

# Croydon Safeguarding Children Partnership Annual Report 2020-21



**CSCCP**

CROYDON SAFEGUARDING  
CHILDREN PARTNERSHIP

*Working Together to safeguard & protect children & young people from harm*



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## Foreword – CSCP Executive

*The Croydon Safeguarding Children Partnership has embedded its good working practices over the past year. It has been a difficult time for many of our young people and the Covid-19 pandemic has given us significant challenges as to how we deliver positive outcomes for our children and young people.*

*Each of our organisations have adapted to those challenges with enthusiasm and an eagerness to achieve quality outcomes through the use of new technologies and working practices. Some of which (like the use of mobile technology) will be maintained moving forward as they have enabled the voice of the child to be heard more clearly.*

*As a partnership we have maintained close contact so that we can adapt and learn from each other through the ever changing landscape of Covid-19. We have continued to work together to support families, professionals and our community to ensure that our young people have been protected and have the opportunity to thrive.*

*The quality of our Executive Partnership is evidenced by the fact that even though we have had a number of personnel changes, the shared ethos, commitment and tenacity of the various members has been a constant strength which has ensured both the ‘business as usual’ and the more adaptive response to Covid-19 has remained a quality offer which has impacted positively on outcomes for children.*

**Debbie Jones**  
**Executive Director**  
**for Children, Families**  
**and Education,**  
**Service, Croydon Council**

**Elaine Clancy**  
**Chief Nurse,**  
**NHS Croydon CCG & CHS**

**Fiona Martin**  
**Detective Superintendent**  
**Safeguarding,**  
**Metropolitan Police**

## Message from the CSCP Independent Scrutineer

*I was appointed as Independent Scrutineer in February 2020 and took over the role from my predecessor Di Smith. This Annual Report therefore, covers the period prior to my involvement and is an excellent reflection of the achievements of the partnership in Croydon, ably supported by Di, initially as a Chair for 3 years, then as the Independent Scrutineer during 2020/2021.*

*Croydon is a vibrant, diverse and complex borough. It is an exciting but challenging environment in which to work. The partnership is committed and strong, and the report reflects that. There are many references to the difficulties posed by Covid-19 and the added stresses that has placed on families and the professionals who work with them. As it says here, the response of the partnership was outstanding.*

*The report brings this work to life with some clear examples of how our interventions have improved children's experiences. It is also explicit about the demands and challenges of providing effective safeguarding responses.*

*I would like to pay tribute to the hard working staff in Croydon who's work is outlined in this report.*

**Eleanor Brazil, Independent Scrutineer**

## Covid-19: Good Practice across the Partnership

Co-ordinated and strategic work around vulnerable adolescents led by Violence Reduction Network

Completed well-being checks on named individuals who were identified through executive scrutiny

Supported trauma informed training roll-out

Ensured follow up on children not attending school

Set up mental health priority group to tackle rise in mental health concerns

A co-ordinated partnership approach to contact with families in response to county lines, missing children and food poverty issues

Briefing tools to raise awareness of the impact of Covid-19 created

'The response of the partnership to Covid was outstanding. Whilst we continued to be concerned about the hidden harm to children not already known to services, the children and families who were in the system were 'seen' whether virtually or in many cases, still face to face'





## Covid-19 : New ways of working and activity

The CSCP recognises the need to improve the way some of this activity is communicated. This has commenced with audits being very focused, less time consuming and the activity seeking to evidence the “what difference does it make for Croydon Children”.

The new arrangements were being refined for much of the year. Like many LSCPs Covid-19 impacted on key areas of work, particularly audit activity. However during Covid the CSCP were very responsive to ensure the wider partnership had access to a frequently updated CSCP Covid Safeguarding Information pack.



Strong evidence of the voice of children, in how they have responded to intervention from partnership members and how their thoughts and experiences have shaped future service delivery continues to elude written reports provided by the CSCP. This will require not only specific focus, but some inspired and creative thinking to ensure this is meaningful.



## Safeguarding Statistics 2020-2021

Safeguarding children is a partnership activity.

The Executive and its sub-groups regularly review statistics and performance data to inform the work that we do and the activities we prioritise. The numbers are important, as is the quality of the interventions with children and their families. The following slides provide data on activity in Croydon and some examples that demonstrate how we know we are making a difference.

*There are 95,309 children in Croydon aged 0-17. Only a very small number are children where there are very serious child protection concerns.*

***As at 31<sup>st</sup> March 2021, there were:***

- *703 children cases open to early help*
- *2253 open referrals (excludes allocations to CwD)*
- *657 children on Child In Need plans (CIN)*
- *280 children on Child Protection Plans (CP)*
- *481 local Children Looked After (CLA)*
- *280 Unaccompanied Asylum Seeking Children (UASC)*



# Safeguarding Statistics 2020-2021

**Children with a Child Protection Plan** - We are higher than average for CP plans which end between 6 months and a year or less

Total number of CP plans ended	153	100%	Statistical neighbour/England av.	Current CHaT data
Number of CP plans ended at under 3 months	21	13.5%	17.5%	13%
Number of CP plans ended at between 3 months and 6 months	22	14%	12%	11%
Number of CP plans ended between 6 months and a year	83	54%	42%	52%
Number of CP plans ended between a year and 2 years	26	17%	25%	18%
Number of CP plans ended over 2 years	1	0.5%	4%	5%

**The importance of quality assurance:** We reviewed the data and carried out a dip sample to ensure decision making and planning was appropriate. Of the 53 children who became subject of a CP plan for a second or subsequent time; 12 children the previous CP plan ceased over 5 years ago and 13 children's CP plan ended over 2 years ago. For the remaining 28 a review of the final RCPC was carried out. The majority of decisions to cease CP planning were viewed as appropriate and timely and were mainly unanimous. The focus is to ensure as much work as possible is undertaken with the family before an ICPC is considered and that we are creative about how we manage risk with the family and the professional network using the lowest level of intervention as is safely possible





## SPOC - Single Point of Contact



All new referrals for children and young people's emotional wellbeing and mental health became managed through the Croydon Single Point of Contact (SPOC). This allowed for decisions about the best services for children and families to be taken holistically by experienced practitioners in the SPOC and referrers will benefit from a single referral pathway.

Scrutiny of Referrals leading to NFA – in many forums from Exec to Dataset meetings, lead to a better understanding of thresholds, more clarity about step downs to Early Help and the knowledge that No Further Action wasn't the same as No Help Offered.

The SPOC Transformation Project commenced with virtual workshops across the partnership to hear about the new Thorpe Model : replacing written referrals with conversations with partner agencies and families.

*“Written referrals are a real missed opportunity to have the right discussions with colleagues from other agencies to fully understand what they are worried about. The social workers will use our systemic practice framework to inform their conversations with referrers to ensure children, young people and their families receive the right services, at the right time.”*

Unfortunately this has be delayed until the new telephone system is in place. (Financial Year 22-23)



# Children with a Child Protection Plan

## Actions & Impact

In order to safely reduce the numbers of children subject of a CP plan this we carried out a number of activities including:

- Work alongside SPOC and Croydon Supporting Children Service to ensure more thought was given to considering when a strategy discussion was needed, robust s47 enquiries were carried out before the ICPC and social workers were more confident in recommending a CiN plan where the risks could be safely managed this way.
- Increased oversight of the decision making for an ICPC – the SQA service manager or the senior child protection chair would review the S47 and where needed to hold a reflective case discussion with the relevant service manager, team manager and social worker to both review the threshold and to consider if the risk could safely be managed under a different framework.
- Learning and development with the CP chairs about managing risk and implementing ‘safe uncertainty’ therefore enabling more work being able to be carried out safely with the family under a CiN plan.
- Developing the scope and function of the monthly oversight by the SQA service manager. This included increasing the monthly file review of children subject of a CP plan from 12 months to 9 months to ensure earlier scrutiny and decision making regarding step up or step down.
- The multi-agency child protection panel also expanded its terms of reference to consider children subject of a CP plan over 9 months (was previously 12 months) and to include children subject of a CP plan for a second or subsequent time, children who had transferred-in subject to a CP plan and any child subject to a CP plan where it was felt it would be beneficial to be discussed with senior managers at a multi-agency panel.

