

LAMBETH SAFEGUARDING CHILDREN PARTNERSHIP ANNUAL REPORT 2021-22



April 2022

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How are we organized?

The Executive

The Executive is made up of representatives from the Police, Clinical Commissioning Group, Lambeth Council and Schools.

Health Partners

- Strategic Director NHS South East London, Clinical Commissioning Group (CCG)
- Director of Nursing Evelina London, Guy's and St Thomas's NHS Foundation Hospital Trust Lambeth CCG and Lambeth Council
- Nurse Consultant, Designated Nurse Safeguarding Children Lambeth CCG and Lambeth Council
- Designated Doctor & Consultant Community Paediatrician Lambeth CCG and Lambeth Council

Police Partners

- Safeguarding Detective Superintendent, Public Protection, Central South Basic Command Unit
- Detective Chief Inspector (DCI) Public Protection Partnerships Central South Basic Command Unit

Local Authority Partners

- Strategic Director of Children's Services Lambeth Council
- Director of Education and Learning Lambeth Council
- Director of Children's Social Care Lambeth Council

Education Partners

- Director Education and Training
- School Headteacher

Subgroups

Our Sub-groups report regularly to the Executive and bring together a range of statutory and community organisations to tackle the following:

- Contextual Safeguarding
- Performance & Quality Assurance
- Serious Incidents & Reviews
- Service Provision

Who are we?

Executive Chairs

Andrew Eyres

Strategic Director Integrated Health and Care, Lambeth

I am an experienced NHS system leader committed to working in partnership to improve the health of communities and secure high-quality care in Lambeth and more widely across south London for over 30 years. As Strategic Director for Integrated Health and Care for Lambeth Council and for NHS South-East London CCG I am the executive lead for Lambeth, responsible for taking forward the Lambeth Together place partnership, as part of the SE London Integrated Care System.

I have held a wide range of leadership roles on behalf of CCGs across London and within the south-east London health system, including as chair of the London CCG Chief Officer Group and in key areas of service transformation such as cancer, diabetes, end of life care and child health.

Clair Kelland

Safeguarding Detective Superintendent, Central South Borough Command Unit.

I am the lead for Public Protection for Central South BCU. I am responsible for a number of areas, including the investigation of serious sexual assaults, domestic abuse, all aspects of child and adult safeguarding. I also represent the BCU as one of the executive members of the LSCP.

My vision for children in Lambeth is for them to be safe, supported and successful.

Fiona Connolly

Interim Strategic Director, Children's Services & Executive Director, Adult Social Care

I have worked in social care since 1987 and worked for local government since 1994. I am a qualified Social Worker with an MBA in Local Government Leadership. I am the statutory Director for Adult Social Care and *Interim* Strategic Director for Children's Services. I am accountable for meeting all the requirements of social care legislation for Adults and Children. We do this by improving access to assessment, support and services at a very early stage for children, adults and their families. Tackling inequalities and promoting social inclusion and wellbeing for all is one of my passions in my roles. I am delighted to be a member of this board as it is only through effective and impactful partnership work can we continue to improve outcomes for vulnerable people.

EXECUTIVE SUMMARY

The Lambeth Safeguarding Children Partnership (LSCP) has a duty to ensure that local arrangements work well together to safeguard children and promote their welfare. The LSCP is led by an Executive Board that include representatives from the Police, Clinical Commissioning Group, Lambeth Council and Schools. It has 3 subgroups - Contextual Safeguarding, Performance & Quality Assurance Serious Incidents & Reviews that report to the Executive Board. The LSCP has an Independent Scrutineer, and the Executive is chaired by the strategic leads from the local authority, police and CCG.

This annual report sets out the progress against agreed priorities for the year, learning derived from child safeguarding practice reviews and the impact of multiagency training, as well as the work undertaken by the partnership to safeguard children and improve their outcomes.

In 2021- 2022 the LSCP focused on 5 priorities. These were to: -

1. Disseminate learning from good quality reviews across the partnership to improve practice.
2. Promote trauma-informed and anti-discriminatory practice
3. Create an effective response to protect our young people from contextual harm.
4. Develop a multiagency tool kit to identify neglect early and end the cycle of neglect.
5. To develop a Multi-agency Levels of Need document so that all partners have the required structures, data, processes, policies, and practices to enable the earliest identification of neglect, abuse, and exploitation, and offer effective and culturally relevant support to children, young people and families.

The LSCP undertook 8 Rapid Reviews, and 7 Child Safeguarding Practice Reviews in 21/22. There were 7 key themes that emerged out of these reviews. Whilst urgent actions arising out of these reviews were completed, the 7 themes will remain as priorities for 22/23 for further work to embed the learning and changes in practice.

Theme 1 - Partners have recognised that in families where children experience neglect, interventions need to sustain change. We will evidence this by a reduction in repeat referrals.

Theme 2 – According to MOPAC (Mayor’s Office for policing and Crime) Lambeth has some of the highest rates of domestic violence in London. There were 21,068 domestic abuse incidents reported to the police in Lambeth between 2016-2020, an average of 14 per day (MOPAC). In this context it is unsurprising that domestic violence also emerged as a key theme in most reviews. Whilst a significant amount of training on domestic violence has been provided and Relational Third have worked with practitioners, the LSCP will undertake multiagency audits on quality of practice in cases of domestic violence in 22/23 to assess impact.

Theme 3- Safeguarding partners need to improve information sharing and collective decision making in perplexing cases where there is no disclosure, but indicators strongly suggest that child sexual abuse may have occurred.

Theme 4- Practitioners and leaders must develop an awareness of Adultification and anti-discriminatory practice across all agencies.

Theme 5- The partnership needs to develop an effective response to protect our young people from Child Criminal & Sexual Exploitation.

Theme 6- Too many children and young people caught up in webs of exploitation have experienced severe trauma. The partnership should develop trauma informed responses to better engage affected children and their families.

Theme 7- Transition arrangements for families moving across boroughs when fleeing violence needs to be strengthened.

In addition to Child Safeguarding Practice Reviews, the LSCP also promoted learning from child deaths reviews that were conducted by the Child Death Overview Panel. Between 01 April 2021 and 31 March 2022, 21 children in Lambeth sadly passed away. Whilst most of the deaths related to new births, there was a recurring theme of older babies dying through unsafe sleeping. In response Health Visitors were asked to discuss safe sleeping with parents as a core item in all new birth visits. In relation to older children the LSCP was informed that young people presented to A&E with non-fatal injuries in the months preceding fatality. They also had a history of exclusion from education, criminal exploitation, and serious youth violence. These messages chimed with the findings from the Rapid and Child Safeguarding Practice Reviews and brought into sharp relief, the urgent need to develop an effective multiagency response to safeguard adolescents.

The above propelled the LSCP to form a partnership with a research team led by Dr Carlene Firmin from the University of Bedfordshire to develop a community-led response to contextual and extra familial harm. This resulted in a revised contextual safeguarding service offer underpinned by a new Contextual Safeguarding Strategy. The Multiagency Violence & Exploitation (MAVE) Panel was reformed to coordinate a multiagency response to work with individuals, networks, and the local community to disrupt exploitative activity and safeguard adolescents. Barriers to effective interventions are now escalated to senior managers and leaders at the Multiagency Child Exploitation (MACE) Panel and the LSCP's Contextual Safeguarding Subgroup. This has resulted in several disruptions and notably a local change so that families fleeing violence in Lambeth, no longer have to surrender secure tenancies or declare themselves to be homeless.

Given the link between exclusion from education and criminal exploitation, the education service in Lambeth concentrated on reducing the numbers of 16/17 year olds who were not in education or employment, with some success. Joined up working with Youth Justice, Special Educational

Needs and Disability (SEND), Child looked after services and Lambeth Alumni Careers Clusters corralled a collective approach to identify young people who were at risk of becoming NEET and provide support. The Education service also achieved a 92% reduction in exclusions since 2017 by embedding the Secondary School Fair Access Panel (FAP) and launching the Primary School FAP. Headteachers attend both panels to collaborate on alternatives to exclusion.

A new Multiagency Levels of Need document was approved by the LSCP, and this included extra-familial harm in the framework to help all partners to clearly understand their contributions to delivering tier 2 targeted support, which is also reflected in the new Early Help Strategy.

In early 2021, the LSCP commissioned Project 507 to devise a training programme on working with children and families through a trauma-informed & anti-racist lens, particularly in relation to Black children who are disproportionately trapped in in criminal and sexual exploitation. Training was delivered to a network of 26 champions across the partnership to spread the learning in their own agencies. 13 additional trauma informed practice session were delivered to 260 frontline practitioners.

Learning from national and local reviews and audits have been disseminated through 11 multi agency briefing sessions and 20 multi-agency training sessions. 1850 individuals completed the level 1 Safeguarding Training online. The impact of the training has been positive, with 97% of attendees saying they felt more confident about responding to disclosures of abuse and 96% stating they felt the course had helped them to reduce harm to children and young people.

In March 2022, the Executive approved the Neglect strategy & Toolkit to be used across the partnership to ensure that any child, including adolescents experiencing neglect in Lambeth are given the right help at the right time be it in Early Help through to statutory interventions. A task and finish group was set up to implement the strategy and pilot the neglect tool kit before full roll out.

