> |  |     |     |     |    |    |    |    |     |     |    | <b>2029</b> |     |
| <b># per agency</b>                      |  | 611 | 225 | 173 | 69 | 42 | 30 | 45 | 467 | 174 | 72 | 88          |     |
|  |  |     |     |     |    |    |    |    |     |     |    |             |     |

## E-learning:

Online learning for Safeguarding 1 and 2, and CSE is available to all who live and work in Croydon

To date the following number have passed

**Level 1 - 2199**

**Level 2 – 1175**

**CSE – 48** (new course)

## **Responsibility: Communicate and raise awareness**

The CSCB communications activity has supported the CSCB Business Plan for 2015/2016:

### **Early Help**

The CSCB commissioned and promoted the Early Help Conference which took place in March 2016. Since that date it has ensured the papers from this successful event are available on the website, as well as specific help and links to useful leaflets for parents and carers of children. The L&D Team have devised a number of courses specifically to promote best practice and improve the skill set of those working in this area. These courses are also available on the website and are regularly promoted at Board and Sub-group Meetings.

### **Improve Multi-Agency Working**

The CSCB website has become increasingly proactive in promoting some of the excellent work carried out by the various agencies that work together to safeguard children. An example of this is the publication of the MASH Operational Guidance and Professionals Leaflets on the CSCB website.

### **Skilled Workforce**

A number of audits have been carried out by the CSCB – the learning from these audits has been imbedded into training courses and promoted on the website. The learning from SCRs has also been incorporated into the training plans and promoted where appropriate on the website.

Briefing Notes have been introduced as articles accessed on the website to inform professionals and carers. Topics this year have included Breast Ironing and Safeguarding Children from Extremist Ideology.

The professionals' area on the website now includes new sections covering LADO, CSE & Missing, as well as regularly updated Local Policies and Procedures.

### **Safeguarding Priority & Interface with Adults**

The website has been used as a regular point of dissemination for articles and information which affects both adults and children, such as CSE, FGM, DASV, trafficking and Radicalisation. Some excellent reports by a variety of agencies have been featured on the website or distributed as an article in the newsletter.

The Engaging Fathers Project (and ongoing updates) have also featured on the website, as well as the Together We Can Tackle Child Abuse National Campaign.

The CSCB Conference on 23rd June 2015 theme was Supporting Young People. It focused on CSE & Missing and High Risk Behaviour and speakers included Loren LaFave (Breck Bednar's

Mother) who talked about online dangers which ultimately led to the murder of her teenage son. The CSCB has continued to support the work of the Breck Bednar Foundation by promoting its events.

“Community engagement and The Childs Voice in all we do” was a Business Priority for 2015/16. This has been evidenced by the various visits to engage the community. Work has been done to visit children’s’ centres to get feedback from parents about the website as well as Community Safety events where Trading standards and the CSCB worked together on a common theme to promote safety of children.

The Communications Strategy was introduced in January 2016. The Strategy included an Annual Calendar of Events – an extract is reproduced below:

#### Calendar of Events - CSCB Communication Plan 2016

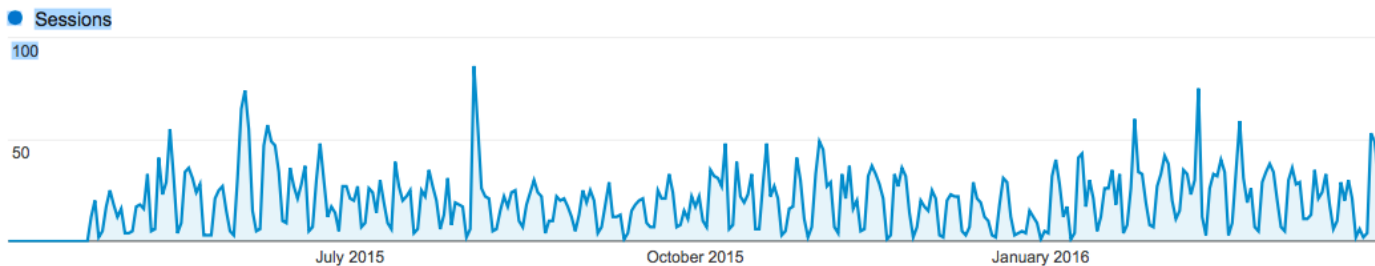
| MONTH                | EVENT  | LEAD PERSON  | UPDATE   |
|----------------------|--|--|--|
| <b>FEBRUARY 2016</b> | <ul style="list-style-type: none"> <li>• Publish CSCB Newsletter</li> <li>• Summary of Board agenda/minutes (held on 25/01/16) in newsletter and available on CSCB website</li> <li>• Promote Safer Internet Day (9<sup>th</sup> February 2016)</li> <li>• Promote International FGM Awareness Day (6<sup>th</sup> February 2016)</li> </ul> | <ul style="list-style-type: none"> <li>• Board Manager</li> <li>• Board manager</li> <li>• QA Officer</li> <li>• FGM Project Consultant</li> </ul> | <ul style="list-style-type: none"> <li>• COMPLETED 18/02/16</li> <li>• COMPLETED 12/02/16</li> <li>• COMPLETED 01/02/16</li> <li>• COMPLETED 01/02/16</li> </ul> |
| <b>MARCH 2016</b>    | <ul style="list-style-type: none"> <li>• Early Help Conference (2<sup>nd</sup> March 2016)</li> <li>• Publish Multi-Agency Training Programme 2016-17</li> <li>• CCG/CSCB Croydon FGM Conference (24<sup>th</sup> March 2016) [1]</li> </ul>   | <ul style="list-style-type: none"> <li>• L&amp;D Manager</li> <li>• L&amp;D Manager</li> <li>• FGM Project Consultant</li> </ul>                   | <ul style="list-style-type: none"> <li>• COMPLETED 02/03/16</li> <li>• COMPLETED 26/03/16</li> <li>• COMPLETED 24/03/16</li> </ul>                               |

The Annual Calendar of Events is circulated at every Board, Executive and QAPP meeting to ensure all Agencies have a good understanding of events and can make suggestions for other activities to be undertaken.

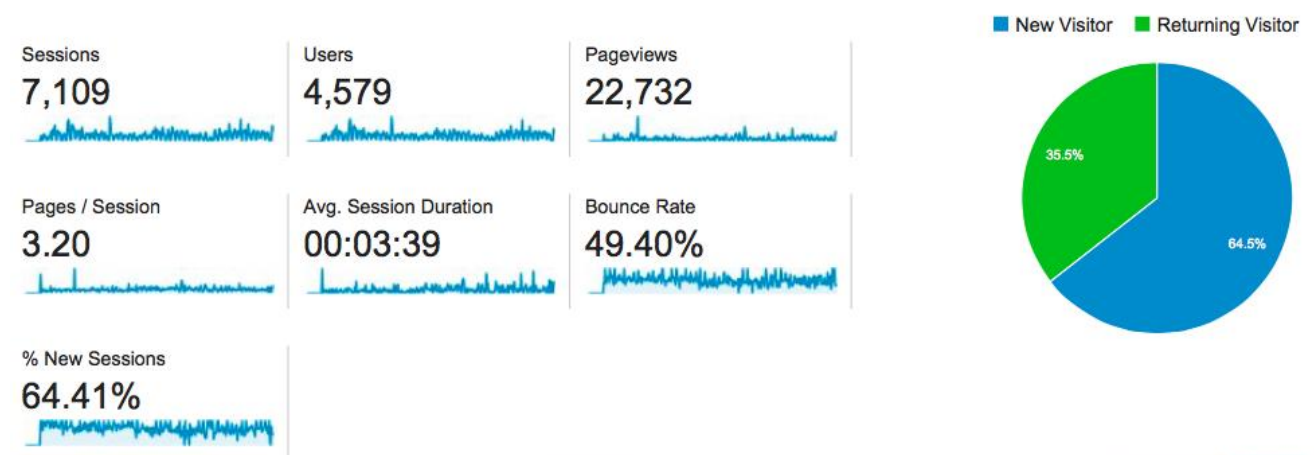
## CSCB Website

The CSCB Website has been much improved in the past year. The Google Analytics statistics are represented below:

### Audience Overview



This shows that the users on the site were fairly even and steady for the past year.