***As a result of this the number of children subject to a CP plan has reduced as has the average duration of a CP plan.***



## Children with a Child Protection Plan

The numbers of children subject of a CP plan in Croydon have significantly reduced from over 700 in March 2019 to 518 in March 2020. We were previously significantly higher per 10,000 children in comparison with our statistical neighbours and the national average and had a larger number of children subject of a CP plan over 18 months (73 per 10,000 children in 2018/19 and 53 per 10,000 in 2019/20). In March 2021 we were 36 per 10,000 which was more in line with our statistical neighbours and the national average.

Since January 2020 we have developed a new approach to how we hold child protection conferences and develop plans for young people at risk of significant harm where there are extra-familial safeguarding concerns. The conference follows the same structure as a traditional CPC but the core professionals invited may differ and the language used focuses on looking at the strengths and concerns in relation to peers, education, community and home and the focus is much more focused on how to manage/reduce the risk the young person faces outside of the home. There is also a greater focus on involving the young person in the process and ensuring the plan focuses on safety planning and developing resilience with the young person. The categories of abuse and neglect have also been amended to reflect contextual harm. Professionals have engaged well in this new process.





# Children Looked After



## Impact of COVID 19

An assessment of all children looked after was carried out and a rag rating given in March/April 2020 to ensure that the child and the carer's social workers maintained contact with the child and their carer during lockdown – door step visits, virtual visits, emails, WhatsApp etc.

Schools also ensured children looked after had access to technology so they could continue their education and continued to complete PEPs.

The CLA health team ensure that health assessments were completed albeit virtually during this period.

IROs quickly adapted to carry out virtual CLA reviews. This included having a virtual meeting or a series of discussions. Children and young people engaged with this and it also increased the level of participation by parents and the professional network.

## Ensuring children and young people's wellbeing and safeguarding

Professionals working with children looked after and care leavers have contributed to the work of the Vulnerable Adolescents Priority Group and the Safeguarding Practice Review Group to ensure agencies work together to enable children in care to supported and safeguarded especially where there are contextual safeguarding and emotional wellbeing concerns

There has been a lot of work carried out to ensure that whenever possible young people are only placed in an unregulated placement in exceptional circumstances and this has been appropriately risk assessed and managed.



# Children at risk & impact of crime



The DIT was established in response to the HMIC report 2016 which highlighted areas within Safeguarding requiring improvement. They provide an assurance function for both the Met and MOPAC by auditing child safeguarding cases to the standards set out by the HMIC.

The Police review the findings internally and are being encouraged to share the learning with the wider partnership, but this is still a work in progress.

The Police work to a different definition of Neglect however they are consistent members of working groups to tackle neglect and have complied with audit activity requests.

## **Police responsibility in relation to child abuse is underpinned by two key principles:**

- Safeguarding is everyone's responsibility: for services to be effective each professional and organisation should play their part
- A child-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children

- 326 Child Neglect/Cruelty investigations in the year.
- Croydon is ranked 5<sup>th</sup> for volume of Serious Youth Violence offences across London (same as previous 12 months). However the crime rate per 1000 residents aged 1-19 is ranked 19<sup>th</sup> (down from 16<sup>th</sup> for the previous 12 months)
- Knife crime with injury continues to be a concern. Currently ranked 1<sup>st</sup> (up from 4<sup>th</sup>) for volume and 5<sup>th</sup> for crime rate per 1000 residents (up from 17<sup>th</sup>).
- There continues to be a number of initiatives and interventions involving a wide range of community partners working well together, but similarly to other London boroughs, struggling to have an impact on numbers. If teenage deaths continue at the current rate, this will be the worst year for young homicides in London since 2008
- Arrested Juveniles = 7 per week or 1 per day average across Croydon



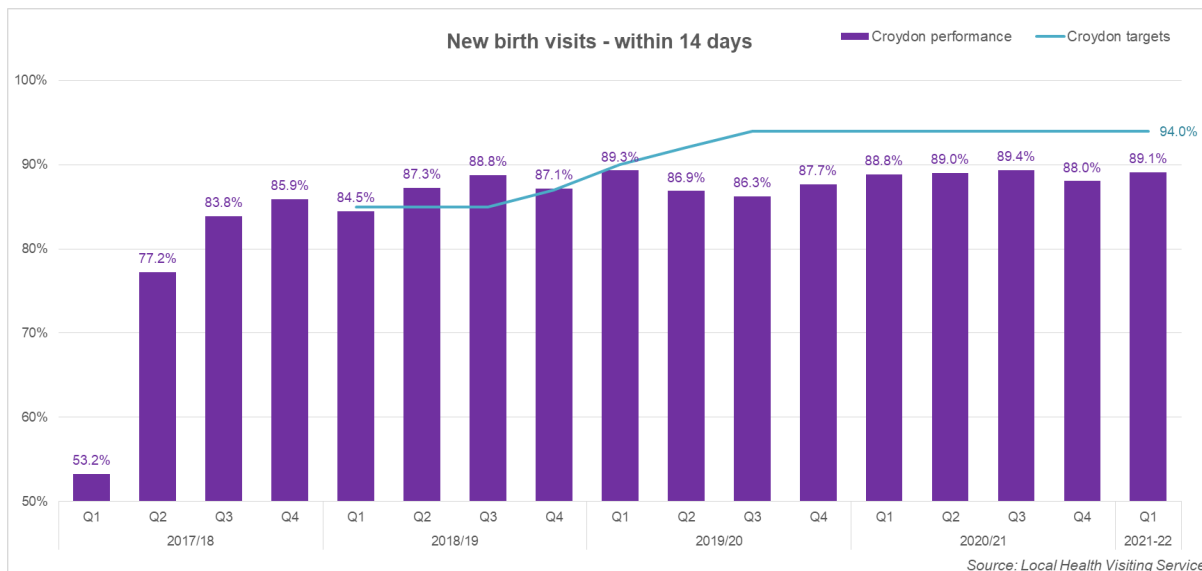


# Antenatal / Health Visitor Services

Mandated New Birth, 6 week, 1 & 2 year checks continued to be scrutinised, including raising the poor performance to the Exec.

This enabled a much greater understanding of the context such as the historically low funding and excessive case loads. Performance is monitored additionally at Cabinet. A new contract award due in July 2021 will provide for a new framework to measure performance and raise awareness to the other partnership members so they can consider how they might best support the service when safeguarding needs are identified.