There has been a year-on-year increase in the number of contacts accepted by Tier 2 Early Help. A Partnership Early Help Strategy has been developed with agreement to form an Early Help Subgroup to ensure governance over the implementation of the Strategy.

In 20/21 Lambeth Children's Social Care received 15998 contacts. Performance data shows timely decision making on new contacts and audits demonstrate that managers record a clear rationale for their decisions on contacts. Audits also found that the views of children were sought, and direct work undertaken with families. Safety plans were found to be dynamic and social workers focused on building relationships to facilitate change.

As of the 31st of March 2022, there were 638 children subject to a Child in Need (CIN) plan. Lambeth Children's Social Care have brought in CIN reviewing officers to improve outcomes for children.

There was a notable increase in children subject to a Child Protection Plan (CPP) over the last 3 years. Data shows that children were not drifting on a plan. Only 0.7% of children have been subject to a plan for more than 2 years and each child was closely monitored by senior managers. Audits across Children's Social Care highlighted that the quality of assessments for children requiring a Child Protection Plan was good and that there was evidence of the child's voice being heard and effective planning alongside the family.

Post covid relaxations, CAMHS has also seen a significant increase in referrals which may be linked to children having to adapt to the restrictions. Plans are in place to enhance the early intervention offer at the Well Centre in addition to the work undertaken by the Mental Health in Schools Team who are working with 14 schools offering support with anxiety and behavioural issues.

As at the 31st of March 2022 there were 399 children in care. The service focused on driving life story work vital to developing a cohesive sense of self and achieving permanency. This resulted in doubling the numbers of life story work in the year and more children in care achieving permanency within 14 months of being in care. In relation to care leavers the NEET panel and Kickstart apprenticeships consistently improved the percentage of care leavers in employment. A higher than London and national average of our care leavers are in education or employment (65%).

In 2021/22 the LSCP the LSCP railed the partners to come together to create a new response to child exploitation. Over the next two years we will evaluate the impact of the new approach. Looking ahead in 2022/23, the Executive will carry out an independent review of the LSCP to see how the safeguarding partnership can further evolve, to discharge its functions in a culture of 'high support, high challenge' with strong independent scrutiny.

Executive Chairs

INDEPENDENT SCRUTINY – *David Goosey*

It is clear from any reading the Executive Summary in the preceding pages that the Partnership has been very busy during the year. This is illustrated by examining the numbers of contacts made just to Children's Social Care; nearly 16000. The agencies in the Partnership have responded well to that demand which is especially significant given that Covid restrictions were still partly in place for some months.

As Independent Scrutineer, I am always looking for evidence that children and young people have benefitted from the work done by partner agencies. It is particularly good to see that the numbers of 16 and 17 year olds who are not in education, employment or training has reduced by 92% over the past few years. This is a very important achievement since research and experience tells us that young people are at significant risk of extra familiar harm when they are out of a learning context.

The priorities set by the Partnership for the year have largely been met. A range of information has been distributed across the Partnership showing new learning from reviews and this has been backed up with an ambitious training programme that also included trauma informed approaches. Several trauma informed champions were also trained. A new Adolescent Service was created, and multi-agency panels established to review young people at risk of extra familiar harm.

A multiagency tool kit to identify neglect early and end the cycle of neglect was in development during the year and should be ready for use next year. A Multi-agency Levels of Need document was also created. These are important achievements and shows what can be achieved when agencies are willing to collaborate.

Of course, more needs to be done. The Executive Summary shows that some children and young people in Lambeth are at risk of harm because of domestic abuse. Neglect often follows for children in these circumstances, and some go on to experience trauma related symptoms. It is right therefore that next year more focus work needs to take place to test the effectiveness of Partnership responses when domestic abuse occurs, and the new Neglect strategy will play an important part in this work.

Lambeth Safeguarding Children Partnership coordinates work across several agencies. It is a relentless task but vital if children and young people are to thrive in the borough. The Business Unit has shouldered much of this coordinating work and so much credit goes to the staff in the unit for their work.

Ultimately it is frontline workers who make a difference to vulnerable children, young people, and their families. It is their efforts that needs most recognition.

LAMBETH IN NUMBERS – Children & Young People in Lambeth

There are **61,639** children in Lambeth. They make up **19%** of the population.



0-4
29%



5-9
30%



10-17
41%



In 2021, **3,554** babies were born in Lambeth. This is **25%** lower than 10 years ago.

We have a **diversity** of children and young people



37% Black, incl. British, Caribbean, African, Other

36% White, incl. British, Irish, Other

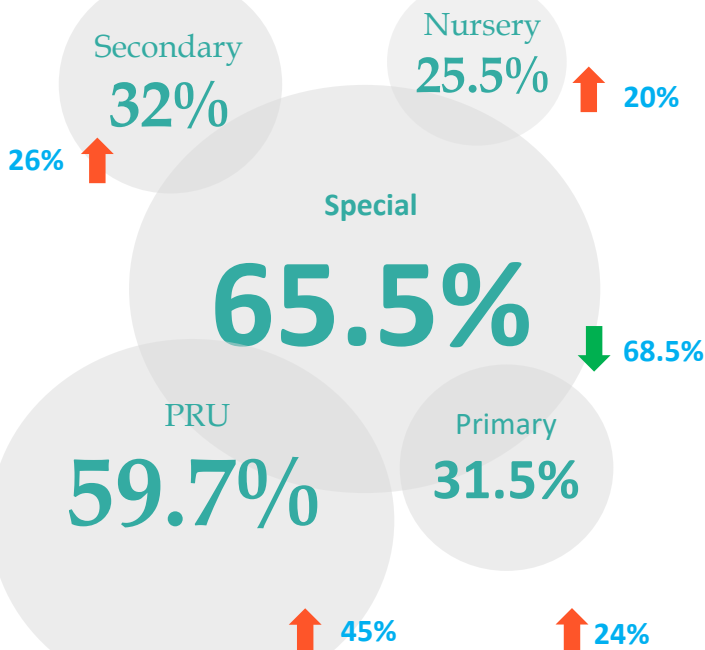
18% Mixed heritage

5% Asian incl. Bangladeshi, Chinese, Indian, Pakistani

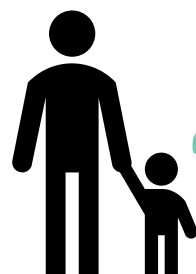
4% 'Other'

Children in **43%** of households live in **poverty**.

COVID has increased the stress on families. **22%** Free School Meals



The Integrated Referral Hub received **3,278** referrals

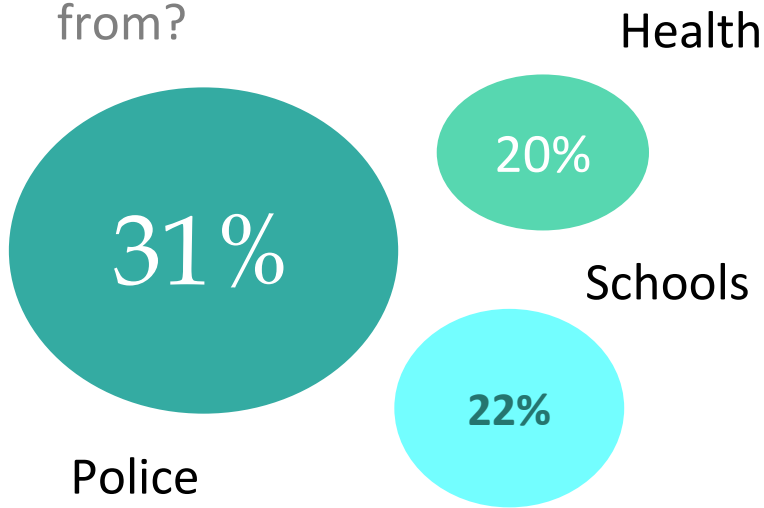


As at March 2022, **409** Children were Looked After

10

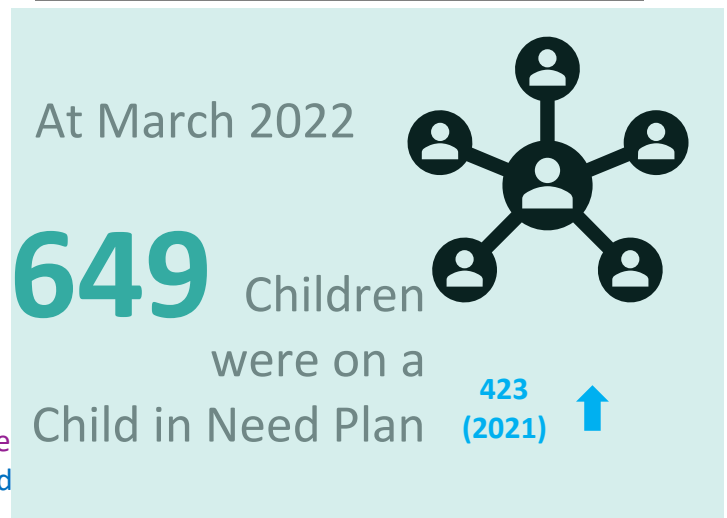
↑ 368 (2021)

Where do referrals come from?

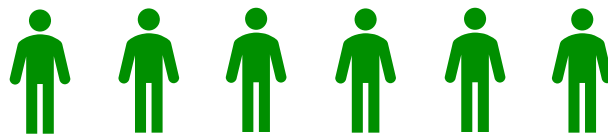


Spotlight on disproportionality

There are a disproportionate number of Children with Black British Caribbean and Black British African ethnicity who are referred for additional safeguarding support.



