Lambeth Safeguarding Children Board

Annual Report 2014/15

Contents

Introduction

This Annual Report is written in unusual circumstances as I was appointed as interim chair in June 2015 following the publication of the Ofsted report that rated the Lambeth Safeguarding Children Board (LSCB) as 'inadequate'. Nonetheless it is the Chair's responsibility to publish an annual report that provides an account of the activity of the Board and an assessment of the effectiveness of arrangements to safeguard children and promote their welfare. This report will be submitted to the Council Leader, the Chair of the Health and Well-being Board and Chief Executive, it will also be submitted to the Mayor of London as the relevant police and crime commissioner. It will be considered by the Board itself and by the boards of key partners. I am grateful to the members of the Board and the business unit for their support and their contributions to this report. Despite the circumstances I am confident the Board can improve quickly and fulfil its responsibilities to the children of Lambeth.

Paul Curran

Interim Independent Chair Lambeth LSCB

Executive Summary and assessment of effectiveness

To describe 2014/15 as a difficult year for the Board would be a gross understatement. There were numerous changes of staff in the Board team and among the senior staff in the council who had the responsibility for ensuring the Board was effective. What were intended to be positive changes to the structure and membership of the Board led to unintended disruption in leadership and activity on key issues. Taken together this very high level of discontinuity meant that many of the good habits that had previously been in place were lost with the basic expectations of an LSCB (Local Safeguarding Children Board) not being met, for example the absence of a multi-agency audit programme.

More significantly the seriousness of the situation was not recognised early enough and insufficient action was taken to correct the position. The result of the Ofsted inspection of the LSCB in February 2015 was a shock, not least because the last inspection rated the Council's social care services for children as 'outstanding'; criticisms of the LSCB had been expected but not an 'inadequate' judgement. It is to the credit of the council and its partners that the findings have been accepted in full with a clear commitment to put things right as quickly as possible. Nonetheless the primary responsibility for the LSCB becoming 'inadequate' is that of the Council.

Thankfully this does not mean that no progress has been made in safeguarding, or that individual professionals did not do their best on behalf of children in Lambeth. The Child Exploitation sub-group has recently delivered good work on a very complex problem while the very creditable work of the LADO in managing allegations against professionals and volunteers is an example of the value of continuity. The training provided by the LSCB is generally well regarded and the LSCB provides good support to schools, early years and community organisations in fulfilling their safeguarding responsibilities. The Serious Case Review (SCR) sub-group has worked diligently on three reviews and the Health sub-group or network has been effective in ensuring the NHS contribution to safeguarding is well co-ordinated.

It is important to remember that the Ofsted judgement of the work of the LSCB does not mean that safeguarding practice in all our local agencies, or even the Council, is poor. In fact Ofsted rated the Council as 'requires improvement' for its safeguarding functions; that is definitely not 'good' but it means there are some sound foundations to build on, although these may well exist in spite of the contribution of the LSCB rather than because of it.

The summary assessment by Ofsted of the experiences of children in Lambeth who need help and protection published in May 2015 was:

“Children identified as at high levels of risk of child sexual exploitation or gang related activity are considered regularly at multi-agency meetings. Rigorous scrutiny of known information is used to make plans and to provide services designed to reduce their vulnerability. However, responses to children who go missing or absent from home or care lack rigour. The increased vulnerability to all forms of exploitation for this group of children is not well addressed by frontline staff and managers. Children are not visited systematically when they return after going missing. The analysis of individual triggers and patterns of behaviour is insufficient to be used effectively to reduce risk. Inconsistency in recording of missing episodes makes it difficult for the local authority to collate and analyse data in relation to wider patterns and trends.

Children in Lambeth receive good quality early help from a wide range of agencies, when they need it. This includes targeted support for children and families who have complex needs. For some, this prevents problems from getting worse; for others, it ensures that previous problems that necessitated social work support do not recur.

The local authority provides an efficient and timely response when concerns about a child are first identified. Information sharing between partner agencies is well coordinated through the multi-agency safeguarding hub. This, together with readily available social work advice through the local authority’s First Response teams, is helping to reduce the number of children who are inappropriately referred to children’s social care.

Children who are assessed as requiring a social work service as children in need are generally visited regularly, offered services, and their plans reviewed at multi-agency meetings. Meetings do not always consider sufficiently whether intervention has resulted in positive change for children.

When children are considered to be at risk of significant harm and are made subject to a child protection plan, social work visits, child protection conferences and core group meetings do not always focus sufficiently on key issues or whether the level of risk is reducing. Alternative actions, including pre-proceedings agreements, are not always considered quickly enough. This means that some children continue to live in circumstances that are harmful and neglectful for unacceptable periods of time.

Turnover of staff has led to inconsistent and sometimes poor social work practice with some children, particularly in the disabled children's team."

Ofsted's findings in regard to the LSCB were more uniformly critical:

"Scrutiny, awareness and challenge

- Throughout 2014 the LSCB has not effectively carried out its statutory functions. These issues have now been recognised and new LSCB structures, membership and operational groups have been established in 2015, but it is too early to identify the impact.
- The LSCB has not been sufficiently independent from its key partners and has not adequately influenced the prioritisation of safeguarding children amongst other strategic fora or exerted challenge to other partners or organisations.
- Oversight of multi-agency work to prevent child sexual exploitation was not effectively maintained through 2014, although this has been revived in 2015.

Quality and evaluation

- The LSCB does not have effective quality assurance information or analysis of the performance of the board or its partners. It has not systematically assured itself that all partners have appropriate safeguarding policies, practices and procedures in place or that these are being followed.
- The Board has not sufficiently assured itself, through multi-agency case audits, that the standards of safeguarding practice are of required standards.
- The work of the Board has not been effectively progressed through its operational groups and through the business support provided.
- Multi-agency training has been maintained, but its impact on improving safeguarding practice has not been rigorously evaluated"

Although the inspection took place in February and March 2015 and the report was published in May, it remains the most accurate assessment of the effectiveness of local safeguarding arrangements that we have. As Ofsted found, the LSCB does not have the data, audit or other evidence to make its own judgement.

The immediate priorities for the Board in the remainder of 2015/16 are to:

- Re-establish a multi-agency audit programme

- Re-establish a multi-agency safeguarding data set
- Ensure the Board and its sub-groups operate in a business like way with all partners properly engaged
- Publish this Annual Report and a business plan for 2015/16
- Put the LSCB budget and the business unit on secure footing
- To make further progress in reducing the risk and harm of Child Sexual Exploitation
- To deliver an effective multi-agency training programme and ensure the learning from serious case reviews and audit is properly disseminated.

Local Context: Lambeth Children and Young People 2015

The Lambeth State of the Borough report 2014 and the Child Health Profile (Chimat, 2015) provide an overview of the demographic profile of Lambeth and the population that the LSCB services.

There are 318,200 people living in Lambeth, ranking it as one of the largest boroughs in London. It is a densely populated borough with over 100 residents per hectare, twice that of London. It has a relatively young age profile and is a largely residential borough; a destination for young working age people, rather than families. It has a complex social and ethnic mix, with large African and Portuguese populations, and is an important focus for the black Caribbean population. The projected population increase for Lambeth over the next 10 years is about 10%. For those aged under-20, this is likely to be about 5,300 more children and young people.

There are around 136,000 households in Lambeth. Single family households make up almost half of households. Lone parents make up one in ten households. Around 65% of households live in rented accommodation, and a third own their own home. In recent years, there has been a noticeable increase in concern about lack of affordable housing. Over 70% of households in Lambeth live in flats, either purpose built or converted houses.

Lambeth has a high crime rate and crime has been a long term consistent concern for residents, although crime and concern about crime has reduced drastically over the period of some years.

Around 14% of residents have no qualifications, which is about average for London. 2.4% of working age residents are long-term unemployed, which is one of the highest in London.

Age profile:
Similar to other inner London boroughs, Lambeth has a young age profile with many of working age. Those under 19 year olds represent 21% of the population and 44% of residents are aged 20-39 years.

Deprivation:
Lambeth is the 9th most deprived borough in London out of 33 and 29th most deprived in England out of 326. Those living in the most deprived areas are spread throughout the borough but are particularly concentrated in the Coldharbour, Vassall and Ferndale wards. One in three children attending Lambeth schools is eligible for free school meals (31% for primary and 31% for secondary). This is comparable with inner London but higher than nationally.

Mobility:
The total population change (the proportion of people moving in and out of the borough) has been stable at around 22-24% for the last few years; this means that approximately 12% of the population leave each year and are replaced by around 12% new arrivals. Approximately 88% of the population each year remains the same. The population change gives rise to significant pupil mobility within Lambeth schools.

Ethnicity:
Lambeth has an ethnically diverse population in general and more so in children and young people. White people make up 59% of the population; most are White British or Irish, with the rest made up of people from Europe, central and South America, and other regions. Black people make up 25% of the population, black African (11.5%), followed by black Caribbean (9.8%). 85.8% of Lambeth's school age population (age 5-16 years) are from a black or ethnic minority background.

Birth rate:
There were 4,589 live births in Lambeth in 2013. The birth rate in Lambeth rose until 2010, when there were 4,929 births, and has decreased slightly since then.

