



Local Safeguarding
Children Partnership

Kensington and Chelsea

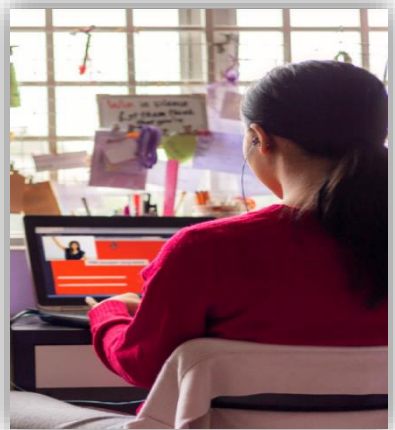


Westminster

Safeguarding is Everyone's Responsibility

LSCP Annual Report

April 2021 – March 2022



Contents

Foreword by the LSCP Independent Chair	Error! Bookmark not defined.
What the Local Safeguarding Children Partnership stands for ...	Error! Bookmark not defined.
Our vision	4
How does the Local Safeguarding Children Partnership Work? .	Error! Bookmark not defined.
Safeguarding in numbers	Error! Bookmark not defined.
What the LSCP has been working on in 2021/22?	9
Partnership work with schools and education settings	18
Early Help Offer	20
Children in Care	Error! Bookmark not defined.
LSCP Independent Scrutiny	
Learning from Audits	22
Learning from Case Reviews	25
Learning from Serious Incident Notifications and Rapid Reviews	27
LSCP Learning and Development – Multi-agency Training	28
The role of the Local Authority Designated Officer (LADO) ...	Error! Bookmark not defined.
Development of the Integrated Care System (NHS)	31
Appendix A: Local Safeguarding Children Partnership Structure	33
Appendix B: Glossary	34

Foreword by the LSCP Independent Chair / Scrutineer

I am delighted to introduce the annual report of the Local Safeguarding Children Partnership (LSCP) for Kensington and Chelsea and Westminster for 2021-2022. I joined as the new Independent Chair and Scrutineer in April 2021, just as the new safeguarding arrangements across Kensington and Chelsea and Westminster began, following the end of the previous three borough arrangements in March 2021.

As the Independent Chair and Scrutineer, I have offered challenge and support across the Partnership, so that we can remain confident that our local multi-agency safeguarding arrangements are robust enough to keep children safe from harm and neglect.

The role of our Partnership is to bring together representatives of each of the main Safeguarding Lead Partners (Local Authority, Health, and the Police) to promote and protect children from abuse and neglect in Kensington and Chelsea and Westminster and to provide assurance that our local safeguarding arrangements are effective, with partner agencies working together to promote and protect children's welfare.

The Annual Report 2021-2022 highlights the commitment to safeguarding by the Partnership across both boroughs and the hard work undertaken every day by our staff to protect and support children and families. Practitioners and managers in all agencies across both boroughs work continuously to put children and young people at the heart of everything they do and this is evidenced in the report.

The COVID-19 pandemic has continued to present a number of challenges for children, young people, their families, and our communities over this past reporting

year but we have worked together to mitigate the risks.

The Partnership has remained responsive to new and emerging needs and convened two extraordinary meetings this year. The first meeting was to discuss our response to the sudden arrival of the Afghan evacuees following the withdrawal of UK and US armed forces in Afghanistan that took place in August 2021. The second meeting was to discuss our local response to the emerging learning from the deaths of two small children, Arthur Labinjo-Hughes (Solihull) and Star Hobson (Bradford) during the early part of the Covid-19 pandemic. Our safeguarding partners wanted to seek assurance that we were doing all we could to keep children and young people as safe as possible during the pandemic.

Our partnership meetings have ensured that new changes and updates impacting on safeguarding have been discussed and shared between partners and provided opportunities for lead partner staff and chairs of LSCP subgroups to continue to exchange information. This year we have also seen some new strategic leads joining the partnership. Following the departure of Diane Jones in the NWL Clinical Commissioning Group, we welcomed Jennifer Roye, Deputy Chief Nurse in the Clinical Commissioning Group to represent health partners at the LSCP Executive.

I have also been pleased to ensure that key strategic partners have begun the work of identifying how to ensure that local services can provide the best responses for some of our young people who make the transition from children's services to adults services when they turn 18. This work is in its early stages and I remain optimistic that we have the commitment locally to meet the needs of all our young residents.

Aileen Buckton – September 2022

Our vision

Our vision is that children and young people across both boroughs are safeguarded effectively, properly supported and that their lives are improved by all agencies working together.

We are guided by the following principles:



Safeguarding is everyone's responsibility



To focus our work on safeguarding the needs of children and young people and improving their outcomes



To have a culture of continuous learning and evidence-based practice



To be open to constructive professional challenge and to hold each other to account



To share information effectively between partner agencies when required in order to enable positive and timely decision making for children and families

How does the Local Safeguarding Children Partnership Work?

Our Local Safeguarding Children Partnership is managed across two local authority areas, the Royal Borough of Kensington and Chelsea and the City of Westminster. The partnership is led by the three key safeguarding partners, as per the statutory guidance in Working Together to Safeguard Children 2018. These are the two local authorities, the police, and the Integrated Care Board (health). The role of the partnership is to ensure that our local safeguarding children arrangements are effective, and all partner agencies work together to promote and protect children's welfare.



The local picture

The Royal Borough of Kensington and Chelsea and the City of Westminster are two local authority areas with very diverse populations. We see areas of wealth situated next to areas where there are high levels of deprivation and need, particularly in the north and south of the boroughs. The partnership uses data to help us better understand the needs of our children and young people.