The above data shows that as well as enticing over 36% of new visitors to the site, there are a healthy number of people who revisit the site. We can see that on average people look at just over 3 pages and in total visitors have viewed over almost 23,000 pages. The bounce rate of almost 50% needs some work to analyse it further (the rate of visitors who just look at one page and then leave the site). It may be that people are finding what they want on this page, which is why they are leaving, but generally for a site like the CSCB, this number should be lower. (We would expect them to visit more than one page.)

## **Responsibility: Local Authority Designated Officer**

The Local Authority Designated Officer (LADO) role has continued to establish itself within Croydon. Partners report they find the LADO a supportive and effective resource in maintaining safe services to children and young people. There has been a continued increase in the number of cases being referred and investigated and this increase has been reflected across all sectors of children's services.

Schools have continued to represent the highest proportion of referrals with some 40% of consultations relating to school staff. Early years' group settings and Fostering provision also feature significantly.

However, there remain some areas where further work and awareness raising is required and these include the Council's internal Fostering Service, health professionals and Faith Groups.

In turn the number of strategy meetings, the numbers of cases requiring such meetings has continued to increase, although with the reduction in the number of cases where the police see a role, more cases are being managed by the LADO outside of such meetings where only the employer is investigating matters.

Referral data, feedback from partners and agencies indicates that the LADO service continues to grow and support the management of often highly complex allegations of child abuse. Awareness raising activities have taken place in with child-minders, Early Years Group settings, head teachers, specific schools, and mainstream police services. In addition, Training has continued within Children Social Care Looked After Children's Teams, Fostering teams and The Fostering Panel.

One significant area of growth is indicated in referrals concerning behaviour of practitioners outside of work, in personal life and how this may impact upon the suitability of the practitioner to work with children.

As part of a wider practice development within Croydon, the LADO service has begun to develop a more reflective approach to referrals and the resolution of concerns, based upon systemic thinking. This has allowed for referrals to be managed in a more holistic way and has encouraged the development of practice based on concepts of safer organisations.

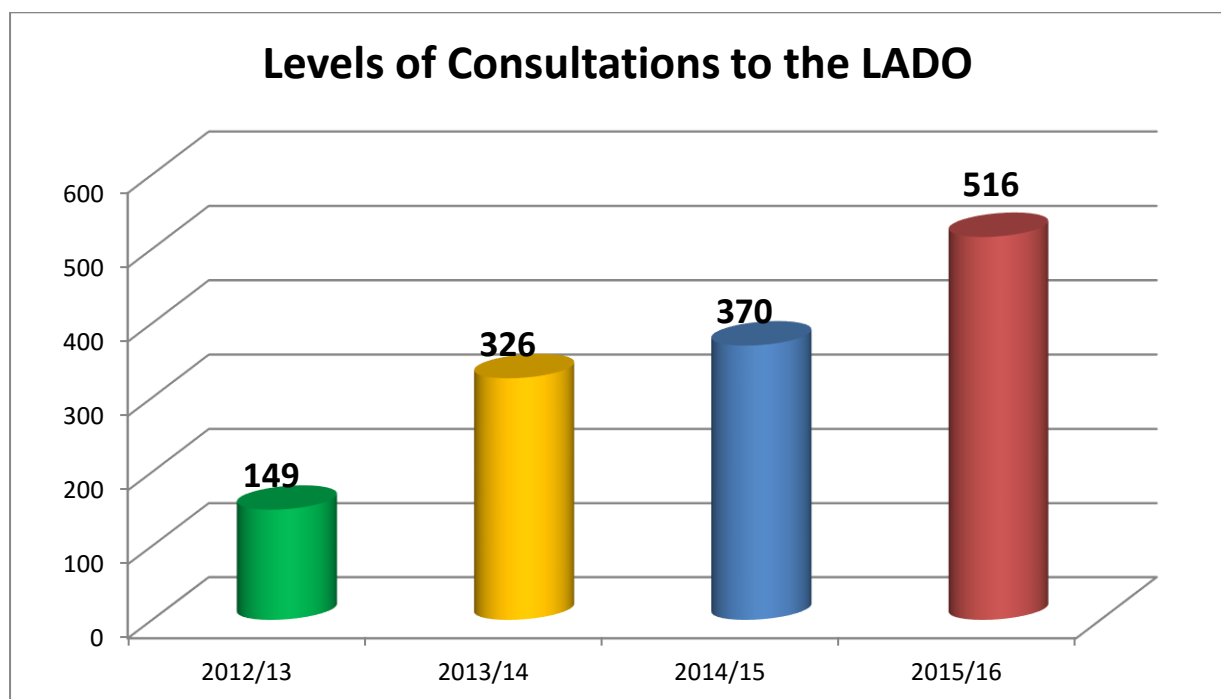
This year has seen the first convictions of adults working from a position of trust with Croydon children.

Externally, the LADO continues to be an active force in the London Wide LADO forum and will represent the Forum at a national level in developing country wide processes and agreements.

## Consultations and Referrals

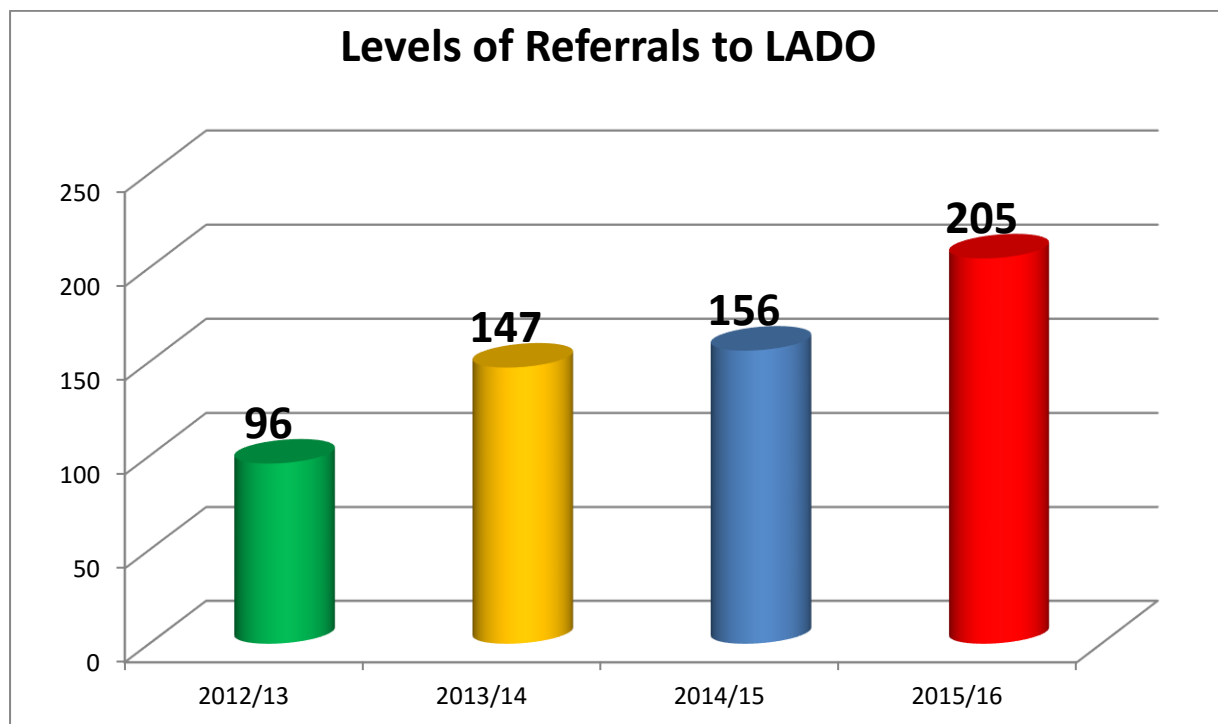
Consultations provide an important opportunity for partner agencies to raise and discuss issues with the LADO at an early stage, and this can allow potentially worrying behaviours or concerns regarding performance in staff to be identified early and addressed. Research into what makes perpetrator behaviour more likely within organisations suggests that an atmosphere where behaviours are recognised and challenged can give strong messages that abuse will be identified and exposed. This can act as a significant deterrent to such activity within that organisation and improve the safety of the organisation.<sup>18</sup> Consultations offer providers opportunities to explore such worries and foster a culture of challenge and reflection early.