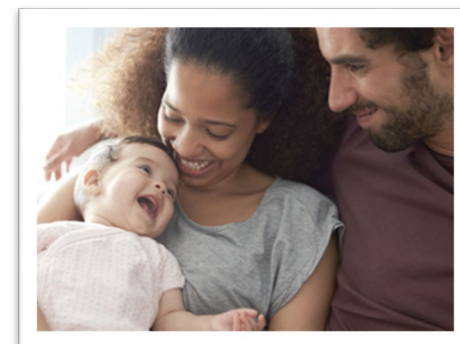
Covid-19 significantly impacted the Public Health Nursing Team. They were improving on performance, however half of the team was re-deployed to acute services from March-July 2020.. There was a national suspension of Health Visitor Mandated Checks (except New Birth/Safeguarding) and a blended model of face-to-face and virtual visits were introduced.



Source: Local Health Visiting Service

**New Birth Visits have continued throughout COVID as a key safeguarding appointment.**

NBVs Q1 2021/22 at 14 days is 89%  
This increases to 95% by 30 days.





# How do we know we make a positive difference?

Story Boards were introduced to demonstrate how to effect change for families and deliver outcomes. Here are some examples

## What were the concerns?

Substance misuse by O using cannabis and other drugs i.e. ketamine.  
Peer influences who also misuse drugs.  
Aggression towards parents, erupting into arguments.  
Dad left the discipline of O for mum to manage.  
Concerns around O and his younger brother's relationship.  
Conflict in the home with parents.  
Parents were afraid of O and his behaviour was perceived as being unpredictable.  
Concerns in relation to maternal grandmother and conflict when O would visit her home.  
Risk of homelessness.  
Concerns of impact on younger sibling  
Diagnosis of ADHD  
Excluded from school

## Where were we?

Risk of homelessness  
O continuing to use substances  
Impact on O and his relationship with ADHD and what this meant for him.  
How did O's parents experience O's diagnosis?  
Police called to the home  
Excluded from school.  
Or had different views from his parents  
O felt parents were acting over the top  
Lack of understanding between O and his parents

## What did we do?

- Multiagency approach -edge of care involved and social worker systemic therapist, school.
- Regular intervention up to 3 times a week by professionals-Attended rehab after conversations with the social worker -Sessions completed with O as an individual, then with parents and then with family as a whole. Consider the intention and emotional support.
- Management oversight and supervision in regards to relapse on O's drug taking and conflict in the home and managing frustrations and discussions around what next, plan evaluation, recognising strengths and small wins and understanding addiction.
- Sessions on de-escalation –encouraging and supporting conversations and narratives.
- Communicating with school for O to sit his exams.
- Joint sessions, encouraging to talk and then responding a safe environment
- Recognising strengths in relationships and encouraging to remember =good points.

## What difference have we made?

- Family were still together and family had expressed a wish to remain together.
- O has said he will stay away from substances and focus on his exams.
- O had considered staying away from some events knowing that he would use substances if he went so evidences he had developed insight into his drug use.
- Developed an understanding on drug use and being able to separate O's behaviour from O as a person.
- Understanding the push/pull factors.
- Parents have informed of success using the strategy in regards to de-escalation and talking and had found this useful.
- Family were offered ongoing support once O turned 18 years.
- School attendance has improved.
- The family now feel empowered by the work of the professionals and have a better understanding of their son and their relationships.



# How do we know we make a positive difference?

## What were the concerns?

The family accessed the Family Solution Service after the London Ambulance Service was called by KW reporting that she had taken 16 tablets of paracetamol with an intent to end her life, the LAS referral raised concerns for the welfare of KW due to previous self-harm

LAS also raised concern about KW 's relationship with her parents, reporting that it is difficult especially with her mother, which has led to her taking an overdose.

Parental conflict led to KW and sister feeling unloved and unwanted



## Where were we?

KW shared with the Key Worker C that she was unhappy at home, which seemed to stem from her relationships with her parents and her experiences growing up

KW shared that her relationship with her mother is what led to her overdose

KW was very clear about her wishes which is that she no longer wants to live with her parents. KW said she does not trust her parents and does not want to build a relationship with them refusing any family therapy intervention



## What difference have we made?

- KW has returned to school back on a full time timetable, and is doing very well again.
- Parents report more positive communication at home with relationship between KW and mum improving.
- Family awaiting contact with CAMHS on their next steps.
- School and CAMHS have been informed of case closure to Family Solution Service
- Feedback from Father *"I have no doubt that C contributed to the KW's positive improvement in a very significant way"*
- Father stated *"I feel so lucky to have Claire helping us during this period of very difficult time for our family"*



## What did we do?

- Child and Family Well-being Assessment – informed views of all family members including older sister at university
- Initial team around the family held with 6 weeks reviews
- Parenting support put in place through the support and interventions team
- Liaised with school and CAMHS
- 1:1 sessions completed with KW – led by KW who enjoys writing rather than face to face meetings. Work was child led
- C worked hard to improve relationships by helping parents to understand KW's perspective and improve communication
- Shared service details for young people such as Kooth, Off the record directly with KW – giving her the choice to make her own decision about future help



# SOUTH WEST LONDON CHILD DEATH OVERVIEW PANEL

Annual Report April 2020 – March 2021

A report on organisational arrangements, operations, statistical analysis and commentary.

A collaboration of the activities of South West London CCG Partnership Child Death Overview Panels of Croydon, Kingston and Richmond upon Thames, Merton, Sutton, and Wandsworth

- Croydon Deaths: 25
- 80 across SW London CDOP
- Croydon JARS: 6
- [Full Report](#)



## Safeguarding Practice Reviews

In the period April 2021 – March 2022 we commenced:

- 3 Rapid Reviews (RRs)
- 2 Safeguarding Practice Reviews (SPRs)
- 25 Child Death Overview Processes (CDOPs)

In addition there were another 4 SPRs where other boroughs were the lead, but we retained oversight.

We were also continuing to work on 6 SPR cases which had commenced before April 2021 – including the publication of “Emily & Jack”.



**Sharing the learning** - A multi-agency Audit on Neglect took place. In addition findings from Police and SPOC audit activity was shared. Twice a year a Practice Week takes place. This also includes observation of practice (strat discussions, CiN meetings, CPCs, CGMs, CLA reviews etc). This was expanded further in 2020/21 to include multi-agency auditors and observers which has enabled a review of practice from a range of perspectives.

The CSCP has continued to provide a number of briefings which reflect the findings from not only SPR cases, but also Rapid Review learning.

Briefings have been well received across the partnership – as well as continuing to be posted as resources on the CSCP website and newsletter.

- *“The fact is that too many professionals working to protect children are frequently working in crisis mode, meaning that the ‘urgent’ drive out the important.*
- *Actions/interventions which are needed are missed, especially if they fall outside statutory or procedural requirements, resulting in opportunities to pause and reflect being lost.”*

**1 Critical Events**

3 month old baby 'Emily' died in March 2019

In July 2019, the baby's mother admitted killing her child, pleading guilty to infanticide, she was given a Hospital Order (Sec37 Mental Health Act 1983).

The Safeguarding Practice Review considered how services worked with the family, including Emily's older sibling 'Jack'.

**2 Safeguarding concerns up to critical event**

- During her first pregnancy, Mother disclosed to midwife mental ill-health history including in-patient treatment
- A referral to perinatal mental health services was made but not accepted as Mother appeared stable, a letter was sent to Mother's GP to monitor
- When Emily was 12weeks, Mother was taken to Emergency Department (ED) by ambulance (LAS) because of an ibuprofen overdose
- LAS submitted a safeguarding referral to MASH, referral noted a previous overdose attempt in Mother's country of origin
- Mother was discharged with advice to visit GP and ED sent a letter to GP
- Mother attended GP surgery and prescribed anti-depressants
- Social Services visited Mother but felt a language interpreter was needed to properly discuss issues, a second visit happened two days later
- Social Worker referred to Community Mental Health 3weeks after the overdose incident, referral was considered same day as baby's death.