Teenage pregnancy rate:
The teenage pregnancy rate has substantially reduced over the past 10 years and has more than halved since a 2003 peak. In 2013, the teenage pregnancy rate in Lambeth was 24.7 per 1,000 girls aged 15-17 years, higher than the London average of 21.8 but similar to the England average of 24.3.

Infant Mortality Rate:
The infant mortality rate in Lambeth in 2011-2013 was 4.6 per 1,000 live births, compared to an average rate of 4.1 per 1,000 births in England.

Child obesity:
Children in Lambeth have higher than average levels of obesity. In 2013-14, the child obesity rate in year 6 children aged 10-11 is 24.7% and in reception year it was 12%. The average rates of obesity in England were 19% for children in year 6 and 9.5% for children in reception.

Child poverty:
29% of all children (aged under 16) were estimated to be living in poverty in Lambeth in 2012, which is an estimate of level of income from the median population income. This is higher than the England average of 19.2% and London average of 23.7%.

Youth Justice entrants:
In 2013 there were 160 first time entrants into the youth justice system in Lambeth. Presented as a rate, this equates to 688 per 100,000 10-17 year old young people in the population receiving their first warning, reprimand or conviction. This rate is higher than the England average of 441 per 100,000 population.

Lambeth's Youth Offending Service operates in a challenging social and cultural context. The vast majority of Lambeth young people and adults have no involvement in violence, crime or gangs. However the small numbers of young people who are involved in offending have a disproportionately high impact on the communities around them. Lambeth has been identified by the Home Office as a priority borough for support in relation to gang and serious youth violence.

Levels of youth violence are generally some of the highest in London and the borough has traditionally suffered high levels of violent crime in relation to the rest of London and England. Levels of violence against the person, sexual offences and hospital admissions for violence are rated as significantly worse in Lambeth than the London or England average and boys and young men are disproportionately affected – as victims and perpetrators – by serious violence, weapons and robbery offences between the ages of 11 and 30. Lambeth typically ranks amongst the worst, compared to other similar London boroughs, for wounding/GBH, assault with injury, sexual offences, serious youth violence and weapons offences.

Although violent crime has generally fallen in Lambeth, as elsewhere over the last decade, nevertheless there is a historic legacy and continuing concern about violence in our communities and its impact on the lives of children and young people.

Alcohol and substance misuse:
Alcohol and substance misuse issues in children and young people in Lambeth are a concern however their prevalences are lower than the England average and the numbers are small. School survey data (2014) of local school children (aged 12-15) shows that they have a good understanding of drugs, alcohol and tobacco issues. However, compared to the 2012 survey, the latest findings report an increase in use of Shisha tobacco use. A decrease was reported in young people reporting that they are consuming alcohol and a slight decrease was seen in young people reporting that they have taken drugs. Students reported increased satisfaction with drug education and the average age for first trying drugs was 13.

The rate of hospital admissions for alcohol related conditions (per 100,000 under 18 year olds in the population) in Lambeth was 23.9 in 2013-14, lower than the national rate (40.1). However the rate of hospital admissions for substance misuse related conditions (per 100,000, 15-24 year olds) was 79.5, similar to the national average of 81.3.

Mental health:
The inpatient admission rate per 100,000 young people in the population aged 0-18 years for mental health conditions in 2013-2014 in Lambeth was 109.7, which was higher than the England average of 87.2. This rate was also higher than the previous year when the rate was 78.2 per 100,000 young people in the population (0-17). The rate of hospital admissions as a result of self harm was 186.1 per 100,000 (aged 10-24 years) which was lower than the England average of 412.1 per 100,000 young people in the population (aged 10-24 years). Again, the rate of self-harm was higher than the previous year when the rate was 151.9 among 10-24 year olds per 100,000 young people in the population.

Disability:
Around 2,000 children are estimated to have some form of disability in Lambeth, with the most common being communication disorders, moderate to severe learning disabilities and autism. Public Health England data reports that in 2013-14, 915 children in Lambeth were recorded to have moderate learning disabilities, 24.4 per 1,000 population; higher than the England average of 15.6 per 1,000 population. 166 children are reported to have severe learning disabilities

(4.4 compared to 3.7 for England) and 521 children are reported to have autistic spectrum disorders (13.9 compared to 9.1 for England).

Childhood injuries:
The rate of children seriously injured or killed in road traffic accidents in Lambeth in 2011-13 per 100,000 children was 16.2 (0-15 years old). This is slightly lower than the England average of 19.1 per 100,000 children in the same period. 9 of Lambeth's children were seriously injured in road accidents in 2011-13, a reduction compared with 2008-10. Lambeth remains on target to meet the local target of a 33% reduction in children killed or seriously injured by 2020.

In 2013-14 there were 576 hospital admissions for Lambeth children aged 0-14 years caused by injuries. The rate was 108 per 10,000 children, lower than the national average of 112.

Schools and children's centres:

Lambeth has 92 schools and 27 children's centres. 31% of primary aged pupils and 31% of secondary aged pupils are eligible for free school meals. The Local Authority maintains the majority of schools but there are ten Academies, which includes 2 'free' schools. Ofsted rates 93% of schools 'good' or 'outstanding' with all nurseries, special schools and secondary schools rated as 'good' or better. Results at all key stages are above the national averages and pupils on free school meals make better progress than their national peers. Lambeth has been rated as having the fourth highest percentage of outstanding schools over the last three years. Schools work very closely with the Local Authority and no school inspection has picked up any safeguarding concerns.

National Context

Safeguarding boards operate within a framework of national guidance and legislation. Some of the key changes are described below; they all increase the responsibilities and expectations of safeguarding boards and the other public bodies involved in keeping children safe.

In February 2015 the Government published new 'Working Together' guidance that provides the overall framework for safeguarding practice and safeguarding boards. The key changes are clarifications to the process for handling allegations against professionals, the notification of serious incidents to Ofsted, and decisions on cases that require Serious Case Reviews.

The Independent Inquiry into Sexual Exploitation in Rotherham, otherwise known as the 'Jay Report' was published in August 2014. This report has had a profound impact on public and professional awareness of sexual exploitation. Most importantly it has led to an understanding that exploitation can happen anywhere and requires excellent local partnerships to deliver an effective response. While prevention will always be better than cure public services have to be able to meet the needs of victims as well as be able to prosecute perpetrators.

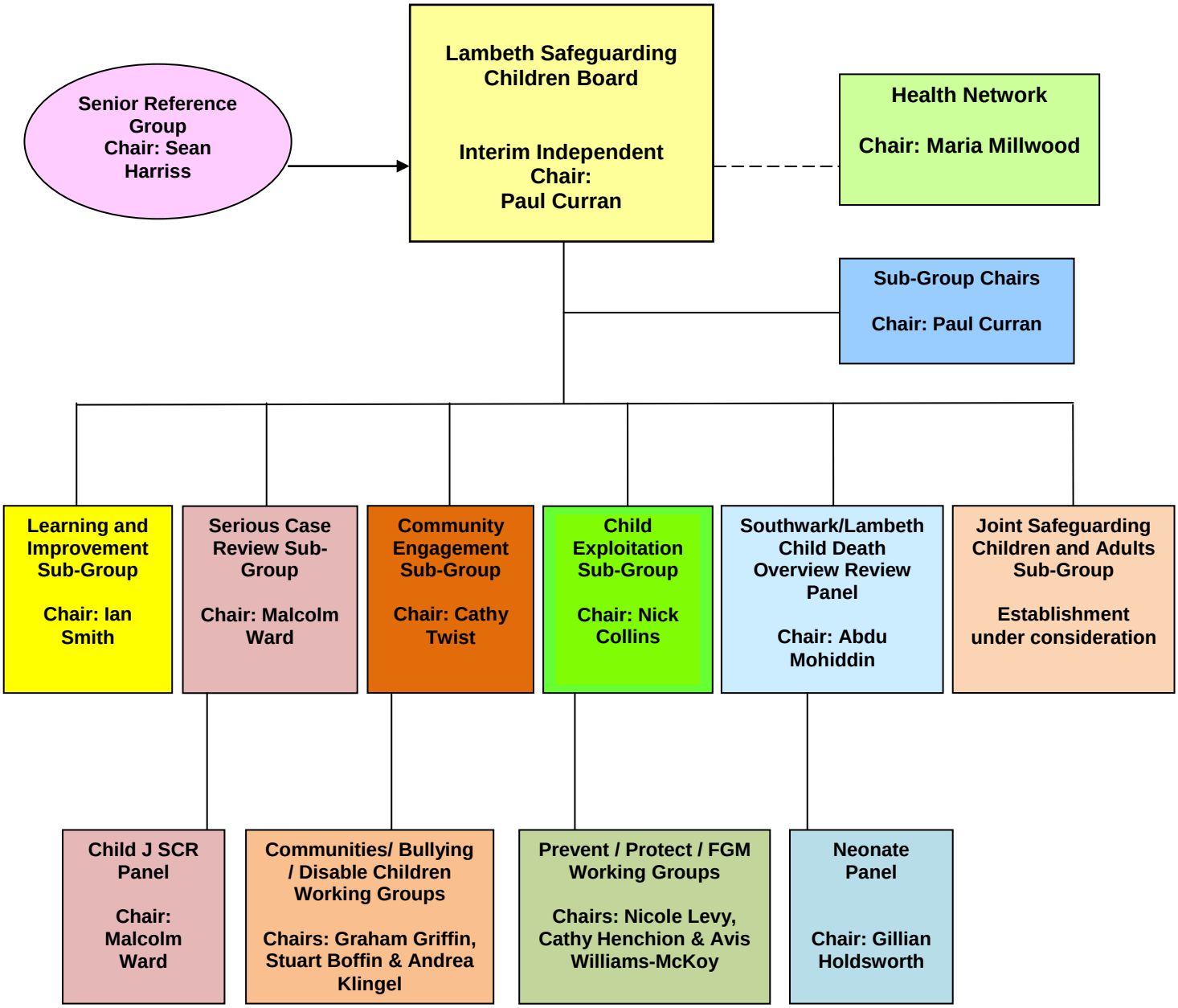
The Government also published guidance in respect of the Prevent Strategy to tackle violent extremism and the risk of radicalisation. This outlines responsibilities for a range of public bodies and includes a role for safeguarding boards in respect of the risks to children, although as with other forms of exploitation they are expected work closely with other local partnerships such as those for Community Safety and Safeguarding Vulnerable Adults.