Over the last twelve months, via consultations, the LADO has provided support and guidance to partner agencies and continues to be an important reassurance to agencies in maintaining effective safeguarding within the children's workforce in Croydon. The reassurance and support the service provides is clearly welcomed by partner agencies and found to be supportive. Since the establishment of the new service, consultations have continued to rise and 2015/16 has continued to demonstrate the same trends. Figure 1 shows the levels of consultations for this period against previous years.



The 2014/15 report indicated our view that the level of consultations did not reflect the size of Croydon's population or children's provision and indicated that a figure of around 500 would be a more realistic target. As can be seen this target has been achieved and consultations have increased by a further 28% on 2014/15 and by a significant 346% of 2012/13 levels. Moreover the increases in consultations reflect the continuing development of the role of the LADO within partner agencies.

The number of Referrals, (or concerns which meet the threshold for LADO intervention), have also continued to increase. Figure 2 illustrates this increase of 31% on last year's referrals. This continues an increasing trend, as with consultations, where referrals have increased to 215% of 2012/13 levels.

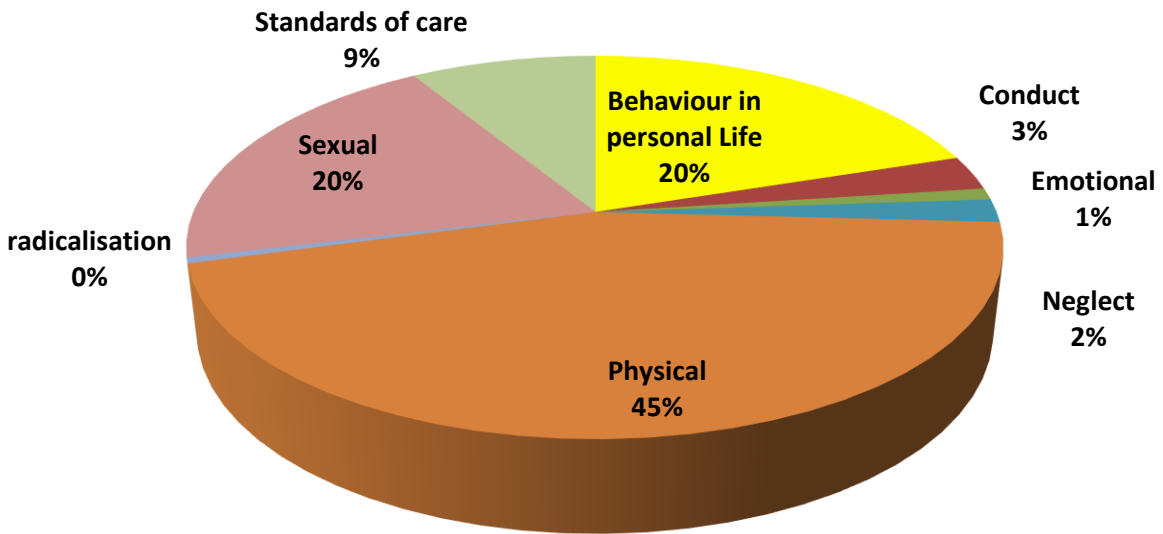


### Categories of Abuse

The categories of abuse identified in referrals to the LADO, has been an area where recording has been well established over many years. However, following national and regional trends, categorisation has increased to reflect a greater emphasis on behaviour in a practitioner's personal life and its impact upon their ability to work safely. Indeed, the emergence of this category as a significant feature in the work of the LADO can be seen from where such concerns now make up 20% of consultations.



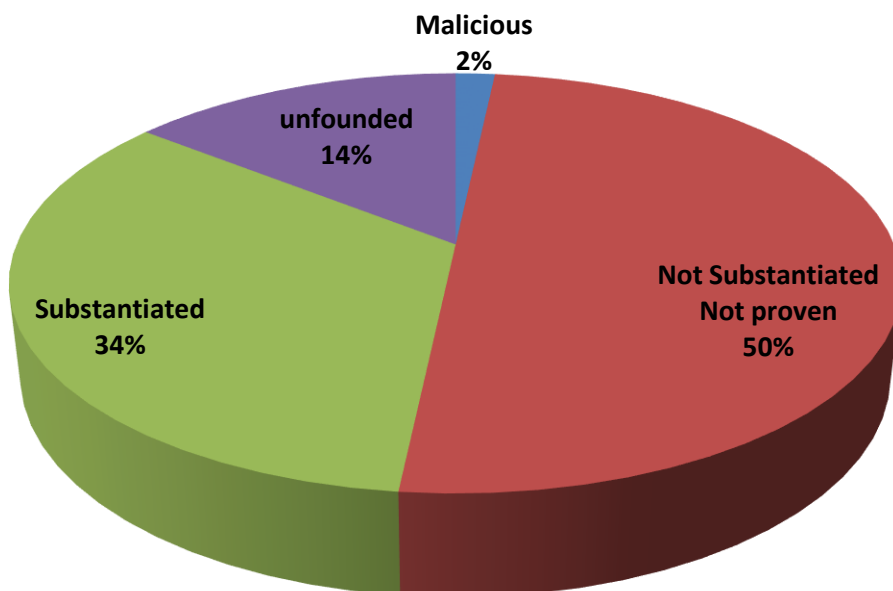
### Referred abuse by Type (Referrals)



