



Hounslow Safeguarding Children Partnership Annual Report 2019-20

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1) Foreword from the Chair

This annual report covers the period 1st April 2019 to 31st March 2020 and is the fourth annual report to cover the period since my appointment as Independent Chair to the Hounslow Children's Safeguarding Board (HSCB) in October 2016. Since September 2019, under revised guidance Working Together to Safeguard Children 2018, I am now the Independent Chair and Adviser to the Hounslow Safeguarding Children's Partnership (HSCP). The annual report is the opportunity for agencies working to safeguard children to report and reflect on what has been achieved in the previous twelve months as well as on the challenges faced in ensuring safeguarding processes in Hounslow are as robust as they can be. This annual report should be read in conjunction with the board's Business Plan, which updates the board's objectives for the next two years.

A key function of the safeguarding partnership is to provide support and challenge to ensure that individual agencies hold themselves to account for their performance as well as taking collective responsibility for the performance of the safeguarding system as a whole. The board continues to have committed membership from partner agencies on its various Sub-Groups. These Sub-Groups are the engine room of the board and ensure the successful implementation of the board's policies and assurance role.

In order to provide the necessary levels of assurance for the safeguarding of children in Hounslow and to help inform priorities for the board work plan, a fourth annual challenge event was held in February 2019 where agencies presented their key good practice developments and identified their key challenges. Individual agency contributions were subjected to scrutiny by fellow board members. These findings were fed into a development and business planning session held in May 2019 where board members collectively assessed board performance over the previous twelve months and set objectives for the next two years.

Key priorities identified for 2019/21 were safeguarding adolescents, interfamilial child sexual abuse and neglect as well as re-emphasising a commitment to ensure that agencies deliver on their core safeguarding duties so delivering better outcomes for children and their families.

A number of issues were prioritised for challenge and scrutiny during the year where the multi-agency partnership needed to seek assurance that there were robust plans to improve performance and that these plans were being actively monitored. These issues were identified through the partnership's programme of multi-agency audits as well as being identified through external regulatory bodies. More detail is provided in the body of the report. Key areas where assurance is actively being sought include:

Neglect Last year's report referenced multi-agency audits that highlighted that the Neglect Strategy and accompanying training was not having the desired effect of improving multi-agency practice. As a result, the strategy was revised and re-launched in January 2020 at a well-attended event by front line staff and managers. The partnership has mandated agencies to use the Quality of Care tool in family assessments where neglect may be a factor and will repeat audits to check on progress.

Safeguarding Meetings An independent audit commissioned by the partnership found evidence of sound multi-agency working but made a number of recommendations for improvement including the need for more health input into strategy meetings and the modernisation of what has been a very traditional model of Child Protection Conferences. Work continues to deliver on the action plan following the audit.

Ofsted Focused Visit Given the 'good' judgement following the Ofsted single agency inspection of Hounslow Children's Social Care in 2018, it was disappointing that the focused visit in January 2020 found a number of core functions which needed improvement e.g. the timeliness of assessments, issues with data and a lack of joint S47 investigations between the police and Children's Social Care. The good news was that children continue to be safe in Hounslow. The partnership will continue to monitor progress on improvement plans arising

from Ofsted reports and have already been assured that assessment timescales are back on track despite the pressures of the Covid-19 lock-down.

MASH The board continued to receive regular reports on the progress of improvements to the Multi-Agency Safeguarding Hub (MASH) resulting from the reports of both the JTAI and the external audit commissioned by the board. The issue of the provision of timely health intelligence reporting continued to remain a challenge for part of the year. A service redesign was undertaken, existing resources were realigned, and operational service expectations were adjusted in order to ensure the delivery of *good quality research and meet to timeframes for health intelligence reporting*. Managing the high volume of contacts presenting at the 'front door' remains a challenge and is not helped by the quality of many of the Child and Family Assessment Notifications (CFANs) that come in from other agencies.

Serious Youth Violence Following the death of a young person, the National Panel agreed that instead of commissioning an individual review of the circumstances of the one case, that there would be better learning outcomes obtained from a systemic review of Serious Youth Violence in the borough. This review was co-commissioned with the Community Safety Partnership. Publication was delayed until September 2020 because of Covid-19 lock-down. The recommendations from the review have been agreed and will be monitored through the Strategic Chairs meeting with reports to the partnership

Child Sexual Abuse Ofsted use a framework to inspect multi-agency safeguarding work with children at risk of interfamilial sexual abuse. The partnership has used this framework to consider practice in Hounslow. The conclusion drawn is that risk associated with interfamilial child sexual abuse is not consistently and effectively identified or responded to. As a result, training in this area is again being prioritised across agencies, the successful NSPCC Pants programme is to be rolled out to Early Years settings and an audit of cases will take place in 2020/21. There was a disappointingly low take up by agencies for previous specialist training by the Lucy Faithful Foundation.

Feltham Youth Offending Institute July 2019 inspection triggered an Urgent Notification due to a rise in assaults and violence as well as an increase in self-harming. Staff shortages were leading to a more constraining regime for boys. There was a high referral of safeguarding alerts to the Hounslow LADO. The internal safeguarding team within Feltham was found to be ineffective which had led to the generation of high levels of inappropriate safeguarding referrals. The FYOI sub-group of the partnership is monitoring the action plan and implementation of recommendations from the inspection and pre-lock-down have undertaken joint visits with the Youth Custody service to see improvements first hand.

Domestic Abuse As a result of a rapid review following the death of a child, it was identified that there had not been consistency in the way agencies had responded to domestic abuse within the household with a lack of risk assessment and escalation of intelligence to other agencies. It was agreed to commission a systemic review of how agencies are working with families where there is evidence of domestic abuse.

The relationship with schools has again been a key priority for the partnership and during the year I attended a breakfast briefing for head teachers as well as the second annual safeguarding briefing for head teachers and safeguarding leads. A small group of head teachers worked with the board to reshape the safeguarding audit tool to be more proportionate and user friendly while still complying with legislation and statutory guidance.

Both the children's safeguarding partnership and the adult safeguarding board have identified "Think Family" or ensuring a joined up interface between adult and children safeguarding as a priority for their business plans. Given the pressures from other priorities during the year, this has not been progressed beyond joint workshops on transitional safeguarding, contextual safeguarding and the effects of childhood trauma. The joint Training Sub-Group across the adult safeguarding board and the children's partnership continues to meet with a focus on the core safeguarding training needs for both the adult and children workforces. The group is additionally charged with identifying appropriate training to ensure practitioners are better equipped to take a holistic approach in working with families.

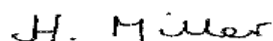
The HSCP does not operate in isolation from other partnership structures within Hounslow as its agenda in safeguarding children has key overlaps with the Safeguarding Adults Board, the

Community Safety Partnership and the Health and Wellbeing Board among others. It is essential that strategy, policy and protocols as well as operational service delivery are all “joined up” to ensure that vulnerable children and adults do not fall through any gap in provision. In order to facilitate this joined up agenda, the chairs and/or key strategic officers of these key partnership boards have met during the year to ensure coordination of effort and avoidance of duplication. Key agenda topics have been the systemic review of Serious Youth Violence and how adult and children’s services can work co-operatively in the MASH. The Community Safety Partnership leads on domestic violence, harmful practices e g female genital mutilation and modern slavery. It has been agreed that a report on each of these areas will be presented to both the safeguarding adults and safeguarding children partnership each year.

Issues that still present challenge to the success of the partnership include the unequal funding arrangements with the Local Authority still carrying the heaviest burden despite accountability for safeguarding now falling equally on health commissioners and the police. There is still the perennial problem of a lack of good quality analysed data being shared with the partnership by agencies. A revised data set has been developed by the Safeguarding Effectiveness Sub-Group, but its introduction is on hold during the Covid-19 crisis.

This annual report will be presented to the Health and Wellbeing Board for information and there is an expectation that agencies will take it to their appropriate board or key governance structure.

Hannah Miller OBE,

A handwritten signature in black ink, appearing to read 'H. Miller', written in a cursive style.

Independent Chair and Adviser

Hounslow Safeguarding Children Partnership

2) Introduction

Keeping children safe is a shared partnership responsibility, with each agency fulfilling their role to promote the welfare and safeguarding of children in Hounslow. Effective partnership working requires each agency to commit resources to deliver strategic and operational priorities under Working Together to Safeguard Children (WTSC) guidance, London Child Protection Procedures and local safeguarding protocols and guidance.

The report reviews the activity of the Hounslow Safeguarding Children Board (HSCB) (March 2019 – September 2019) and the Hounslow Local Safeguarding Children Partnership (HSCP) (September 2019 – March 2020) over the 2019/20 financial year.

Following the requirements outlined in the WTSC 2018 guidance, Hounslow's new Multi-Agency Safeguarding Arrangements (MASA) were published in June 2019 and the HSCP was fully operational by September 2019. A full review of how well the partnership has functioned over the first year of its new structure will be undertaken by the end of 2020/21.

On 1st April 2020, Hounslow Child Death Overview Panel (CDOP) joined it's North West London (NWL) neighbours to form the joint NWL Child Death Overview Panel as required by WTSC 2018. Local links and representation have been maintained to ensure learning is disseminated through established networks.

The HSCP Business Plan sets out the strategic commitment of the partnership in making its vision a reality and forms the basis of its work over the next two years, ensuring that the partnership continues to oversee and drive improvements.

At the Development Day in May 2019, the HSCB reviewed its Business Plan and priorities and agreed a revision of its thematic work to better respond to local and national areas of safeguarding need and subsequently developed its 2019/21 Business Plan.

Themed priorities for 2019/21:

1. Safeguarding adolescents in the home and the community (linking with contextual safeguarding)
2. Neglect
3. Child Sexual Abuse (Focus on interfamilial abuse)
4. Improving collaboration between Children's and Adults' Service providers
5. Mental health and emotional wellbeing

The evidence to support the analysis of the partnerships achievements and ongoing work has been collected from the activity of the Board, sub-groups, training evaluation, learning from the multi-agency case reviews and audits, single agency audits, as well as assurance and monitoring activities.