Over the last year, we have completed eight Rapid Reviews. The children who were the subject of these reviews were disproportionately of Black British (Caribbean and African) ethnicity.



SNAPSHOT OF PROGRESS AGAINST FOLLOWING PRIORITY OUTCOMES FOR 2021-22:

<p>Complete good quality reviews</p>  <p>LSCP completed <u>1 Child Safeguarding Practice Reviews</u> (CSPR) and undertook 8 Rapid Reviews (RR)</p>	<p>Frontline practice across the partnership demonstrates tangible improvement and learning from local and national reviews</p>  <p>11 <i>multi agency briefing sessions</i> in response to our Rapid Reviews & CSPR; 20 multi-agency training sessions</p>
<p>All partners work together to create an effective service to protect our young people from contextual harm</p>  <p>New MAVE Panel launched</p>	<p>All partners work together to ensure practice is trauma-informed and anti-oppressive</p>  <p>Trauma champions trained across the partnership, Leadership training; multi-agency training</p>
<p>Neglect is identified early and that the right kind of help at the right time is provided to reduce repeat referrals and end the cycle of neglect</p>  <p>Multi-agency strategy and toolkit developed</p>	<p>All partners ensure that structures, data, processes, policies, and practices enable the earliest identification of neglect, abuse, and exploitation, and offer effective and culturally relevant support to children, young people and families using the Threshold Document</p>  <p>Multi-agency Levels of Need document launched</p>

COMPLETING GOOD QUALITY REVIEWS

LEARNING FROM REVIEWS

Lambeth LSCP undertook 8 Rapid Reviews and completed 1 Child Safeguarding Practice Review (CSPR). Learning and emerging themes from Child Safeguarding Practice Reviews and Rapid Reviews emerged as follows:

Neglect – Significant neglect in homes and challenging parenting. The partnership is committed to ensuring that Neglect is identified early and that the right kind of help at the right time is provided to reduce repeat referrals and end the cycle of neglect.

Domestic Abuse - life changing injuries caused by violent non accidental trauma in the home. The Partnership is committed to ensuring agencies work collaboratively to deliver services that support children and families experiencing domestic abuse

Sexual Abuse – Extensive sexual abuse by close family members resulting in trauma and life changing trauma. The Partnership is committed to addressing inter-familial Child Sexual Abuse.

Anti-racist Practice – Practitioners and leaders must develop an awareness of Adultification and anti-discriminatory practice. There is also the need to strengthen anti-discriminatory practice across all agencies and be informed by local and national learning

Serious Youth violence, Exploitation & Contextual Safeguarding – there is a need to remove barriers that stops information sharing to manage risk. The partnership is committed to all partners working together to create an effective service to protect our young people from Child Criminal & Sexual Exploitation

Trauma-informed practices - The need to develop effective trauma informed and response approach to ensure appropriate all agencies respond to whole families' and communities' trauma.

Moving across boroughs - Addressing how we track and monitor children known to services when they move across boroughs. Transition arrangements for families moving across boroughs when fleeing violence

Looking ahead: These themes will be used to inform LSCP Priority Planning for 2022-23

LEARNING FROM CHILD DEATHS

What is Child Death Review?

Local Authorities, and Clinical Commissioning Groups have a statutory responsibility to investigate all instances of death among borough residents aged 0-18, regardless of cause of death. This statutory function is known as the Child Death Review (CDR) process.

The CDR process involves the systematic collection and review of information from multiple professional stakeholders across the entire health and social system. This includes, but is not limited to, NHS Hospital Trusts, Primary Care, Education, Social Care, Police and Safeguarding.

The CDR process is grounded in respect for the rights of children and their families and aims to:

- Identify any matters relating to the death, or deaths, that are relevant to the welfare of children in the area or to public health and safety.
- Consider whether action can be taken in relation to any matters identified.
- Make recommendations to all relevant organisations where actions have been identified which may prevent future child deaths or promote the health, safety, and wellbeing of children.
- Provide specified data to the National Child Mortality Database.
- Contribute to local, regional, and national initiatives to improve learning from child death reviews; and
- Produce an annual report for CDR partners on local patterns and trends in child deaths, any lessons learnt, and actions taken, and the effectiveness of the wider child death review process.

Locally, the CDR function spans across the London Boroughs of Southwark, Lambeth, and Bromley. This means that our team investigates the deaths of all children normally **resident** in these three boroughs. If a child dies within these boroughs but is not a resident in that area, then our CDR team will not normally be notified of the death unless the area responsible requests our involvement.

Area Demographics

The Southeast London Boroughs of Southwark, Lambeth, and Bromley form one of two Child Death Review partnerships in Southeast London. According to the Office of National Statistics (ONS) mid-2020 population estimates Bromley has both the largest total population and under-18 population while Lambeth has the smallest population (**Table 1**: Mid-2020 Population Statistics for Southwark, Lambeth, and Bromley (Source: ONS)).

Table 1: Mid-2020 Population Statistics for Southwark, Lambeth, and Bromley (Source: ONS)

Area	Total Population	Under-18 Population
Southwark	320,017	65,906
Lambeth	321,813	61,639

Bromley	332,752	75,463
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Child Deaths

Between 01 April 2021 and 31 March 2022, there were a **total of 45 child deaths** among residents living within the Southwark, Lambeth, and Bromley tri-borough footprint. The highest number of deaths were observed among child residents of Lambeth, with 21 deaths overall. By comparison, there were 13 deaths among Southwark residents and 11 among Bromley. Across all three boroughs deaths were higher among male children compared to female children.

In terms of age, approximately 50% of all child deaths that occurred during 2021-22 were during the first 27 days of life. This pattern is observed at both the tri-borough level and within the three individual boroughs. The remaining child deaths (acknowledging there were very small numbers of these) occurred at ages between 28 days and 17 years, with no clear pattern of age groups at particularly higher risk of death.

It is important to note that numbers of child deaths across the tri-borough area are very small. Child death figures are therefore highly subject to change, particularly over a 12-month period. It is therefore not possible to draw any meaningful conclusions about whether a particular ethnic group experiences proportionately more or less child death compared to the general borough populations. However, some general points about the ethnicity of children who died during 2021-22 can be made.

In both Southwark and Lambeth, the largest number of child deaths in Southwark and Lambeth were among children from either a Black African or White British background as might be expected by the population in these boroughs. In Bromley the largest number of child deaths occurred among children from White backgrounds.

Joint Agency Response

In some instances, a child death will trigger a rapid, multi-organizational investigation known as a Joint Agency Response (JAR). A JAR will only be triggered if a child's death meets any of the following criteria:

- Death is or could be due to external causes.
- Death is sudden and there is no immediately apparent cause (incl. Sudden Unexpected Death in Infancy / Childhood).
- Death occurs in custody, or where the child was detained under the Mental Health Act.
- A child is brought to hospital near death, successfully resuscitated, but is expected to die in the following day.
- Where the initial circumstances raise any suspicions that the death may not have been natural; or
- Where no healthcare professional was in attendance.

Key Learning from the last 12-months of the Child Death Review Process

One of the key functions of the Child Death Review process, in addition to detecting areas of modifiability, is to identify prominent areas of learning. The following section highlights the learning identified during the previous 12-months of the Child Death Review process. The

learning points have been grouped into themes and presented below are the themes relating Safeguarding and Child Protection.

Key Learning Themes Captured form the Seven CDOP Meetings Held between 01 April 2021 and 31 March 2022

Theme	Lessons Learned
Youth Violence and Extra-Familial Harm	<p><i>Risk factors:</i></p> <ul style="list-style-type: none"> ▪ Recurring theme that young people present to A&E with non-fatal injuries in the months preceding fatality. ▪ Exclusion from education appears to be a common risk factor for involvement with gangs, crime and violent injuries and deaths. <p><i>Protective factors:</i></p> <ul style="list-style-type: none"> ▪ Family is an asset. It is important that services engage with parents and carers as part of the solution from the outset and throughout. <p><i>Learning for service provision:</i></p> <ul style="list-style-type: none"> ▪ Effective communication between services is paramount to prevent any potential gaps forming in care provision. ▪ Services need to have the capacity to recognise when existing approaches are not working and develop new plans of work. ▪ Services need to engage with individuals and sectors who have influence within extra-familial contexts. There also needs to be recognition that assessment of, and intervention with, these stakeholders are a critical part of safeguarding practices. ▪ Efforts to engage and support vulnerable young people should seek to understand and acknowledge previous and current trauma.
Child Safeguarding	<ul style="list-style-type: none"> ▪ Information sharing should be optimised to ensure that all professionals working with a family are fully aware of previous and current involvement with Child Social Care services. ▪ When communicating an escalation or concern, it is important that severity is adequately conveyed and understood by relevant services and professionals. ▪ It is important to always consider potential safeguarding implications at every point in the health and care pathway. ▪ Parents, carers and/or members of the public should be supported to know what to do if they are concerned about their child or another child. ▪ An open and level culture where any staff member can raise concern at any level is paramount. Professionals should also be supported, where possible, to exercise a degree of professional curiosity, hold 'difficult conversations and challenge behaviour and decisions. ▪ Processes around developing EHC plans and undertaking EHC Plan Annual Reviews should include the identification of a named professional and the sharing of information, with a particular focus on social needs.