### Outcomes of cases leading to strategy meetings

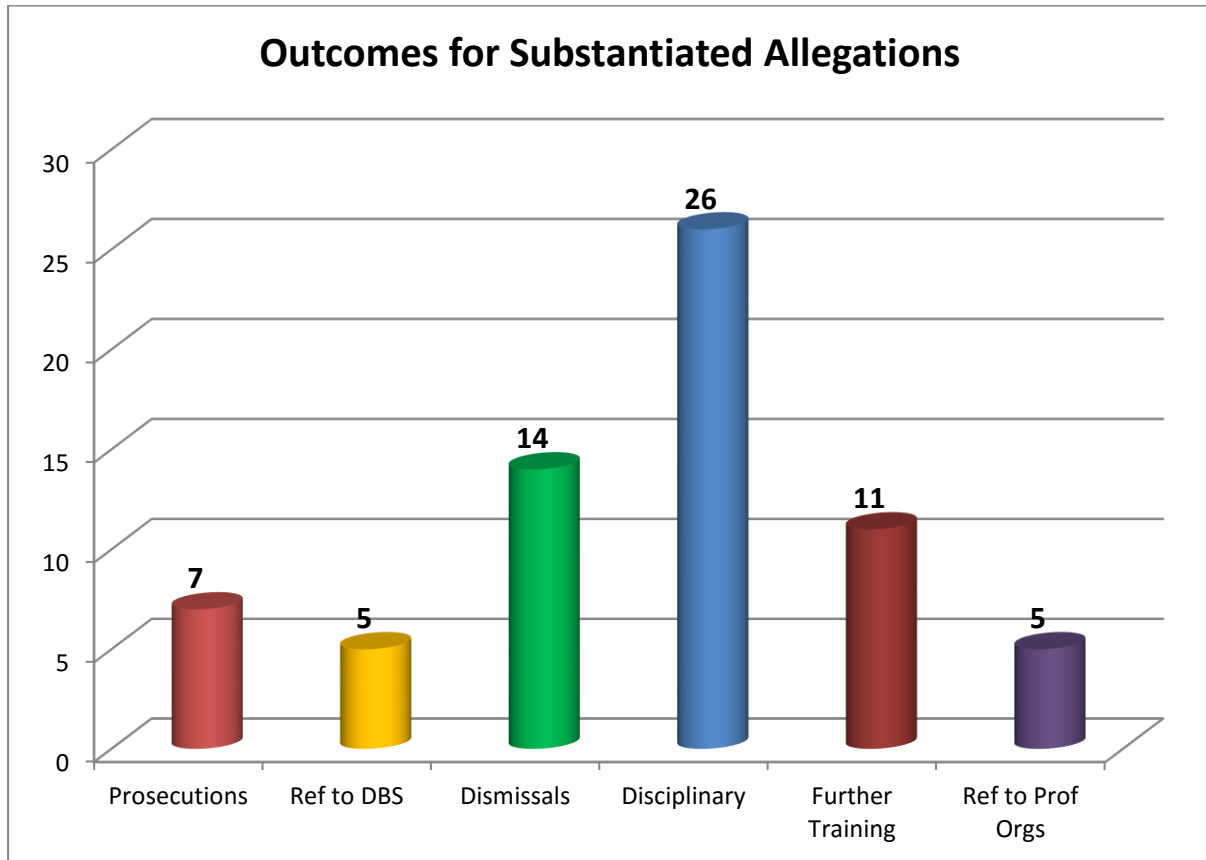
The total sample comprises 150 cases and indicates that 50% of allegations are not substantiated and a third of concerns are confirmed. (This compares with 20% substantiated in 2014/15). This may well vindicate the increase number of referrals and suggests the threshold is being maintained appropriately.

### Outcomes form Investigations 2015/16



It should also be noted that there remain some 32 cases which are currently under investigation and therefore have not concluded. Taking the cases where the concerns have

been substantiated, a number of outcomes are possible and are not exclusive to each case. Thus some situations may require for example a member of staff to be dismissed and referred to a professional body and/or the Disqualification and Barring Service (DBS). As a result, below shows all outcomes and does not, therefore, equate to the number of cases concluded.



### **Responsibility: Private Fostering**

Private fostering is an arrangement made between the parent and the private foster carer, who then becomes responsible for caring for the child in such a way as to safeguard and promote his/her welfare. The Local Authority is not involved in the making of this arrangement.

A privately fostered child is a child under the age of 16 (18 if a disabled child) who is cared for and provided with accommodation by someone other than:

- A parent
- A person who is not a parent but has parental responsibility
- A close relative
- A Local Authority
- For more than 28 days and where the care is intended to continue.

If a period of care is less than 27 days but further periods are planned which total more than 28 days, then the child is privately fostered.

A relative is defined as a grandparent, brother, sister, uncle or aunt (whether of the full-blood or half-blood or by affinity, i.e. marriage or a step-parent). There is no stipulation as to the age of the relative.

For 2015 / 2016, the London Borough of Croydon received 31 new notifications of possible private fostering arrangements; subsequently, 6 of these were assessed as not meeting the remit of private fostering.

Currently, there are 18 children living in private fostering arrangements in the London Borough of Croydon. All children have been presented to the Private Fostering Panel with 16 of these arrangements being agreed as suitable. Further updates are required on the remaining 2 children ahead of confirming their suitability.

Of the 18 children, 50% are of Black African heritage and 44.4% are British Nationals. 5% of the children have been living in their private fostering arrangements for over one year.

All private fostering arrangements are monitored via statutory Regulation 8 visits. These visits take place 6 weekly in the first year and 12 weekly in subsequent years.

The Private Fostering Panel now includes an additional function of reviewing all on-going private fostering arrangements, which are reviewed and quality assured at the first available panel date following completion of the Private Fostering Assessment. In addition to this, all private fostering cases are also subject to an Annual Review, in the form of an updated Private Fostering Assessment which reassesses the child / young person's needs and the on-going suitability of the arrangement, with subsequent presentation to panel

### **Responsibility: Lay Member Report**

Our lay members, Asif Hassanali and Phil Insuli, have an important role to play in the work of the Board, in particular:

- contributing a community perspective, rather than the formal position of an agency represented in the partnership that is the Board;
- thinking as members of the public, asking some of the basic questions, such as why services are provided in the way they currently are and how are children and young people supported to have their voice heard? And
- playing their part in the oversight and scrutiny of decisions and policies made by the Board, which might involving asking what difference a decision or policy will make for children and young people in the borough and how will we measure progress; as well as

attending training events, conferences and Board development days alongside professionals to provide a community Board member perspective.

### **Key achievements**

We have contributed constructive challenge to improvement plans arising from serious case reviews, the learning and development programme for sharing key messages from audits and reviews, and the quality of performance information and other data provided to the Board. We have also supported the introduction of new projects aimed at addressing specific local issues, such as the work on missing children, with fathers, and with faith groups. Meeting directly with young people has proved particularly insightful and useful in understanding their issues, concerns and perceptions

We have also been Involved in sub groups for example the Section 11 Panels and Quality Assurance Practice and Performance. This gave the opportunity to sit down with certain individuals to discuss safeguarding topics in depth, and prompted suggestions and advice in making improvements in Safeguarding for Children.

We have fed back through our various channels e.g., Faiths Together Group, MAC Muslim Association of Croydon, Mosques, Parish Safeguarding Committee regarding the safeguarding Issues raised.

### **Responsibility: Early Help**

**Q: What is Early Help and why is the Board involved?**

**A: The CSCB has responsibility to assess the effectiveness of help being provided to children and families, including “Early Help”.**

Early Help means providing help for children and families as soon as problems start to emerge or when there is a strong likelihood that problems will appear in the future.

The intention of local Early Help arrangements is to be effective in preventing harm and keeping children safe.

### **Key achievements**

An Early Help outcomes framework has been agreed by the Early Help Board and a single reporting structure is being developed so that the impact of Early Help can be measured over time. The Early Help Pathways Guidance continues to provide a basis for practitioners to consider thresholds for early help, including identification and assessment. This document will be reviewed and updated in line with the London Protocol in 2016-17.