In 2014/15 Ofsted made a number of changes to the inspection framework intended to increase the focus on outcomes for children and the effectiveness of frontline practice. As described earlier Ofsted completed an inspection in Lambeth and continue to be involved in monitoring progress. Ofsted have now announced plans to introduce a new multi-agency inspection framework for children.

Governance and Membership

The structure of the board and its sub-groups was changed during 2014/15 and is set out below:

LSCB Structure



The initial indications are that these changes were for the better. Ofsted felt they needed longer to bed in although there are some specific issues that should be addressed. Therefore it is intended that the sub-groups will remain the same except for some variations to their terms of reference to reduce the demands on the Learning and Improvement sub-group. The Health Network will continue but focus on its primary role

of ensuring the effective engagement of the NHS in safeguarding. The expectation that it deal with a range of multi-agency issues was not realistic and therefore consideration is being given to establishing a sub-group to deal with the always-problematic transition and crossover issues with adult services, such as domestic violence and parents with serious mental illness or disability. It is proposed this should be a joint sub-group with the Adult Safeguarding Board and the Safer Lambeth Partnership. A brief account of the activities of each of the sub-groups can be found below.

The chairs of the sub-groups will continue to meet to manage the delivery of the business plan. The Senior Reference Group will remain in place to ensure the LSCB functions effectively, that there is ownership at the highest level in the key statutory agencies and that all partners are properly engaged.

Ofsted commented that the main Board was too big to be effective and that there had been inconsistent attendance. The membership has been reviewed and reduced with greater clarity about which people attend as members of the Board and which provide professional advice. Despite the difficulties that have been encountered I wish to thank all those who have attended the Board for their contributions and commitment. The current members of the LSCB are listed in Appendix A.

Reports of the Sub-Groups

Health Network

The Health Network was formed following the restructuring of the LSCB in January 2015. The group was previously known as the Safeguarding and Looked After Children Working Group (SLAC), which reported to the governing body of NHS Lambeth CCG. The purpose of this sub-group was to support the LSCB in fulfilling its statutory duties by providing a forum for LSCB members, especially Health agencies members, to meet collectively, and work together, to promote and develop work that ensures children in Lambeth are safeguarded from ill health and harm and to promote their well being.

During 2014/15 the SLAC and subsequently the Health Network focussed on the following areas:

Serious case reviews: the monitoring of the implementation of recommendations from serious case reviews. Supporting and co-ordinating health's response to complex case reviews that involved providers across the London health sector.

A sub-group was set up to review practice across all providers and a series of case file audits were undertaken to demonstrate good practice and to identify areas of improvement. As a result further training was developed for primary care, to improve health outcomes, which has led to the delivery of a combined LAC and Safeguarding training.

A review of all Section 11 audits was undertaken and peers and the LSCB challenged these.

The key priorities for the Health Network were to strengthen the joint work between services with families where there is parental substance misuse, mental ill health, violence against women and girls, or disability.

The Network is chaired by the Joint Director of Integrated Commissioning (Children & Young People, Maternity, Disability and Public Health) London Borough of Lambeth & Lambeth CCG.

The Network held its first meeting as a facilitated workshop in March 2015 and discussed and agreed the terms of reference and began to formulate a work plan. There was a strong consensus from members that the group required membership from key clinical and commissioning professionals who lead the following adult services to achieve the key priorities: disability, mental health, substance misuse and domestic violence. It was envisaged that the group would develop its work plan jointly with the Safeguarding Adult Board members to include the following:

- Develop strong working relationship with the Adult Safeguarding Board
- To review guidance and protocols that have been commissioned from both the Adults and the Children's Safeguarding Boards and update as required
- Ensure representation from the voluntary sector.
- Public health to support generic information about the disability, health issue or dependency including prevalence.
- Stronger emphasis on early identification and early help for parents who have health and social care needs.

Since this workshop a review of the LSCB sub-groups has been undertaken and consideration is being given to a proposal to establish a Joint Adults and Children's Safeguarding Sub-Group, chaired by the Joint Director of Integrated Commissioning (Children & Young People, Maternity, Disability and Public Health). The membership of this group would reflect the multi disciplines within the partnership and recognise

that strategic leadership ensures that families receive effective help at an early stage when parents experience mental health problems, misuse substances or experience domestic violence and support a multi agency approach that treats the whole family not a specific health issue.

The Health Network will continue to meet to undertake their responsibilities for Safeguarding and Looked After Children and will continue to develop and improve coordination of Health partner's contributions to the LSCB.

Learning and Improvement Sub-Group

This is an overview of the activity undertaken by this newly formed sub-group since it was established in January 2015. Prior to this the individual functions of performance, training and quality assurance had been managed separately.

Purpose of the sub-group

The group's main purpose is to bring together in one learning framework the activities of the four previous sub groups (Performance; Learning and Training; Policy and Procedures and Safer recruitment) with the aim of developing an integrated approach to support a greater understanding, learning and development of services to children, young people and families within the London Borough of Lambeth.

A key focus of the group is to develop a robust integrated performance framework to compare performance against local and national statistics, analyse information, and to evidence how we are achieving against agreed outcomes for children, young people and families.

Membership

The group is made up of a good cross section of key partners such as Health, Police, Education and Local Authority children and adult services. The group met in January, June, July and September 2015.

The inaugural meeting of the group focused on membership, terms of reference and considered draft frameworks for performance and learning. These will in due course be considered by the LSCB.

The scope of this group is substantial and needs to be managed carefully. Consequently it was agreed to divide the functions into three work streams with group member identified as a lead.

The three work streams and leads are:

Quality Assurance and Auditing – Sandra Cornwall/Avis Williams-McKoy
Performance – Tim Weetman
Training and Development – Interim Nicole Levy

Quality Assurance and Auditing:

In September 2014 the LSCB received audit reports on agency responses to domestic violence and child protection from Adult Social Care, the police Child Abuse Investigation Team (CAIT), Guys and St Thomas' Hospitals, Kings College Hospital and the South London and Maudsley Mental Health Trust.

No multi-agency case audits were undertaken in 2014/15. The first multi agency audit will be completed before Christmas 2015 and will follow the theme of 'Thresholds'; with a plan for a further four audits to have been completed by March 2016.

Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to make arrangements for ensuring that their functions, and any services that they contract out to others, are discharged with regard to the need to safeguard and promote the welfare of children. It is good practice for an LSCB to ask partner agencies to undertake audits to test how effectively these duties are being fulfilled.

In 2104/15 Section 11 audits covering education safeguarding arrangements, Lambeth Clinical Commissioning Group (CCG), housing services, the Youth Offending Team and the Young Lambeth Co-operative were considered by the LSCB. There will be no new Section 11 audits undertaken in 2015/16 while priority is given to re-establishing a multi agency audit programme and a multi-agency data set. The Learning and Improvement Sub-Group will develop a new approach to Section 11 audits for 2016/17.

Performance

The previous multi-agency data set established by the LSCB fell into disuse during 2014/15, although a report for 2013/14 was received. The data set was neither refreshed nor replaced. A framework has been produced and work is now underway to establish a new data set. In the meantime the LSCB is reviewing single agency performance information beginning with the Children's Social Care digest.

Training Activity 2014/15

A number of courses were rescheduled through the year and, as a result, 3 events were presented in April 2015. The period of training activity covered by this report is therefore 1st April 2014 to 18th April 2015.

During the period the following events were presented:

17 day/ half-day courses (some presented on multiple occasions giving a total of 39 sessions).
10 half-day briefing sessions.
1 conference

The above events were attended by a total of 1,117 people.

In addition, 351 people completed Safeguarding Children Level 1 training via the online training package (Kwango).