Next steps

The purpose of CDOP is to identify key learning from child deaths and to share this learning with relevant agencies to implement actions based on the learning. Key learning from CDOP is routinely shared with each borough's safeguarding children's partnership via annual reports and attendance at board meetings annually.

To note, the governance process for Child Death Review is currently being reviewed in the context of the operationalization of the South-East London Integrated Care Board. The intention of the Child Death Review Partnership is for key learning to be shared more frequently with relevant LSCP subgroups across the three boroughs, to support more rapid dissemination of learning and ownership of actions.

WORKFORCE DEVELOPMENT THROUGH TRAINING

The LSCP has maintained an effective and robust multi-agency training offer throughout the Covid-19 pandemic and ensuing lockdowns. All the training sessions have been produced based on learnings from national and local reviews & guidance, LSCP priority areas, and findings of local Child Safeguarding Practice reviews and multi-agency audits. The Training and Development team looked at each course individually to decide the best way to deliver the sessions. Online delivery and virtual training sessions have remained. The training programme remained flexible, responding to the needs of the workforce.

Online Learning

Level 1 (Introductory) Safeguarding courses have continued online offering Safeguarding Children (Part 1 & 2) using the platform:

Course name	Not started	In process	Completed
Safeguarding Children - Level 1 - Part 1	0	38	1046
Safeguarding Children - Level 1 - Part 2	0	11	804
Total	0	69	1850

During the period April 2021 to March 2022, 1850 individuals completed the level 1 Safeguarding online. The Education sector had the highest utilisation of the online platform with both groups represented at 43%. This is in line with data from previous years. Safeguarding Children's workforce (16%), Adults social care (14%) and Voluntary agencies (9%) attendees makes up the next 39% of completion. Other sectors included Children care, health colleagues and people from Commissioning team in Lambeth.

Virtual training

One of the LSCP’s priority was to improve frontline practice and embed learning. In achieving this: we facilitated:

- 11 **multi agency briefing sessions** in response to our Rapid Reviews & CSPR
- 20 multi-agency training sessions

In total, 1641 frontline professionals accessed virtual training. **Topics** delivered included:

Train the trainer workshops

Multi-agency Safeguarding - Level 2

Multi-agency safeguarding - Level 3

Exploitation and Missing children

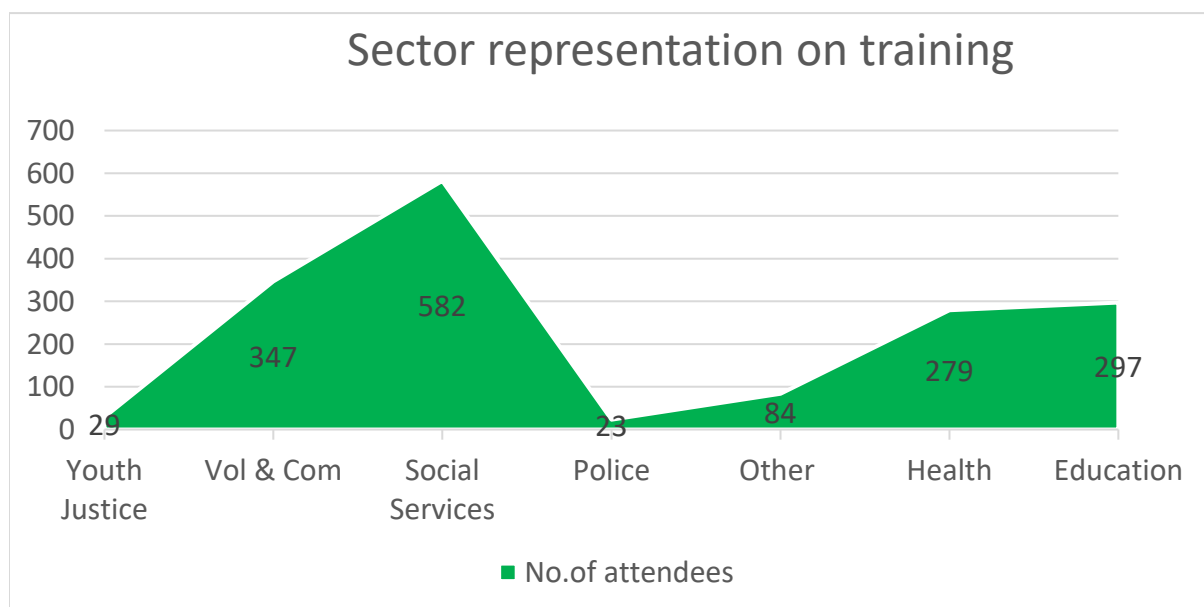
No recourse to public funds families

Harmful Practices / Forced Marriage & Female Genital Mutilation (FGM) / Breast Ironing

Child to Parent Violence & Aggression

Young carers training

Safer Recruitment for wider children’s workforce – Level 4



Evaluation of training

At the end of all training courses, participants are asked to complete a post evaluation form. There is also a follow-evaluation survey carried out between 8 and 12 weeks following the training and where the sessions have been delivered by a commissioned service/individual, the LSCP seeks their feedback as well.

Post – training evaluation

For all courses, responses are as follows

97% of people answered "Yes" for the question - *Has the training increased your confidence responding to disclosures?*

96% of people answered "Yes" for the question - *Do you think the training will help you/your service to reduce further harm to children and young people?*

95% people answered "Yes" for the question - *Has the training equipped you to improve your response to issues of safeguarding?*

For each session, participants were asked 'Would you recommend this course?' 92 % of respondents answered **Yes**

At the end of each session delegates are asked '*How will you use the knowledge/skills gained in your current job role?*

The main themes emerging from the training sessions in response to this were:

- Knowing how to **make a Referral** using the **thresholds** and **MARF** (multi-agency referral form)
- **Sharing knowledge** with teams / colleagues
- **Increased skills** in delivering safeguarding training
- Increased **understanding** of safeguarding services in Lambeth (e.g., Early Help / DASH / YOS)
- **Networking** and meeting practitioners in other services
- Updating current policies and procedures considering **changes in safeguarding legislation and guidance**
- Developing a **culture** of it can happen anywhere
- Listening to the **voice of the child**

At the end of each session, delegates are asked '*Please use this section to add any comments you may want to with regards to what went really well and/or what could be improved for this session*'. The main themes emerging from the training sessions in response to this were:

- Detailed, effective training facilitated by **knowledgeable facilitators**

- **Technical difficulties** that presented challenges in delivery (most attendees would prefer face-to-face training)
- Breakout rooms enabled **multiagency discussion and networking**
- Requests for more information on Lambeth's **Early Help** strategy and offer
- Working issues of **race and culture** when dealing with safeguarding concerns

Follow up feedback

Participants were asked to provide feedback after training to ascertain what parts for the session they were able to use in their work. The results indicate that participants most value the interactions during the trainings that allowed for networking and have since been able to share knowledge with their colleagues.

In response to the question *'What parts of the course have you been able to make use of?'* the following themes emerged:

- reporting **responsibilities**.
- how to handle **disclosures**
- **case studies**
- **passed information** on to colleagues and volunteers

Trainer feedback

Commissioned trainers were asked to give feedback on what went well and suggestions to improve on. Themes identified are reflected below:

- True multi-agency reflection by participants
- Knowledge shared through discussions and networking
- Feedback from participants shared with trainers so improvements can be acted on where highlighted.

Next Steps

Targeted training

The LSCP will re-group a learning and Development sub-group to provide governance for workforce development across the partnership. This will help to ensure that all LSCP training will be an addition to the core safeguarding training offer of individual agencies. Further, all training offered will focus solely on multi-agency learning from reviews and audits as well as LSCP priorities.

All trainings will be targeted at specific people in organizations and agencies in order to ensure the right professionals and practitioners access the most relevant and appropriate training courses, and Service Leaders will actively engage with the training offer and identify individuals within their services to attend. This will be tracked by Services through their representative on the learning & development sub-group and will help facilitate three important developments:

- The ability for Managers to ensure the space and time for reflective conversations following training to develop practice and embed learning
- The opportunity for more cascading of learning by training participants, through peer support, team meetings and staff briefings
- The ability for the LSCP and individual services to track, monitor and evaluate the impact of the training offer, to ensure continuous development more accurately

The Terms of reference, membership and core purpose of the sub-group will be updated to reflect the duties and expectations of members.