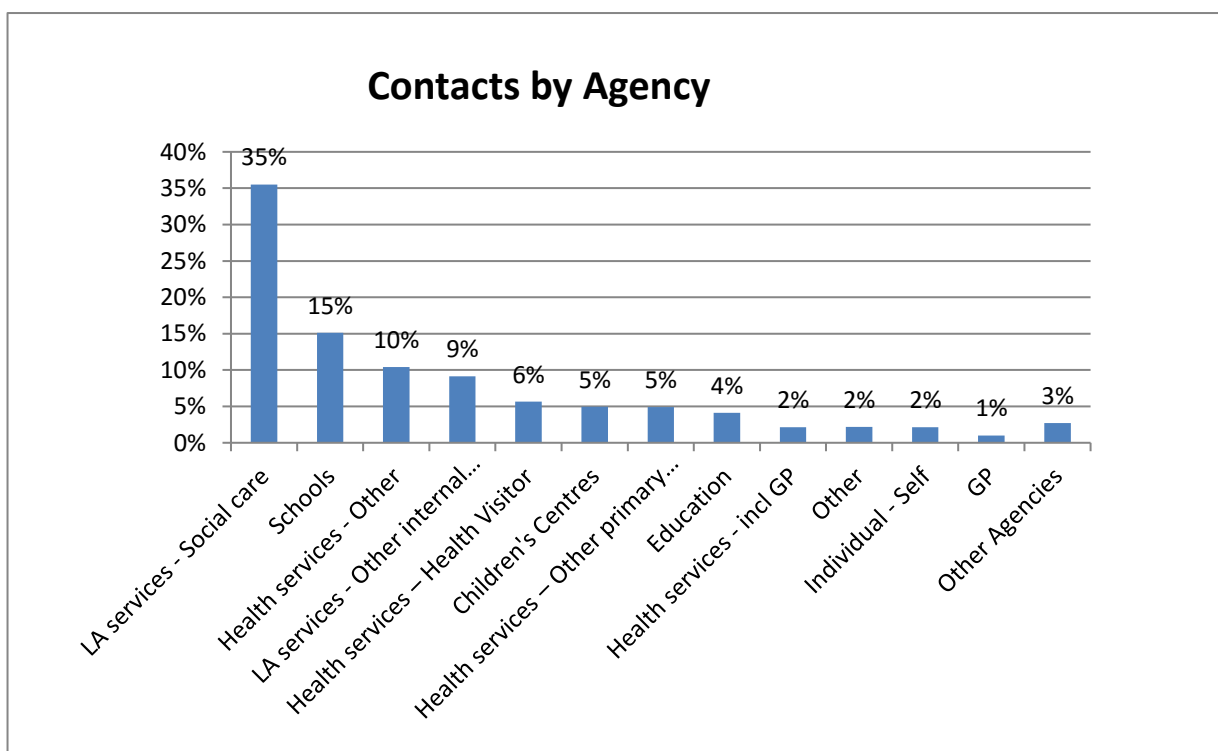
The innovative ‘Best Start’ programme was launched in April 2016 aiming to integrate a pathway for 0-5 year olds and their families and implement a ‘whole system’ for early years.

All children centre services have been recommissioned and Health Visiting and Family Nurse Partnership (FNP) have been transferred to the council.

Best Start brings together practitioners to support families across the levels of need as outlined in the Early Help Pathways Guidance. This encompasses signposting and universal support for all families with children under 5 through to a “team around the family” response – the Lead Professional being a Health Visitor, Early Help Worker or Social Worker where needs are complex. This approach aims to reduce the number of social care assessments and families coming into the social care system by ensuring they are supported through an early help approach within the community that they live.

The Early Help Hub is aligned with the Multi-Agency Safeguarding Hub (MASH), contributing to the MASH intelligence function as well as ensuring effective step up and down. A duty system operates to ensure Early Help (EH) enquiries and referrals are dealt with in a timely manner, advice given, and effective screening and assessment takes place where families do not have an identifiable lead professional. The EH Advisors have a locality focus and work with community practitioners (particularly schools) to ensure effective assessments are undertaken with families and plans are in place and reviewed.

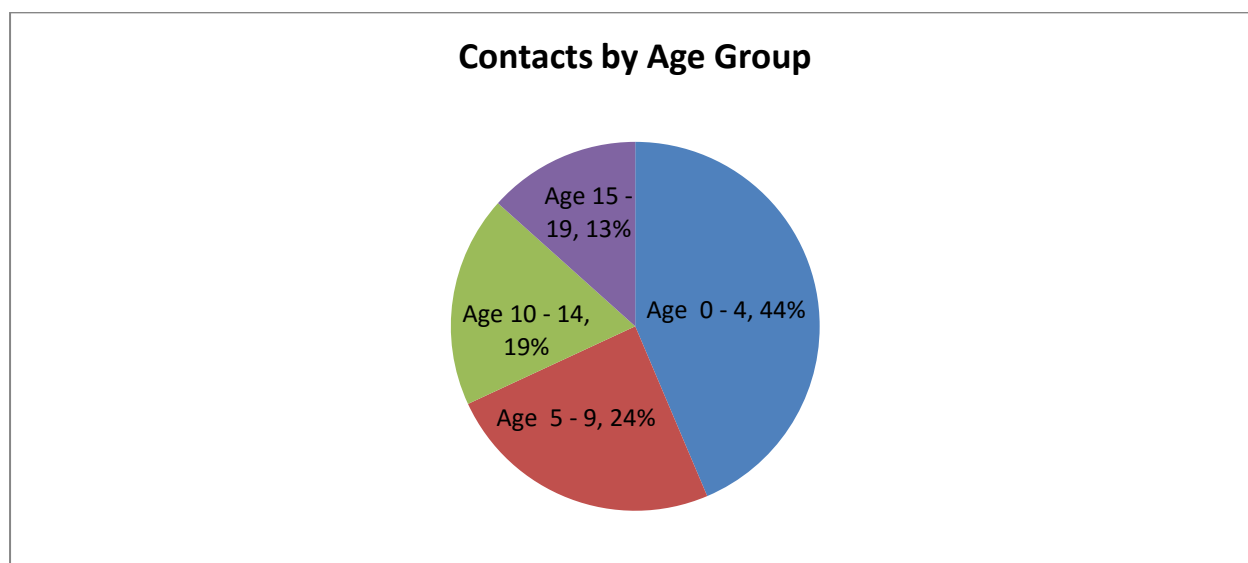
#### Contact by Agency (Top 20) - April 2015 to March 2016



Two thirds of requests for support for children come through Early Help Referral forms which enable practitioners who may not have frequent contact with a child/family to complete core information e.g. GPs.

The key reason why practitioners are concerned is due to emotional social and behavioural concerns. This represents 34% of the primary reasons with an average of 137 cases monthly.

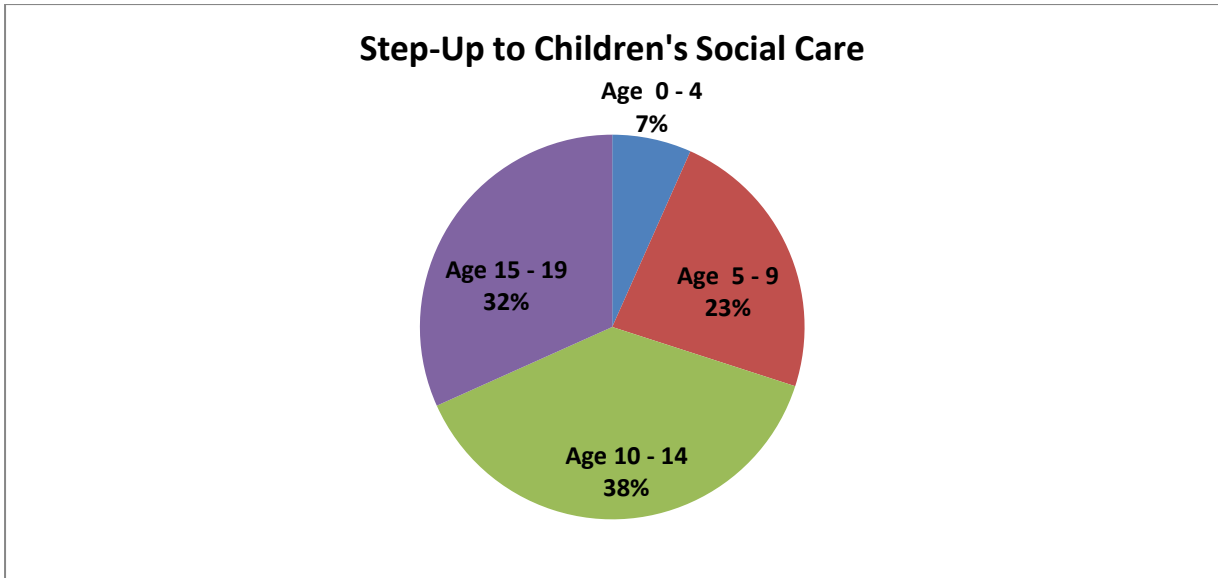
### Contacts by Age Groups



44% of the contacts to the early Help Module were from the 0 – 4 age group. This represents the highest number of contacts made during the 2015 – 16 reporting period. The lowest contact was made by the 15 – 19 age group (13%).