**3 Findings**

- Lack of consistent knowledge, use and complete picture of Mother's mental health (MH) history and current needs
- At different points Mother had told services about aspects of her MH and that of her family – such as with midwife and ambulance service. However when asked by her GP about MH issues after the overdose incident, Mother said there were none
- System did not take into account factors which either limited or made Mother reluctant to talk about her MH needs
- It is the role of systems to engage parents, not the other way round, services need to create emotional safety to talk about MH
- Mother told the review she was reluctant to talk about her MH needs for fear of having children removed
- Both parents spoke some English but it was not their first language. There was inconsistent use of interpreters to discuss complex needs such as use of post-natal services, this meant opportunities to provide appropriate support were missed
- Perinatal services did not accept the first referral from midwife which detailed in-patient history and significant family MH, this was an important opportunity missed
- Safeguarding system did not share information well enough
  - Following first perinatal referral, a letter was sent to GP about monitoring needs, later when Mother changed GP, the letter was not migrated.
  - Midwifery records held MH information but was not accessed when Mother was at ED
  - Handover of LAS record of previous overdose what not captured by ED when treating Mother
  - Handover to new health visitor (HV) was lacking because records were not read
  - ED note to GP did not mention safeguarding referral

**Safeguarding Practice Review  
Emily & Jack**

**5 Achieving Change**

Reflect on the findings & discuss the implications for your practice/team

Outline steps you/team will take going forward

The full SPR Report can be downloaded at [www.croydoniscb.org.uk](http://www.croydoniscb.org.uk)

**4 Learning**

- Perinatal MH services to accept referrals involving mother's with previous in-patient treatment (this has been put in place)
- All health professionals need to understand perinatal pathway
- Safeguarding system to provide emotional safety for parents who have previous/current MH needs taking into account what might have them feel reluctant to talk or share information
- Consistent use of up-to-date NICE MH risk assessments in health settings
- Consistent use of interpreters to help services to meet family's needs and avoiding assumptions as to what is understood
- Information exchange and handovers within safeguarding network to take a proactive approach to access information recorded and shared
- Professional curiosity about what is going on beyond immediate presentations needed to explore needs
- Better use of HV services by GP and social care to provide support
- Adult safeguarding teams and approaches when concerned about an adult who is a parent, needs to consider child also
- Trauma informed approach to support bereaved parents and siblings
- Use of strengths based approach to identify sources of resilience and support





# LADO Annual Report Summary 2020-21

## Local Authority Designated Officers

Throughout the pandemic the LADO service has continued to provide support to children's organisations with the management of allegations and complaints. Whilst the activities of many groups such as schools, youth services and clubs etc. have been significantly curtailed during the periods of lockdown, many services such as fostering, early years settings and residential provision have continued to offer services. Indeed the challenges on these and other services as a result of Covid 19 has been significant.

In addition to handling and managing allegations, the LADO service provides awareness training to schools, nurseries, fostering agencies, and residential homes within the Borough and also provides regular briefing and training sessions to a variety of safeguarding forums across the children's workforce. These sessions are popular and well received. In total, the LADO service has provided over 100 hours training during this period.

The Croydon LADO service is now well established at local, regional and national levels and is involved in developments of policy and procedure at all levels of strategic thinking.

The LADO Service was inspected during the Ofsted inspection of children's services in February 2020 and was described positively.

Ofsted reflected that improvements had been made to tracking systems and complimented the service on its ability to spot and address patterns of concerns and behaviours.

The LADO process continues to ensure that allegations against those who work or volunteer with children are not seen in isolation, that the welfare of children is prioritised and that organisations and employers are supported in investigating and managing the outcomes of such concerns. This ensures that services for children within the Borough are provided in a safer manner and supports training or the exclusion of, those who pose a risk to children or should not be working in the sector.

**What difference have we made? - As a result of allegations overseen by the Croydon LADO Service, 4 individuals have been referred to the Disqualification and Barring Service, 3 individuals to professional regulatory bodies and 11 members of staff from a variety of agencies were dismissed following disciplinary processes. In addition a number of those working with children have received additional support and training to continue to work in a challenging sector of care.**

You can read the full report here: [LADO-Annual-report-2020-21.pdf](#)



# Private Fostering

The Private Fostering Team were impacted by not having a Private Fostering Social worker in post between September 2020 until the end of this report period.

The Social Work with Families Team Manager has taken on the responsibility for this work during this period.

**Private Fostering Awareness Week was held 13-17th July 2020. Campaigns in Croydon included:**

- *Letters to all GPs to remind them to be professionally curious about the relationships of children registered at their practices.*
- *A joint webinar with Bromley Private Fostering Team open to all professionals to raise awareness of how to identify children who are privately fostered and how to make appropriate referrals. Professionals who attended included colleagues from Housing, Education, Assessment Teams, Connected Persons as well as a care leaver who sits on the Fostering Panel. **Feedback was positive with attendees saying the event helped them to understand the legal requirements and their duty to notify as well as improve their need to be professional curious.***
- *A webinar for Croydon professionals with a presentation by Maryam Hussein from the Children's Society to raise awareness of the potential for children who have been trafficked to be 'hidden in plain sight' within private fostering arrangements.*
- *Bespoke training sessions within team meetings to ensure the wider professional network is confident in their knowledge of private fostering arrangements and their duty to safeguard children. Some of these were presented in conjunction with the CSCP Officer to share knowledge of safeguarding themes.*



# CSCP Priorities 2020/2021

## Six Safeguarding Standards

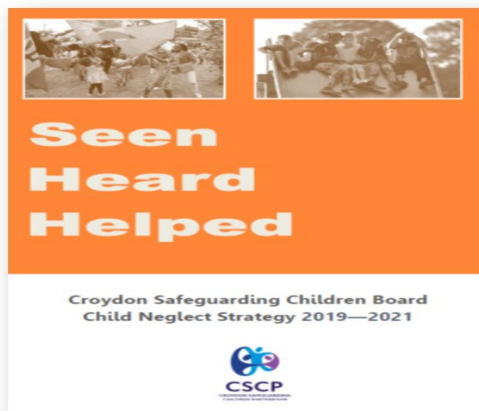


1. The three core partner leads are actively involved in **strategic planning and implementation**
2. The wider safeguarding **partners are actively** involved in safeguarding children
3. **Children, young people and families are aware of and involved** with plans for safeguarding children
4. **Appropriate quality assurance** procedures are in place for data collection, audit and information sharing
5. There is a process for **identifying and investigating learning** from local and national case reviews
6. There is an active program of **multi-agency safeguarding children training**

The CSCP would like to acknowledge the work of the University of Bedfordshire in devising the six safeguarding standards which the partnership has used to review and evaluate the effectiveness of its work.

## Standard 1: Strategic planning and implementation – active involvement across the partnership

The Neglect Priority Group led work to:



The CSCP ensures that neglect is seen and understood through increased awareness of the needs of children at risk or experiencing neglect.



That all safeguarding partners understand how neglect can be prevented through early recognition of neglect and use of the Croydon Early Help arrangements.



That all safeguarding partners understand how neglect can be prevented through early recognition of neglect and use of the Croydon Early Help arrangements.