Courses

Course Title	**Sessions**
Being an Effective Member of a Core Group / CIN Meeting and/or CLA Review	2
Domestic Violence: A Child Protection Issue - Advanced	2
Domestic Violence: A Child Protection Issue - Foundation	2
Impact of Parental Mental Health on Children & Young People - Foundation	3
Risk Assessing Neglect, Changing Family Dynamics and "Stuck" Cases	2
Safeguarding Children: Responsibilities of Named/Designated Lead Professionals	6
Safeguarding Children: Working Together	8
Safer Organisations: Recruitment, Working Practice, Allegation Management	1
Training for Trainers in Staff Induction (Safeguarding Children)	1
Understanding and Responding to Child Sexual Abuse	1
Understanding and Responding to Child Sexual Exploitation	2
Understanding and Responding to Fabricated or Induced Illness	1
Understanding the Importance of Child Development and Attachment in Child Protection Cases	2
Understanding the Role of the LADO	2
Working with Families Affected by Drug and Alcohol Use - Advanced	1

Working with Families Affected by Drug and Alcohol Use - Foundation	1
Working with Families We Find Difficult, Dangerous and/or Evasive	2
Total	39

Briefing Sessions

	Sessions
LSCB Briefings	2
Serious Case Review Briefings	3
Child Sexual Exploitation 1/2 day Training / Briefing Sessions	5
Total	10

Conference

	Sessions
Working with YP Affiliated with Gangs	1

Attendance - Courses

	Applications	Attended	DNA	DNA%
Early Years	215	179	36	17
Education / Schools	167	148	19	11
Health	62	47	15	24
Housing Services	8	6	2	25
Independent / Voluntary	188	147	41	22
Justice Services	8	4	4	50
Lambeth CYPS	166	114	52	31
London Borough of Lambeth - ACS	7	7	0	0
London Borough of Lambeth - Other	98	79	19	19
Multi-Agency CLA and Leaving Care	16	9	7	44
Other Lambeth Agency	48	40	8	17
Police	3	3	0	0
Youth Services	14	11	3	21
Total	1000	794	206	21

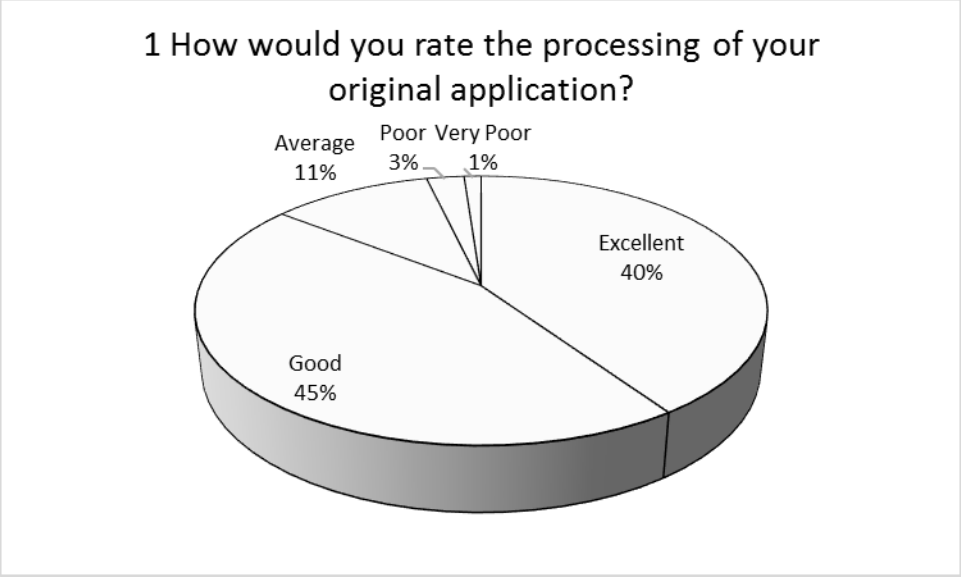
Attendance - Briefing Sessions

	Attended
Early Years	10
Education / Schools	6
Health	24
Independent / Voluntary	22
Justice Services	3
Lambeth CYPS	77
London Borough of Lambeth - ACS	4
London Borough of Lambeth - Other	32
Multi-Agency CLA and Leaving Care	5
Other Lambeth Agency	5
Police	1
Youth Services	3
Total	192

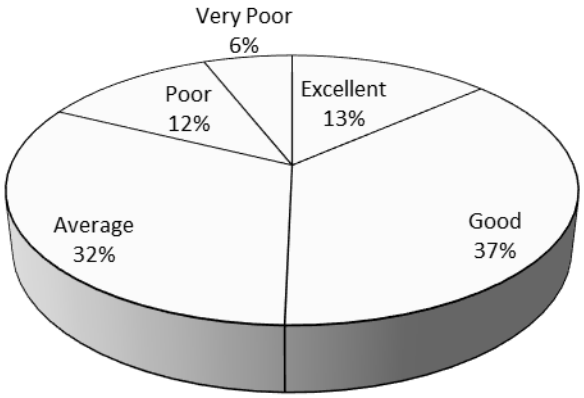
Attendance - Conference

	Attended
Working with YP affiliated with gangs	131

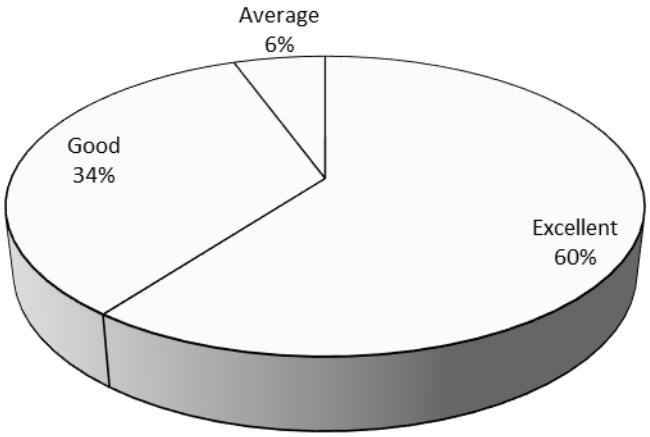
Courses Feedback



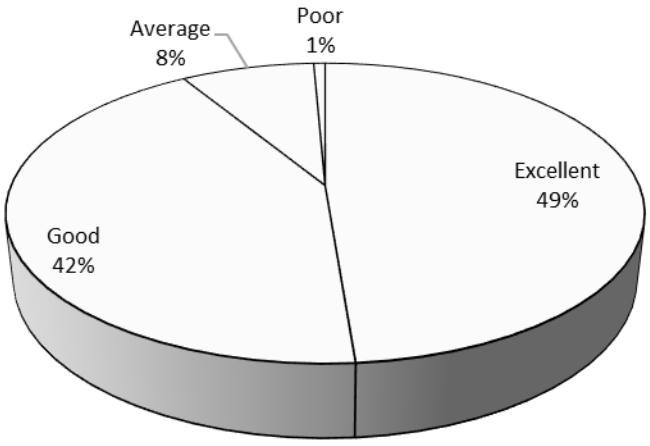
2 How would you rate the venue for comfort, cleanliness, accessibility?



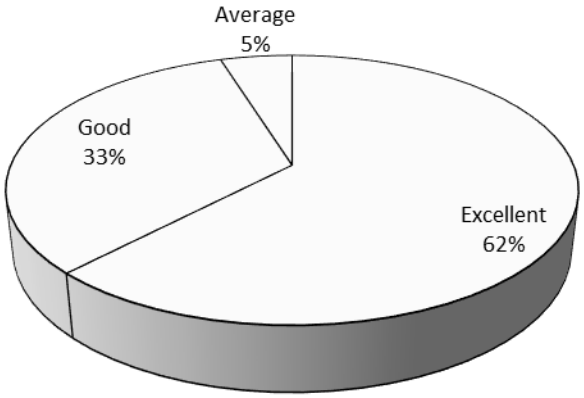
3 How well did the course meet its objectives?



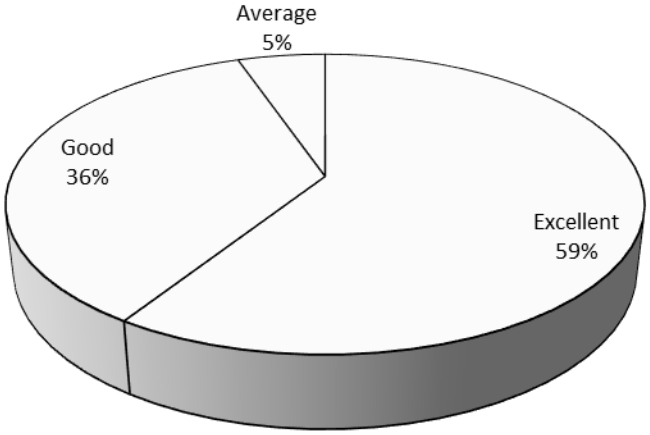
4 How useful did you find the course content?



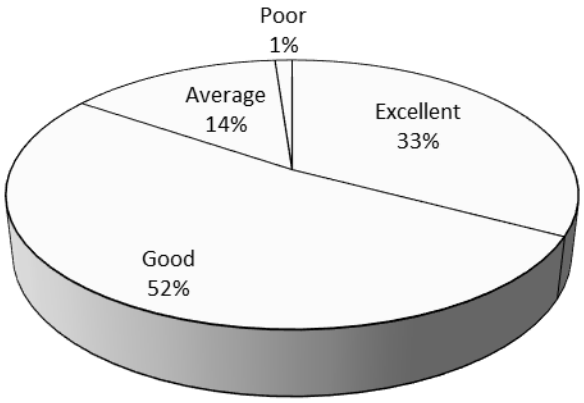
5 How relevant did you think the course was to your job?