3) Hounslow's Context

Population

Hounslow is the 9th largest London Borough (out of 33) in terms of geographical area and current estimates show Hounslow to be 16th largest by population (271523). According to Greater London Authority (GLA) projections the total population of Hounslow is projected to grow by approximately 4,000 per year until 2024 and then continue to rise but at a slower pace – at approximately 1000 per year onwards until 2041; the population aged 0-18 is expected to

grow by approximately 600-700 per year from 2020 until 2024. The population of 0-18-year olds is expected to decline onwards.

The Office of National Statistics midyear population estimates for 2019 shows that in Hounslow the population age 0 to 18 years is approximately 68,213 and makes up 25.1% of the total population. This proportion is similar to the London average (23.7%).

GLA projections show that in 2020, the size of the 0-4 years age group is expected to be 20037 (7.2% of the population), in 2021 is expected to be 19,867 (7.0% of the population) and in 2026 is expected to be 19571 (6.5% of the population).

Overcrowding, where the household has one fewer room than required, was the same in Hounslow in 2011 (22%) as in London. The wards with the most overcrowding were Hounslow Central (36%) and Hounslow Heath (34%) and the least overcrowding in Hounslow South (13%) and Chiswick Riverside (13%).

In 2011, there were 51,533 dependent children under 16 years living in Hounslow. Out of the 94,902 households, 5.5% have dependent children with no adults in employment.

In 2018, 36 per 10,000 children under 18 were the subject of a Child Protection Plan which was lower than the London average of 40 per 10,000 children under 18 on a Child Protection Plan.

4) Governance & Accountability

Scrutiny of HSCB Annual Report 2018/19

The annual report for 2018/19 was written to comprehensively reflect the work undertaken for the year and approved by the Board in September 2019. It was disseminated to all Board partners and published on its website. The report went through a further governance and scrutiny process and was shared with the Health and Wellbeing Board. The report was not reviewed by the Children and Young People Scrutiny Panel in 2019 as it had been in previous years due to a change in focus of the panel. The 2019/20 annual report will be presented to the Health and Wellbeing Board, Local Authority Corporate Leadership Team and Cabinet. Partner agencies are expected to ensure the report is considered by the executive leadership groups and scrutiny functions in their organisations.

Governance of Partners Reporting to the Board

Annual reporting cycles for partner agencies have become a part of the Boards forward planning agenda and are considered for information and challenge. Annual Reports, which have been considered during the year, include:

- Child Death Overview Report 2017/18
- MASH Annual Report 2018/19
- Private Fostering Annual Report 2018/19
- Children Missing Education Annual Report 2018/19
- Elective Home Education Annual Report 2018/19
- Corporate Parenting Annual Report 2018/19
- LADO Annual Report 2018/19

The partnership has not had the opportunity to review safeguarding annual reports from its partner agencies, although it is an expectation of all members to submit their reports to the partnership for consideration. This will be rigorously pursued by the Independent Chair and Advisor throughout the coming year to ensure that the partnership is assured about core safeguarding practice in all of its member organisations.

Relationship with Strategic Boards

As outlined in the MASA, partnership working between strategic Boards has continued through the Strategic Chairs meetings to ensure that safeguarding children and adults is considered, prioritised and cross cutting priorities are jointly achieved. Two meetings have taken place in the last year which focused on:

- Serious violence including serious youth violence
- Joint working between adults and children's service
- Safeguarding of vulnerable adults including cuckooing

There are increasing crossovers of responsibility and a joint coordinated response between the HSCP and the Community Safety Partnership (CSP) to address safeguarding issues, particularly youth violence, exploitation and domestic abuse. The HSCP has continued to actively participate in all relevant groups and workstreams led by the CSP, to ensure strategic responses are collaborative and effective as evidenced in joint commissioning of a systemic review in Serious Youth Violence in Hounslow.

5) Challenge, Assurance, & Scrutiny

The work to improve the partnerships challenge and scrutiny function has continued to develop and expectation set by the Chair has been further embedded.

HSCB Development Day 2019

The HSCB held its Development Day for all of its Board and Sub-Group members in May 2019. The day was separated into two distinct sessions. Firstly, exploring contextual safeguarding and then a review the thematic priorities and Business Plan (outlined in section 2).

Hounslow is part of the Contextual Safeguarding Network of Bedfordshire University. The first part of the day was a workshop delivered by Dr Carlene Firman, exploring the child protection system in the context of extra familial risk and the current frameworks which support the multi-agency organisational response. Dr Firman challenged the partnership to examine its current model and systems, what the components of adolescent safeguarding were, what Hounslow's strategic response would look like and what steps were needed to implement it effectively. The outcome of the session supported the adoption of Safeguarding Adolescents as a thematic priority of the partnership for the next two years.

Challenge Day 2020

In February 2020 the partnership held its fourth Challenge Day, where it reviewed the progress made against the areas of challenge and improvement identified by partners in 2019 and requested each partner to identify three new areas of challenge and good practice.

Significant steps had been made by all agencies in the last year to progress the areas of challenge identified in the previous year, which was particularly encouraging given the increasing pressure and under resourcing all services are experiencing. It was evident that there are good safeguarding practices in place and the multi-agency system continues to improve, with commitment by partners to ensure children and young people's safety and wellbeing is prioritised.

Thematic areas of challenge were identified by all agencies prior to the session were debated through collective discussion. Some areas had already received enquiry by the partnership throughout the year as outlined throughout the report.

Particular areas of focus that were identified as needing further discussion were:

- Early Help continuing to be everybody's business.
- Professionals confidence in decision making and managing risk outside of the context of Children's Social Care intervention.
- Support for young people, particularly those who have been exploited and not meet the threshold for Adults Services.
- Consistent multi-agency attendance at operational safeguarding meetings
- Intelligence and evidence-based decision making

Scrutiny and Oversight

The Board has continued to challenge performance and scrutinise improvements across its partners organisations, considering the following areas:

- Transitions of vulnerable young people into adulthood (Position and activity report)
- Early Help Transformation Programme (Progress report presentation)
- Quality of multi-agency safeguarding meetings (Audit overview report)
- Ofsted Inspection of Local Authority Children's Services (ILACS) (Improvement Plan progress update)
- Knife Crime Summit outcome (Verbal feedback)
- National Probation Service HMIP Inspection outcome (Assurance report)
- HRCH MASH timeliness monitoring (Quarterly assurance reports)
- Charging for GP reports for Child Protection Conferences (Challenge discussion)
- Housing Associations response to safeguarding checks (Challenge discussion)
- Domestic Abuse offer and response (Position overview, response and discussion)
 - CADA Project Report
 - Ofsted Thematic Report of Domestic Abuse
 - Domestic Abuse Systemic Review
- Screening for Adverse Childhood Experiences: A pregnancy package to improve outcomes for socially complex families (Oversight of proposal)
- Ofsted's Focused Visit of Children's Social Care (Outcome discussion and feedback consideration)
- Children's Social Care Improvement Plan (Assurance report and oversight)

6) Safeguarding in Hounslow

Multi-Agency Safeguarding Hub (MASH)

- There were 18,958 contacts recorded in LCS between 01 April 2019 and 31 March 2020, of these, 1,378 (7.3%) were considered for MASH checks, which shows a reduction of 0.2 percentage points on 2018/19 when it was 7.5%.
- The most common reason for contact being made was Family Breakdown/Crisis (19.9%) followed by Domestic Abuse (14.5%).
- The top three referring agencies continue to be Police, Health and Education providers completing 66.4% of referrals to MASH in 2018/19, which is consistent with previous years.

MASH	2019/20	2018/19	2017/18
No. of AMBER and GREEN contacts considered for MASH checks	1378	1410	1,064
% of contacts considered for MASH checks	7.3%	7.5%	4.0%
% of contacts received from agency - police	34.0%	35.0%	36.6%

% of contacts received from agency - education	14.7%	14.8%	13.7%
% of contacts received from agency - health	17.7%	17.3%	16.5%
% of contacts received from agency - adult social care	7.1%	8.2%	8.8%
% of contacts received from agency - probation	5.6%	4.0%	3.8%
% of contacts received from agency - individual	6.4%	6.0%	6.5%
% of contacts received from other agencies	11.0%	10.7%	10.4%
The most frequent reason for contact - (domestic violence, neglect, parental substance misuse, sexual abuse, arrest of young person)	Family Breakdown/Crisis	domestic violence	domestic violence
% of contacts RAG rated RED following MASH checks	28.9%	33.0%	29.6%
% of contacts RAG rated GREEN following MASH checks	52.7%	50.7%	31.5%
% of checks for all agencies completed within 24 hours	-	68.4%	73.6%
% of checks for all agencies completed within 48 hours	-	71.3%	81.7%

Front Door

- The percentage of repeat referrals received in 2019/20 was 17.4%. This is a reduction on the 18.1% from 2018/19.
- The percentage of referrals received that progressed to a multi-assessment during the year was 90%. This is a slight reduction on the end of year outturn from 2018/19 when 91.2% of referrals resulted in a multi-assessment as the recorded outcome.
- The Children in Need Census outturn for 2019/20 shows that 66% of assessments completed in the year were completed within 45 working days. This is a deterioration on the performance from 2018/19 when 75% of assessments were completed within the required timescale.
- The final percentage of ICPCs held within 15 working days during 2019/20 was 81% and shows a improvement in performance from 2018/19 when 66.6% of ICPCs were held within 15 working days of the S47 enquiry.

Front Door	2019/20	2018/19	2017/18	2016/17	2015/16
No. of contacts completed	18,958	18,942	26,759	30,316	28,627
% of contacts completed that led to a referral	15.3%	17.2%	9.6%	8.9%	11.4%
% repeat referrals started within the last 12 months	17.4%	18.1%	15.3%	21.4%	17.9%
% referrals completed which led to a multi assessment	90.0%	91.2%	96.4%	94.6%	85.6%
% of multi assessments completed within 45 working days	66%	73.5%	79.2%	77.9%	76.3%
% multi assessments completed with an outcome of NFA	47.5%	47.8%	44.4%	44.6%	53.5%
No of Section 47s started	855	818	693	581	634

No of completed S47s with an outcome of ICPC	293	306	188	181	176
% of completed S47s with an outcome of ICPC	41.8%	36.9%	30.2%	33.1%	28.0%
% ICPC occurred within 15 working days of start of S47 enquiry	81%	66.6%	84.6%	77.7%	71.0%

Child Protection

- The final percentage of children becoming the subject of a Child Protection plan for a second or subsequent time during 2019/20 was 18.5% (44 children) and shows an increase on the percentage of 14.1% (44) from 2018/19. The number of children becoming subject to a plan for a second or subsequent time was 44 for both 2019/20 and 2018/19.
- The final percentage of Child Protection Plans ending after 2 years or more during 2019/20 was 8.4% (25 children)
- The percentage of children with a current CP Plan lasting 2 years or more as of 31 March 2020 was 0% (0 children). This is a reduction from 4.5% (11 children) as of 31 March 2019.