Children living in poverty

RBKC: 21%

WCC: 29%



Children eligible for free school meals

RBKC: 24%

WCC: 27%



Primary pupils who have English as an additional language

RBKC: 53%

WCC: 66%



Secondary students have English as an additional language

RBKC: 46%

WCC: 58%



Households living in temporary accommodation

RBKC: 28%

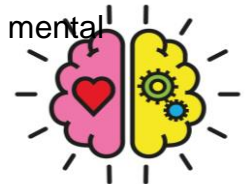
WCC: 21%



School pupils who have social, emotional, and mental health needs

RBKC: 2.1%

WCC: 3.2%



Children per 10,000 are children in need due to family stress or dysfunction or absent parenting

RBKC: 164

WCC: 145

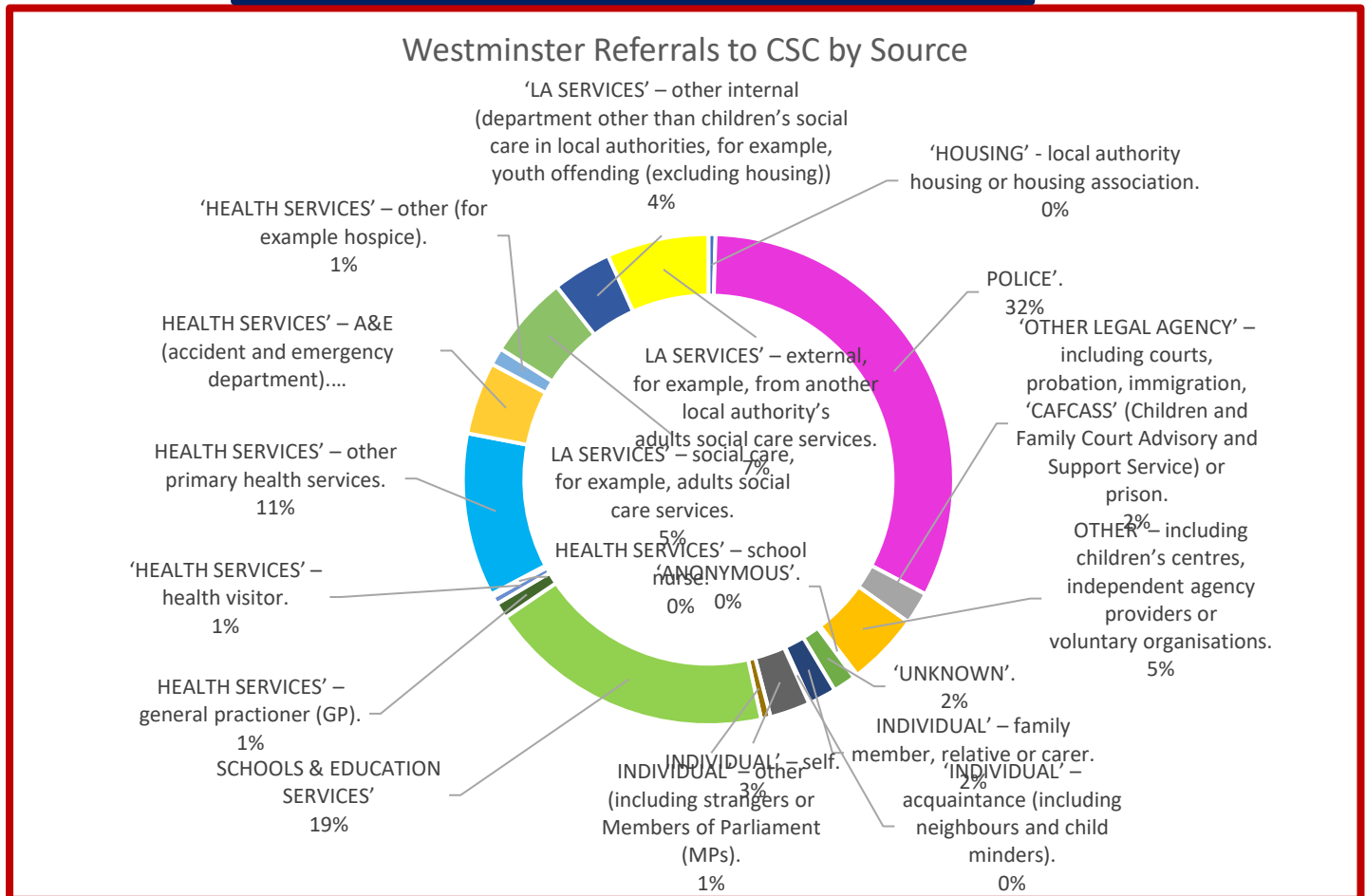
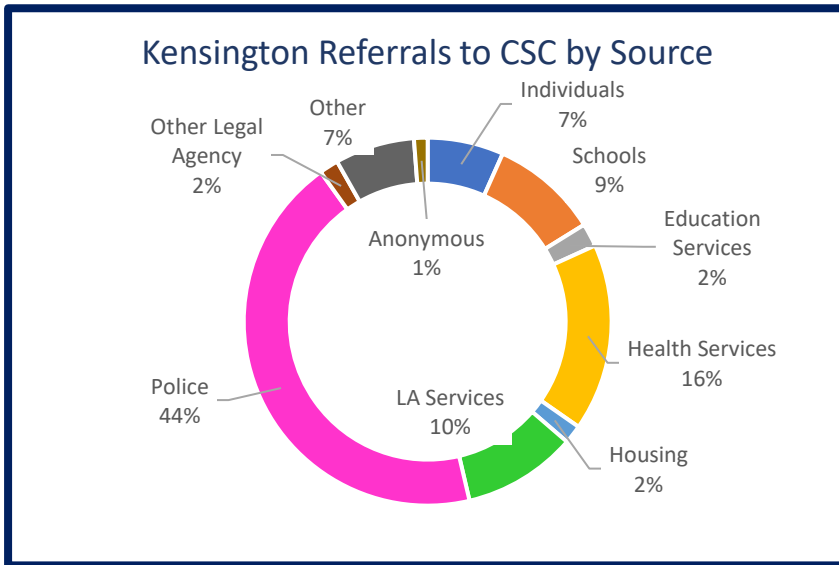