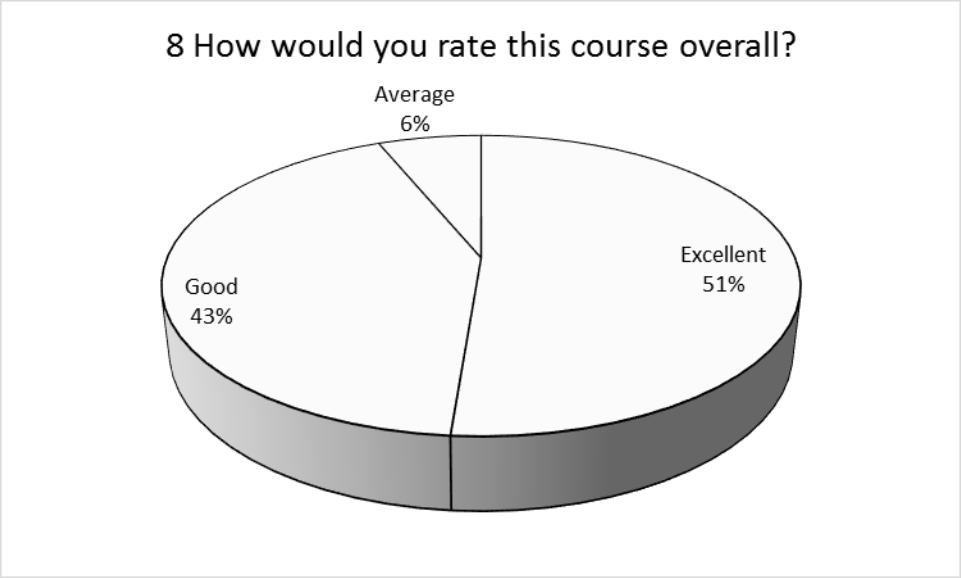


6 How would you rate the standard of training?



7 How well did you think issues of inclusive practice were tackled on the course?





Comment and Summary

Feedback

Feedback from the courses indicates that participants find the training to be relevant and well presented.

Participants indicate that they feel that each course meets the advertised objectives and that the course content is useful and relevant to their work.

85% of participants rated the degree to which inclusive practise is addressed by the training as good or excellent.

There are however ongoing issues in respect of venues with half of the participants rating the facilities as average (32%) or poor/very poor (18%).

85% of participants rated as good or excellent the processing of their applications. However, there is anecdotal evidence to suggest that this disguises problems with the online booking system. Many participants indicate that they find the system to be less than user friendly. Administrators also find the system, at times, difficult and complex.

The issues of venues, the online booking system and also the ‘KWANGO’ system need to be looked at further as they impact on the quality of the experience of participants and, in the case of the booking system, may be deterring people from applying for courses.

Attendance

There is an overall 21% non-attendance rate for courses which is too high.

Venues

Most of the courses were held at International House. Two training rooms were used, but both rooms look tired, are often cluttered and sometimes dirty. They tend to be too cold in the winter and too hot in the summer and a long-term problem with the electricity supply last year, together with a lack of portable heaters, exacerbated the problem.

This situation should improve following the current refurbishment of facilities on all floors at International House.

Last year presenters had the support of an onsite facilities staff member if there were difficulties with the room equipment. This year, due to a relocation of the relevant staff member, there is no onsite support and presenters have struggled with video and audio equipment leading, on one occasion, to a severe delay to the commencement of the course.

Online Booking System

Comments from participants indicate that the online booking system is less than user friendly and, for some, amounts to an obstacle in the booking process. Some people have stated that they have found the initial registration and subsequent course application processes very difficult.

Administrators have found the system difficult to administer, particularly when setting up new events.

Other issues include:

- Not being able to produce a certificate with the date of the course showing (the choice of the date on the certificate being either the day that the participants' attendance was inputted or the date that the participant gave their online feedback.)
- Not being able to extract the course feedback information within date parameters.

Additionally, the current system requires participants to provide online feedback in order to gain access to their attendance certificate. Many participants have struggled with this and have had difficulty downloading their certificate. Some have resolved this by repeating their feedback

(some on multiple occasions) leading to a situation where the system has duplicate feedback leading to inaccurate statistics that have to be manually adjusted.

Summary

We present good quality training in terms of relevance, content and trainer delivery but the current issues regarding venues, the use of technology and e-training need be addressed as they represent weak spots and take some of the shine off what otherwise is something for the Board to be proud of. Priorities for 2015/16 include:

a. Review and consider implementing the existing policy for charging applicants who fail to attend courses.
b. Improvement to training room facilities and onsite technical support for presenters.
c. To improve the online booking system to make it more user friendly and easier to administer.
d. To update the e-learning package (KWANGO) or purchase an acceptable level 1 safeguarding children e-learning package.

Child Exploitation (CE) Sub-Group

Ofsted identified weaknesses in progress on tackling Child Sexual Exploitation (CSE) however at the end of 2014, the sub-group had been re-formed and Ofsted noted a significant turn around in performance from this point. The group has been guided by the Health Check report produced by the Deputy Chair in December 2014.

In early 2015 the group made the decision to change from solely a sexual exploitation focus to one of wider child exploitation. This recognised the common linkages between sexual exploitation and other harmful practices, in particular Female Genital Mutilation (FGM), gangs and radicalisation. The terms of reference and a strategy have been agreed. These were written after consideration of the Jay report into CSE in Rotherham.

A priority for the group was to understand the problem in Lambeth. Initially this has focussed on CSE; a problem profile based on Children's Social Care (CSC) and police data was commissioned through Community Safety. This indicated that Lambeth's principal CSE issue was peer-on-peer abuse. It has become clear that the understanding of this problem is limited by under reporting; the group is mindful that this profile may change as reporting increases. A particular concern is the

apparent gap in knowledge of CSE within Lambeth's significant LGBT community.

A review of Lambeth's Multi Agency Safeguarding Hub (MASH) is underway - this has already improved provision, and will better inform the borough's understanding and activity around exploitation. Both these pieces of work have identified a clear need for analytical capability within the MASH, focussed on exploitation. CSC has now identified an analyst post, to which they are recruiting. Children's Social Care introduced a CSE Screening Tool and all children known to the service aged 10+ were screened in December 2014; the tool continues to be used in relevant assessments.

A Lambeth CSE guide was produced at the beginning of the year. The group has tied in existing research and work across the partnership. This is principally with the MsUnderstood project. This centrally funded programme now reports to the CE sub-group. Its report supports the problem profile, and focuses on the environmental factors that can be used to effect exploitation. The Chair has agreed a programme of work with the project to support the CE sub-group's work plan.

The sub-group implemented a CSE Makesafe campaign in the early part of the year to support National CSE day. This supported Police activity in raising awareness in licensed premises. The Chair has briefed Lambeth's Business Crime Reduction Partnership. This has already identified vulnerabilities on the South Bank. Businesses involved have worked with police, which has already resulted in an arrest.

The Chair and Deputy Chair have briefed head teachers at Lambeth's Head Teachers' conference. The Chair has written about online abuse to all head teachers on behalf of the LSCB.

Multi Agency Sexual Exploitation (MASE) panel

There remain weaknesses in this panel; particularly in its size and the way it conducts business. This panel has been set a clear direction by the group to adopt a strategic risk and problem solving approach. Currently it can become tactically focussed on individual cases; replicating existing work already done rather than holding it to account. Intrinsic to this will be the development of the analytical product; this awaits the appointment of an analyst. It is acknowledged that it is crucial for this analyst to work closely with the other analytical capability in the council, particularly in gangs at Community Safety. This cross-pollination can only strengthen understanding and opportunities to intervene at the earliest stages.

A police Detective Inspector will be chairing the panel, with a senior officer from Children's Social Care deputising. This mirrors the CE sub-group and best practice in other boroughs. The group retains oversight on the resources that the principal statutory agencies ring fence to CE. Currently there is a CSE coordinator in Children's Social Care, and 3 police officers working to the police MASH sergeant. Children's Social Care has agreed to increase their coordinators to two posts. Barnados have indicated a willingness to match fund posts and this is currently being explored. This makes a joint Police/Children's Social Care team viable into which other sectors, in particular the 3rd sector, can contribute.

Incidence

Police data to the end of May shows that Lambeth had the third highest level of allegations of CSE in London (cumulatively based on suspicion and crime allegations). However, it has the highest number of interventions/disruptions and crime detections. Police share information with Children's Social Care on children missing from home or care on a daily basis as this is believed to be a key CSE risk factor.

In 2014-15, Children's Services received a total of 114 referrals of children and young people suspected to be vulnerable to, or at risk of, CSE. From the 114 referrals it was deemed that 96 met the threshold for a strategy meeting. 13 of these referrals were repeat referrals.