Child Protection Plans (latest category)	2019/20	2018/19	2017/18	2016/17	2015/16
Number of CP Plans for Emotional Abuse	73	81	78	104	92
Number of CP Plans for Physical Abuse	11	5	7	13	8
Number of CP Plans for Neglect	93	141	133	132	108
Number of CP Plans for Sexual Abuse	10	18	11	10	5
Number of CP Plans for children with disabilities	4	14	21	10	15
Percentage of children becoming subject of a plan for a 2 nd or subsequent time	18.5%	14.1%	15.6%	13.4%	18.9%
Number CP plans ended after a period of 2 years or more	25	19	15	6	10
Percentage of Child Protection Plans ending after 2 years or more	8.4%	6.5%	5.2%	2.4%	4.5%
Number of children with a current CP Plan lasting 2 years or more	0	11	15	8	3
Percentage of children with a current CP Plan lasting 2 years or more	0%	4.5%	6.6%	3.1%	1.4%

Comparator Data for Child Protection per 10,000

Child Protection Plans	2019/20	2018/19		
	Hounslow	Hounslow	England	Outer London
Number of:				

Children who became to subject of a CP plan	238	311	66680	5780
Ceased to be on a CP Plan	297	294	67910	5750
Rate per 10,000 for:				
Children who became to subject of a CP plan	37	48	56	45
Ceased to be on a CP Plan	46	45	57	45

Looked after children as at the year-end

- There were 269 looked after children as at 31 March 2020 which was 9 less children than the previous year. Of the 269 LAC as at 31 March 2020, 89 (33.1%) were placed in residential care, this is similar to the outturn from 2018/19.
- Of the 269 LAC as at 31 March 2018, 16 children (5.9%) were accommodated under Section 20 and under the age of 14 years.

Safeguarding Children Looked After	2019/20	2018/19	2017/18	2016/17	2015/16
The number of CLA at the year end	269	278	248	250	280
Number of CLA in residential care	89	91	66	40	46
Number of CLA under police protection in LA accommodation	0	0	0	4	0
Number of CLA accommodated under Section 20 under the age of 14	16	5	18	17	27

Comparator Data for Looked After Children per 10,000 as at the year-end

Year LAC	Number LAC	Rate per 10,000 children		
		Hounslow	England	Outer London
2013/14	317	52	60	48
2014/15	294	48	60	47
2015/16	280	45	60	47
2016/17	250	40	62	45
2017/18	248	39	64	44
2018/19	278	43	65	46
2019/20	269	42		

Children missing from care

- The number of children reported missing from care in 2018/19 was 55 this shows an increase of 17 children compared to 2017/18 when it was 38.

Missing Children	2019/20	2018/19	2017/18	2016/17	2015/16
Number of Missing Children		55	38	57	55

Number of Missing Episodes		261	293	313	347
Number of children missing and subject to CSE at end		3	5	7	13
% of children missing who were subject to CSE at end		5.0%	13.2%	12.3%	23.6%

Children missing from home

- The number of children reported missing from home dropped to 155 children during 2018/19, compared to 181 the previous year.

Missing Children	2019/20	2018/19	2017/18	2016/17	2015/16
Number of Missing Children		155	181	190	115
Number of Missing Episodes		297	261	294	156
Number of children missing and subject to CSE at end		10	10	8	6
% of children missing who were subject to CSE at end		6.5%	5.5%	4.2%	5.2%

7) HSCB Targeted Priorities 2019/21

Below, the report outlines the progress made under each of its priority areas and its core business function throughout the last year, what needs to be achieved in the coming year, and how practitioners' views and the voice of the community and young people have been sought.

Priority 1 - Safeguarding adolescents in the home and the community (linking with contextual safeguarding)

Outcome 1 - *A strategically led, intelligence based multi-agency system is in place that is responsive to the safeguarding needs of vulnerable adolescents, so that they can be diverted from the risks posed to them and achieve their potential.*

Outcome 2 - *All of Hounslow's multi-agency workforce recognise the early and emerging signs of future risks for young people and respond with preventative interventions.*

The partnership has focused its efforts on developing a local, evidenced based position about the profile of young people who are at risk, from factors outside of the home environment, determining what is working well and where improvements must be made. It has also delivered bespoke training and awareness raising activity and has remained sighted on key areas such as the effectiveness of risk panels and the response to missing children.

Achievements in 2019/20

- ✓ Commissioned systemic review of Serious Youth Violence (SYV)
- ✓ Dr Firman workshop on principles of Contextual Safeguarding developing a strategic response.
- ✓ Organisational Crime and Child Exploitation seminar
- ✓ Promotion of PEACE project through HSCP networks and partnership engagement forums

- ✓ Challenge to education providers via Annual Safeguarding Audit to demonstrate how they are responding to safeguarding adolescents.
- ✓ Participating member of Community Safety Serious Crime Delivery Group and relevant task and finish groups to represent adolescent safeguarding.
- ✓ Representation at the London Safeguarding Children Partnership's Safeguarding Adolescents Task and Finish Group, influencing recommendations to London Children's Services Directors and LSCP Chairs.
- ✓ National practice models and learning recommendations fed into local discussions and considered as part of the SYV review.

Activity for 2020/21:

- Finalise and publish systemic review of SYV and develop comprehensive action plan to address the recommendations and findings supported by clear governance and ownership arrangements.
- Develop Adolescent Safeguarding Strategy which includes risk inside and outside of the home for example adolescent neglect.
- Improve contribution to all CSPB strategies and workstreams to ensure robust response from a safeguarding perspective.
- Update of partnership face to face training to include learning from the systemic review, Organised Crime and Child Exploitation Seminar, current research and national approaches to Child Criminal Exploitation.
- e-Learning training offer to be updated with content to support wider understanding of gangs and county lines.
- Improve uptake of revised course programme to support practitioner response.
- Continue to challenge partnership organisations to recognise their responsibilities and actively participate in the joint response to safeguarding adolescents.
- Scrutinise and challenge effectiveness and partnership contribution at risk panels

Systemic Review of Serious Youth Violence

In response to the murder of a young person in March 2019, the Board, with support from the CSPB, commissioned a multi-agency systemic review to understand some of the early indicators in young people who are presenting with escalating offending behaviors in the community, and assess how effectively the multi-agency system is responding.

The review examined a cohort of thirteen young people, looking at their lives from the point of transition into secondary school and how services have supported and intervened with them and their families. The review has tested and evaluated systems, processes and practice and will make recommendations for improvement, to ensure that Hounslow is preventative, proactive and sophisticated in the way it collectively responds to risk. The review will also comment on how effectively strategic boards are collaborating to address their respective areas of safeguarding adolescents.

The review was scheduled to conclude in April 2020 but was delayed due to Covid-19. The partnership will publish the report in September 2020.

Organised Crime and Child Criminal Exploitation Seminar

The partnership has offered training linked to aspects of SYV and exploitation for several years. The course commissioned from London based 'Gangslane', was removed from the partnerships training offer last year whilst collaborative training opportunities were being explored with Community Safety who were working towards developing a 'Gangs strategy' for the borough.

In parallel to SYV review, it was recognised that there was a need to properly equip the workforce with information about the complexity of organised crime, how young people are criminally exploited, how at times it can sadly end in the tragic deaths of young people. The partnership wanted to ensure that the workforce were informed, perceptions were challenged and there was awareness of local initiatives to support responses.

In February 2020, a seminar facilitated by the Independent Reviewer for the systemic review, created a platform for our local experts in Youth Offending, the PEACE project, Police and Housing to share their knowledge and expertise, highlighting that Hounslow has a skilled specialist workforce who are responding to young people at risk and that support is available for practitioners. The whole day interactive seminar attracted over 100 professionals and covered:

- Early learning from SYV review and the national and local picture of safeguarding adolescents, including challenges in responding as a multi-agency group.
- Challenging professionals' perception of profile of young people at risk.
- Organised crime in operation.
- Family experiences told by parents of Hounslow young people.
- Young people helping professionals to understand their world and the terminology they use.
- Policing SYV in Hounslow
- Cuckooing and the link to SYV and organised crime.
- PEACE Project response and support.
- Feedback from delegates about experiences and issues from their perspective.

The seminar heard the powerful stories of two mothers from Hounslow whose sons were criminally exploited into organised crime. They shared the devastating impact on their children, their families and their views about how services supported them and challenged delegates to examine their own views of the complexities and range of factors present for children and their parents about this area of exploitation.

What professionals said:

'It opened my eyes to understanding that organised crime is everyone's business and a child protection issue. Important to understand the factors that affect serious youth violence and how there is no one sole factor. Understanding that being exploited and dealing drugs etc is not a choice, if people cannot walk away safely without fear of violence therefore it's not a choice. Made me think about how important early intervention is and how much Hounslow are trying to address this through Peace project etc'.

'I learnt about how important it is to continue to support families from initial contact up until the case is closed. We need to have a whole holistic approach when dealing with young people and families.'

'I was well impressed about how the seminar was put together and the topics covered showed that Hounslow is really doing something to tackle the growing problem of organised crime and exploitation.'

I found the testimony of the parents very compelling but was left wondering WHY we are not supporting small projects like the charity one of the mothers has set up. We should be empowering our communities to support themselves’.