Safeguarding in numbers

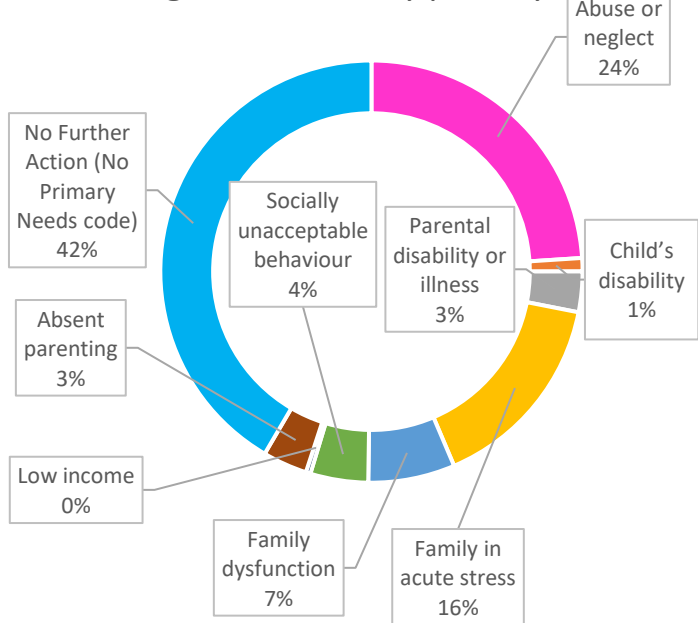
The LSCP Best Practice and Performance Subgroup regularly scrutinises our local data, allowing us to have a good overview of the current level of need and the range of concerns that may have an impact on our children and young people.

Between 01 April 2021 and 31 March 2022, **2257** referrals to children’s social care (CSC) were recorded in Kensington and Chelsea. **1925** referrals to children’s social care in Westminster were recorded.

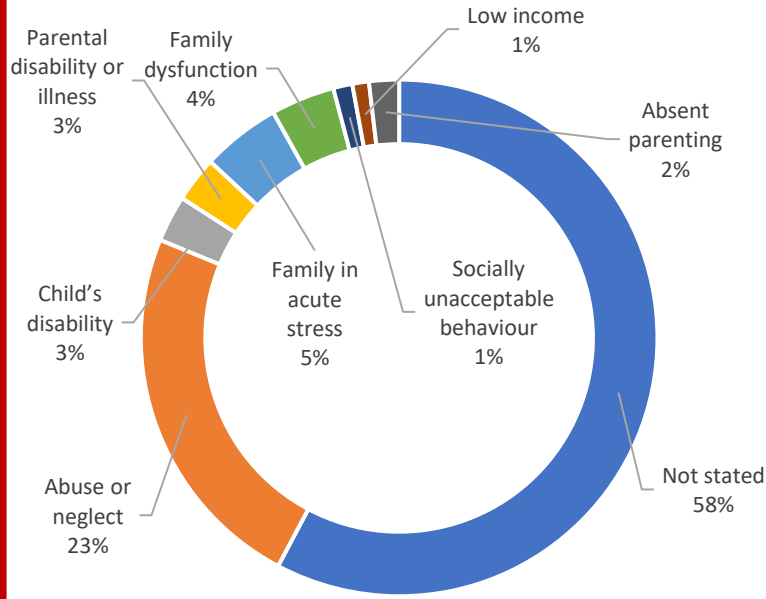
Note: The children’s services bespoke case management system in RBKC records all contacts and referrals about children so the comparative data with other local authorities appears distorted. In April 2021, the case management system in Kensington was updated to provide the technical distinction between contacts and referrals.