### Step-up to MASH

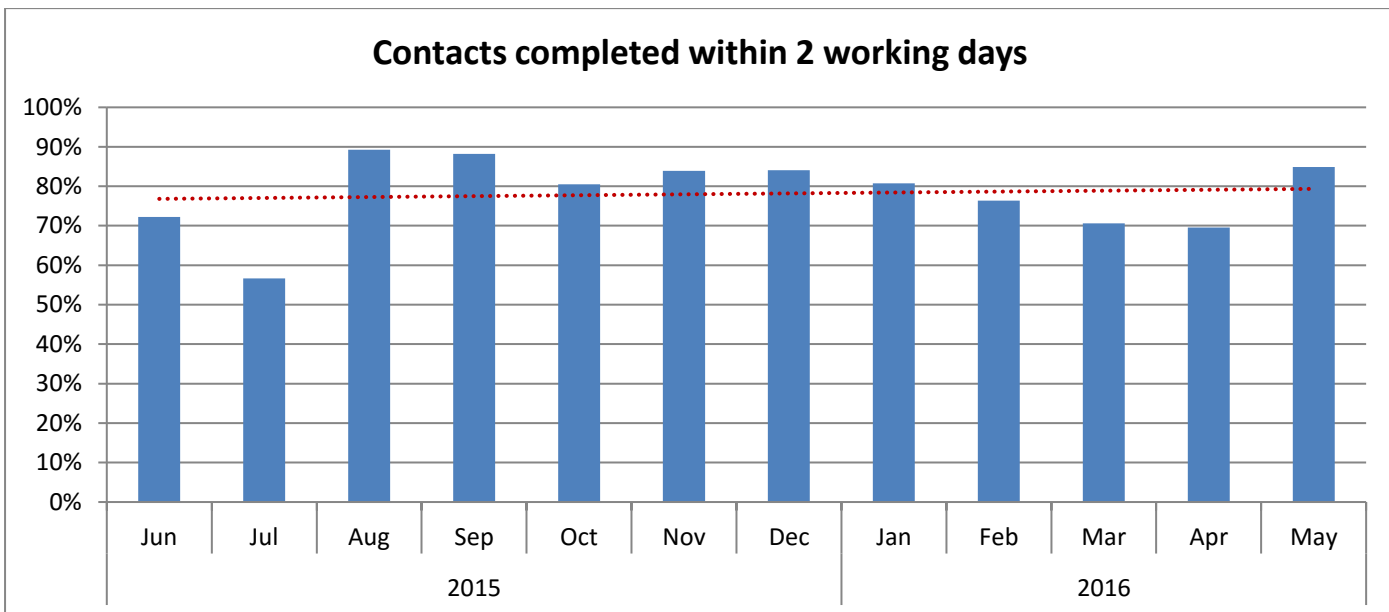
Transfer arrangements between Early Help Hub and MASH are clear and we have seen increasing step-ups that are now recorded on the system. The following table outlines the percentage of contacts that are stepped-up to MASH. It is useful to note the age groups where this occurs most frequently and raises a question about how children in primary school then struggle in the early years at secondary school. An activity being developed is with the Hub and education colleagues seeking to work with primary schools before the end of year 6 to identify children who may struggle as they move schools.



### Measuring the timeliness of responses and assessments

The Early Help Hub aims to respond to contacts within 2 days and has set a target of 80% response rate in 2015-16.

In the previous 12 months the response rate was in excess of the 80% target for 7 of the months, with five dipping below. An overall response rate of 78% was achieved narrowly missing the response rate target.



**Responsibility: Monitor, evaluate and advise on ways to improve**

### **Quality Assurance, Policy and Performance Sub-Group (QAPP)**

QAPP ensures that relevant CSCB policies and procedures are in place and provides an important quality assurance role on behalf of the Board. QAPP are both proactive and reactive in identifying concerns and testing them out, for example an SCR raised queries about pre-birth planning, so the QAPP instigated a multi-agency audit into Pre-birth and Under One cases.

QAPP members scrutinise performance data for the Board and also alert the Board to any risks, for example if any services have staffing issues. The QAPP has a broad agenda and is the reporting mechanism for the Learning & Development sub-group. (see Structure chart page 9)

### **Business Plan**

QAPP drives forward much of the CSCB Business Plan and is a key forum for the development of policies, for example the QAPP developed and agreed the Board Escalation Policy. The four main elements for the 2015/16 Business Plan have all had oversight by the QAPP sub-group.

Please see below some examples of this oversight.

|  |   |
|--|---|
| <b>1. Early Help. Ensure that we know the children that need help and that they are able to access appropriate help; that help is effective and improves outcomes for children; that all agencies are actively promoting and supporting the Early Help agenda.</b>   |   |
| Support and promote Best Start Pilot   | Best Start successfully launched April 2016<br>CSCB held Early help Conference in March which highlighted the launch of Best Start  |
| Hold agencies to account for strengthening Step up and Step down processes between Social Care and Early Help  | Independent Multi-agency audit commissioned<br>Improved processes between early help and Social Care<br>Data included in the CSCB performance dataset                       |
| Increase the number of Early Help assessments (EHAs) undertaken and their impact   | Consistent increase in Early Help Assessments undertaken.<br>Agencies with little or no EHAs but high referrals, challenged and given guidance and support to complete EHAs |
| <b>2. Multi-agency working. We need to ensure that the child is at the heart of what we do and that is evident in our actions and in outcomes for children, with particular focus on improving practice to Pre-birth and children under One – recent Serious Case Reviews and audits have identified this as high risk area that requires specific attention and support</b> |   |



|   |  |
|---|--|
| Improve pre-birth and under one intervention and assessment   | Two audits conducted, multi-agency on 12 cases with re-visit audit 11 months later – improvements in practice identified.<br>Task & Finish group set up<br>Draft Pre-birth protocol in place<br>Improved representation at the Vulnerable Women’s panel  |
| Focus on engagement, understanding and assessing the roles of fathers and significant men in the child’s life   | Father’s project established<br>Direct work with young fathers (up to age 25)<br>Changes to CSC computerised recording system to ensure that father’s input must be addressed within assessments   |
| Undertake some dedicated work on increasing the awareness of risks to Children and Young people with a Disability   | CSC single agency audit<br>CSCB Multi-agency audit engaging frontline managers<br>Higher proportion of CWD represented on CP Plan<br>Fabricated and Induced Illness Training provided<br>Comprehensive Action Plan devised and implemented for CWD   |
| <b>3. Skilled Workforce. We create a culture which encourages learning which effects change, such as the lessons from our SCRs and audits being widely known and embedded into everyday work.</b> |  |
| Workforce monitoring as regards stability, number of Social Work / Health Visitor per case, agency.   | Workforce issues regularly raised and within performance report<br>Annual reports to board, plus highlight of any risks<br>Notification of any changes to services   |
| Evaluate training needs and training courses, effective supervision, Multi-agency training and opportunities to network effectively   | Comprehensive training programme provided and evaluated<br>Staff feedback provided<br>Programme responsive and developed in line with identified need  |
| Ensure practitioners are aware of the impact of parental behaviours on children’s lives, e.g. alcohol or drug use, Domestic Violence, Mental Ill Health   | Specific training provided.<br>Protocol for all agencies collectively developed and out for consultation and comment<br>Advisors provided to offer casework support and guidance<br>Representation on QAPP sub-group from relevant 3 <sup>rd</sup> sector<br>Family Justice Centre involved in multi-agency audit events |
| Lessons from Serious Case Reviews to be actively shared and reflected upon in all sub-groups and across agencies  | SCR tracking noted at all sub-groups<br>Practitioner learning events held for all SCRs and Learning Reviews<br>Dissemination of individual SCRs to multi-agency workforce<br>Overview of SCRs and Audits provided  |