**Croydon has been chosen as a pilot site for the new Graded Care Profile 2 Antenatal Tool. This will help to identify neglect from pre-birth, as well as have those difficult conversations to empower families to change.**

The Safeguarding Children With Disability Group continued until September 2020 when the outstanding work was progressed by the SEND Strategic Board

Mapping

- Map CWD to influence commissioning/service delivery - **ACHIEVED**

Framework

- Develop a multi-agency framework for safeguarding CWD including strengthening capacity of families to help themselves **ACHIEVED**

Awareness

- Raise Awareness of CWD, hear the VOC
- Strengthen the pathways and training/support available **ACHIEVED**

## Standard 1: Strategic planning and implementation : Vulnerable Adolescent Priority Group

This priority is the legacy of the Vulnerable Adolescent Thematic Review into the lives of 60 Croydon adolescents. Changes to the Adolescent service have been a concern and a future CSCP Member meeting will be looking at how that service has evolved, what resources and support the wider partnership is also providing and how we communicate those messages to front line staff.

**Early intervention & prevention is critical :**  
the offer for children and their families during the school closures due to Covid-19 and the summer holidays was increased and took into account the emerging issue of a deterioration in mental health  
The VAR 60 cohort was reviewed again to ensure support in place, pregnant women or those with babies were referred to early help

**Schools should be at the heart of multi-agency intervention :**  
Start of the Social Work in schools programme – 8 social workers placed in Croydon secondary schools  
Curriculum and change group set up to share resources, strategies and information on racial harassment, teacher recruitment, retention and promotion, governor recruitment, exclusions and pupil achievement

### Black Lives Matter:

- High quality data now exists to provide month on month intelligence of crime hotspots and areas of concern. Multi-agency response via the Violence Reduction Network.
- Unconscious Bias on-line course launched. Paid for by Crystal Palace Football club as part of their commitment to Community Values.

### Disproportionality linked to ethnicity, gender and deprivation needs attention and action:

- High quality data now exists to provide month on month intelligence of crime hotspots and areas of concern. Multi-agency response via the Violence Reduction Network.
- Soft Systems Methodology Group looked at over representation of black children receiving exclusions and presentation to Fair Access Panel.

Greater recognition of, and response to, children's emotional health and wellbeing is needed:  
My Endz Program - a Public Health, contextual safeguarding & whole family approach delivered via Croydon Voluntary Action. Programme is prevention led, including mentoring and parenting projects with a focus on the voice of young people.

Strong partnership buy in, including BME Forum, Palace For Life Foundation. Includes a landmark piece of work with the Police to change their way of working from enforcement to engagement.



## Standard 2 : The wider safeguarding partners are actively involved in safeguarding children

Croydon has a wealth of voluntary sector partners some supported via Croydon Voluntary Action, others via The BME Network and



CVA mobilised in mid-March to provide an emergency food support service that by the lockdown was operating in tandem with the Council to target aid at the households most affected by Covid-19.

A You Tube video on the work of the **CVA Community Partnership at the Local Collection Point** can be found at

<https://youtu.be/qAQixdYnKTU>

During COVID19 ABCD community builders, have increased the support to residents using their creativity and flexibility in approaching challenges. They joined and supported the setup of Mutual Aid groups to support families on where to get appropriate advice: from referrals to Food Banks to free counselling, support with job applications and use of the internet. From Children's Behaviour Management to Fun Learning for African families online, emerging projects have been diverse and responsive to these challenging times.

Emma's online initiative is an example: *"Noma is a mental health nurse who works with young children. Noma has a great passion for supporting children who are suffering from poor mental health; she believes that they can be supported positively by the community to alleviate the pressure the parents feel at home. Her mission is to educate parents on how to recognise the signs of mental health in their children and how to cope with them in a positive manner. Noma runs a monthly zoom session for parents introducing different topics and responding to questions."*

80+ such initiatives were supported by our community builders between April 2020 and March 2021.



## Standard 2 : The wider safeguarding partners are actively involved in safeguarding children



**Croydon Health Services**  
NHS Trust

### Activity via CSCP

Elaine Clancy, Chief Nurse is the Partnerships Executive Member and Chairs the Safeguarding CWD Priority Group Associate Director for Safeguarding Chairs DASV Board. Safeguarding Team members provide information for SPRS and attend the VA Priority Group, QIG, MAPPA. MARAC CAP, DASV and Adolescent MH Strategy Group. Regular Data provided with supporting commentary.

The Safeguarding Business Continuity Plan (BCP) was implemented at the beginning of April 2021, developed to ensure statutory duties were met in addition to ensuring essential safeguarding support was available to practitioners and to maintain visibility across the community and acute service. It ensured the safeguarding duty line/generic emails were always covered by a member of the team and that there was always a physical presence in the safeguarding children office.

The safeguarding team implemented a safeguarding **daily huddle** as part of the BCP to ensure safeguarding was prioritised during Covid 19. The huddle began in October 2020, data collection between February and March demonstrated that 227 patients were discussed in ED. There were 325 follow up discussions.

The Huddle includes adults and children – the top 4 presentations in the daily huddle were :

- **Mental Health Concerns**
- **Care and support needs (complexities linked to mental capacity).**
- **Neglect**
- **Domestic Abuse**

The liaison health visitor is based in the Croydon ED supports staff and reviews all the attendances to see if the safeguarding has been considered.

### Impact/Outcomes

Sharing of information from multi-agency partnership working panels and strategic groups. For example, the complex adolescent panel information was shared with public health nursing to raise awareness of the hot spots for child exploitation. Similar appropriate information from QIG/DASV and CSCP Priority meetings has improved Health Staff knowledge of Croydon and the risks to children and young people.

### Action from SPRS

Extra training to recognise and support victims of Domestic Abuse. embedding the DA Policy across the trust.

Health Staff routinely attend SPR Panels, Learning Events and Audit Activities, using the multi-agency forum as an opportunity to understand other professional involvement and take back the learning to other Health colleagues.

*Staffing capacity has had impact on the safeguarding team and delivery of services. Several steps have been taken to ensure that there has been sufficient cover for essential areas of practice including the recruitment of interim practitioners to support with training and supervision. This was acknowledged as a risk until staffing levels increase – there has been an active recruitment programme to address this shortfall.*



## Standard 2: Police

### Activity via CSCP

- Detective Superintendent Fiona Martin is the Partnerships Executive Member and Chairs the Vulnerable Adolescent Priority Group
- Panel members provide information for SPRS and attend the VA Priority Group, QIG, MAPPA, MARAC CAP, DASV and Violence Reduce Network. Regular Data provided with supporting commentary.

### Impact/Outcomes

- *Think Every Child Every Time* is an initiative to help ensure early interventions and support for arrested children. The simple *Every Child Every Time* protocols do not take long and assist police with identifying risks and risk management, assists with sharing risk with the local authority, helps with ensuring earlier and better interventions that could support the child or their family and reduce re-offending.
- Joint initiative with Croydon Police & CSC (SPOC) - develop better outcomes for arrested juveniles.
- NRM Challenge – raised at QIG, encouraged better recording of NRM status and ensured appropriate Advocates for recognised victims. As a result Croydon now records the highest number of NRMs across London and presented its methods at the London Modern Slavery workshop.

**Those below 18 are children**

**THINK EVERY CHILD EVERY TIME**

TO ARREST A CHILD IS A SIGNIFICANT EVENT. CHILDREN & YOUNG PEOPLE ARE VULNERABLE TO CRIME, MORE LIKELY TO BECOME VICTIMS AND MORE LIKELY TO BE GROOMED AND EXPLOITED INTO CRIME.