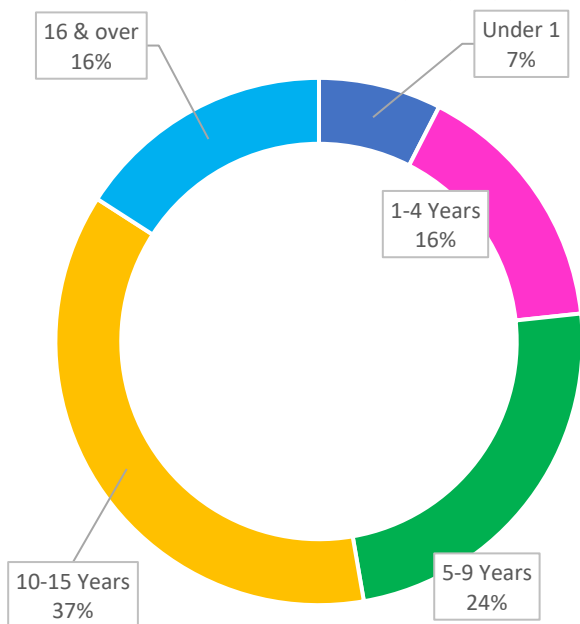
Kensington Referrals by primary needs



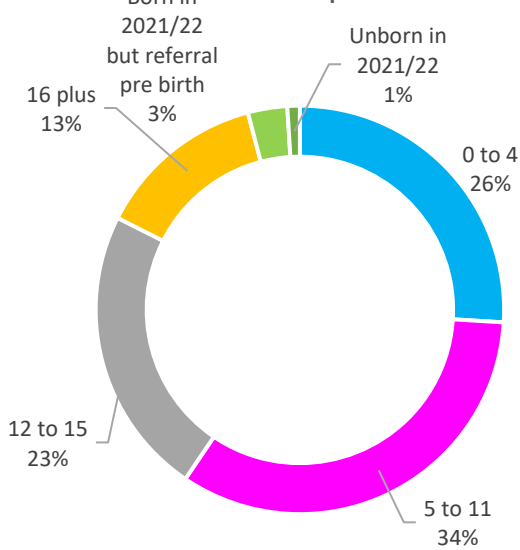
Westminster Referrals by Primary Needs

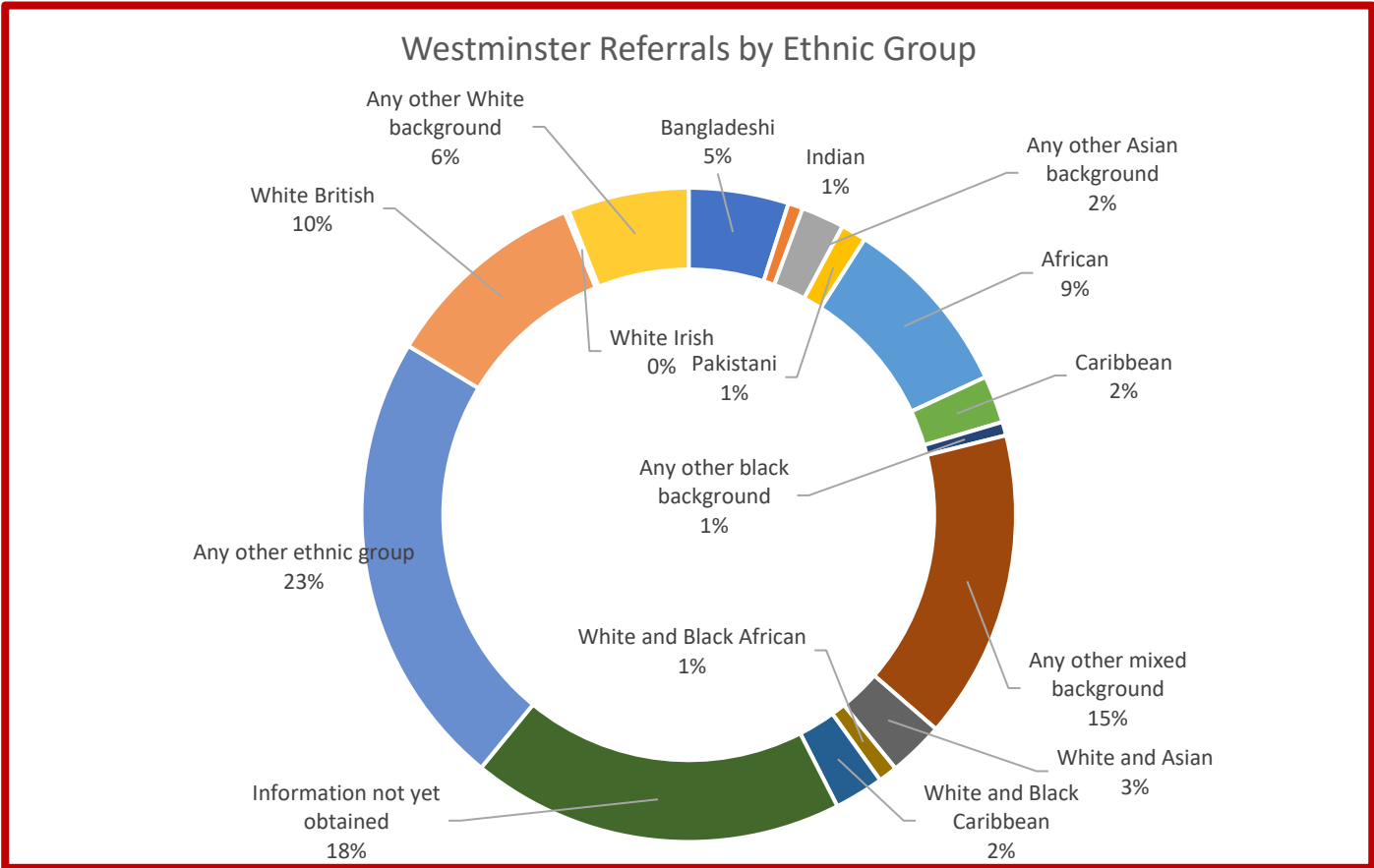
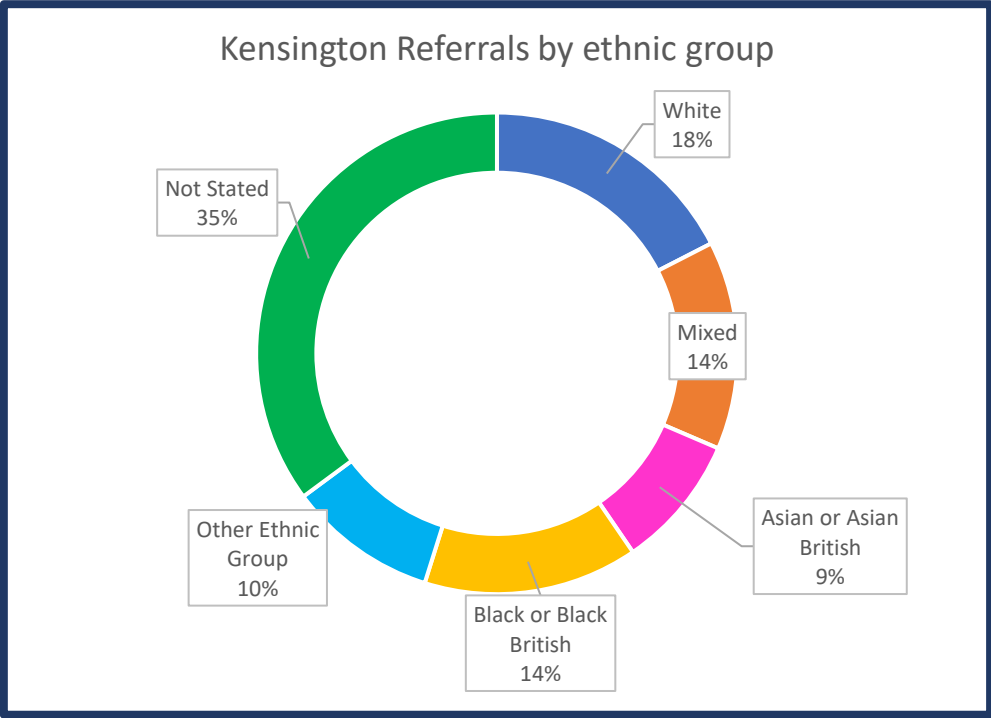