Child Criminal Exploitation (CCE) and Missing Children

Child Criminal Exploitation

In June 2019, the HSCB amalgamated its Missing and Vulnerable and Quality Assurance sub-groups and created the Safeguarding Effectiveness sub-group which has responsibility for the delivery of the partnership business plan and themed priorities. As part of its work in safeguarding adolescents, it has ensured oversight of the of the multi-agency response to young people at risk of exploitation by challenging and scrutinising the work of the MACE Panel.

Multi-Agency Criminal Exploitation Panel (MACE)

The panels which are co-chaired by the police and Children’s Social Care, were reconstituted with new Terms of Reference in September 2019 to ensure that all young people at risk of all types of exploitation were reviewed by a single multi-agency panel and become the Multi Agency Child Exploitation (MACE) panel. Its function was split into two panels, Operational MACE and Strategic MACE, both with a distinct remit. The operational panel focusing on the identification of victims of exploitation, perpetrators of abuse and locations of concern in order for preventative and disruption measures to be taken and the strategic panel analysing trends and themes identified at an operational level to drive targeted actions and reduce risks in specific locations. There has been a noted increase in referrals being made to the MACE panel for male victims being criminally exploited, which was anticipated and broadly in line with the overall Youth Offending cohort which is approximately 88% male.

Table 1: Numbers of cases open to MACE by month

	April 19	May 19	June 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
Open cases	17	15	13	17	12	17	19	19	14	14	11	12
Cases Reviewed	11	13	9	15	6	10	10	13	6	9	8	5

**Not all open cases are reviewed every month. This is to allow time to review cases over a certain period and ensure case sustainability before a decision is made to remove them.*

Table 2: Numbers of Referrals to MACE by month

Month	April 19	May 19	June 19	July 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 19	Feb 19	Mar 19	Total
Referrals	2	1	4	4	6	3	9	5	1	3	1	1	40

Cases accepted	2	1	4	4	6	3	1	3	0	1	1	1	27
Cases removed	4	3	0	9	1	1	1	8	0	4	0	3	34

There were 40 cases referred to the MACE between April 2019 and March 2020 with 27 cases accepted. Comparative data from the previous year evidences between April 2018 and March 2019 there were 38 cases referred to MACE with 28 cases being accepted. This demonstrates that the number of cases being referred and accepted to MACE remains consistent as there is continued knowledge and awareness raising around CSE and CCE.

Whilst the number of cases open to the MACE panel at the beginning of the year was comparative to previous years, the number of young people open has steadily fallen from October 2019 to March 2020, to almost half. This has been attributed to greater scrutiny of threshold and the appropriate discharge of several long-standing cases where there was no longer evidence of cause for concern about exploitation

Table 3: Numbers and nature of cases reviewed each month

	April 19	May 19	June 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Total
Cases Reviewed	11	13	9	15	6	10	10	13	6	9	8	5	115
CIN	2	5	1	3	3	4	4	4	3	1	2	1	33
CP	4	4	4	5	2	3	2	4	1	2	2	1	34
LAC	5	4	4	7	3	3	4	5	2	6	4	3	50
Not Open to CS	1												1

50 out of 115 children reviewed by the panel were Looked After Children (LAC) and 67 children reviewed were either subject to a Child Protection Plan (CPP) or a Child in Need (CiN) plan. Comparative data from 2018/19 demonstrated similar rates with 47 out of 103 were LAC children and 56 children were subject to either a CPP or CIN Plan. It is worth noting that some of the children may have previously been reviewed on a CIN or CP plan and had then become LAC as a result of the exploitation risks and the need to move them out of the area for their own safety.

This year, it was agreed by partnership agencies that the previous standalone CSE Strategy would not be updated and instead, to support the partnership priority of Safeguarding Adolescents, a broader strategy, using the learning from the SYV systemic review would be developed that incorporated the multi-agency response to CCE and also extra-familial harm.

Partner representation and participation at the panels had been historically good but had declined over the year. The partnership included a review of the effectiveness the MACE panels as part of the SYV systemic review. Following feedback from the Independent Reviewer, Operational MACE panel is undergoing a further "deep dive" review to respond to the findings. A Task and Finish Group will commence in August 2020 to develop and progress the recommendations from this review and will regularly report progress to the Safeguarding Effectiveness Sub-Group.

Operation Makesafe

The Police have continued to raise awareness through the national Operation Makesafe (known locally as Operation Amethyst) which focuses on targeted activity of licensed businesses and hotels approximately every 8 weeks by Police officers and Police cadets. During 2020, the Police aim to roll out this training to include taxi firms and late-night food retailers.

CSE Awareness Day 2020

The National CSE Awareness Day was due to be held on the 18th March 2020, however due to Covid-19 all planned activity had been postponed and will be revisited later in the year.

Bwise2 CSE

The course is offered through the HSCP multi-agency face to face training programme. A central aim of the course is to increase awareness of CSE including abuse of boys and to ensure professionals work proactively and preventatively with all young people. Analysis of the qualitative course evaluation suggested that the aims were met for most delegates, however despite significant national media coverage of CSE, over several years there was still a lack of awareness of the 'mechanics' and organised nature frequently found in CSE and the power of perpetrators to entrap.

What professionals said:



Missing from Home, Care and Education

Children Missing from Home

The number of children reported missing from home dropped from 155 children in 2018/19 to 108 in 2019/20, a reduction in 47 from the previous year. The number of missing episodes also decreased from 297 in 2018/19 to 243 in 2019/20, a reduction of 54 missing episodes, however the average number of episodes stayed static at 2 missing episodes per child in both years.

The number of children missing from home and at risk of CSE decreased from 10 children in 2018/19 to 4 children in 2019/20.

Children Missing from Care

The number of children reported missing from care increased from 60 children in 2018/19 to 76 children in 2019/20, an increase of 16 children. The number of missing episodes doubled by more than half, from 256 in 2018/19 to 671 in 2019/20 an increase of 415 episodes. The

average number of episodes also increased from approximately 4 episodes per child in 2018/19 to approximately 9 per child in 2019/20. Analysis of the data suggest that the increase is likely to be due to better recording of missing incidents.

The number of children at risk of CSE and reported missing during the year dropped from 5% in 2018/19 (3 children) to 1% (1 children) in 2019/20.

Return Home Interviews

There are clear processes in Hounslow to ensure all children who are reported missing from home or care are offered an independent return interview. The Missing from Home and Missing from Care Workflows outline that all allocated cases should always be offered a return interview by an independent person this could either be a duty social worker (not the allocated social worker) or a person identified from the young person's network. The Adolescent Support Team offer return interviews for children missing from home who are not open to Children's Services.

Table 1: Return Home Interviews for children missing from Home

Number of Episodes Missing from Home	243	
Number of RHI's completed in demographics	98	40.3%
Number of RHI forms completed	145	59.7%
Number of RI's offered within 72 hours	81	55.9%

The number of children with at least one return interview completed during the year, decreased by 8% from the previous year from 63.2% in 2018/19 to 55.6% in 2019/20.

Table 1 shows 40.3% of children who went missing from home had a return home interview which is a slight decrease from the previous reporting period 2018/2019 when 47.5% had a return home interview. However, there was still only 55.9% of these being offered within 72 hours of the young person returning and there is still further improvement needed.

Table 2: Return Home Interviews for children missing from Care

Number of Episodes Missing from Care	671	
Number of RHI's completed in demographics.	307	45.8%
Number of RHI forms completed	170	25.3%
Number of RHI's offered within 72 hours	160	94.1%

The number of children with at least one return interview completed during the year was consistent with the numbers reported in 2018/2019 at 86.8%, however the proportion of children that were offered a return interview, dropped from 75.8% in 2018/19 to 70.8% in 2019/20, a drop of 5% drop.

Table 2 shows that although 94.1% of children missing from care were offered a return interview, only 45.8% of children who went missing from care had a return home interview completed. This has seen an increase in the number of return interviews being offered this year compared to 2018-2019 when this was up at 76.8%. However, the completion rate of the return interviews has decreased compared to the previous year at 59.4% and there is still further improvement needed.

Although significant improvements in the recording and completion of return home interviews were made during 2019/20, further improvements are still required to ensure that all missing children receive at least one return interview.

Children Missing Education

There has continued to be an improvement in reporting of Children Missing Education (CME). The number of Hounslow schools completing reasonable enquiries has increased creating capacity to focus on urgent cases. There has continued to be a focus on Independent Schools to assure that they are complying with the CME Legislation.

The number of CME arriving in the UK and moving into Hounslow with significant Special Educational Needs and Disability (SEND) without an Education Health and Care Plan (EHCP) has continued to rise. Over the last year, the Settings Allocation Panel, who monitor and progress placements, has evolved to consider all CME with SEND regardless of whether a plan is in place.

There has been an increased focus on developing relationships with other departments and organisations, such as landlords and lettings agencies, who can support the tracking and location of CME, as well as the Border Agency Immigration Department to increase notifications of children coming into the UK.

During the Ofsted ILACS inspection in 2018, it was noted that Hounslow had established good processes for additional non-statutory checks to be completed, such as the "Safeguarding Report" in the School Admission Team to track the transition of young people from Year 6 to Year 7.

Priority 2 – Neglect

Outcome - *Hounslow has a clear strategically driven, multi-agency response to children experiencing neglect, with a well embedded, effective multi-agency strategy and assessment framework leading to a reduction in children and young people experiencing long standing neglect, ensuring families are getting help earlier.*

As reported by the Board in its 2018/19 annual report, it was recommended that neglect was reinstated as a targeted priority, after extensive quality assurance activity had evidenced that the Neglect Strategy 2017/19 had been ineffective.

In June 2019, the HSCP formed a Neglect Task and Finish Group, chaired by the Interim Assistant Director for Quality Assurance and Improvement, to understand the central cause of the challenges in responding consistently to neglect and develop a simplified strategy.

Achievements in 2019/20:

- ✓ Revision of the two-year Neglect Multi-Agency strategy 2020-22.
- ✓ Developed neglect themed dashboard to monitor impact of the strategy.
- ✓ Revision of comprehensive and partnership versions of the Quality of Care (QoC) assessment tool with supporting practice standards and guidance
- ✓ Agreement that QoC assessment is mandated and regularly reviewed in all CIN and CP cases where neglect is a primary feature, with the exception of some adolescent neglect cases.
- ✓ Agreement and commitment that partnership agencies to embed the partnership QoC tool and contribute to completion of comprehensive tool in all CP and CIN cases where it is used.
- ✓ Neglect train the trainer programme developed, and partnership leads agreed.