**4. Safeguarding priorities and interface with adults – collective issues that impact upon children and adults, such as Female Genital Mutilation, Trafficking, DASV and Radicalisation, also focus upon CSE and Missing.**

|  |  |
|--|--|
| Improvement of data link between children missing education/children missing/children at risk of CSE | Up to date data of missing children shared across agencies and areas, e.g. daily missing reports between CSC & Police, plus weekly and monthly reports.<br>Information shared at Missing Monday panel (children missing Education), MASE panel (multi-agency Sexual Exploitation) and the Adolescent At Risk panel |
| Improve identification of missing children   | Identification of missing children much improved, the reasons why children go missing, the risks they face and intelligence shared amongst agencies<br>Increased Return Home Interviews and analysis of their findings, plus provision of direct services  |

**Audit programme**

QAPP has identified multi-agency audits that it has sought to be completed on behalf of the board as well as gain feedback from single agency audits.

| Topic                            | Date       | Led by:                        | Agency                     |
|----------------------------------|------------|--------------------------------|----------------------------|
| Pre-birth & Under One            | April 2015 | Sarah Roberts (independent)    | Multi-agency               |
| Police Protection Audit          | May 2015   | Gavin Swann (CSC)              | Police, CSC & CSCB         |
| Review of CSCB Audits 2013-2015  | Aug 2015   | Ros Walker (independent)       | CSCB                       |
| Children with Disabilities       | Oct 2015   | Ros Walker (independent)       | Multi-agency               |
| Assessment Audit                 | Feb 2016   | Sue Brunton-Reed (independent) | CSC Records                |
| Re-audit Pre-birth and Under One | Feb 2016   | Ros Walker (independent)       | CSC and Early Help Records |

QAPP has ensured that audit action plans have been developed for each audit and regularly reviews their progress.

The QAPP will continue to measure safeguarding performance and act, on behalf of the Board, to identify gaps as well as good practice. For 2016/7 QAPP are prioritising children experiencing neglect, the outcomes of the Step-up Step-down audit, multi-agency working with child protection and the learning from the Joint Targeted Area Inspection.

## **Multi-Agency Safeguarding Hub (MASH) sub-group**

The MASH sub-group ensures that the MASH in Croydon is a safeguarding system that enables information and intelligence to be shared effectively between agencies so that professionals can make better risk assessments, reduce potential harm and provide the most appropriate and proportionate response or support when deciding to intervene in a family.

The sub-group has a strategic overview of the functioning of the MASH, monitoring performance and shaping future developments. During 2015/16 the sub-group has been instrumental in:-

- provide a forum for partners to make contributions and discuss the progress and development of working together in the MASH
- responding to emerging issues that impact upon services in Croydon and affecting the local community
- develop a MASH business plan for the CSCB.
- raising awareness of the MASH across the partnership, including a Professional leaflet
- examining MASH performance data
- responding to issues identified in audits, SCRs and agency feedback
- developing and implementing a Communications Plan
- developing an agreed Referral Form & Early Help assessment
- Improving the online referral form
- closer alignment and development between the MASH process and the Early Help Hub
- active support and engagement with Best Start
- reviewing early advice & support through EH Hub and MASH consultation line

There is a culture of positive challenge within the group which has promoted active problem solving amongst partners. Feedback from agencies has been a regular part of the meeting and comments shared with the MASH management team.

The MASH sub-group has been informed by the findings of the audits undertaken by the Board and has developed action plans as a result; this includes the MASH audit that was undertaken in late 2014/15 and the actions have been carried over into 2015/16 and been very useful. The analysis and findings of the Police Protection Audit have helped promote a better understanding of partner agency roles and been helpful in encouraging positive joint working.

## **Health sub-group**

The health sub group has membership from agencies across the Croydon health economy and as such, is able to provide an oversight of safeguarding across the borough. This allows the opportunity for health practitioners to consider safeguarding matters from a holistic

perspective and develop ways of working together in order to improve outcomes for children and their families.

The Croydon CCG head of safeguarding/designated nurse safeguarding children chairs the CSCB health sub group. The sub group continues to grow in strength with regular attendance by a variety of health practitioners. It is a link to the CSCB for members and provides a forum for them to contribute to the board's work, encourages effective and meaningful discussions and provides an opportunity for healthy challenge.

The work plan of the group is aligned to that of the CSCB ensuring that its work assists in progressing the development of safeguarding arrangements across the partnership. This has included:-

- Supporting children and young people who are at risk or who have been sexually exploited and contributing to the work of the partnership in relation to child sexual exploitation (CSE).
- Improvement of health outcomes for looked after children (LAC) through strengthened partnerships and pathways led by LAC health professionals and commissioners.
- Improving outcomes for children and young people with disabilities by raising awareness and through contribution to audit activity and development of services.
- The development of the FGM project which aims to improve the health and wellbeing of women and girls affected by FGM who live in the borough.
- Improving outcomes for babies who are at significant risk of Sudden Infant Death Syndrome (SIDS), working closely with colleagues across the partnership including Best Start.
- Promoting the work of the Family Nurse Partnership (FNP) ensuring that young Mothers have access to this specialist service which provides significant antenatal support in the first 2 years of life.
- Contribution to the Domestic Abuse and Sexual Violence (DASV) agenda through the work of health champions and the improvement of practice in health settings.
- Development of a skilled workforce through training and learning opportunities.
- Development and oversight of quality assurance processes such as s11, audit activity and dataset collection.
- Contribution to and learning from serious case reviews.

Going forward, the health sub group will develop its involvement in supporting children and young people who are subject to modern day slavery and in the early identification of potential radicalisation. In view of this, members of the group are now attending channel panel and prevention of modern slavery in Croydon (POMSIC) in order to ensure that the voice of the child is heard from a health perspective.

## **Education Sub-group**

### **Achievements, key issues and progress on Business Plan**

A key focus of the sub-group this year has been looking at ways to ensure greater engagement of schools and colleges with Early Help services. Whilst there has been an improvement in this area the number of schools who do not engage with this process is too large, and those who do not engage are likely to make more use of tier 4, e.g. MASH, processes. As a result it was agreed that the sub-group would monitor referrals to both Early Help and MASH and write to those schools where there was little or no engagement to offer both support and challenge. Most importantly the sub-group wishes to ensure the right support for the right children at the right time.

The Education Sub-Group assumes responsibility for the design and reporting of the annual Section 11 Audit to schools and colleges. This year the audit was redesigned to follow themes particularly pertinent to education providers as well as covering safeguarding compliance matters. The themes identified by the sub-group were: Extremism and Radicalisation, Child Sexual Exploitation, Children Missing from Home or Care, FGM, Domestic Abuse and Sexual Violence, Peer on Peer Abuse, Early Help and the MASH.

Sub-group members have continued to ensure close links with all education settings through engagement with a termly forum for all designated safeguarding leads from both primary and secondary settings in both the state and independent sectors. This forum involves multi-agency information sharing and training and ensures the latest statutory and non-statutory guidance, alongside other resources, are shared with schools. Agencies involved have included partners from Social Care, Health, the Police and other Council services such as Early Intervention and Support Services.

The Local Authority Designated Officer (LADO) profile with schools has continued to increase and schools have benefitted greatly from the appointment of an "Assistant LADO". The LADO service receives very positive feedback for their responsiveness, detailed guidance and support and engagement with education professionals. As a result the number of LADO referrals has continued to rise. The LADO is a member of the sub-group and contributes to each meeting on number and types of referrals, noting trends and pressures. This has proved invaluable to the group in planning future work and has enabled appropriate information sharing with schools.