Kensington Referrals by age group

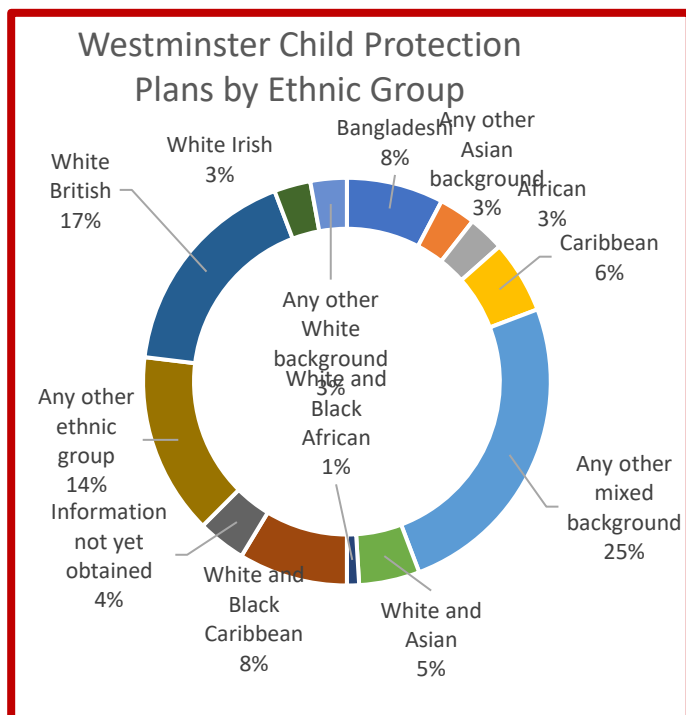
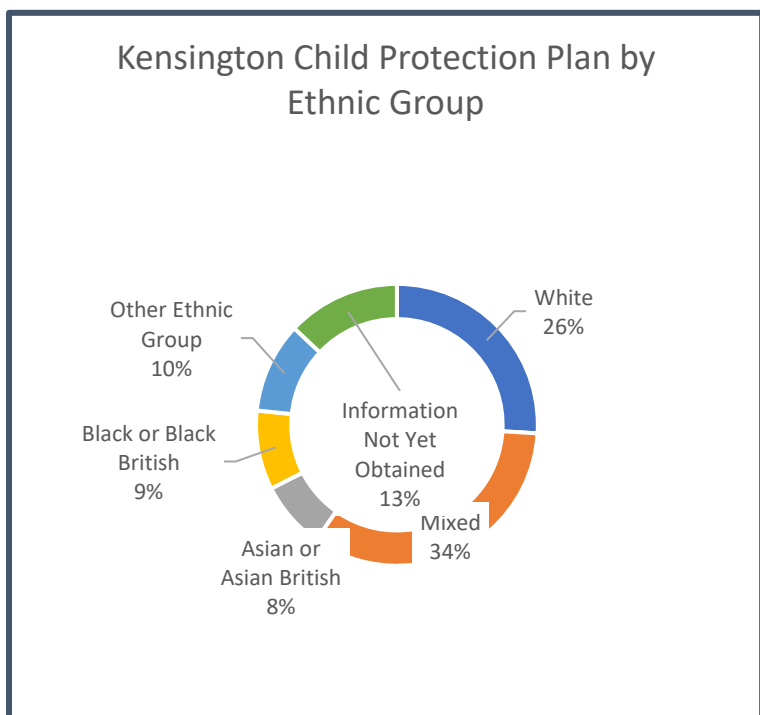
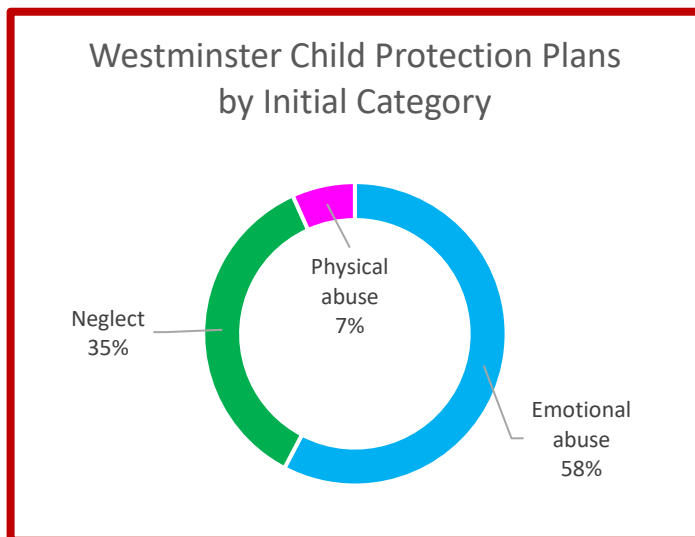
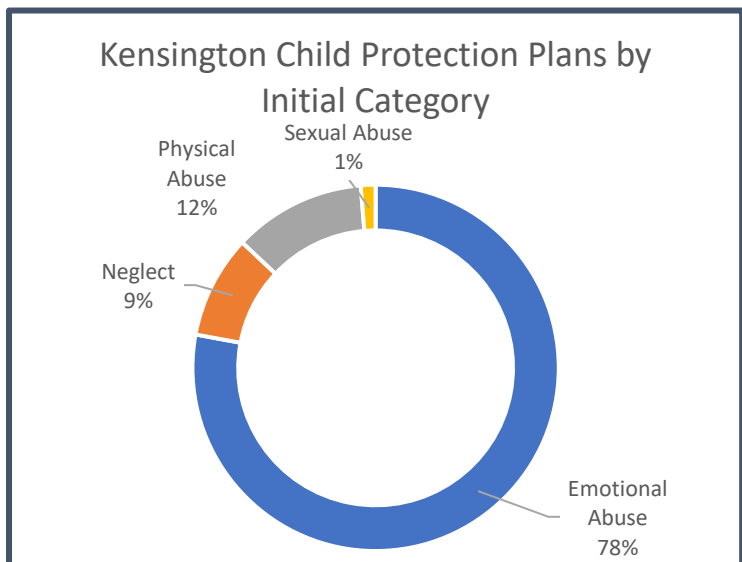
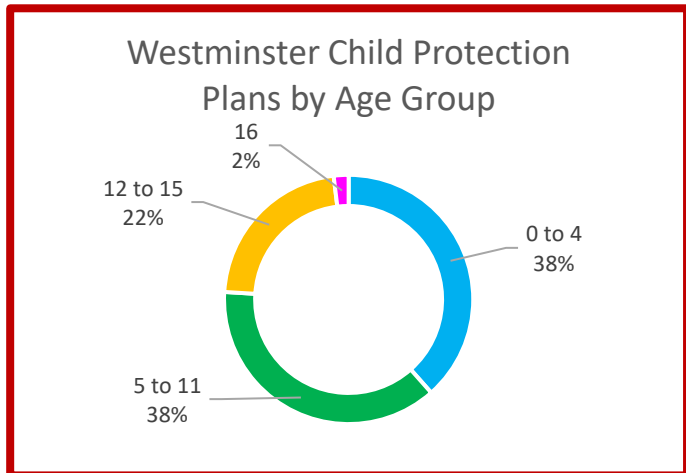
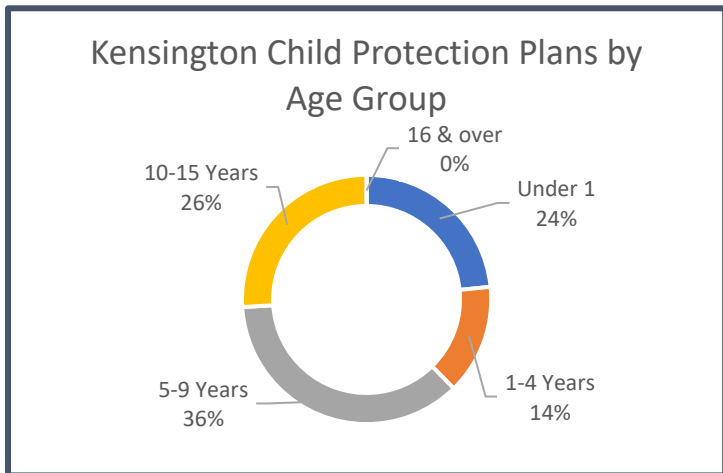