Age of victims:

Age	number	age	number
9 yrs	1	14 yrs	16
10 yrs	1	15 yrs	34
11 yrs	3	16 yrs	20
12 yrs	13	17 yrs	9
13 yrs	18	18 yrs	-

Gender:

Male	13
Female	101

Ethnicity:

White British	16
Black British	42
White other	16
Asian	4

Black African	8
Black Caribbean	2
White/Black Caribbean	19
Other	7

Child Death Overview Panel (CDOP)

Overview of CDOP Operation in Lambeth and Southwark

Cases reviewed:

- 31 cases were reviewed by the Child & Neonatal Death Overview panels in the 2014/2015 financial year:
  - 17 cases were reviewed by the Neonatal death overview panel (NDOP) and 14 cases were reviewed by the Child Death Overview panel (CDOP).
  - 6 cases were from 2014/15, the remaining 25 cases occurred in the financial years 2010 - 2014.

- 24 (77%) cases were under 1 year old; 17 (55%) were under 28 days; 20 (65%) were males; 10 (32%) cases were Black African, 5 (16%) were White British and 5 of other Black ethnicity.

- 7 of the 31 (23%) cases were identified as having modifiable factors.

- Administrative challenges affected CDOP's business continuity leading to an increase in the backlog (60 cases; Southwark 29, Lambeth 31) and a reduction in the number of cases reviewed from 70 in 2013-14 to 31 in 2014-15.

Deaths reported:

- 45 deaths were reported to CDOP in the financial year 2014/2015 (20 neonatal and 25 child deaths).

Lambeth cases reviewed

- 9 Lambeth cases were reviewed in this financial year with 7 (78%) deaths occurring within an acute hospital setting.

- The most common classification of death was neonatal death (5; 56%), with the remaining cases found across several categories such as apparent homicide, non-intentional injury/accidents/trauma and SUDI.

- 2 (22%) cases had modifiable factors. The national figure in 2013/14 was identical.

Deaths reported:

- 22 comprising 9 neonates and 13 children.

Recommendations from the CODP Annual Report 2014-15

- Sudden unexpected death in infancy (SUDI) – a recurring theme; partner organisations should ensure that staff are trained with regular updates and audits to ensure quality.

- Domestic violence and risk to children – recommendations include improving communication between medical professionals and social workers and improving risk assessments by ensuring social workers' awareness of evidence, challenging assumptions and improving supervision. Migrant families from violent countries should be adequately supported to prevent a perpetuation of violence.

- Youth violence – a public health approach to reducing youth violence is being considered but needs further implementation and evaluation.

- Safety in the home for young children – An awareness raising scheme regarding home safety (including SUDI) was piloted with housing officers, and a safety equipment and literature scheme was made available to vulnerable families using non-recurrent funding. These schemes should be evaluated and sustained.

Progress on recommendations from 2013-2014 Annual Report

- Youth violence – A public health needs assessment in Lambeth was completed and presented at the Lambeth HWB and LSCB.

- Road/traffic safety and awareness – Transport for London have been informed of recommendations from last year's report and gave assurances regarding their staff training.

- Hospital staffing (midwifery) – Local units have provided assurances that they are reviewing staffing levels using birth rate planning tools to ensure national standards are met, and are providing enhanced caseload management for women with complex needs.

- Sudden unexpected death in infancy and safety in the home for young children - these two recommendations were addressed together: an awareness raising programme for housing officers was developed and

implemented and a home safety equipment scheme for vulnerable families was commissioned

Serious Case Review (SCR) Sub-Group

The Child H review was published in 2014/15. The case concerns a Somali family living in Lambeth. They had previously lived in Somalia, where they had two older daughters, and later a son, Child H, who was born in 2009. The parents were separated for many years due to the civil war in their country. They were reunited in London in early 2011 when Mother joined Father in a shared house with members of his extended family. All three children remained in Africa at this time; the parents did not know where the two elder children were, and Child H stayed with relatives in Ethiopia.

Professionals became involved because of the pattern of domestic violence and abuse that quickly emerged in the relationship between Mother and Father. This included supporting Mother, in late 2011 when she was heavily pregnant with Sibling 1, to leave the family home after a serious assault, and to live for three months in a women's refuge in another London borough.

After the baby was born, professionals remained involved because the parents reconciled and Mother returned to Lambeth, where both later denied the history of domestic violence. The baby was made subject of a Child Protection (CP) Plan based on an assessment of the risk of further violence, and professionals endeavoured to work with the parents on the implementation of that plan.

During this year, Mother quickly became pregnant again. Just before her next child (Sibling 2) was due to be born, Father brought back their three-year-old Child H from Ethiopia. In January 2013, therefore, the family had grown to three children, aged three years and under. All the children were now the subject of Child Protection Plans.

In early March 2013, at the age of two months, the youngest child suffered a serious injury, and was admitted to hospital in a neighbouring borough. A week later, his 3-year old sibling died of injuries received whilst in the care of Father.

The key findings were as follows:

Finding 1: A tendency among professionals in all agencies to focus on the emotional impact on children of living with domestic violence, and

not on the increased probability that they will be physically harmed, impedes a full understanding of the risks to which they are exposed.

Finding 2: Are the mechanisms, which are intended to pick up errors of human reasoning, functioning well and consistently in agencies? Where they are not, inaccurate judgements are more likely to go unchallenged.

Finding 3: The current range, availability and quality of interpreters is problematic; for planned work it is variable and, in emergency situations, it is so poor that it risks leaving non-English language service users without support, making it extremely difficult for professionals to make an effective assessment or diagnosis in a timely fashion.

Finding 4: Where there is no known recurrence of domestic violence incidents, professionals tend to be reassured about the welfare of children in the household and/or believe their grounds for purposeful engagement with the parents are diminished. The consequence is that they get no further in understanding the causes and triggers of incidents of domestic violence, and the actual level of risk to children these imply.

Finding 5: A pursuit among social care and police staff of categorical explanations from medical professionals of the cause of physical injury to children, clashes with a norm among medical professionals of giving differential diagnoses in which anything is possible until it is ruled out. This increases the chances of miscommunication and misunderstanding about past and future risks in child protection investigations.

Finding 6. The low priority given by the Emergency Duty Team (EDT) to responding to requests for routine data checks relative to other demands, and the lack of a system in the Family Support and Child Protection Teams for routinely retrieving at the start of the day information logged by EDT at night, undermines timely information-sharing, even in situations where an urgent response is required.

Follow-up on recommendations and actions following an SCR was not systematic in 2014/15. Action plans for Child H and Child I have now been incorporated into a single document that will be considered at each LSCB as well as the SCR sub-group. This requires evidence of completion before actions are signed off.

SCR Child J

This is the only review in progress it now awaits the health overview report, it is expected this report will be considered by the LSCB in

November.

Liaison with the Coroner

In the light of experiences in relation to SCRs I and J, new Coroners' guidance and revised Working Together 2015 we have agreed to initiate discussions with the local Coroner to clarify communication links in relation to case reviews and CDOP and to do this with Southwark and Lewisham LSCBs and CDOPs.

Other cases

The Sub-Group agreed three other Learning and Improvement Reviews (not SCRs) with the LSCB Chair. These have been delayed as a result of the workload of SCRs but the Sub-Group hopes to complete at least two of these very soon.

The Critical Incident Flowchart that was agreed by the LSCB Chair and Executive has been updated to take account of Working Together 2015.

Homelessness and significant harm to children

The LSCB Chair asked the SCR Sub-Group and CDOP to explore whether we had any information about homelessness and its significance as a factor in significant harm to children.

Community Engagement Sub-Group

Summary of activity

Since the Community Engagement Sub-Group was reconstituted in February 2015 with a new chair (Cathy Twist, Director of Education, Learning and Skills), new members and new Terms of Reference, it has met three times. Its brief is to ensure that the LSCB's safeguarding message is communicated to the wider community including all partners, voluntary groups, schools, faith groups, and independent schools.

Contribution to the priorities of the LSCB

The sub-group has been given the brief of developing work plans for three of the LSCB's key priorities

- Ensuring Children with Disabilities are kept safe
- Anti-Bullying guidance
- Ensuring safeguarding across all our communities.

Leads for each working group are 1) Graham Griffin, Schools Safeguarding lead 2) Stuart Boffin, School Inclusion Manager and 3) Andrea Klingel. Chance UK, Voluntary sector representative.

Update on working groups' activity

- Children with Disabilities

The group has begun to look at all the services that may be accessed or available for children and young people with disabilities and how safeguarding information is communicated to these services and groups. They have looked at the Council's SEND 'Local Offer' website which summarises all that is on offer locally. The key activities for this group are:

  - The working group will check the information that is currently given to these organisations
  - Undertaking S11 audits for these services
  - How safeguarding information is shared and where is it?
  - Ensuring training is available.
  - Ensuring the child's voice heard and they know what to do/who to contact.
  - Improving the training and information for parents.

- Anti- Bullying guidance

A first draft of an anti-bullying policy has been developed. This builds on the previous policy and has had contributions from schools, young people and the police. The draft policy has been added to the LSCB website.

The group have completed updating an existing equalities impact statement and some materials and information have been added to the LSCB website. The anti-bullying guidance was updated in March 2015 and has been sent as a model to all schools. The group will be further developing the guidance to include clarity on the links between CSE, radicalisation, gangs and bullying and guidance on the law and bullying.