Activity for 2020/21:

- Monitoring and scrutiny of Neglect implementation plan by the Safeguarding Effectiveness Sub-Group, including data analysis, communication plans and training impact.
- Third neglect themed multi-agency audit to be undertaken in 2021 to assess improvement and impact of strategy.
- Delivery of train the trainer programme facilitated by multi-agency partners.

Neglect Strategy 2020-22

The QoC assessment tool was developed in Hounslow in 2011 and was recognised as an innovative approach to improve the quality and consistency of assessments of neglect and support targeted planning. Initially, the tool was used on a voluntary basis; with professionals reporting that it supported their assessments and work with families, although its use was not supported by a multi-agency strategy. The HSCB developed its first strategy in 2017/19, which as reported above was deemed ineffective.

The partnership determined that consistent, evidenced based assessments of neglect would be central to the strategy and using practitioner feedback from across the partnership, it was agreed that the QoC assessments was still most appropriate tool for Hounslow. The strategy and supporting delivery plan were developed using learning from quality assurance activity, best practice from other areas and Ofsted's thematic learning reports and it was launched in January 202. The launch was attended by 76 multi-agency professionals, with the creator of the QoC tool, Jane Wiffin, delivering a keynote speech, reinforcing that a consistent and collaborative approach to assessments was vital in achieving good outcomes for children and families in neglectful circumstances.

Professionals attending the launch were asked for their view about the Boroughs strategic approach and how the QoC would positively impact children. Analysis of the evaluation identified the revised strategy had provided clarity about Hounslow's response to neglect and the expectations of partners.

What professionals said:

'There is an obvious need for a more joined up way of working, quicker and more effective ways of ensuring change for children in families where neglect is present. This tool should ensure professionals challenge parents to change and address issues of neglect rather than relying purely on plugging parenting gaps for the parents.'

'I utilised the neglect tool and found it very useful, so I am very happy with the plan for this to be used by services in the future.'

'I think the approach will be helpful in aiding professionals to identify multiple areas to consider with regards neglect''

Priority 3 - Child Sexual Abuse (focus on interfamilial abuse)

Outcome - *Children suffering from sexual abuse will be identified and responded to effectively, receiving the right support from well trained and well-informed professionals.*

Following the Children's Commissioner's report in 2016, the profile of child sexual abuse has increased once again, and it is expected that local areas strengthen their response and properly equip their workforce. This position is further supported by Ofsted who have developed a Joint Targeted Area Inspection (JTAI) framework with a deep dive theme specifically exploring child sexual abuse. Some learning activity has been undertaken locally exploring the response to child sexual abuse, which identified that there were inconsistencies in practice, a lack of professional understanding and confidence, and limited expertise in responding to children that are suffering sexual abuse in the home.

In the last year, the partnership assessed itself against the JTAI framework and national learning which found that Hounslow was not consistently and effectively identifying or responding to the area of risk. Senior leaders across the partnership acknowledged that further work was required and in response, the HSCP must significantly increase its focus on priority in 2020/21.

Achievements in 2019/20:

- ✓ Assessment of the effectiveness of Hounslow's response benchmarking against JTAI framework.
- ✓ Promotion of NSPCC PANTS Campaign to maintain legacy of programme in primary schools and early years settings.

Activity for 2020/21:

- Commission Child Sexual Abuse themed multi-agency audit and use findings to develop a Child Sexual Abuse Multi-Agency Strategy in line with JTAI standards.
- Continue to challenge partner agencies to prioritise multi-agency Child Sexual Abuse training.
- Programme of NSPCC PANTS to be rolled out into Early Years settings throughout 2020-21

NSPCC PANTS

The commitment to keep the PANTS messages 'alive' in Hounslow and to continue to reach children starting school in future years has been reported in previous annual reports.

Following its success, schools have continued to deliver the campaign independently with direct support from the NSPCC, to ensure the legacy continues and the programme is well embedded into the curriculum as demonstrated through the findings of Annual Education Safeguarding Audit 2019.

The focus of the programme over the last year, has moved to early years settings and the faith community, both of which have been less accessible and or responsive since the start of the campaign. To achieve real impact within the faith community, like that seen in education settings a longer and more targeted piece of work will be required. In March 2020, it was intended that there would be a month of PANTS sessions in nurseries and local churches.

Two nursery sessions were able to take place, with positive responses from parents who attended, however progress was impacted by the Covid-19 lockdown.



Throughout lockdown, the HSCP has continued to send resources to all partner agencies to support awareness about CSA during a time when children are less visible to professionals.

Training for Professionals

Last year it was reported that following a needs assessment it had agreed to commission the 'Child sexual abuse in the family environment' programme by the Lucy Faithful Foundation, instead of developing a bespoke train the trainer programme for Hounslow, tailored to local need. The commissioned programme was not well attended with only 31 professionals completing the training. Positively, analysis of the learning outcomes of those who completed the course did evidence its value and potential impact if a greater reach across all partnership agencies was achieved.

In the coming year, the partnership will revisit its CSA training model to support the strategic direction of the partnership, embedding learning from quality assurance activity and develop local expertise to ensure professionals are given the skills that they have identified that they need.

What professionals said:

'I will think of CSA very differently - as a discrete phenomenon rather than through the prism of understanding of other forms of abuse'.

'I am more confident talking about sexual abuse with children'

Priority 4 - Improving a joint approach to safeguarding between Children and Adults Services

Outcome - *Professionals working with children are supported strategically to consider other family members who may need support.*

There has been limited evidential activity from both the HSCP and HSAB over the last year, of progress against the priority, which was primarily due to competing departmental service priorities and reduction in resources.

Productive discussions have taken place between Children and Adults Social Care leaders to agree which services could easily collaborate to work more closely together, for example a joint children's and adults' MASH. Throughout the wider safeguarding system, many organisations are already more closely integrated and have embedded approaches which respond to both children's and adults safeguarding, such as Police and Health services. To embed the principles further, the HSCP and HSAB delivered a joint workshop facilitated by Dez Holmes focusing on Transitional Safeguarding.

Despite the lack of progress, the interface between the children's and adult's workforce has strengthened and is being better supported by a mutual respect and understanding of each other's remits. Hounslow benefits from having the same Independent Chair for both the HSCP and HSAB and a newly appointed Executive Director for Children's and Adults Services, placing it in an advantageous position to continue to develop collaboration opportunities across both departments and partner agencies.

Priority 5 - Adolescent Mental Health and Emotional Wellbeing

Outcome - *Hounslow responds to young people suffering with mental health and emotional instability as effectively and as early as possible avoiding deterioration and crisis intervention and improving outcomes for vulnerable young people.*

The partnership has remained focused on training professionals and engaging with older young people over the last year. As reported last year, consultation with the Looked After Children, Leaving Care and Youth Councils highlighted that young people in the Borough are mostly worried about mental health and wellbeing which has continued to be a concern for them this year. In response, the HSCP has begun designing a training programme specifically for young people to build resilience and support their mental health and wellbeing. Initially, the programme will be trialled with older young people who are leaving or have recently left care, to support them with techniques to manage stress while they are establishing their independence. If the programme is successful, consideration will be given to expanding the reach of young people in secondary schools.

Mental Health First Aid

The HSCP has continued to deliver the Mental Health First Aid programme as part of its core classroom training offer and uptake from a wide spectrum of organisations has continued. The partnership has retained a good pool of its trainers who it supported through the accredited Train the Trainer programme. Ongoing funding from Public Health has allowed the partnership to continue to meet the associated costs of delivering the course and training materials.

Over the last 3 years a total of 149 professionals have undertaken the training, with 73 of those trained in the last year, approximately double the number in previous years. The increase has been attributed to professionals increasingly finding value in the training, and commitment from senior leaders and organisations, to develop their understanding and confidence in responding to young people's mental health needs.

What professionals said:

'More knowledgeable, better understanding, more confident so everything that I do from now on will be more focused with a better all-round understanding of Youth Mental Health making me a more rounded person and Police Officer'.

'I feel more equipped to recognise the signs of mental health issues and how I can respond to support the young person. Information was also given about different disorders and how symptoms can overlap. Also, about referring to other agencies for support and recognising own limitations'.

8) Feltham YOI (FYOI)

The partnership has statutory duties to all young people in FYOI despite very few being from Hounslow. As reported last year, the inspection of the establishment in January 2019 saw a decline in safety since the previous inspection in 2018. A contributory factor to the decline in standards had been the vacancy of a Governing Governor for a period of five months until the current Governor took up the post in December 2018. The establishment was re-inspected again in July 2019 and Inspectors found that standards had slipped further and triggered an Urgent Notification (UN) due to a collapse in the regime. They found that the number of assaults had increased, that there had been a rise in violence and self-harm which was not properly addressed and had impacted staffing levels, contributing to a further restricted the regime. Intensive support was put in place by the Youth Custody Service (YCS) and the establishments roll was reduced.

In the 6 months between inspections, the FYOI Sub-Group made significant attempts to seek assurance about safety standards, challenge the establishment on its improvement plan including obtaining performance data and understand the reasons why there had been a sharp increase in referrals to the LADO service, however accurate and timely information sharing was limited.

Of particular concern to the partnership were the findings identified in relation to safety and safeguarding in which the internal governance and structure of the safeguarding team was deemed ineffective and required more robust responses, particularly in relation thresholds and outstanding paperwork. It was later recognised that the reason the LADO service had been receiving high numbers of referrals in the preceding months was as a result of how the safeguarding team was operating.

Since the inspection, the Sub-Group chaired by the Independent Chair of the partnership has solely focused on robustly monitoring the progress of the Urgent Notification Recovery Plan. Positively, it has established a good and transparent relationship with the new Head of Safety, who is actively engaged with the partnership and providing regular assurance reports supported by analysed data and is responsive and proactive in addressing partnership concerns. The processes between the LADO and the Safety Team have improved, thresholds are applied properly, and the level of referrals has reduced significantly.