Westminster Referrals by Age Group





We have also included charts below to illustrate the percentage of child protection plans that started in this year and under which category, as well as the percentage of child protection plans by age group and children's ethnicity.



Refining the Alternative Child Protection Pathways

September 2019 saw the launch of the Alternative Child Protection Pathways. The model embodies both the voice of parents and practitioners and utilises a Safeguarding Family Group Conference (SFGC) pathway as an alternative to traditional child protection conferences, for families that meet specific criteria. Freedom and flexibilities granted by the Department for Education (DfE) have provided scope for children's services and their partners to engage more meaningfully with families, gain their views and focus on effective plans for change. To date, over 150 families have experienced the re-designed Initial Child Protection Conference (ICPC) Pathway with 15 families choosing the SFGC pathway as an alternative. Child Protection Chairs attempt to seek feedback from parents after every

conference, to understand what impact the changes are having and to identify areas where we can improve our practice and service delivery. Feedback from parents, young people, practitioners, and partners has been very positive. Parents have said that the Chairs' questions helped them to think more about how their children might feel and spoke to them as though they were family. One parent spoke of how this gave her **'strength'**.

Children's Services have consulted widely with multi-agency partners as this project has continued to develop and the LSCP is due to receive an update on the project in October 2022.

This work has resulted in a partnership with Exeter University in a three-year programme to share the learning with seven other Local Authorities across the country.

Supporting Afghan Families

In Kensington and Chelsea, the Afghan Social Care Team (ASCT) was set up in response to the unexpected arrivals of evacuees from Afghanistan following the withdrawal of coalition armed forces from the country in August 2021. This was a unique collaboration between adults social care and children's social care.

The ASCT was comprised of an experienced Children's Services Service Manager, two adult social workers (experienced in mental health, substance use and learning disabilities) and two children's social workers, an early help practitioner and a team coordinator who worked to address the needs of children and families (such as school enrolment, maternity care, family functioning).

The team used a trauma-informed approach, working across three hotels in the borough to support the new evacuees and signpost them to local services, with the aim of reducing the chances of families coming to the attention of statutory services.

Safeguarding children awareness sessions were delivered for the new hotel residents, and safeguarding children training sessions were also coordinated for hotel staff and the local authority's Hotel Outreach Team (HOT) officers.



(cont.) In Westminster, the new evacuees were accommodated in one hotel in the borough and a multi-agency 'Team around the Hotel' was set up to quickly assess the health, education and social needs and risk of the evacuees. All children received health assessments and parenting education and support was available from health visiting teams regarding infant feeding, safe sleeping, and immunisations. All children of primary and secondary school age were enrolled in school, with good attendance. A programme of enriching activities was coordinated for families to access outside of school hours, led by voluntary and community sector partners.