Briefings

We will continue delivering briefings that focus on learning and disseminated relevant information across the partnership. Attendees will be updated on key changes in legislation and guidance and learning from Local and National reviews and audits. Some of the upcoming briefings topics are:

- Professional challenge and escalation
- Safeguarding Children from and Identifying Neglect
- Learning from audits
- Learning from Child Safeguarding Practice reviews

MAKING LAMBETH TRAUMA INFORMED

We facilitated a co-created training programme to ensure practitioners across the partnership became trauma informed and trauma responsive and that their practice becomes anti-oppressive and culturally effective

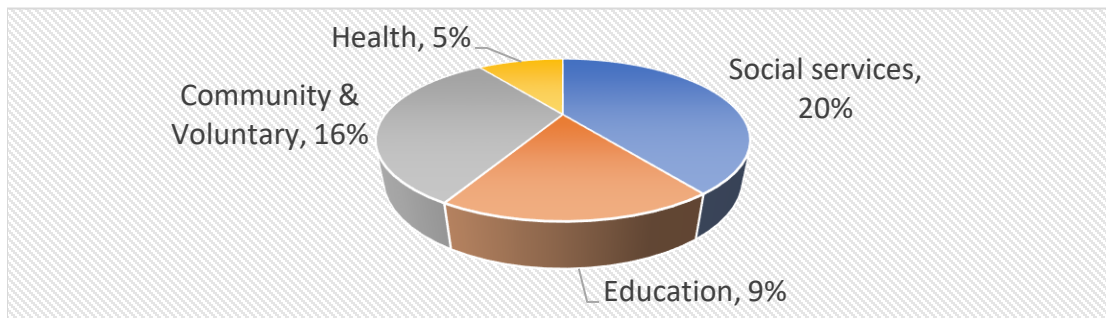
In early 2021, the LSCP commissioned Project 507 to create training for practitioners working with children and young people across the borough through a trauma-informed & anti-racist lens. Project 507 used the information gained in the **Needs Analysis** to create a full-day workshop that focused on the needs identified. Training was delivered to a network of Champions across the Partnership so they could then influence a change within their own agencies towards more trauma informed and responsive services. The workshop was designed so it could be split into smaller sessions and run across several sessions, in order to be more manageable for the Champions and future participants.

To create the shift we needed, we had to ensure, not just a skilled workforce, but the opportunity for all individuals and communities to become trauma aware. Everyone who encounters children, young people, and their families, needs to understand trauma and be armed with basic information to inform their approach. Equally, every service requires a lead who has a deeper understanding of trauma-informed practice and can offer trauma-responsive support and guidance to individuals in their service/organisation. To truly drive adoption and to embed trauma-informed approaches across the partnership, we required a core group of trauma-informed champions – those who could train service leads, give advice, and work collaboratively across the partnership. These champions would also be accountable for driving and embedding change within their organisations, not just in practice, but within the structures and systems that exist in all organisations also.

We supported the development of a network of trauma champions across the partnership to cascade training and drive organisational change:

Our trauma champions are at the heart of Lambeth's Trauma Informed Network. The network seeks to promote good practice and accountability in terms of how Trauma-Informed practice is being embedded across the borough through statutory services. In addition, the network will promote consistency, and bring together all the work being done across the borough. We trained **26** Champions across the partnership and delivered **13** multi-agency training sessions that reached over **260** frontline practitioners.

Trauma informed training attendance by sector:



We delivered training to Leaders from across the partnership to build capacity to lead organisational reflection of and development to ensure that practice moves towards being anti-oppressive and trauma-informed

The LSCP also commissioned a trauma informed training package to be delivered across the partnership. The aim was to build the capacity of leaders and practitioners to adopt anti-oppressive and trauma informed principles at the heart of their practice, empowering them to identify and tackle structural issues leading to a more trauma responsive borough. This was delivered to leaders across all services in Children’s workforce.

Next steps

There is a need for **consistency** across the borough in terms of the language and approach to trauma informed practice. As such, provision of dedicated training should be **mandatory** for all staff across the Children’s Services directorate. The delivery of this training will be rooted in an anti-racist approach and delivered in a manner that is culturally and racially sensitive, and which includes an understanding of racial trauma. This training should include:

- training for all staff which includes a basic awareness of trauma
- training which builds upon this basic awareness, so that staff are equipped to be trauma-responsive and to deliver trauma-informed interventions
- training specifically aimed at managers, which should include trauma-informed management and supervision. Training for **managers to be equipped to provide trauma-informed supervision to staff**, for this to be really embedded across the service, we will require the development and implementation of an approved model of trauma-informed supervision to support the health and wellbeing of our diverse workforce. We would like to work with our staff and our partners to co-design and test a sustainable culturally competent, supervision model to support the health and wellbeing of our workforce, with a particular focus on vicarious trauma. This will be something that can be implemented by any trauma-informed practitioner (including across the partnership) and involve conversation tools, peer support group networks and referral pathways.

CONTEXTUAL SAFEGUARDING

The LSCP formed a partnership with a research team led by Dr Carlene Firmin from the University of Bedfordshire to develop a community-led response to contextual and extra familial harm. Dr Firmin's work was introduced to the wider partnership at an LSCP Forum event on 29 March 2021, with a report published in September 2021 followed by implementation of this new approach. This report informed the development of a revised contextual safeguarding service offer.

The partnership signed off a Contextual Safeguarding Strategy which establishes a shared vision to address extra-familial harm. This is providing the foundation for the development of a new Contextual Safeguarding Service Hub which is in development, with recruitment commencing in February 2022.

Key achievements:

In October 21 the Executive agreed to a reformed Multiagency Violence & Exploitation (MAVE) Panel, to replace the Multiagency Contextual Harm (MACH) and Reducing Serious Youth Violence (RSYV) Panels.

The MAVE Panel launched with its first meeting on 17th March 2022. The panel has discussed 13 referrals for individuals (11 children and 2 young adults) with the panel has discussing 2 referrals for peer groups. In addition, the pre-MAVE has discussed the individual referrals for four children and one peer group of children. The panel is not designed to replicate strategy meetings, but rather be used to help problem solve and unblock multiagency structural barriers impeding progress in safeguarding children and young adults from extra-familial harm.

MAVE has played an important role in highlighting and advocating the complex structural barriers agencies face. These are escalated to the Multiagency Child Exploitation (MACE) Panel which meets monthly and subsequently the LSCP's Contextual Safeguarding Subgroup. The substantive issues raised so far include: increased support for families with secure tenancies who need to flee violence within the community; improved support when individuals/families transition between services and locations; the need for additional funding to enable more proactive police investigation of organised criminal activity that involves the exploitation of our children and young adults; the need to embed more specific local multi-agency practice guidance to respond to children and young adults who are both missing and wanted by police; the provision of education to children who are not attending school; and the differing professional views regarding the use of legal measures to safeguard adolescents. The panel was launched with a commitment to constant reflection and learning. Consequently, there have been iterations the process – from the tracking and escalation of actions to the structure of meetings. A survey is currently out for partners to feedback and contribute to the review of MAVE to identify further improvements.

Next steps:

- Recruitment of key roles within the service
- Training for frontline practitioners

MULTIAGENCY 'LEVELS OF NEED' DOCUMENT

Working Together to Safeguard Children sets out a clear expectation that local agencies will work together and collaborate to identify children with additional needs and provide support as soon as a problem emerges. Providing early help is far more effective in promoting the welfare of children – and keeping them safe – than reacting later when any problems, for example neglect, may have become more entrenched. The importance of using a child-centred approach in following the child's journey is essential. All services which are provided must be based on a clear understanding of the needs and views of the individual child in their family and community context.

The threshold document is a framework to help identify when a child may need additional support to achieve their full potential. It introduces a continuum of help and support, provides information on the levels of need and gives examples of some of the factors that may indicate a child or young person needs additional support. The framework recognises that however complex a child's needs, universal services e.g. education and health, will always be provided alongside any specialist service. Along the continuum of need, services become increasingly targeted and specialised according to the level of need. Children's needs are not static, and they may experience different needs – at different points on the continuum – throughout their childhood years.

Why have we refreshed the guidance?

- The previous Threshold Guidance (July 2016) was overdue a review.
- Opportunity to use more positive and asset-based language in the document, so not "thresholds" but rather Levels of Need
- Include **extra-familial harm** in the framework - with a way to understand harm/need for individuals, as well as locations and peer groups
- Ensure the new framework helps all partners understand their contributions to delivering tier 2 targeted support – this will be reflected in the new **Early Help Strategy**
- Opportunity to develop the Multiagency Referral Form to include extra-familial information (like peer groups, locations of risk/harm)

What hasn't changed?

We have kept the 4 defined tiers/levels of need that correspond with the pan-London Child Protection Procedures:

4. Specialist Protection – a response that requires multi-agency or specialist services, often governed by statutory frameworks, to take the lead role.

3. Specialist Early Help - a co-ordinated, multi-agency response with an Early Help Assessment and action plan; a lead professional; and a team around the family approach.

2. Targeted – a response by universal services working together in universal settings and sometimes bringing additional targeted resources into a multi-agency partnership plan to both assess and address concerns.

1. Universal - a response by universal services, often working individually. Within an extra-familial scenario, this also includes ensuring safety for young people within universally available leisure and recreational provision.

What are the main changes?

- **Extra-familial risks** are included in the **individual child** Levels of Need framework
- We have included a Levels of Need framework to help practitioners, parents, business owners and communities **identify the levels of need** for **groups** of young people, as well as **locations**

How will these changes help us safeguard children & young people?

We want to build capacity across the partnership to understand the context around children and families – as well working with peer groups and locations (including schools and neighbourhoods) to address extra

Next Steps

We've had a soft launch of the document and now need to have a wider launch across the partnership to ensure that all partners are using the updated document

- Continue multi-agency training sessions on using the new Levels of need document

NEGLECT STRATEGY & TOOLKIT

In March 2022, the Executive approved the Neglect strategy & Toolkit to be used across the partnership.

Our vision is to work together to ensure that any child or adolescent experiencing neglect in Lambeth is:



We want to make sure neglect is identified early and that the right kind of help at the right time; reduce repeat referrals and end the cycle of neglect.