At the end of 2019, a further process of independent scrutiny was established between the HSCP and YCS. It was agreed that they would conduct joint unannounced visit to quality assure systems, processes and recording and consult with young people and staff directly. Two unannounced visits took place in January and February prior to restrictions imposed due to Covid-19. Areas reviewed during the visits included, the operation of the safeguarding team, management of incidents, including reviewing randomly selected CCTV footage and de-briefs of young people, de-escalation techniques and management of restraints, interventions to support self-harm and isolation and separation (Rule 49). Visits also included walkarounds of the establishment to review improvements in living conditions. In a recent survey, 17% of young people said they felt safe at the time of the inspection which has increased to 77% reporting to feeling safe now, demonstrating that the safety and the physical environment for the young people has improved since the last inspection.

Progress since the last inspection is evident and there is a commitment by the leadership team to continue make incremental sustainable change. The re-inspection of the establishment has been delayed due to Covid-19 but it is likely that it will be completed by autumn 2020.

In addition to the focus on progress of the UN, over the last year, the partnership, FYOI, the LADO and Hounslow Clinical Commissioning Group (CCG) have been challenging NHS England about young people in secure estates having access to regular and timely Child Protection (CP) medicals as they would in the community. At the end of 2019, Hounslow CCG undertook a review of the process locally, in line with legislative requirements and funding constraints. There has not yet been a resolution nationally about the commissioning arrangements for CP medicals in secure estates, however to prioritise the best interests of young people, Hounslow CCG, Hounslow Richmond Community Healthcare (HRCH) and FYOI have worked together to develop a local protocol to ensure that those requiring medical examination by Community Paediatricians, receive an assessment in a timely way, in the setting that is most appropriate to meet their needs.

9) Learning and Improvement

Case Reviews and Learning

Two Serious Case Reviews (SCR) were undertaken by the HSCB in 2017 and 2018, and the learning and themes were reported last year. Although, the reviews were not commissioned during the last financial year, workstreams responding to the findings and learning have continued to be addressed throughout 2019/20.

Sasha SCR

The report was concluded in September 2018 but was not able to be published due to a number of delays beyond the control of the Board. The action plan was agreed in January 2019 and was completed in September 2019. The report was published in May 2020.

Family K

The SCR was commissioned following the stabbing of a baby and his mother in June 2018. The review was co-commissioned with Newham Safeguarding Children Board due to the family spending a significant amount time in their area, prior to moving to Hounslow towards the end of the review timeframe.

The final report has been completed and has been shared with Hounslow and Newham agencies. The final report is due to be published in September 2020.

Progress against the learning and recommendations generated by the review will be tested during the systemic review focusing on Domestic Abuse services which was due to be undertaken in June 2020 but has been delayed to September due to Covid-19.

Learning Reviews

In the last year, three serious incidents have been notified to the DfE and National Panel and the Rapid Reviews (RR) have been held within the 15-day timescales as per statutory guidance and did not result in decisions to conduct Serious Case Reviews (Working Together to Safeguard Children 2015) or Local Child Safeguarding Practice Reviews (Working Together to Safeguard Children 2018). In each case the rationale and decision making were agreed by the National Panel.

Although statutory reviews were not commissioned, the partnership utilised the freedoms of WTSC 18 to undertake learning reviews which were most appropriate to meet Hounslow's needs and commissioned two thematic systemic reviews to determine how the whole safeguarding system was responding to the issues identified.

Theme 1 – Serious Youth Violence and Child Criminal Exploitation

Two of the three serious incidents identified issues in relation to SYV and CCE, and the partnership commissioned a systemic review to support its Safeguarding Adolescents priority exploring the boroughs response to SYV and contributing factors. Further details of the review have been reported in Section 7 under Priority 1 Safeguarding Adolescents.

Theme 2 – Domestic Abuse

The second of the thematic reviews focuses on the response by partners to Domestic Abuse (DA). Community Safety Partnership (CSP) lead the strategic response to DA in Hounslow, with support from the HSCP and HSAB. In 2017, Hounslow underwent a Joint Targeted Area Inspection (JTAI) for Children Living with Domestic Abuse. Overall, the inspection identified Hounslow to be in a good position, with a well-trained, well informed work force and a good range of support services available. The inspection highlighted some areas of improvement that were delivered via a multi-agency action plan with oversight from the HSCB.

The RR in 2019, was convened in response to the unexplained death of a small child, where the extent of the DA in the family was largely unknown to some professionals and not consistently risk assessed or escalated by others. The review generated similar thematic learning that was identified in the Family K SCR, in relation to the consistency of the multi-agency response, risk management and culturally considered response. It was the view of the HSCP, supported by the CSP, that a wider multi-agency systemic review would be beneficial, using the learning from the local case reviews, reviewing the impact of the actions identified in response to the JTAI recommendations and more recently the learning generated by Ofsted, published in January 2020 '*Domestic Abuse: Keeping the Conversation Going*' to determine whether improvements were effectively embedded and having impact to achieve good outcomes and that the system continues to evolve.

10) Effectiveness, Assurance & Performance

Effectiveness of the Safeguarding System

Outcome - *There is a solid, strong and responsive multi-agency safeguarding system in place which fulfils its responsibilities to children and families needing support from early help services to children and young people needing to be looked after by the Local Authority.*

Assurance and Performance

The HSCP has continued to make efforts to improve its Quality Assurance (QA) and audit activity over the last two years. As part of its transition, the partnership recognised that audits can be burdensome on professional's time, and it has committed to ensuring that audit work

is targeted and purposeful with a clear rationale. It aims to undertake as a minimum, one deep dive themed multi-agency audit per year, linked to either its priorities or emerging concerns. The partnership is increasingly trying to be more intelligence led in its responses, by improving the coordination and triangulation of information generated by partners, so that it can confidently assure itself about practice and identify areas of improvement.

The partnership concluded two significant pieces of audit work in 2019, one exploring the quality and consistency of all multi-agency safeguarding meetings across the safeguarding system, which was commissioned in response to outcomes of two inspections and learning from other audit and quality assurance work, and the second the annual safeguarding audit of schools. The findings and recommendations of both audits have translated into actions being taken forward by the partnership which are being closely monitored by the partnership Board. Further details about the audit findings are outlined later in the report.

Quality Assurance and learning activity planned for 2020/21:

- Strategic Safeguarding Compliance Audit (previously Section 11, last one completed 2017)
- Annual Education Safeguarding Audit 2020 (rolled out in Jan 2020)
- Child Sexual Abuse Multi-Agency Audit
- FYOI Separation and Isolation (Rule 49) Audit
- Domestic Abuse Systemic Review
- Use of Police Protection Audit

Effectiveness of Multi-Agency Safeguarding Meetings Audit

WTSC18 requires agencies to work collaboratively in order to best protect children and young people. A major part of this work is captured in the effectiveness of the various meetings which are held at critical points in a child's journey. The meetings should be designed to ensure that the work is multi-agency and that the team around the child share a set of desired outcomes for the child and are working towards that aim.

In response the partnership recognised best practice within meetings is best served by a proactive, co-ordinated, multi-agency approach to achieve better outcomes for children impacted by abuse or neglect. The findings support the partnerships responsibility in monitoring the effectiveness of what is done to safeguard and promote the welfare of children and young people in the Borough.

The purpose of the audit was to identify areas of good practice and areas for development to provide a baseline of multi-agency performance. Several safeguarding meetings, through the system were reviewed including strategy meetings, Child Protection Case Conferences (CPCC), Child in Need (CiN) meetings, Core Group (CG) meetings and network meetings. The methodology included review of records and direct observations where possible.

What was good:

- ✓ Sound multi-agency working in most cases, with an *'impressive commitment to the children and young people in Hounslow'*.
- ✓ Early improvements in relation to multi-agency attendance strategy meetings.
- ✓ Good family attendance and contribution at all appropriate meetings, which they are encouraged to fully contribute to.
- ✓ High proportion of multi-agency reports were of a good standard.

What needs to improve:

- Increase health contribution to strategy meetings.
- Modernisation of the CPCC model to support the discussion and analysis of risk.
- Increased on the emphasis of impact and outcomes in CPCCs.

- Chairs should be more authoritative and challenging in their expectations of other agencies.
- Standardisation of how agencies write reports for CPCC.
- All agencies should share their report with the family prior to the CPCC.
- All agencies should consistently submit their report prior to CPCC, to support proper risk assessment prior to the meeting to prevent adversely impacting decision-making.
- Consistency in recording family contribution at meetings.
- Increase the time the CPCC spends on developing the plan and clearly linking to the risks and strengths within the family.
- SMART outcome focused plans should be developed in all meetings to ensure the plan is task focused.
- Improve consideration of diversity and identity and the wishes and feelings of the child.

Fourteen recommendations in total were made. The report was made available to Inspectors during the Ofsted focused visit of Children Social Care in January, who agreed that the findings were accurate and suggested two further recommendations to improve the recording of the rationale for single agency Section 47 investigation and re-convening strategy meetings when an investigation is ongoing, particularly in cases of Non-Accidental Injury.

The partnership agreed that there was an urgency to progress the recommendations quickly. A multi-agency Task and Finish group reporting to the Safeguarding Effectiveness Sub-Group has met on three occasions. Improvements have already been made in health attendance at strategy meetings. The partnership has developed a SPOC contact list for all health providers across the Borough, which is updated quarterly to ensure it is accurate and cascaded to Children's Social Care teams, to allow them quick access to health professionals in time critical circumstances. Partnership agencies were consulted on a revised CPCC model and report template in March which is scheduled to go live in July 2020.

The Task and Finish group will conclude in September and will provide its final progress report to the partnership.

Annual Schools Safeguarding Audit 2019

Over the last three years, the Board and now partnership, has embarked on an extensive engagement programme with schools, which included consultations, awareness raising events, involvement in targeted work and most significantly the revision of the Annual Schools Safeguarding Audit, which meets the statutory requirements of the Education Act 2002. In January 2019, the Board rolled out its second audit for schools. A total of 83 audits were sent out and 59 audits were returned which is an improvement on the 47 returned in the previous year. The partnership will continue to encourage increased returns, aiming for 90% compliance by 2021.