In both boroughs, the Afghan evacuees were signposted to local mental wellness services who could help promote companionship, advice, physical activity, and mental wellbeing sessions to everyone who needed them.

Health partners worked to ensure that families could register with a GP and access health visiting and maternity services as required.



In January 2022 the Local Safeguarding Children Partnership and the Safeguarding Adults Executive Board held a joint extraordinary meeting to review the local support offer for Afghan Families who had been accommodated in local hotels across both boroughs. The meeting resulted in a joint action plan across children's and adults services including in partner agencies to provide additional services alongside assistance for the evacuees into existing health and social care services across the boroughs.

Work therefore continued to:

- Support new arrivals into accommodation
- Support children's access to education – falling rolls in primary schools meant that primary school places were offered to all relevant children and the local authorities helped secure secondary school places either in borough or neighbouring boroughs
- Support families to integrate into local communities
- Provide and review interpretation services
- Provide 'Safety Week' workshops for the evacuees, including raising awareness of safeguarding issues such as domestic abuse, physical chastisement, and neglect
- Review the mental health and wellbeing needs of evacuees, including post-natal health
- Checks and support in place for long-term health conditions

Planning support for Ukrainian refugees

On 24 February 2022, Russian troops invaded Ukraine. Whilst this occurred near the end of the financial year being reported on, senior leaders across the Partnership began to consider the needs of potential refugees fleeing the conflict.

The next annual report for 2022-2023 will consider the wider partnership response to the displaced families arriving in our local area.



LSCP Priorities and Our Progress

The LSCP has four priorities:

- 1 Reducing the harm from domestic abuse and coercive control
- 2 Safer communities (exploitation and serious youth violence)
- 3 Covid- 19 Recovery
- 4 Transitional Safeguarding

Priority 1 – Reducing the harm from domestic abuse and coercive control

Roll out of the Safe and Together model

Children's services had previously agreed in each borough agreed to roll out some training on the Safe and Together model for family service staff and managers.



Safe & Together™ is a model designed to support children and family services and their surrounding systems to improve outcomes for families impacted by domestic abuse and improve competency across the workforce.

The Safe & Together principles are:

- Keeping child safe & together with the non-offending parent
- Partnering with the non-offending parent as a default position
- Intervening with the perpetrator to reduce the risk and harm to children

In 2020-2021 It was agreed that in order to help achieve a successful roll out, managers across the service needed to have a basic level of awareness of the programme first. The Partnership worked with Standing Together Against Domestic Abuse to deliver an overview day for managers, complemented by some

additional online workshops to develop their learning further. This was then followed by training for a cohort of frontline practitioners across the boroughs.

In 2021-2022, Westminster City Council was successful in a bid to the Mayor's Office for Policing and Crime (MOPAC) for funding to roll out some further single agency Safe and Together training (online modules and classroom based workshops) for family services practitioners, delivered and co-ordinated by Respect.

In the Royal Borough of Kensington and Chelsea, the delivery of Safe and Together training was paused in 2021-2022 however, learning from the training delivered in Westminster continues to be shared. At the time of writing, funding has been agreed for further single agency workshops for family services to be delivered in the spring term of 2023.

Once further Safe and Together training has been cascaded to practitioners, the LSCP will conduct a further audit of cases in order to test for any improvements to practice and better outcomes for children and young people.

Operation Encompass

The Police Basic Command Unit have continued to run Operation Encompass, which involves notifying local schools when a domestic abuse incident has occurred so that the school can provide the appropriate pastoral support needed for a child/young person who may have witnessed or experienced domestic abuse at home.

As a Partnership, our next step will be to ensure

we can reach all remaining schools who are yet to sign up to this initiative (including schools in the independent sector) and to seek some qualitative feedback from schools about the scheme and what they do once they receive the notifications in order to provide greater analysis of this project.

Domestic Abuse Prevention in Schools Programme

The Domestic Abuse Prevention in Schools Programme, delivered by the Healthy Schools Partnership, has helped schools to develop a whole school approach to domestic abuse prevention. The programme, which is free to educational settings (funded by public health), included training and capacity building support for all school staff to improve their knowledge about coercive control and its impact, equip them with skills in facilitating disclosures safely, and to raise their confidence levels in using resources to create lesson plans and run classroom activities. Through this programme, schools were able to access resources and support around policy development, staff wellbeing, local referral pathways and support services.

Feedback from schools:

Over 95% of school staff that attended Health Education Partnership educational sessions reported to have improved their knowledge, skills, and confidence in the subjects of domestic abuse and healthy relationships.

‘Excellent training, SLT were prepped beforehand expertly, and it was high quality. Thank you for all the thought that has gone into this. Timing was excellent just as we came out of lockdown.’

Primary School Staff Member, Summer Term 2021.

‘The training provided has enabled clarity of the content of the curriculum as well as the conversations that need to be had in order to develop the teaching and learning which will be fitting of the families and needs of the children in our school’. Primary School Staff Member, Spring Term 2021.

IRIS project – Primary Care

Westminster was one of four boroughs within north west London selected by the London Mayor's Office Violence Reduction Unit (VRU) for the rollout of IRIS over a twelve month period from December 2020 to December 2021 (with brief extension to March 2022) to provide training, victim support and increased awareness to Primary Care teams of how victims of domestic abuse can present within their surgeries.

During this time period in 2021, over 80% of Westminster GP practices undertook the IRIS training programme and as a result there was a notable uptick in referrals to support victims of domestic violence and abuse (DVA) in the borough (from 2 referrals in 2020 to 57 referrals in 2021/22) in particular an increase in referrals from minoritised ethnic patients. Feedback from GPs was that the training helped to improve their confidence and awareness around DVA and resulted in clinicians being better prepared to recognise their patients affected by domestic abuse, asking them about it, risk checking and then referring them to appropriate services. As GPs are integral members of the health network, we therefore expect to see that more children and families will be safeguarded as a result of their enhanced practice.