## **Impact on children**

- 102 out of 140 providers (73%) have reported making at least one MASH referral in the last 12 months. This is an increase in the 57% of providers who had recorded making a MASH referral during the last audit.
- Out of the 459 MASH Referrals recorded, 240 were reported to have been allocated to a Social Worker (52%), with 164 referrals recorded as resulting in no further action (36%).
- Education Providers have reported approximately 936 contacts with the MASH consultation line over the last 12 months, equating to about 25 contacts per week.
- Schools engage well with forums for designated teachers and are very engaged with ensuring their practice is up to date.
- Schools have responded well to the request for all settings to have a designated teacher for Domestic Abuse and Sexual Violence and the vast majority now have policies, procedures and staff responsible for this important area.
- The response of schools and colleges to engagement with a number of projects, for example those led by MsUnderstood and Safer London, indicates a real willingness to ensure pupils are safeguarded.
- There has been increased engagement with Early Help services and strategies, with more work being undertaken to improve this area further.
- The great majority of schools have engaged with training around extremism and radicalisation through the WRAP programme (Workshop to Raise Awareness of Prevent).
- There has been a small increase in the number of cases of CSE being referred by schools.
- 63 Schools made 121 contacts to the LADO in the last 12 months, with 26 resulting in a LADO strategy meeting being called. This is an increase on the 42 schools that made 74 contacts in the previous year.

## **Responsibility: Participate in the planning of services for children**

The CSCB plays an important role in influencing the planning and delivery of services to ensure children's safeguarding is paramount. Examples of the influence the board has had include

- The initiation of the Fathers project following CSCB audit and SCR
- Improvement in the timeliness of Initial Health Assessments for Looked after Children and Unaccompanied Asylum Seeking Children
- Securing additional funding for the FGM project

- Participating in Operation Makesafe to raise awareness of CSE with Taxi companies, Hoteliers and licensed premises
- Pre-birth Audit has strengthened support available to vulnerable women

**Q: What are children in Croydon worried about?**

The Board have been able to get direct feedback from the representatives from the Youth Council. They are attending the Board on an Annual basis and the format is that they take over the second half of the Board meeting and use the meeting as best they see fit. They attended the November 2015 Board meeting and put Board members to work on a range of questions and sought feedback to each question

The questions were devised as a result of the findings from the Youth Council Annual Survey, which helped to identify the issues that young people in Croydon worry about, the highest issue being crime. The Youth Council representatives asked a range of questions designed to make Board members think specifically about Croydon children in relation to Board achievements.

Their questions were:-

- How do you see the CSCB and the Youth Council working together in the future?
- How have you impacted on children's lives and improved outcomes over the last year? Could young people be involved in inspecting the services they receive be a way to improve outcomes in the future?
- Can you give an example of how young people have been involved in decision making in your work?
- How do you think the youth council and youth parliament could be more effective in making sure the views of young people are heard and have an impact on decision making and services?

**Q: What are the Plans for next year and the future?**

**Key issues and future priorities?**

Some of the key issues for the Board from our perspective that are top priorities are:

- Improve the quality of the information (and its analysis) that the Board gets to not only demonstrate the difference the Board is making to the lives of children and young people, but also to inform its main areas of focus going forward;

- Gain an even better appreciation of the experience and expectations of children and young people in Croydon;
- Find better ways to communicate with children and young people, as well as their families, about all the work the partnership Board does to safeguarding and promote their health and wellbeing.
- Training, and compliance, and understanding different cultural needs.
- Engage with other Organisations being of utmost importance.

**A: The plans for the CSCB and the relevant sub-groups will fit with the Board Priorities 2016 /2017 – see below:-**

Develop Joint working across the CSCB partnership on assessments, plans and interventions:  
 - Improving how well practitioners undertake assessments and manage cases together to improve safeguarding outcomes. Support Practitioners to enable them to have confidence and emotional intelligence in their practice.

Serious Case Reviews and Audits - Learning into practice: In line with the Wood Review the CSCB will develop its approach to Commissioning Serious Case Reviews and Learning Reviews to further develop local learning and practice development. Review the changes that have taken place as a result of recent audits and the impact these changes have had.

CSCB Conference and focus on Neglect.

Child and Family Engagement – The insight offered by children and families provides a unique perspective which provides professional practice a further opportunity to improve and develop. The ways in which we engage with Children and their families in their own communities is an area for improvement which can be done through co-ordination of specific projects, surveys and other activity.

A co-ordinated and comprehensive safeguarding focus within schools across Croydon with a focus on

- Neglect
- Child Sexual Exploitation
- Domestic Abuse and Sexual Violence
- Peer on Peer Abuse
- Harmful Sexual Behaviour
- Radicalisation
- Gangs and County Lines
- Knife Crime
- Female Genital Mutilation

in order to identify children at risk and ensure a comprehensive safeguarding response.



Respond to the recommendations of the Wood Review and Government reforms contained in the Children and Social Work Bill

## Glossary

|         |  |
|---------|--|
| B&Bs    | Bed and Breakfast accommodation                        |
| BME     | Black & Minority Ethnic                                |
| CAFCASS | Child and Family Court Advisory and Support Service    |
| CCG     | Croydon Clinical Commissioning Group                   |
| CPD     | Continuing Professional Development                    |
| CDOP    | Child Death Overview Panel                             |
| CIN     | Child in Need  |
| CME     | Child Missing Education                                |
| CP      | Child Protection                                       |
| CRS     | Child Recording System                                 |
| CSA     | Child Sexual Abuse                                     |
| CSAB    | Croydon Safeguarding Adults Board                      |
| CSC     | Children's Social Care                                 |
| CSCB    | Croydon Children's Safeguarding Board                  |
| CSE     | Child Sexual Exploitation                              |
| CWD     | Children with a Disability                             |
| DASV    | Domestic Abuse and Sexual Violence                     |
| DfE     | Department for Education                               |
| EH      | Early Help   |
| ETE     | Education, Training and Employment                     |
| FGM     | Female Genital Mutilation                              |
| FRS     | Family Resilience Service                              |
| GLA     | Greater London Authority                               |
| IOM     | International Organisation for Migration               |
| IYSS    | Integrated Youth Support Service                       |
| LA      | Local Authority  |
| LAC     | Looked After Child                                     |
| LADO    | Local Authority Designated officer                     |
| L & D   | Learning and Development                               |
| L & Q   | London and Quadrant Housing                            |
| LSCB    | Local Safeguarding Children Board                      |
| MASE    | Missing and Sexual Exploitation                        |
| MASH    | Multi-Agency Safeguarding Hub                          |
| MOPAC   | Mayor's Office for Police And Crime                    |
| MPS     | Metropolitan Police Service                            |
| NRM     | National Referral Mechanism                            |
| NSPCC   | National Society for Prevention of Cruelty to Children |
| OLA     | Other Local Authority                                  |
| ONS     | Office for National Statistics                         |
| PCLO    | Police Community Liaison Officer                       |
| POMSIC  | Prevention of Modern Slavery in Croydon                |
| PRU     | Pupil Referral Unit                                    |
| QA      | Quality Assurance                                      |
| QAPP    | Quality Assurance Policy and Performance               |

|      |   |
|------|---|
| R/A  | Referral and Assessment                 |
| SCIE | Social Care Institute of Excellence     |
| SCR  | Serious Case Review                     |
| SILP | Significant Incident Learning Process   |
| SPOC | Single Point of Contact                 |
| TAC  | Team Around the Child                   |
| TAF  | Team Around the Family                  |
| UASC | Unaccompanied Asylum Seeking Child      |
| UKVI | United Kingdom Visas and Immigration    |
| WRAP | Workshops to Raise Awareness of Prevent |
| WT15 | Working Together 2015                   |
| YCP  | Young Carers Project                    |
| YOS  | Youth Offending Service                 |
| YOT  | Youth Offending Team                    |

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