Each school received an individual response letter to their audit, acknowledging areas of strength and suggestions for areas of improvement. Thematic learning was extracted from the analysis of all of the returns which showed that:

Strengths

- ✓ Overall safeguarding practice is good
- ✓ Child Protection responses are strong
- ✓ Parents and children are involved in shaping school life
- ✓ PSHE programmes are targeted but there were some varied priorities which were not aligned to the strategic safeguarding priorities for the Borough.
- ✓ NSPCC PANTS has a strong legacy

- ✓ Training and response to Child Sexual Exploitation and eSafety is strong
- ✓ Relentless commitment to operational multi-agency and collaborative working

Improvements

- Supervision for safeguarding leads was not common in school structures
- Training and understanding of local thresholds needed to be improved
- CFAN training and quality assurance of referrals needed to be improved
- Better awareness, reference and application of the HSCP Escalation Policy in school policies to support challenging decision making
- Strengthen awareness of the breadth of the work of the HSCP

Learning was cascaded to school leaders via a range engagement and communication forums. Progress against the areas of improvement will be reviewed against the audit analysis for 2020, and further triangulated against learning generated in the wider safeguarding system, such as quality of referrals into the MASH.

Scrutiny of the MASH

The HSCP has increased its challenge of health's performance in the MASH to ensure timeliness was improved and sustained. Reports received by the partnership towards the end of the year, have demonstrated that improvements are being sustained.

The assessment and oversight of Child and Family Assessment Notification (CFAN) quality has continued to be tested through all of the quality assurance and learning activity undertaken by the partnership, including the education safeguarding audit, SYV review and multi-agency meeting audit. Activity has evidenced that the referral rate into the MASH continues to be high and the quality and relevance of CFAN's is an ongoing area of concern. As an outcome of the Challenge Day, a piece of work will be undertaken to analyse the contact and referral reasons, to support a programme of dip sampling by a multi-agency panel of safeguarding leads to ensure improvement is owned by all partners. The threshold for intervention guidance is due to be revised in 2020 and will be ratified by all partner agencies. The HSCP will continue to seek assurance about how well it is understood, embedded and applied from all partner organisations.

Inspections

It is expected that all partner agencies subject to external regulation provide assurance to the partnership that inspection outcomes are acted upon and embedded to ensure practice and service delivery to vulnerable children and young people continues to improve. Where an inspection has been undertaken in relation to safeguarding, a summary report should be provided to members at the earliest available opportunity and regular updates on areas of improvement should be reported to the partnership until completion.

Ofsted Focused Visit of Children's Social Care

During their visit in January 2020, Inspectors noted gaps in the involvement and contribution from health providers in strategy meetings and a lack of joint Section 47 investigations involving Police. As outlined above, the HSCP had already identified issues in relation to health contribution at meetings which contributed to the decision to undertake the themed audit and had identified a recommendation in the audit to address the issue.

Children's Social Care provided an overview to the partnership in January 2020 of the outcomes of the focused visit supported by an updated version of the departmental Improvement Plan. Progress reports will be provided to each partnership meeting as agreed by the Independent Chair and Chief Executive of the Local Authority.

Early Help

The creation of a workable strategy and approach to providing early help to children and families is an ongoing priority for Hounslow and supported by the partnership and its member agencies.

The Children's Delivery Group, supported by the multi-agency Early Help Strategic Group are responsible for monitoring the implementation, impact and outcomes achieved by the Early Help Hub over the initial two-year funding agreement. The HSCP is represented at the strategic group via the Business Manager and activity reports are provided to the partnership throughout the year.

As reported previously, the HSCB had a central role in challenging the Local Authority to develop an offer that was supported by an effective strategy after the disaggregation of the Early Intervention Service.

In 2019, the HSCP supported the launch of the Borough's Early Help approach as well as the creation and delivery of the multi-agency training through its face to face course programme. The launch of the strategy and Early Help Hub was attended by 123 professionals, who heard from keynote speaker, Dr Mark Bellis, from Public Health Wales. Dr Bellis is internationally accredited for his research into the links between effective early help support and the positive impact on Adverse Childhood Experiences. Professional also heard from the Borough's Early Help practitioners who explained the strategic approach and how the Early Help Hub could support services and the community to offer support to families at the earliest opportunity.

Analysis of the feedback from professionals showed some apprehension with concerns primarily related to resourcing, capacity, thresholds and maintaining momentum to deliver the model whilst ensuring its legacy.

Voice of Practitioners on the Front Line

It is the commitment of the partnership that the view of front-line practitioners is heard and considered when developing safeguarding practice, wherever possible, providing a clear line of sight from strategic planning to front line delivery. The Safeguarding Effectiveness Framework aims to maximise opportunities through case reviews, audits, learning cycles and utilise established practitioner and professional engagement forums. Over the last year as demonstrated throughout the report, practitioner consultation and feedback has been actively sought and considered when progressing the Business Plan and it has been central in shaping the strategic outcomes and programmes of work such as:

- Effectiveness of safeguarding meetings audit
- SYV Systemic review panels
- Organised Crime and Child Exploitation Seminar
- Neglect strategy development
- Family K SCR
- Identifying local operational level case learning for sharing with the partnership

11) Private Fostering

Referrals to the Fostering team have increased since last year but remain low, in line with national figures. Between January 2018 to September 2019 there were 13 referrals of a Private Fostering arrangement.

Following Ofsted's ILACS in 2018, a notification alert system was introduced by Children's Social Care, enabling improved tracking of cases and to minimise the delay in completing

assessments, which has had a positive impact on the timeliness of assessment and case management.

Hounslow Private Fostering Leads have continued to work hard to raise awareness and improve local understanding of Private Fostering, undertaking targeted work with school admissions to raise awareness.

The Private Fostering Service supported by the partnership continues to request support from agencies to identify more potential private fostering arrangements, primarily through Police enquires during incident responses and health agencies particularly at the new patient registration.

12) Voice of the Child

The HSCP has made some improvements in seeking the views of families and children when undertaking learning activity, as outlined in the Safeguarding Effectiveness Framework. Opportunities have been offered to young people and their families during all of the partnerships work programme over the last year, although their engagement and a willingness to contribute in some of the activities, particularly when exploring some aspects of safeguarding adolescents has been more challenging.

The HSCP will need to continue to prioritise improving its engagement and find more creative ways to include children and families in shaping the strategic decision making in the Borough, however, it is recognised that it should be in a considered and meaningful way to avoid it being an exercise to tick a box or attempt to fulfil expectations that is not solely in the partnerships remit to resolve.

The partnership has had very limited information from partner agencies in relation to service user feedback. As part of the annual report review cycle the partnership will request a supplementary paper which collates and analyses feedback and service delivery from a user point of view. The information will be triangulated against intelligence and areas of work already identified by the partnership and used to refocus priorities as needed.

13) Conclusion

Partnership efforts have predominantly been focused on the themed priorities of safeguarding adolescents and neglect and refocusing on seeking assurance about how well the core safeguarding system is operating and what impact it is having in making a difference to children's and families. These areas were prioritised by the partnership in order to respond to significant improvements which had been identified through quality assurance and learning activity in the previous year. The focus on challenging the effectiveness of the core safeguarding system will continue to occupy approximately 50% of the partnership time over the coming year, so that it can be assured that the system is operating effectively, that children are safe and most importantly thriving.

Both neglect and safeguarding adolescents are some of the most complex and challenging areas of safeguarding, with no single response having been determined as wholly effective, and the attention from the partnership has been on properly understanding the local position, what is working well and identifying where gaps and improvements are needed, to provide a foundation to develop approaches that work best for Hounslow.

In comparison, over the last year, child sexual abuse, improving the interface between children's and adults and adolescent mental health and wellbeing have all received less emphasis. Some local learning activity has been undertaken in child sexual abuse, which as outlined in the report identified that there are inconsistencies in practice, professional understanding and confidence, and limited expertise in responding to children that are suffering sexual abuse in the home. There will be a greater focus from the partnership in the coming year to develop and strengthen the local response to this area of abuse.

The HSCP continues to be challenged by the lack of analysed data which is shared with it by its partner agencies. This was again recognised as an area of weakness for the partnership by Ofsted during the focused visit of Children's Social Care in January. The issue has been consistently highlighted in previous annual reports and there is a recognition that good data is integral to any safeguarding partnership fulfilling its assurance, challenge and oversight responsibilities, as well as contributing to operating from an evidence-based position, to support targeted responses across the safeguarding system. It is also recognised that there is limited analytical capacity, despite a significant amount of data produced across all organisations in Hounslow. To achieve minimum statutory expectations, considerable work has been undertaken over the last year by the Safeguarding Effectiveness Sub-Group to develop a reduced partnership data set, which is aligned to core business monitoring and supports the monitoring of themed priorities using data which is already produced and analysed, therefore reducing the burden on agencies time. The reporting process was due to be implemented in early 2020 with the first overview report expected at Safeguarding Effectiveness Sub-Group by the end of August, however this was impacted by Covid-19 due to a number of partner agencies pausing large amounts of data reporting during the height of the pandemic.

As reported, the primary focus has been on three of the five priorities set out in May 2019, which has impacted the attention given to improving the interface with children's and adults' services as well as adolescent mental health and emotional wellbeing which was likely to continue into year two of the business plan. Though these two priorities are recognised as important, in comparison to the other identified practice priorities, the safeguarding element is relatively small, and the partnership has recognised organisations do not have the resources or capacity to make whole service or system changes quickly and the HSCPs role should be one of assurance. Therefore, it was recommended and agreed by the partnership Executive group that the HSCP would reduce its priorities for the coming year to continue to focus on safeguarding adolescents and neglect and increase its work on child sexual abuse, whilst continuing to seek assurance against its core responsibilities.