Schools are sent an annual safeguarding checklist which will be updated to include ensuring an anti-bullying policy is in place.

Chief Inspector Nick Collins has recently sent a letter relating to 'sexting' that has been circulated to all schools. The letter addresses the inappropriate use of social media and the impact it could have.

- Safer Communities

An action plan has been created to ensure that the LSCB's safeguarding and safer recruitment messages get out in an easily accessible format to:

  - Community groups
  - Voluntary Sector
  - Faith groups

The working group has looked at how best to communicate with each sector including articles in Lambeth Talk, the council website and posters in children's centres, community venues and schools. The group have identified the need to get feedback from children and young people themselves.

The LSCB Policy and Performance Officer put together a booklet with information about the LSCB for faith and community organisations. She has contacted 87 faith organisations and has set up a range of opportunities to meet them to share the information.

The range of recent 'Prevent' work that has been done with schools, colleges and children's centres will be shared more widely with faith and voluntary organisations.

The sub-group will also scrutinise and monitor the information on the LSCB website to ensure that it is easily accessible and comprehensible to the various community groups.

Report of the Local Authority Designated Officer (LADO)

In Lambeth the LADO work is carried out by a very experienced member of the Child Protection Reviewing Service, with the rest of the team covering for absence. The Delivery Director is the Named Senior Officer and receives a briefing on specific cases when appropriate. The Director of Education and Assistant Director Early Years are also briefed on relevant cases, and a regular meeting is held with the Director of Education and the Universal Safeguarding Manager. The Child Protection Reviewing Service Manager and Head of Service for

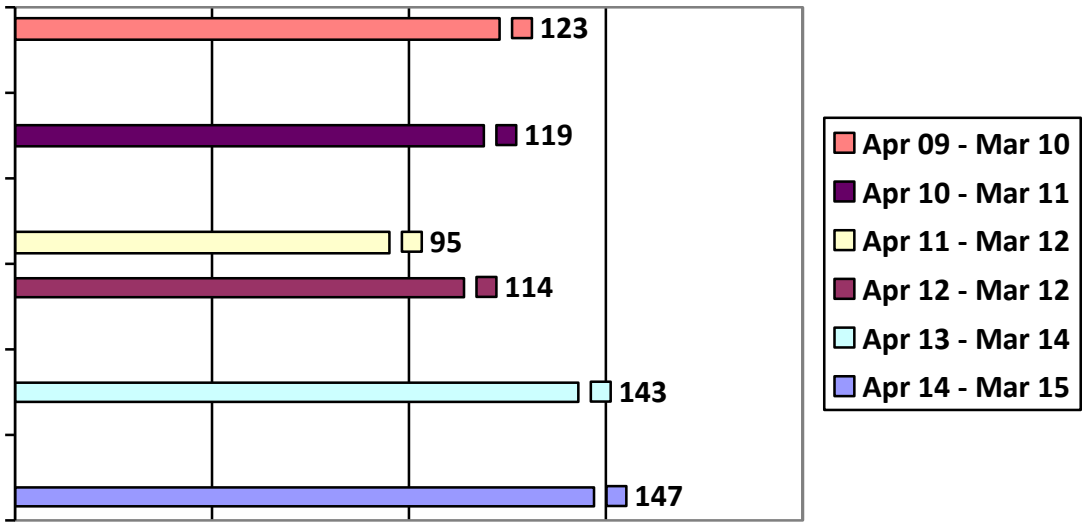
Safeguarding and Quality Assurance have overall responsibility for the work.

Guidance is available on the Lambeth Safeguarding Children Board website and the LADO encourages agencies to contact her for consultation and advice. The Agency Reporting Form to refer allegations is found on the LSCB website in the professional section under safer recruitment.

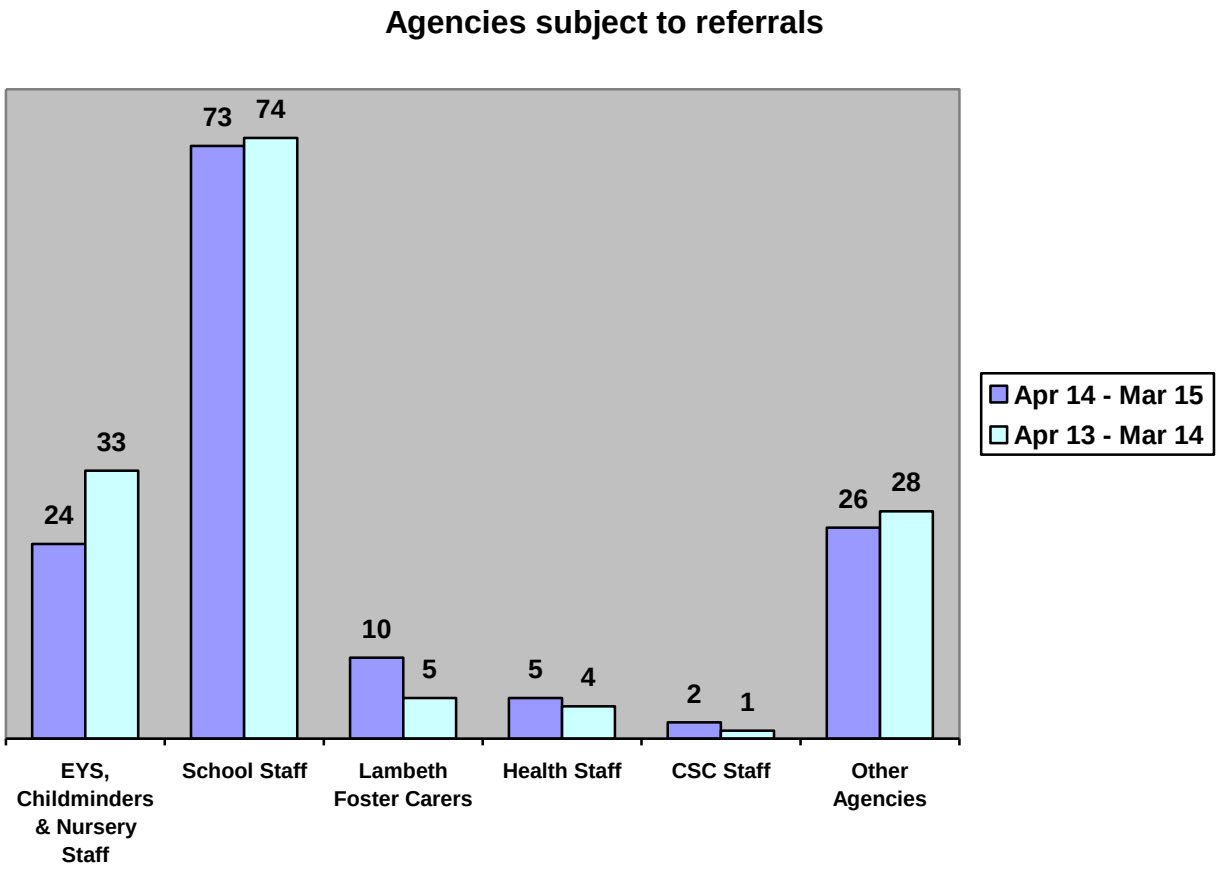
In addition to the LADO, the Universal Services Safeguarding team are also able to give advice and the First Response team can take referrals. There is no requirement to complete a CAF or MARF before making a LADO referral.

Referrals

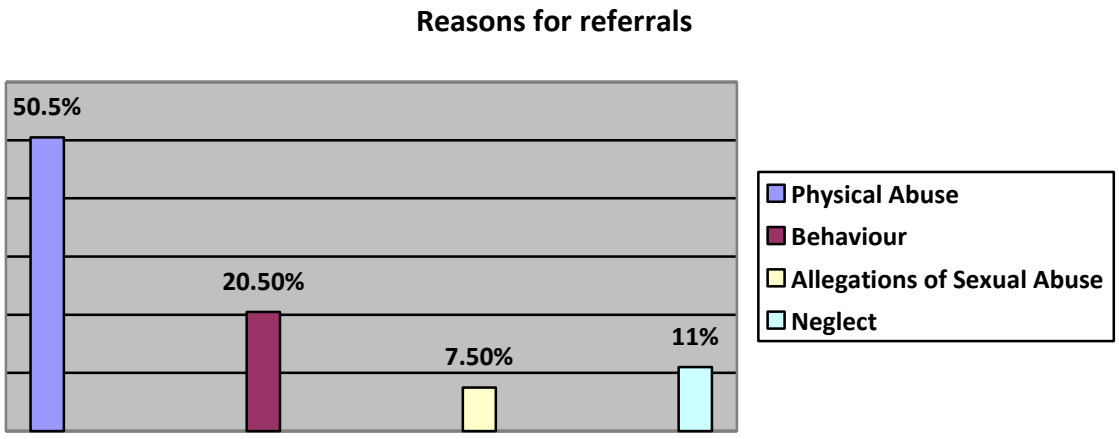
A total of 147 referrals were made to the LADO during the year April 2014 to March 2015. This is similar to the total the previous year.