The following principles underpin the commitment and approach of all local safeguarding partners to achieve this vision:

1. We recognise that children of **all ages** are affected by neglect, and we need to work to **understand their lived experience** and how neglect impacts on their development and life opportunities
2. We **work with families** to help them achieve positive and sustained change using **strengths-based** approaches and interventions to address concerns
3. Children and families are supported with **timely, appropriate and effective** support and interventions
4. Recognising the signs and symptoms of neglect at the **earliest opportunity** is a priority for all partners
5. We **'think family'** and seek to understand each family's **context, needs, history, and support network**
6. **Shared understanding** of the risks and impact of child neglect drives collaborative and joint working amongst all partners, through joined up procedures and use of the **Child Neglect Toolkit**

Next Steps

We will set up a task and finish group to manage the implementation of the strategy and the introduction of the neglect tool kit. The tool kit will be piloted in Children's Social Care namely the Child Assessment Teams to ensure that the tool is relevant and suitable before full roll out. The areas that the task and finish group will focus on:

- Review the outcomes from the pilot and make necessary amendments to the paperwork and the tool
- Launch of the Neglect Strategy and on-going communications to ensure that Neglect is at the forefront of every person engaged with working with babies, children and young people
- The guidance and training to all relevant LSCP partners working with the nominated person from each agency

Alongside the work that the task and finish group will undertake is the development of an outcome and quality assurance framework to ensure that there is robust monitoring, via the Performance & Quality Assurance sub-group, to ensure that assessments and work with families is timely, effective, and family focused/ strengths based

CHILDREN AND YOUNG PEOPLE'S VOICE IN THE LSCP

In 2021, the LSCP embarked upon a journey to ensure meaningful youth participation in its partnership arrangements. Two young people were recruited as part of the Kickstart programme and they set out a proposal exploring different options for youth engagement in the partnership. These recommendations ranged from integrating young people into subgroups to utilising social media platforms creatively in delivering safeguarding education. Due to a series of changes in staffing both in the Business Unit and the Executive Group, progress against these recommendations have been limited.

Lambeth LSCP also commissioned the University of Bedfordshire to conduct an exploratory study into the role of Children's Social Care and wider statutory services in safeguarding black young men and boys. The report '*Building Safety*' sets out a series of recommendations, including some suggestions on co-designing services and structures alongside children and young people. The authors of this review conclude how through co-production, new partnerships can be defined, and measures of success jointly designed. The recommendations arising from Building Safety and the work undertaken by the Kickstart apprentices should be used as the cornerstone for strategy development.

Next steps:

- Agree on youth engagement options in the partnership.
- Implement the recommendations from the *Building Safety* report

PARTNERS COMMITMENT TO LSCP PRIORITIES

CHILDRENS' SERVICES

Early Help (EH)

In 21/22, 1652 contacts were accepted by Early Help Tier 2 compared to 1106 in 20/21 and 1408 in 19/20. The top 5 presenting needs for children in Early Help were:

- Child Illness/Disability
- Children who have been arrested
- Socially Unacceptable Behaviour
- Child with Disability

A Partnership Early Help Strategy has been completed with key partners and is being implemented, the strategy has been adopted by the LSCP with agreement to form an EH Sub-group from the autumn. This will support the work of developing a truly partnership wide Early Help system and will ensure governance over the implementation of the EH Strategy.

As part of delivering the key priorities in the EH Strategy an enhanced Tier 2 Early Help service has been developed with social work and domestic abuse and housing specialist roles which will focus on connecting families to help as soon as possible and supporting partners to deliver targeted Early Help from within the community. Introduction of the Early Help dashboard to track case work at a team level has led to a significant improvement in waiting times to receive Early Help and the supervision and oversight of case work.

Auditing and quality assurance has become increasingly embedded, and the wider leadership are showing increasing skills in auditing and knowing what good looks like. Audits and Rapid Reviews have shown that for a few families stepping down from social care to Early Help experience delays.

Next Steps

- Improved step-down processes and more seamless experiences for families to reduce the risk of later non-engagement.
- New Family Help Sub-group will support the work of developing a truly partnership wide Early Help system and will ensure governance over the implementation of the EH Strategy and Supporting Families programme.
- A Brief Early Help assessment tool will be completed by partners to access Tier 3 Specialist Early Help replacing the current MARF. This will reduce the time spent 'over assessing and under intervening' (Ofsted October 2021) and specialist EH workers will deliver plans and interventions more swiftly.

- Our Social Workers in Schools projected has been reshaped with 6 of the highest needs High School being included in the successful grant application for 22/23. The service will shift towards early intervention so increasing the amount of early intervention which can be delivered.

Contacts/referrals to Children Social Care (CSC)

In 20/21 Lambeth CSC received 15998 contacts. The percentages in terms of the source of referral was similar to the previous year. In 21/22 Lambeth CSC received 16,149 contacts with a shift in percentages. 37% of contacts came from the police, 21% from health but 14% from schools. The reopening of school post Covid is likely to be a factor in schools making more referrals. The top 5 reasons for Contacts were

1. Domestic Violence
2. Physical abuse
3. Parental mental health issues
4. Gang violence
5. Child Illness/Disability.

408 contacts were MASH(ed) in 20/21. The percentage of re-referrals has reduced since 19/20.

2019/20	29%
2020/21	15%
2021/22	15%

There has been improved data reporting in some areas such as the Integrated Referral Hub (IRH) and the experience of families moving between early Help and Social Care. We have strengthened the governance of the MASH process through Operational and Strategic multi-agency forums. And strengthened our 16- and 17-year-old homeless young people protocol in light of feedback from the FV reflects feedback from Ofsted Focused Visit in 2021.

Performance data demonstrates timely decision making on new contacts and audits show strengths in clear rationale for decision-making and management oversight / footprint. This rationale considered previous interventions and their impact in addition to the history and background checks / information gathered from partner agencies. Consent from families was also clearly sought and recorded in children's files.

Audits also found child's views and direct work actively featured and included in all relevant stages of interventions, safety plans were dynamic, relationship building was strongly evident. Data trends in for 21/22 were consistent with previous years with contacts from police at around 35% of all contacts. Re-referral rates have been below the London average in the mid-teens throughout the year.

Next Steps

- Improving risk analysis in decision making and assessments including the use of the new Neglect tool as part of the Neglect Strategy and Risk Indicator Matrix for domestic violence.
- Robust outcome focused plans at the end of assessment where there is a need for interventions via Early Help and CIN
- Address the rising numbers of children subject to police protection powers out of hours and strengthening the responses from our Emergency Duty Service.
- Understanding cumulative risk for children subject to multiple contacts and re-referrals through QA and increased use of MASH process.
- Minimising time delays with decision making particularly in relation to which service would best benefit the family

Child in Need (CIN)

As of the 31st of March 2022, there are 638 children subject to a CIN plan. Nearly 29% are Black African children and 22% are Black Caribbean children. The age range is equally spread from 0 – 17. The Year to end turn out on CIN visits taking place on time in 85%.

We have brought in CIN reviewing officers to review all CIN cases. There has been a 10% increase in CIN work between 2020/21 – 2021/22. The largest risk indicator increase being Families in Acute Stress rising 41%, the hypothesis here relates to post covid challenges related to employment losses and adult / child mental health. To increase productivity for children subject to CIN plans, 2 Child in Need Reviewing Officers were hired. The plan being to improve outcomes and overall progress for children and to build resilience in parents and overall practice. The work was also designed to aid engagement across the partnership about CIN planning and enhance risks present when drift or delay are a core feature.

Since being employed they have reviewed all CIN cases and provided information about how best to improve progress, i.e., increased reviews, stepping cases down to Early Help and or up to a Child Protection plan. Improved access to Early Help Provision is currently being developed so children do not have to wait for essential services they are entitled to.

In addition to this there has been short, focused audits drafted on all Child in Need Cases to be clearer on what changes are required for children's plans to progress as well as noting what interventions support effective progress for children.

Next Steps

- This work was completed in May and the impact of the work has been mainly related to children accessing resources in the Early Help space, therefore reducing caseloads. Wider

impact with regards to direct work and core outcomes will need be addressed in upcoming focused audits due to take place in September 2022.

- There is a need to think about how CIN reviews can be better captured in the data set and how timely we are with responses for children who need CIN planning. This will need to be completed in conjunction with families and the wider partnership, ultimately looking at responses, considering audit findings etc. A scoping meeting with the Assistant Director for QA and Assistant Director for Family Support will review what form this review should take

Child Protection (CP)

There has been a notable increase in children subject to a CP plan over the last 3 years:

2019/20	231
2020/21	267
2021/22	325.

Children are not drifting on a plan in most cases with the duration of a CPP 2 years plus (for 20/21) at 0.7%. Timely Core Group Meetings outturn for the year (for 20/21) is at 80.8%
Timely visits – outturn for the year for children subject to a CP plan is 85.4%.

There has been a 40% increase in Children subject to CPP, (231 to 325) from this year to last. The use of the Young People (YP) safety plans has still been a key tool used in order to address the challenge YP face related to Contextual Harm.

The review of Audits across the service highlighted that the quality of assessments for children requiring a Child Protection Plan was good and that there was evidence of the child’s voice being heard and effective planning alongside the family.

Next Steps

Given the increase in cases and the impact this is having on outcomes there will be a service realignment. This will enable Social Workers not to carry a mixed framework of cases, therefore reduction in drift and delay. It is hoped that this realignment will be active by September 2022. Additionally, there will need to be a review on how we capture the voices of parents, children, and the partnership post assessment so that we are regularly reviewing and revising practice in real time.