You **MUST** engage with parents guardians and speak with Children's Social Services

If you feel that it is not safe for them to leave the police station, then you need to discuss this with a supervisor and children's social services as soon as possible

Children's Social Services:  
Croydon 0208 255 2888 Out of Hours: 0208 726 6400  
Childreferral@Croydon.gov.uk

Bromley 0208 461 7368/7026/7373 Out of Hours: 030 0303 8671  
mash@bromley.gov.uk

Sutton 0208 770 6001 Out of Hours: 020 8770 5000  
childrensfirstcontactservice@sutton.gov.uk



## Standard 2 : CAMHS: Child & Adolescent Mental Health Service



### Waiting times

Croydon Waiting profile for 39+ weeks



Waiting times continue to be a source of concern, however there is better understanding of the triage service to ensure children are not left in crisis whilst awaiting an appointment. The CSCP has scrutinised this data at several CSCP Data meetings as well as raised awareness of the other services available such as the Emotional Health & Well-being Service via SPOC, to encourage professionals to choose the right service, first time. On-going dialogue with Children's Commissioners has been useful, but hampered by numerous staff changes which mean relationships have to be re-built.

Croydon CAMHS provides a service to children and young people and their families for people who live in Croydon. The service is organised in the following teams:

- Child Wellbeing Practitioner Team - Short-term, low intensity, guided self-help interventions for treatment of mild to moderate mental health conditions.
- Crisis Care Service - Crisis care for young people that present at Croydon University Hospital.
- Getting Advice Team - Assessments for children and young people with moderate to severe mental health disorders.
- Getting Help Team - Follow up treatment for children and young people with moderate to severe mental health disorders,
- Learning Disabilities Team - Help for children and young people with a significant intellectual disability, and/or complex neurodevelopmental disorder.
- Mental Health Support Team - Help in schools and colleges for young people with mild to moderate mental health issues.
- Support, Engagement and Delivery in Schools (SEaDS) - Help in primary and secondary schools for young people with mild to moderate mental health issues.

### Activity via CSCP

Panel members provide information for SPRS and attend the Vulnerable Adolescent Priority Group, Safeguarding CWD Priority Group, QIG Regular Data provided with supporting commentary

### Impact/Outcomes

- Used the learning around Domestic Abuse to provide client facing leaflets as well as literature to support professional learning/awareness.
- Following the publication of the CSCP Safeguarding Supervision Policy CAMHS has refined it's own version and is awaiting ratification. All safeguarding leads have been trained to deliver safeguarding supervision.
- The CSCP Newsletter and Briefings are disseminated and discussed at service meetings.
- Worked with the Transition to Adulthood Service, including the development of a document approved by the SEND Board.



## Standard 2: Education

### Activity via CSCP

Panel members for SPRG/VAPG/QIG.

Provide regular data/commentary. Schools Section 11



### Impact/Outcomes

- Excellent support by schools, including SEND during Covid to keep schools open, vulnerable children in schools as well as laptops for those who were home-schooled.
- As a result of on-going work to reduce the number of children being permanently excluded from school in particular the black male cohort which is over represented; the Learning Access team have managed to successfully challenge six potential exclusions which have been rescinded (overturned). Those children have been reinstated back to school with a reintegration plan of support.
- As a result of using the briefing materials from SPRs schools are understanding risk and safeguarding thresholds and also becoming more empowered to challenge.
- The Education team is in a position to influence both strategically and operationally to support positive educational outcomes of vulnerable children and families and achieve key partnerships.
- Use of the neglect tool supports risk management and threshold understanding.





## Standard 2: Complex Adolescent Panel (CAP) incorporating MACE

### Activity via CSCP

Panel members provide information for SPRS and attend the Vulnerable Adolescent Priority Group. Regular Data provided with supporting commentary.

### Impact/Outcomes

- Clear link between the experiences of individual children and the panel function.
- Linking up SWs with relevant police/YOS/Housing/Health/Education contacts to ensure speedy interventions and intel can be shared in efficient manner.
- Improvements in recording/reporting/training in relation to the implementation of National Referral Mechanism (NRM) in
- More effective housing planning where children need to flee violence – police providing more supporting letters to enable quick housing moves away from threats of violence/gang reprisals etc
- More impactful peer mapping with involvement from Schools/SWs/YOS and Police
- Better partnership work with Police Missing/CCE teams/YOS



## Standard 2: Turning Point

### Activity via CSCP

Panel members for SPRG/VAPG/QIG.  
Provide regular data/commentary.

**TURNING  
POINT**



### Impact/Outcomes

- Gave staff an insight into the impact of Hidden Harm on a child
- Re-iterated the importance of attending multi-agency meetings to share/receive information
- Contextual safeguarding framework incorporated into practice
- Professional curiosity incorporated into practice
- Was to be a pilot for the Child Wellbeing Tool but delayed due to Covid
- Data allows us to analyse the service. For example we have had an increase in Xanax/poly drug users and now have a pathway in place for clients using Xanax/poly drugs, including ensuring that all young people using Xanax/poly drugs will be offered a medical appointment



## Standard 2: Youth Offending Service

### Activity via CSCP

Panel members for SPRG/VAPG/QIG.  
Provide regular data/commentary.

### Impact/Outcomes

**Disproportionality** – We continue to see an over-representation of young black males within the YOS cohort and continue to evolve our response to systemic and institutional racism that influences the perseverance of such numbers. The YOS has devised a Disproportionality Action Plan which separates each section of their work and details how we all can proactively address oppressive practice and inequality. The Lead has presented this at the Youth Crime Board. Collaboratively working with the BME Forum and forming part of a wider strategic discussion with partners has enabled the YOS to be more informed and retain more focus on this matter. They have delivered a number of sessions for young male, inviting a number of inspirational black male professional guest speakers to speak to our young people on the topic of the Criminal Justice System and future aspirations. The group was positively referenced in an article written for the law society.

**Reduction in the number of young people entering the Criminal Justice System for the first time** (*4 years in a row*)

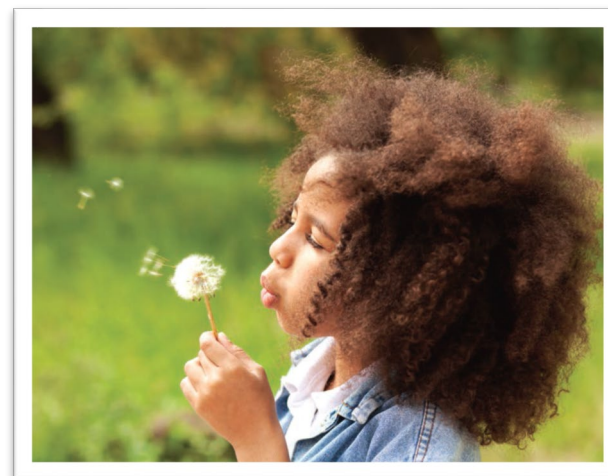
**Improved Education and Speech and Language Offer** – Each young person in contact with YOS is screened by a SALT Worker.

## Standard 3: Involvement of children and families

IROs started writing letters to children rather than write detailed CLA review minutes. These are given to the child or young person and the letter outlines the reason they are looked after, who was at the meeting, what was discussed and what the outcomes were. The carer holds the letter for the child if they are too young to read it so it is part of their life story work. Training on how to word and structure these was provided and audits have identified some lovely examples of these.