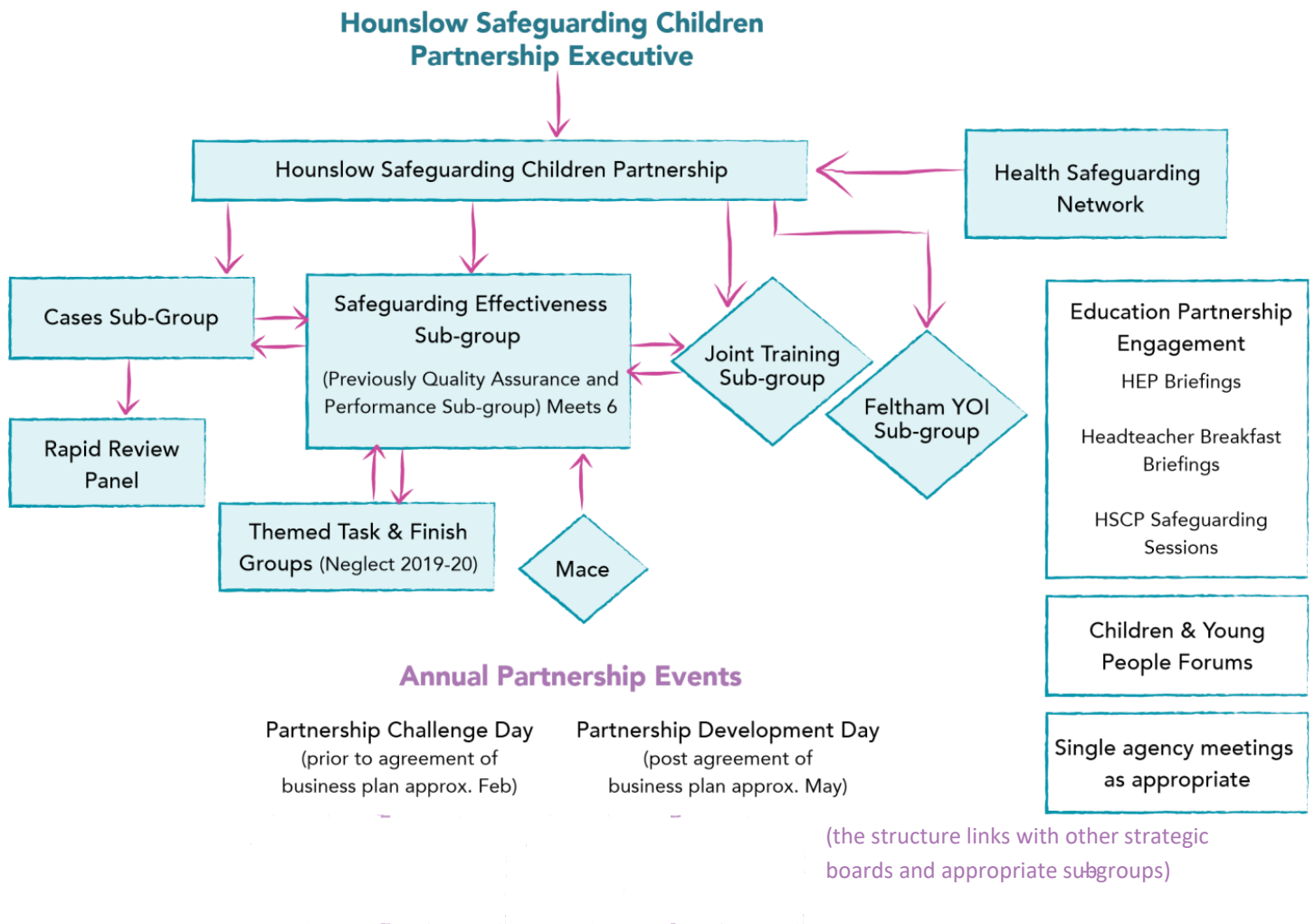
As the report demonstrates, the partnership and its member agencies have been working hard to deliver against the Business Plan and associated work plans and has continued to coordinate and seek assurance that arrangements are effective, and that children and young people are safeguarded.

In 2020-21 it is anticipated that the following strategies, supporting implementation and action plans will be developed as a result of progressing priority areas and responding to learning and improvements identified through 2019/20:

- Safeguarding Adolescents Strategy and implementation plan
- HSCP Serious Violence action plan
- Domestic Abuse action plan.
- CSA Strategy and implementation plan
- Completion of Neglect implementation plan with monitoring becoming core business from 2021/22

A full review of effectiveness of the MASA arrangements to be undertaken in the autumn 2020.

Appendix A – HSCP Structure



Appendix B - HSCP Board Membership and Attendance April 2019 - March 2020

Representing	Name	Title	Attendance
Hounslow Safeguarding Children Partnership	Hannah Miller	Independent Chair/Advisor	5/5
Hounslow Safeguarding Children Partnership	Jo Leader	Business Manager	5/5
Hounslow Safeguarding Children Partnership	Janet Johnson	Training & Development Manager	3/5
Education and Children's Services	Councillor Tom Bruce	Councillor	2/5
London Borough of Hounslow	Michael Marks	Director of Education (Until December 2019)	4/5
London Borough of Hounslow	Annita Cornish	Interim Assistant Director Special Educational Needs and Disability	1/5
London Borough of Hounslow	Vicki Taylor	Interim Assistant Director Education & Skills	1/5
London Borough of Hounslow	Jo Pymont	Interim Head of Improvement	4/5
Children's Social Care	Martin Forshaw	Interim Assistant Director – Children's Safeguarding & Specialist Services	4/5
Children's Social Care	Jacqui McShannon	Director of Safeguarding & Specialist Services, Children's Services (Until August 2019)	1/5
Children's Social Care	Jennifer Hopper	Head of Safeguarding & Quality Assurance	2/5
Public Health	Clare McKenzie	Children's Commissioning Manager, Public Health	5/5
Public Health	Asmat Nisa	Interim Consultant	1/5
CCG	Sue Pascoe	Deputy Director Quality, Nursing and Safeguarding	2/5

CCG	Dr Nirmala Sellathurai	Designated Doctor Safeguarding Children	5/5
CCG	Julie Hulls	Designated Nurse Safeguarding Children (Until May 2019)	2/5
CCG	Sadie MClue	Designated Nurse Safeguarding Children (July – December 2019)	1/5
CCG	Emelia Bulley	Designated Nurse Safeguarding Children	2/5
Chelsea & Westminster Hospital	Sarah Green	Consultant Midwife for Public Health and Safeguarding	3/5
HRCH	Tony Bowen	Named Nurse Safeguarding Children	5/5
HRCH	Donna Lamb	Director of Nursing and Non-Medical Professionals	0/5
WL NHS Trust	Parminder Sahota	Director of Safeguarding Children and Adults	1/5
WL NHS Trust	Monica King	Named Nurse Safeguarding Children (Until August 2019)	2/5
WL NHS Trust	Thomas Webster	Named Nurse Safeguarding Children	3/5
Community Safety Partnership	Permjit Chadha	Community Safety Manager	4/5
ARC	Kylee Brennan	Service Manager	2/5
ARC	Ruben Seetharamdoo	Service Manager	1/5
Hounslow Police	DCI Helen Flanagan	Detective Superintendent	1/5
Hounslow Police	Claire Hind	Representative	1/5
Feltham Young Offenders	Sharon Pearce	Head of Safeguards (Until July 2019)	1/5
Feltham Young Offenders	Emily Martin	Governor	1/5
Feltham Young Offenders	Kerry Jacks	Head of Safeguards	2/5
HM Prison & Probation Service	Selene Grandison	Interim Head of Service Delivery – Hounslow, Kingston and Richmond	0/5
HM Prison & Probation Service	Niamh Murrell	Representative	1/5

HM Prison & Probation Service	Ayodeji Oaunyemi	Head of Operational Support	1/5
HM Prison & Probation Service	Linda McDonald	Senior Probation Officer	1/5
London Fire Brigade	Richard Arnold	Representative	0/5
London Fire Brigade	Greg Ashman	Borough Commander	0/5
London Fire Brigade	Toby Kempton	Representative	0/5
London Ambulance Service	Stuart Crichton	Representative	0/5
CAFCASS	Marcia Lennon	Representative	0/5
CAFCASS	Clea Barry	Service Manager	1/5
Housing	Amanda Lowes	Head of Housing Client Service	5/5
Homestart	Karen McLean	Voluntary Sector Representative	2/5
Education (Primary)	Kamm Grewal	Headteacher	0/5
Education (Primary)	Sharon Allingham	Deputy Headteacher	1/5
Education (Secondary School)	Ray Whyms	Assistant Headteacher	2/5
Education (Secondary School)	Kevin Prunty	Executive Headteacher (<i>Elected from November 2019</i>)	1/5
Education (College)	Graeme Baker	Head of Quality & Standards	2/5
Education (Special School)	Ian Berryman	Headteacher (<i>Elected from November 2019</i>)	3/5
Education (Independent School)	Josephine Daly	Exam Manager & Senior Administrator	0/5
London Community Rehabilitation Company	Sophie Bartle	Partnerships & Contracts Manager	3/5

Appendix C – Glossary of Terms

CCE – Child Criminal Exploitation
CCG - Clinical Commissioning Group
CDOP - Child Death Overview Panel
CFAN - Child and Family Assessment Notifications
CG - Core Group
CIN – Child in Need
CLA – Children Looked After
CME - Children Missing Education
CP – Child Protection
CPCC – Child Protection Case Conference
CPP – Child Protection Plan
CSA – Child Sexual Abuse
CSE – Child Sexual Exploitation
CSP – Community Safety Partnership
CSPB – Community Safety Partnership Board
DA - Domestic Abuse
EHCP - Education Health and Care Plan
FYOI – Feltham Young Offenders Institute
HRCH - Hounslow Richmond Community Healthcare
HSAB – Hounslow Safeguarding Adults Board
HSCB - Hounslow Children’s Safeguarding Board
HSCP - Hounslow Safeguarding Children’s Partnership
ICPC – Initial Child Protection Conference
ILACS - Inspection of Local Authority Children’s Services
JTAI - Joint Targeted Area Inspection
LAC - Looked After Children
LADO – Local Authority Designate Officer
MACE - Multi-Agency Criminal Exploitation Panel
MASA - Multi-Agency Safeguarding Arrangements
MASH - Multi-Agency Safeguarding Hub
QA - Quality Assurance
QoC – Quality of Care
RR - Rapid Reviews
SCR - Serious Case Reviews
SEND - Special Educational Needs and Disability
SPOC – Single Point of Contact
SYV - Serious Youth Violence
UN - Urgent Notification

WTSC - Working Together to Safeguard Children

YCS - Youth Custody Service