Children in Care (LAC)

2019/20	353
2020/21	368
2021/22	399

Life story work performance data shows that completion of life story work has doubled in the last twelve months. Life story practitioners started in Feb 2022, offering training and workshop. We have refreshed direct work tools which are on the practice tool kit. We have offered surgery appointments for practitioners to understand how to progress life story work for children. 50% of children have life story work recorded. We have received positive feedback from the workforce about direct work and life story workshops. Audit feedback suggests that children's voice is central, 60% audits now coming back as 'good'.

Savings for Children in Care are being made directly into a central account and paid to the young person when they turn 18. There was no process or system for savings previously, this is now in place. The impact will be evidenced when this cohort of children turn 18.

Permanency – we have improved the achievement of permanency by finding early permanent places. We have also matched children in long term foster placements so that they know they will be living there until they are adults. We have also introduced permanency planning meetings and a tracking panel to drive the achievement of permanency for children.

Next Steps

- Reviewing actions from life story consultations, continue to offer workshops. Life story practitioner will continue to attend Initial and review permanency planning meetings.
- Life story practitioners will remain in post until Feb 2023. Ensuring that all care leavers have their savings, we have recuperated all savings from external providers. Children under 18 in Semi Independent Living (SIL) provision will have savings made on their behalf.
- Looking at long term matched children and exploring SGO with foster carers.

Care leavers

Number of care leavers as of 31st March 2021 488

Number or percentage who keep in touch 408

Number and percentage in suitable accommodation 376

Numbers and percentage who are Not in Education, Employment or Training (NEET) 319

The NEET panel and Kickstart apprenticeships have consistently improved the percentage of care leavers in employment. A higher than London and national average of our care leavers are in education or employment (65%)

Care Leavers are supported to move into their own accommodation and have dedicated officers to help them bid for properties. 134 care leavers aged 18-25 were provided with bidding numbers and 41 care leavers have moved into their own permanent accommodation from July 2021 to

May 2022. The National Implementation Adviser for Care Leavers visited Lambeth and stated our offer was aspirational and ambitious for our young people.

Next Steps

- Offer more support to enable young people to stay in the opportunities and considering the barriers to maintaining access to EET. Looking for more internal training and apprenticeships in the council.
- Young person housing needs pathway project underway to be embedded in Nov 2022
- Plans to make the local offer better
- Plans to ensure that young people have access to Wi-Fi in their own property for a year once they leave
- Pathways for different care leavers eg, UASC, young people in custody and young parents

South London and Maudsley NHS Foundation Trust (SLAM)

Young people referred through to CAMHS has increased significantly. A further challenge is the complexity of referrals received:

20/21 – 1335

21/22 – 1948

The Lambeth CAMHS team have a Youth Advisory Group (YAG) which meets monthly where we gather feedback regarding service provision. The Service Manager & Clinical Lead meet with the Parent Advisory Group (PAG) quarterly. We have established:

Children’s Wellbeing Practitioners (CWPs) / Well Centre:

Piloting a Children’s Wellbeing Practitioner offer at the Well Centre - Early Intervention offer

Mental Health in Schools Team (MHST) x14 schools offering support with anxiety and behavioural issues.

This is an early intervention offer providing workshops, groups and whole school approaches

We have worked to ensure our Emotional Health and Wellbeing offer covers multiple sections of our population and ensured continuation of funding during the pandemic. We’ve also created a guide of emotional health and wellbeing services to enable families to identify support

Next steps:

- Embedding the Children’s Wellbeing Practitioner offer at the Well Centre – piloting in another primary care setting
- Increasing our Mental Health in Schools Team (MHST) offer into another 14+ schools in January 2023
- Embedding our Early Help offer in schools and primary care settings
- Learning from our commissioned provision and our Emotional Health and Wellbeing needs assessment to focus on ensuring we have a system that meets the increasing needs of our population.
- Continue to work with Black Thrive and other key partners to ensure our emotional health and wellbeing services are accessed by the young people who need them the most.

EDUCATION SERVICES

Children Not in Education, Employment or Training (NEET) and Not Known

The Department of Education looks at a 3-month average of NEET and UNKNOWNS from Dec-Feb and report this in the NEET Scorecard on Gov.UK. Each Local Authority in England is ranked by quintile.

The table below shows a significant decrease in the No. of NEET and Not Knowns young people during the same annual reporting period.

(2022 figures not available until March 2023)*

NEET & UNKNOWN 16-17 (Yr12-13)	Dec-Feb 20 %	Dec-Feb 21 %
Lambeth	7.8%	5.6%

NEET (%)

Year	Dec	Jan	Feb
2020	1.6	2.6	2.5
2021	1.3	1.9	2.1

Not Known(%)

Year	Dec	Jan	Feb
2020	5.3	4.5	4.0
2021	3.5	3.3	2.8

Lambeth has seen steady progress moving from quintile 5 two years ago, to quintile 4 last year and this year to quintile 3. Lambeth NEET and Unknown data published on gov.uk public website.

How we have done this is through cross referencing data. We have worked more closely with post 16 providers resulting in accessing wider and richer sources of information/data around young people whereabouts and activity.

We have also been Identifying New Partnerships. We have reinstated and formed new relationships with other internal services i.e., Youth Offending Services (YOS), Special Educational Needs and Disability (SEND), Looked After Children (LAC) responsible for providing NEET and not known data.

We have ensured that there is a Fixed agenda item at Lambeth Alumni Career Cluster meetings. This has strengthened relationships with career leads. NEET data has become a fixed agenda item for all school's alumni cluster meeting, presenting key school leads, partner organisations and employers with regular update and calls for action in given stipulated time frames, helping

to develop collective approach and shared responsibility towards helping to identify and support young people who possibly at risk of becoming NEET or Not known, thereby minimising risk of safeguarding issues

Next steps

- Create a permanent role for Education and Employment Officer (responsible for statutory tracking and monitoring of DfE data) providing more stability to the team and service
- Identifying appropriate training to enable staff to become more efficient with data analysis and reporting
- Continue to build on previous successful results
- Seek to develop SLA for sharing data between partners organisations

Absence and Exclusion

Department of Education 20/21 Permanent exclusion data shows:

- 4 instances of permanent exclusion.
- 0.01% permanently excluded pupils in comparison with a 0.06% national average. No permanent exclusions at Primary level nor for Special Educational Needs (SEN) pupils.
- 92% reduction in overall levels since 2017
- Lambeth has a suspension/fixd exclusion percentage of 2.35% in comparison with the national level of 3.76%

The actions we have taken to reduce the levels of absence and exclusion have been principally around embedding the Secondary School Fair Access Panel (FAP) and launching the Primary School FAP. Also working with the Headteachers across both primary and secondary levels approaching for consideration of alternatives to exclusion.

There has been the introduction of the COVID attendance strategy and also working with all to try and address anxieties.

A year 6-7 transition pilot has been started in Hill as to try to improve & sustain attendance in identified vulnerable young people

Next steps

- In borough Alternative Provision planning to have additional options when placing pupils due to risk complications therefore removing barriers to attendance and engagement.
- Building a whole school strategy to support pupils with emotionally avoid attending school
- Look to develop work with families who are in total poverty and struggle engaging with education and attendance

Attainment

There has been no attainment results due to Covid. There has been in a delay in the availability of data and the test.

Next steps

- Data will be analysed for all Key stages when available to check we have met agreed PI indicator by the end of October 2022

Education and Health Care Plans (EHCP) and Special Educational Needs (SEN)

The number of Lambeth residents with an EHCP rose from 2,741 in Jan 2021 to 2,940 in Jan 2022, equivalent to 3.31% of 0–24-year-olds in Lambeth. Placing Lambeth in the top quartile of England local authorities

Excluding exceptional cases, around four in five (80.6%) EHCPs were issued within the 20-week timeline. This was also the second highest among statistical neighbours and well above the England average of 59.9%.

- 134 parents and YP over 16 who had an EHC Plan issued during that period responded to our feedback survey.
- 86.6% rated the process either Good or Fair.
- 95.5% were pleased with the way in which they were able to contribute the planning process.

Next steps

- We plan to continue to perform within the top quartile in England in this area and work in partnership with Lambeth families to continue to improve their experiences of the assessment process.

Health Economy – Guy’s and St Thomas

Infant Death

There is ongoing work by Home Visitors (HV) about ensuring parents provided with details of safe sleeping. Core content of all new birth visits.

A&E Presentations

- 534 (up 36% on the previous year) children and young people presenting to the Emergency Department were notified to the safeguarding children’s team due to concerns about a child’s welfare.
- There were 329 referrals regarding adults’ presentations to the hospital for treatment that may have cause for concern in relation to any children in the family were made (for example domestic abuse, substance misuse and assault). This is down from 381 the previous year. Parental behaviours, lifestyle and actions such as those highlighted above can have a detrimental impact on the safety and welfare of a child in the family. Appropriate safeguarding children risk assessments need to be undertaken when adults present with any of these issues.
- Numbers reported are for all boroughs and not specific to Lambeth children and residents. The Trust will see vulnerable children from a number of areas by virtue of a trust location.
- The nature of the referrals received in relation to Serious Youth Violence have increased in complexity and severity with young people presenting with significant injuries. The young people have been assessed face to face allowing for thorough risk assessments and multi-agency safety planning. Young people require intensive long-term support and follow up throughout their outpatient journey to reinforce safety management and education.