A pupil was almost excluded from secondary school in Y9. The Virtual School Team intervened and supported a transition to another secondary school. She has become Head girl in Y11- is on track for 9 7s or above at GCSE, as well as achieving a place for A levels at Westminster college. – *“I’m proud of my versatility, strength and potential, the Virtual School saw my potential.”*

*We used the feedback from the BME Forum focus groups in the main CSCP Meeting to bring their feedback directly to the members (see next slide)*





## Standard 3 : Listening to children and Young People

### **The focus of the CSCP Meeting July 2020 was on responding to diversity and understanding the needs of BME children and young people:**

It was important to recognise the profound impact that Covid 19 had upon the work of all agencies. In addition, the tragic death of George Floyd and the Black Lives Matter movement highlighted ongoing discrimination and injustices here in Croydon and in wider society which need to be tackled proactively.

The first part of the meeting sought to give an opportunity to reflect on what had happened and the second to provide a forum for ideas, thoughts, and actions to address concerns and plan steps to tackle the shortcomings of current circumstances.

There was important contribution from the BME forum, who had held a number of forums with children, enabling them to give voice to their concerns during those difficult and uncertain times. They were worried about their education, about youth violence, about the increased likelihood of County Lines due to lack of money and opportunity, about unemployment, and in particular youth unemployment.



#### **BME Focus Groups; what did the children say?**

**We don't want to be treated special, we want to be treated equally. For example, if our names are different from yours.**

**We want to be able to have the opportunity to get that job, to have that job interview.**

**We want to walk down the road without getting stopped by the Police.**

**We would like to be able to wear our own clothes without being judged in clothes shops.**

**We would like to be taught more Black History, not just in October but over the whole year, not just sports and music.**

**We would like the same work experience opportunities that white students are being offered.**

**We are angry and frustrated.**



## Standard 4 : Quality Assurance

The QIG is the “engine room” a business plan ensures the priorities are set early and traction is evidenced via rag rating the actions.

Examples of work likely to impact on outcomes for children include:

**Ethnicity:** The QIG requested data to reference ethnicity, many partners found this difficult and pledged to review their methods for recording data. YOS in particular made significant effort and now have a Disproportionality Action Plan.



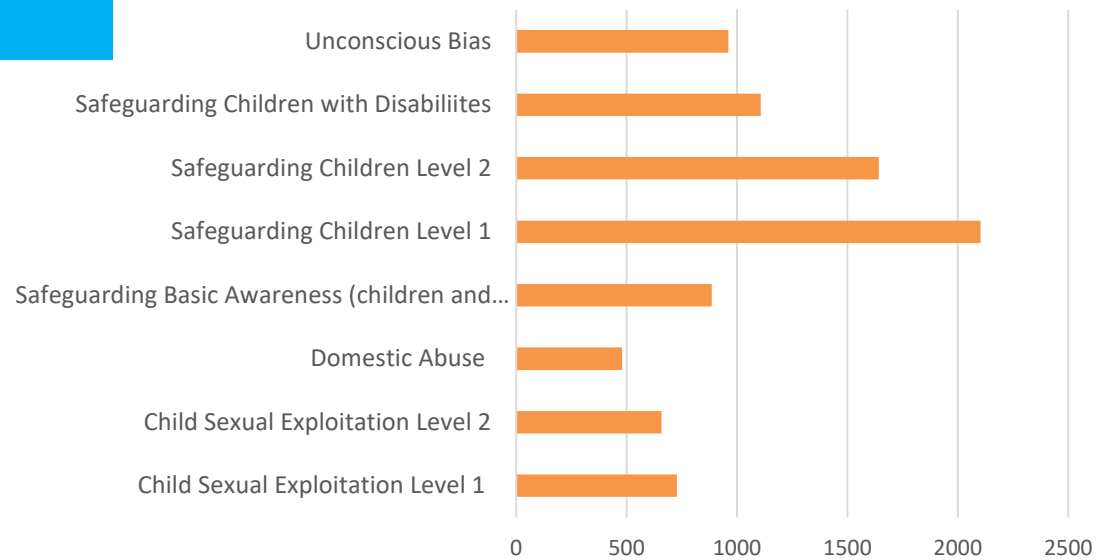
**NRM:** referring and recording victims was poor. Working with the police, Barnardo’s ICTGs and the Modern Slavery network, numbers improved and child victims of Exploitation have received additional support.

## Standards 5 & 6 : Learning and Training: Safeguarding E-Learning 20-21

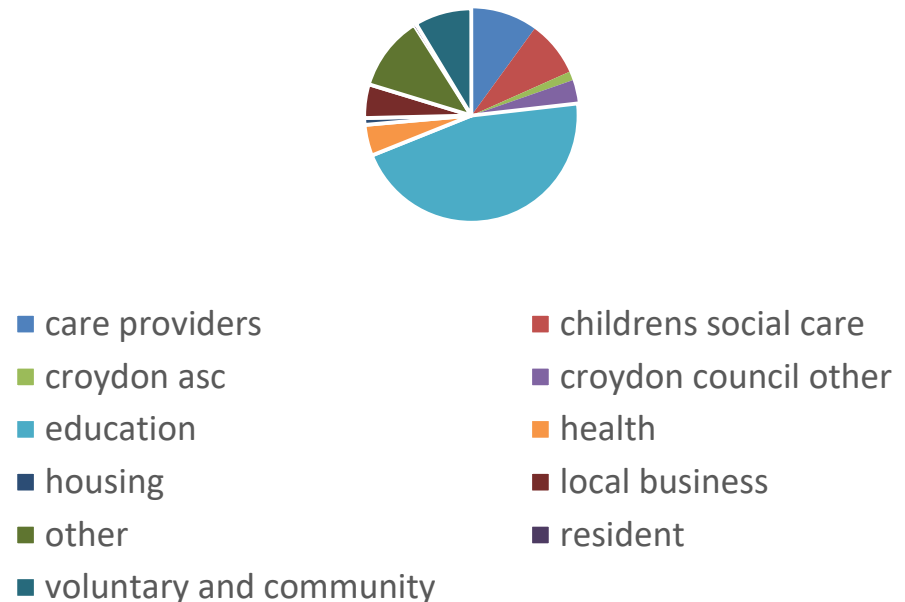
Within the CSCP safeguarding L&D programme e-learning provides important opportunity for introductory knowledge and awareness raising.