The following agencies were the subject of referrals in comparison to 2013 – 14:



The predominant reason for the referrals was physical abuse in 74 cases (50.5%), the majority of these regarding restraint. Behaviour calling into question a person's suitability accounted for 30 referrals (20.5%). There were 16 referrals (11%) of allegations of sexual abuse, 7 (5%) of emotional abuse and 16 (11%) of neglect.



Of the cases referred to the LADO in 2014 - 2015, 130 were resolved within 1 month, 1 within 3 months. Sixteen cases remained on going at the end of the period.

Strategy meetings were held in 31 complex cases. In 35 cases the referral met the threshold but did not require a strategy meeting. The remainder of the cases were appropriate referrals, which required advice from the LADO and some action by the employer.

Allegations were substantiated in 38 cases, unsubstantiated in 27 cases and unfounded in 35 cases. Disciplinary investigations were followed in 38 cases. These are similar figures to the previous year. In 10 cases the employee was suspended, and dismissed in 11 cases. A referral to the Disclosure and Barring Service (previously Criminal Records Bureau checks) was made in 11 cases, which is a significant increase from the previous year when 2 cases were referred.

Police cautioned in 3 cases. There are on going criminal investigations in 2 cases.

Emerging themes

The number of staff whose own children have been made subject of a Child Protection plan has remained similar to the previous year when there had been an increase. This situation requires the LADO to ensure that the employer has been informed (either by the person concerned or by Children's Social Care) so that a risk assessment can be carried out about that person's contact with children and vulnerable adults in his or her working life, and whether he or she will be able to carry out normal duties. At recent training this was not widely understood by agencies.

The numbers of concerns raised about restraint, especially with primary school children, had increased in the previous year but there has been no further increase this year.

The statistics do not currently distinguish between teachers and teaching assistants (this information can be collected in future) but there is a greater number of teaching assistants referred. These staff are often doing one-to-one work with some of the more vulnerable children in the classroom. It may be useful for the Universal Safeguarding Service to provide sessions with staff on safer working practices.

Some smaller organisations struggle to undertake investigations into allegations, which can lead to delay or lack of thoroughness; the governance arrangements which can be unclear, for example when it is

the manager against whom the allegation has been made; reluctance to suspend staff because of the cost implications for a small organisation.

Faith organisations employ a large number of paid or voluntary staff to work with children, but the low number of referrals received does not reflect this. No manager from faith organisations has attended the LSCB LADO training.

There are low levels of referral from the voluntary sector, youth services, leisure and housing services.

Ofsted are making more referrals because parents contact them directly to make complaints. This is also the case with the police.

Activity and Performance Information

Child protection key statistics

On March 31st 2015 the rate of children with Child Protection (CP) plans in Lambeth was 62.3 per 10,000 children. The number of children with CP plans has risen in the last five years, both in Lambeth and nationally.

	31.03.11	31.03.12	31.03.13	31.03.14	19.12.14	31.03.15
No of Children with CP Plans	338	309	299	358	358	384

Categories of CP plan in Lambeth

	31.03.14	19.12.14	31.03.15
Emotional abuse	71	109	133
Neglect	230	202	209
Physical abuse	36	40	32
Sexual abuse	5	7	10

Characteristics of Children Subject to CP plans

Ethnicity	31.03.14	19.12.14	31.03.15
African	44	52	57
Any other Asian Background	3	5	5
Any other Black Background	16	18	23
Any other ethnic group	16	14	19
Any other mixed background	25	29	31
Any other White background	42	21	21
Bangladeshi	0	2	0
Caribbean	90	86	95
Gypsy or Roma	2	0	0
Indian	3	0	0
Pakistani	2	3	9
Traveller of Irish heritage	3	0	0
Unknown	0	4	2
White and Asian	5	9	8
White and Black African	4	11	17
White and Black Caribbean	43	36	41
White British	59	68	56
White Irish	1	0	0
Total	358	358	384

Age	31.03.14	19.12.14	31.03.15
Unborn	6	13	8
Less than 1	44	34	36
1-4	97	97	101
5-9	103	93	106
10-15	99	112	123
16+	9	9	10
Total	358	358	384

Currently almost half the total number of children who have CP plans are under 5 years of age, and two thirds are aged under 10 years old.

Gender	31.03.14	19.12.14	31.03.15
Female	186	171	186
Male	171	178	190
Unborn	1	9	8
Total	358	358	384

Conference	Number as at 31.03.15
Initial	430
Transfer in	9
Section 47	1,148
Review	1,250
Re-registration	23
Total	2,860

Length of time with a plan	31.03.15
Under 6 months	186
6 months to 1 year	94
1 year to 18 months	59
18 months to 2 years	27
Over 2 years	18
Total	384

Indicator	2014/15 baseline %	2015/16 Target %	2014/15				2015/16	RAG rating	Commentary
			Q1 %	Q2 %	Q3 %	Q4 %	Q1 %		
Children becoming the subject of a Child Protection Plan for a second or subsequent time	6.7	12	0	1.20	4.10	6.7	4	G	Overall, performance is positive remaining well below the target for 2015/16 as well as below national and similar local authorities.
Proportion of child protection cases which were reviewed within required timescales	98.6	100	99	99.85	99.74	99.8	98.0	A	Performance is just under the required 100%. This represents a very small number of reviews that did not take place in timescale during the year due to an error in calculating the review date. This is kept under scrutiny.
Referrals to children's social care going on to Child and Family Assessment	90.50	90	88	88.8	89.1	90.5	93.0	G	Performance is above target. Work is being done to establish consistency in the application of thresholds.

Proportion of looked after children cases which are reviewed within timescales	97.9	100	99.70	99.2	98.6	97.9	96	A	Although there is a slight decline in performance overall, performance remains good. A small number of reviews have not been completed on time due to non-compliance to timescales by the IRO and social workers.
Stability of placements: Proportion of LAC in same placement for 2+ years	69.44	75	69	70.12	66.23	69.44	76.0	G	Performance is achieving target
Proportion of children with 3 or more placements during the year	14.29	10	1.70	7.06	8.75	14.29	2.3	G	This is a cumulative indicator, so the Q1 remains just in target for the year.

Business Unit and Resources

During 2014/15 the LSCB Budget was held within Lambeth Children's Social Care Quality Assurance Budget. The total LSCB budget for 2014/15 was £292,000, of which Lambeth CCG contributed £35,000 (12%) and the Metropolitan Police via Mayor's Office for Policing and Crime £5,000 (2%). The Council via Children's Social Care met the remaining 86% of expenditure.

In addition during 2014/15 there were two Serious Case Reviews initiated (Child I published in April 2015 and Child J which is on going). This work was in addition to the budget and is calculated to have cost £45,250 up to the end of March 2014. This cost was also met by the Council via Children's Social Care.

LSCB Posts 2014/15

During 2014/15 the LSCB is had the following posts:

Business Manager (PO7)

Training and Development Manager (PO5)

Policy and Performance Officer (PO5) x 2 posts

Administrative Officers (Scale 6) x 2 posts.

These were covered by agency or seconded staff with the exception of the Training and Development Manager up to January 2015.

Appendix A

Membership of Lambeth Safeguarding Children Board (September 2015)

Board Members

1. Paul Curran, Independent Chair for LSCB
2. Ian Smith, Director of Children's Social Care and Early Help
3. Gill Vickers, Director of Adult Social Care
4. Maria Millwood, Director Strategy and Commissioning Children, Lambeth Council and Lambeth Clinical Commissioning Group
5. Ann Corbett, Programme Director, Community Safety (including Youth Offending Service)
6. Cathy Twist, Director of Education, Learning and Skills
7. Jakki Rogers, Head Teacher (Primary)
8. Kate Atkins, Head Teacher (Primary and Children's Centre)
9. Secondary School representation being sought
10. Special School representation being sought
11. Nick Collins, Chief Inspector, Metropolitan Police Lambeth
12. Greg Pople, Detective Chief Inspector for Child Abuse Investigation Teams
13. Adela Karcsprzak, Assistant Chief Officer, Lambeth & Wandsworth NPS Cluster
14. Fiona Bauermeister, Assistant Chief Officer, Lambeth Community Rehabilitation, London Probation Trust
15. Ian Luke-Macauley, Senior Service Manager CAFCASS
16. Alison Barnwell, Lambeth C.C.G
17. Debbie Saunders, Named Nurse Safeguarding Children G&StT
18. Paul Archer, Named Nurse for Safeguarding Children, SLaM
19. Rosalinda James, Named Nurse for Safeguarding, KCH
20. Andrea Klingel, Chance UK Voluntary and Community Sector
21. Rickard Jonsson, Lay Member
22. Deborah Hutchinson, Lay Member
23. Arnie Wickens, Lay Member

Participating Observers

1. Imogen Walker, Lambeth Council Deputy Leader for Policy
2. Jane Pickard, Lambeth Council Lead Member for Children and Families

Board Advisors

1. Nandini Mukhopahyay GP Clinical Lead, Lambeth CCG
2. Avis Williams-McKoy, Lambeth C.C.G
3. Abdu Mohiddin, Public Health

4. Malcolm Ward, Independent Chair Serious Case Review Sub Group
5. Stella Clarke, Programme Director for Preventative Services and Associate Director for Commissioning
6. Lisa Humphreys, Assistant Director, Children's Social Care
7. Maria Burton, LSCB Business Manager