On the whole staff understanding thresholds and conversion rate from referrals to assessment are good. Recent hospital data shows 81.2% conversion rate referral to assessment. However, there is room for improvement in some areas.

The way we have done is through a variety of interventions. Visibility and accessibility of safeguarding staff in hospital clinical areas to support practice. Team have continued to work face to face over pandemic. This has benefit of enabling conversations, undertaking full risk assessments.

Significant work has been undertaken to train staff in the adult Emergency Department in terms of ‘Think Family’ and to consider the impact of the parent’s presentation regarding any implications for the safeguarding of children in the family.

The Lead Nurse for Safeguarding Children has become a trauma informed Champion following an intensive training programme over 8 weeks. A rolling training programme is delivered within

the Emergency Department in relation to youth violence and risk indicators of child criminal and sexual exploitation.

Assessment tools and resource packs have been developed by the team to undertake holistic assessments and focus on health promotion. The team are embedding the outcomes of discussion and consideration of race, gender and ethnicity into all safeguarding assessments with consideration of how this may affect or support engagement.

Next steps

- Further work and guidance for staff in terms of threshold understanding.
- Continue to embed trauma informed training across key areas of the trust – including the Emergency Department (ED)
- Further feedback mechanism from children and young people of their experiences.
- Re the Trust's service offer re Serious Youth Violence (SYV) there is ongoing work to determine the right youth service model for the Trust. A new national Social Prescribing Model has been produced. A gap analysis has currently been undertaken and this will form the basis of the youth violence steering group moving forward in 2022-23 in determining the approach and resources required to meet the needs of this vulnerable cohort of young people.

Child and Adolescent Mental Health Services (CAMHS) Referrals

Mental health features as a key presentation within our safeguarding data. We have continued to see an increased number of children and young people in crisis attending our Emergency Department services; this includes children and young people with challenging behaviour and attending with the police under a Section 136.

A number of these children and young people have complex social circumstances, including looked after children status and or being missing from home or placement. Many of these children and young people reside out of our local area and present challenges with coordinating discharge, either to local acute mental health services or to local community mental health and social care services.

A common theme emerging from this group of children and young people are concerns from parents about how they will manage the young person at home and what level of support they will receive from community mental health services – a theme that is reflected nationally.

The way we are looking at supporting these young people are through various methods. A revised mental health escalation pathway devised to provide clarity. A revised pathway for 16–17-year-olds who attend the Emergency Department (ED) with acute mental health conditions has been developed. Consideration / changes to the environments within the Emergency Department and wards of Evelina London has taken place.

Next steps

- Evelina London will take part in the next cohort of HEE funded 'We Can Talk', a quality improvement initiative with a plan for two designated project leads over 6 months launching 23 March 2022. 'We Can Talk' will then provide further Health Education England (HEE) funded multidisciplinary training available to improve mental health crisis support in acute hospital settings, utilising the experience and expertise of children, young people, hospital staff and mental health experts. We have committed to at least 100 staff completing this education over 6 months.
- Deprivation of Liberty Safeguards (DOLs) does not apply to 16–17-year-olds but going forward the new Liberty Protection Safeguards (LPS) will apply to 16- and 17-year-old patients lacking capacity who are admitted to hospital. The safeguarding children team will work closely with the adult safeguarding team in relation to this anticipated change and to ensure that the team have the requisite knowledge in this area.

NHS South East London (SEL) Clinical Commissioning Group (CCG) Lambeth

The Southeast London CCG Accountable Officer has overall accountability for Safeguarding whilst the Chief Nurse of the CCG has Executive Governing Body responsibility for safeguarding. The safeguarding team is located within each borough (place) to facilitate closer working arrangements with our statutory partners. The CCG safeguarding model incorporates the statutory safeguarding roles in each borough.

The CCG continues to work in partnership with all commissioned health providers (community health providers, acute hospitals, independent contractors, and the mental health providers) to develop with the local authority and other agencies, services to safeguard children. The Designated Professionals are the strategic leads for all aspects of Lambeth health service's contribution to safeguarding children. NHS SEL CCG (Lambeth) is compliant with the statutory guidance. Lambeth CCG has in place all the designated professionals' statutory posts. They have provided an over-arching role, which involves regular contact with named professionals in all NHS Community and Foundation Trusts.

The geographical footprint for the safeguarding arrangements is based on local authority areas alongside Health and Wellbeing Boards. The statutory framework requires the three safeguarding key partners join forces with relevant agencies based on the borough geographical footprint.

NHS SEL CCG is the statutory NHS body with a duty to safeguard children when commissioning health and care services for their registered populations and for unregistered patients who live in their area. Responsibilities are enshrined in law under section 10, section 11, and section 13 of the Children Act 2004.

The CCG is a full and active member of the LSCP with the Strategic Director: Integrated Health, and Care co-chairing the Executive Board and other Members representing CCG professional and NHS organisational lead roles. From 1st July 2022 the legal establishment of South East London Integrated Care Board (ICB) and the disestablishment of NHS South East London Clinical Commissioning Group (CCG), will take place. Safeguarding arrangements in South East London (Lambeth) will continue to be delivered via local Safeguarding Children Partnerships and Adult Safeguarding Boards.

Lambeth Metropolitan Police

Missing Children

Police within Central South Basic Command Unit have a dedicated Missing Persons Unit. The team run by an experienced detective sergeant are specially trained in order to find vulnerable people including children. Where missing children are considered at high risk of harm a Basic Command Unit Criminal Investigation Department response is implemented to try and find them. The investigation of missing children is one of the most serious risk incidents the police locally respond too. Officers locally are all trained to identify signs of exploitation and risk to children when learning from them in return interviews about why they went missing. Police have a robust system in place to report all concerns found about children and pass them on to Social Services. Police share details of every missing child daily with local authority partners. They share data weekly about the most frequent missing children and the most prevalent venues of concern. The police attend strategy meetings to work in partnership to safeguard missing children. They ensure return interview contents are shared with social services partners.

The Police Continuous Improvement Tactical advisor attends meetings with the Missing Persons Unit and local authority partners to ensure that correct policies and procedures are followed to prevent missing episodes and harm to children. This includes getting Childrens Care settings to sign up to the Pan London Philomena Protocol. The Missing Persons Unit work closely with the Police Criminal Exploitation team to support children who may have been exploited during their missing episodes and ensure they receive a multiagency safeguarding response.

Contextual Safeguarding & Child Exploitation

The Metropolitan Police Area South Basic Command Unit (AS BCU), covering both Lambeth and Southwark, has a dedicated Child Exploitation Team (CET) who work with partners in support of the London Child Exploitation Protocol. The team are focused exclusively on Child Exploitation, including children involved in county lines, suffering sexual exploitation and criminal exploitation. The team regularly shares intelligence and information with Youth Offending Teams, gangs unit and Youth Integrated Offender Management team.

On a daily basis, the CET scan all new crime and intelligence reports for signs of children being exploited. Each member of the team manages a cohort of children and Young People who are at risk of exploitation. CET officers attend strategy meetings around exploited children and engage with young people and their carers to best manage the risk they face. New officers to the team get a detailed input on Child Exploitation and Modern Slavery. The CET do a further input for officers joining Lambeth Police, for both probationary and experienced transferees.

The CET is working to roll out Operation Makesafe on the BCU. Op Makesafe is a multi-agency approach to identifying potential locations where children and vulnerable young people may be at risk of staying during transit between locations. This could include larger Bed and Breakfast establishments, large, short term stay hotel chains etc.

The CET work with the Central Exploitation team who last year provided Masterclass inputs to various Lambeth local policing Safer Neighbourhood Teams, around County Lines, Child Exploitation, National Referral Mechanism, Child Abduction Warning Notice and Merlin missing person reports. This training programme seeks to ensure that all local neighbourhood officers who work predominantly within the Lambeth community, is aware of the bigger picture around potential child exploitation.

In the last financial year, 63 exploitation reports were lodged and investigated on AS BCU.

10 positive interventions were achieved. These include referral to social services or engagement with diversion schemes, facilitated or arranged by the local authority.

Five Child Abduction Warning Notices have been served.

Next steps




- In the coming months the training team are providing further Neighbourhood Teams training sessions around Child Exploitation awareness.
- Rolling out partnership workshops police/local authority around modern slavery, child exploitation.

Next steps

- In September the training team are providing Neighbourhood Teams various sessions around NRM, Section 45 Defence and Modern Slavery
- Rolling out partnership workshops police/local authority around modern slavery, child exploitation.

WHATS NEXT FOR 2022 AND BEYOND?

The LSCP has agreed on our priorities for next year

<p>Neglect</p> <p>Neglect is identified early and that the right kind of help at the right time is provided to reduce repeat referrals and end the cycle of neglect.</p> 	<p>Domestic Abuse</p> <p>Agencies work collaboratively to deliver services that support children and families experiencing domestic abuse</p> 
<p>Serious Youth violence, Exploitation & Contextual Safeguarding</p> <p>All partners work together to create an effective service to protect our young people from Child Criminal & Sexual Exploitation</p> 	<p>Anti-racist practice</p> <p>All partners work together to ensure practice is anti-racist and anti-discriminatory</p> 