- ✓ 8560 successful course completions
- ✓ Just over 100% increase in completion rates compared to last year
- ✓ Two new courses – Safeguarding Children with Disabilities and Unconscious Bias, achieved good completion rates
- ✓ High engagement from education sector
- ✓ Positive feedback for the courses

### E-Learning courses completed 20-21

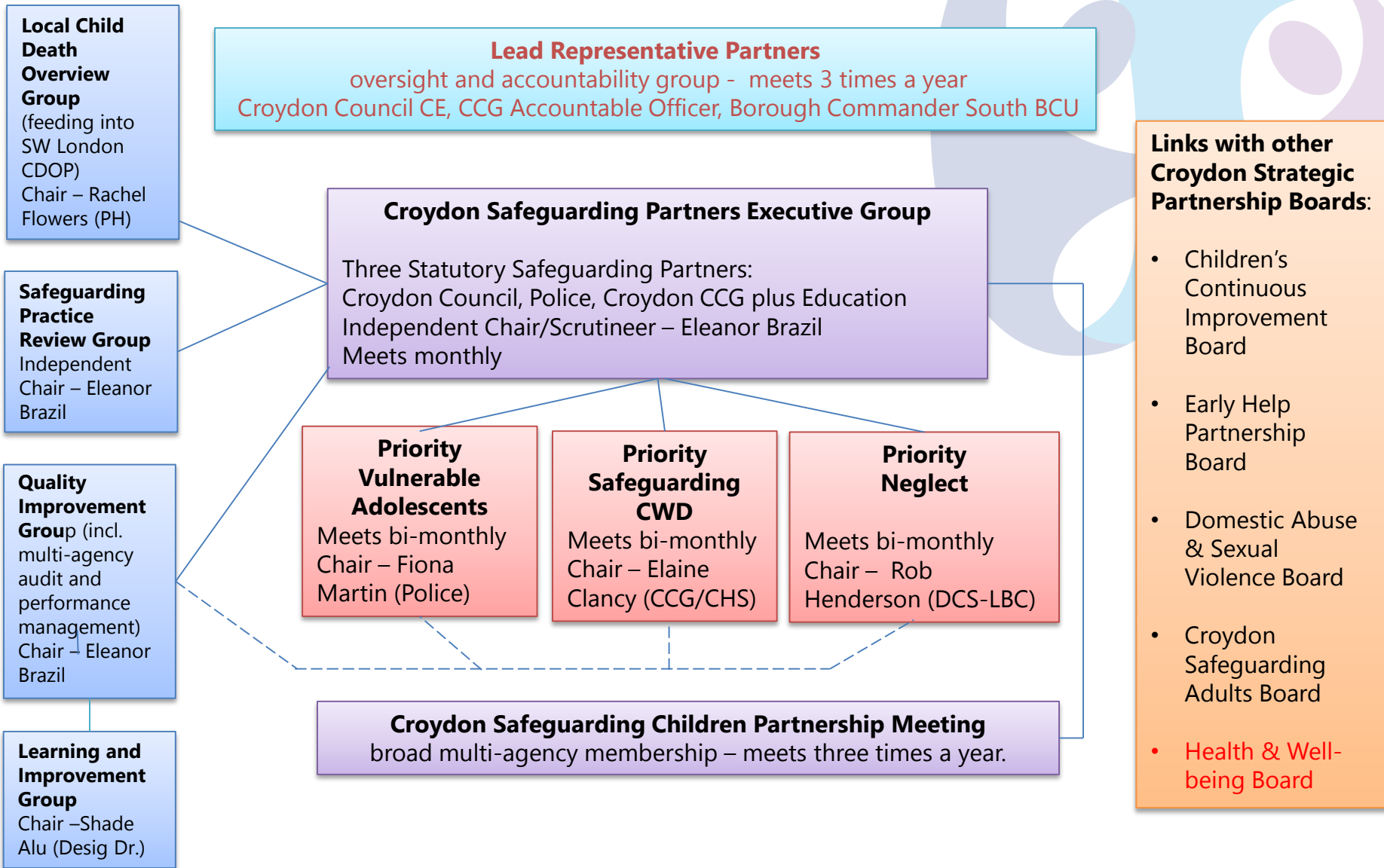


### All course completion by sector 20-21





# CSCP Arrangements 2020-21





## CSCP Budget & Expenditure 2020/21

<b>CSCP Income</b>	<b>£</b>
South London & Maudsley NHS Trust	13,540
Met Police	5,000
Croydon CCG	33,850
Croydon Health Service	33,850
National Probation Service	2,000
<b>Partnership Income</b>	<b>88,240</b>
LB Croydon	238,013
<b>Sub-total</b>	<b>326,253</b>
Reserves	37,900
<b>Total Income</b>	<b>288,353</b>

<b>CSCP Spend</b>	<b>£</b>
Staffing & related costs	229,666
Serious Case Reviews	33,135
CSCP Training provided	10,304
Services recharge	9,025
Premises, equipment & catering	465
Miscellaneous	1,500
Mailroom, stationery, supplies	255
Website	1,000
Translation	3,003
<b>Total Spend</b>	<b>288,353</b>



# Glossary

<b>BAME</b>	Black, Asian Minority Ethnic
<b>BCU</b>	Basic Command Unit
<b>BHM</b>	Black History Month
<b>BLM</b>	Black Lives Matter
<b>CALAT</b>	Croydon Ault Learning & Training
<b>CAMHS</b>	Child & Adolescent Mental Health Service
<b>CAP</b>	Complex Adolescent Panel
<b>CCE</b>	Child Criminal Exploitation
<b>CCG</b>	Clinical Commissioning Group
<b>CDOP</b>	Child Death Overview Panel
<b>CDR</b>	Child Death Review
<b>CHat</b>	Child Health at home
<b>CHIST</b>	Croydon Health Integrated Safeguarding Team
<b>CHS</b>	Croydon Health Service
<b>CIN</b>	Child in Need
<b>CLA</b>	Children Looked After
<b>CLIP</b>	Croydon Local Intelligence Programme
<b>CP</b>	Child Protection
<b>CPFC</b>	Crystal Palace Football Club
<b>CQC</b>	Care Quality Commission
<b>CSC</b>	Children's Social Care
<b>CSE</b>	Child Sexual Exploitation
<b>CWD</b>	Children with Disabilities
<b>CYP</b>	Children & young people
<b>DA/DASV</b>	Domestic Abuse/ Domestic Abuse & Sexual Violence
<b>ETE</b>	Education, Training & Employment
<b>FGM</b>	Female Genital Mutilation

<b>GCP2</b>	Grade Care Profile version 2
<b>HV</b>	Health Visitor
<b>ICPC</b>	Initial Child Protection Conference
<b>JSNA</b>	Joint Strategic Needs Analysis
<b>KPI</b>	Key Performance Indicator
<b>LADO</b>	Local Authority Designated Officer
<b>LCSPR</b>	Local Child Safeguarding Practice Review
<b>LeDeR</b>	Learning Disabilities Mortality Review
<b>M/A</b>	Multiagency
<b>MACE</b>	Multiagency Child Exploitation Panel
<b>MH</b>	Mental Health
<b>PH/PHN</b>	Public Health/Public Health Nursing
<b>PVI</b>	Private, Voluntary and Independent
<b>QA</b>	Quality Assurance
<b>RHI</b>	Return Home Interviews
<b>RISE</b>	Refuge, Information, Support and Education Charity
<b>S &amp; L/ SALT</b>	Speech & Language/ Speech & Language Therapy
<b>SCR</b>	Serious Case Review
<b>SEND</b>	Special Educational Needs & Disabilities
<b>SLAM</b>	South London & Maudsley NHS Trust
<b>SPOC</b>	Single Point of Contact
<b>SYV</b>	Serious Youth Violence
<b>TAS</b>	Team Around the School
<b>VAR</b>	Vulnerable Adolescent Review
<b>VOC</b>	Voice of the Child
<b>WT</b>	Working Together 2018
<b>YAG</b>	Youth Advisory Group
<b>YOS</b>	Youth Offending Service





The CSCP Annual Report 2020/21 has been produced by the CSCP Team from the contributions of CSCP partners.

It has been approved by the CSCP Executive, the Croydon Council Children & Young People Scrutiny Committee.

(to be added once approved)

The report is published on the CSCP website at  
<https://croydonlcsb.org.uk/>

If you require any further information about any of the content please contact the CSCP team at [cscp@croydon.gov.uk](mailto:cscp@croydon.gov.uk)