Priority 2 – Safer Communities (exploitation and serious youth violence)

Modern Slavery and the National Referral Mechanism Pilot

Children's Services in both boroughs were successful in a bid to the Home Office, for a devolved decision-making pilot that began in June 2021. This projects aimed to test different approaches to embedding decision making on whether children are victims of modern slavery in partnership with local safeguarding partners.

The UK has obligations under ECAT and Article 4 ECHR to identify victims of modern slavery. This happens via the National Referral Mechanism (NRM), which is a framework for identifying and referring potential victims of modern slavery and ensuring they receive the appropriate support. Modern slavery is a complex crime and may involve multiple forms of exploitation, from human trafficking and slavery, servitude or forced or compulsory labour.

Under the pilot, all referrals continued to be sent to the Home Office, who monitored and quality assured the project. However, Children's Services and key partners across Health and Police took local responsibility for devolved decision making on whether the threshold was met and what the child-centred safeguarding plan would be.

There are two decisions that have to be made about whether a child is a victim of modern slavery:

- A Reasonable Grounds (RG) decision where there are reasonable grounds to believe that the individual is a victim; and
- A Conclusive Grounds (CG) decision as to whether, on the balance of probabilities, a child is a victim of modern slavery.

Monthly decision making panels were held to review NRM referrals for children and young people known to our local services. The decision panels were chaired jointly by our skilled Child Exploitation Leads in children's services, and attended by multi-agency professionals from health, children's social care, community safety and police. This work was overseen by a project steering group led by the Head of Safeguarding Children's Services.

To complement this work, a range of specialist training for frontline children's services practitioners were rolled out covering:

- Modern Slavery indicators, signs, and symptoms
- Impact of Modern Slavery of child victims
- Risk assessing & referral pathways
- The role of a First Responder
- NRM best practice
- Multi-Agency working

Police Knife Sales Project

Our police colleagues have an ongoing commitment to tackle serious violence. Working with local officers Met Police Volunteer Special Constables Specials have been carrying out 'test purchase' operations to engage with retailers on the Challenge 25 policy, which restricts the sale of knives to those who are underage.

In May 2021, Special Constables aged between 18 and 25 years attempted to buy knives from 212 retailers across 20 boroughs to check whether they would be challenged for identification. Of those 212 retailers, 56 followed the correct Challenge 25 procedure, 71 sold the knife without seeing ID, and 85 were found to no longer sell knives at their premises. It is believed this could be the result of work to raise



awareness with retailers about "responsibility versus profit", i.e. if it's not profitable or you don't need to sell knives, why continue?

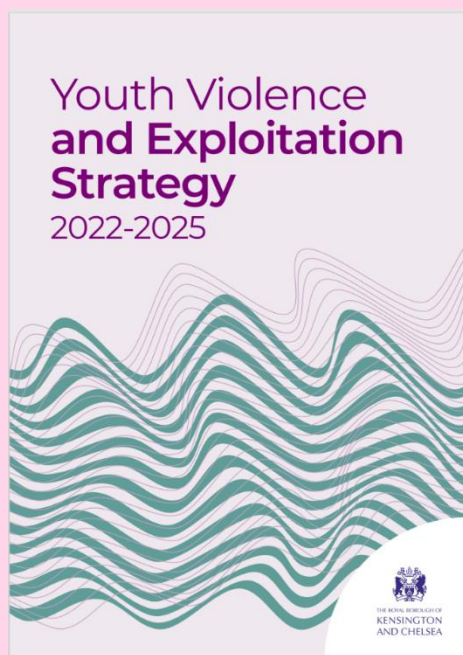
The purpose of the operation was to identify areas for improvement with an offer of free training for those retailers who wanted it. This forms part of the ongoing work between the Met, London Trading Standards, the Mayor's office, and retailers to promote the Challenge 25 and London Responsible Retailer Agreement scheme (<https://nbcc.police.uk/guidance/knife-retailers-toolkit>).

Development and publication of the Youth Violence and Exploitation Strategy – Kensington and Chelsea

Key stakeholders across the LSCP and the community safety partnership were invited to develop the new youth violence and exploitation strategy 2022-2025, including Adult Social Care, Community Safety, Detached and Outreach Team, Family and Children's Services, Housing, Police, Public Health, NHS Designated Safeguarding Children Nurses, Youth Offending Team, Young K&C, Youth Participation Leads and Youth Violence Parenting Champions, voluntary and community organisations and of course residents and young people themselves. Each stakeholder brought invaluable insight and knowledge to decide what is needed to be successful in RBKC.

As a result of working together, the following objectives were agreed:

- Identify and support victims
- Victims receive justice (exploiters and high harm offenders change their behaviour through coordinated support and enforcement)
- The community is supported and engaged



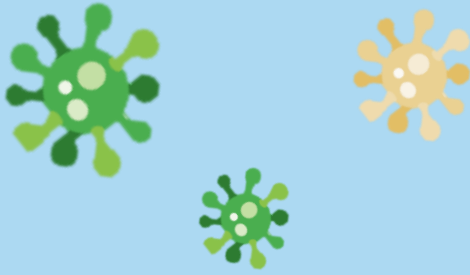
The strategy was launched at the end of March 2022 and the Local Safeguarding Children Partnership will receive an annual update.

'Your Choice': Intensive Cognitive Behavioural Therapy (CBT) informed programme for young people at risk

In October 2021, both local authorities have begun participating in a London regional programme to deliver an intensive CBT informed programme of intervention to young people who are deemed to be at medium to high risk of involvement in serious youth violence.

Practitioners across both local authorities have participated in joint training and have begun to develop a team around the young person approach.

The young people who are participating in the programme will be asked for their feedback at the start and end of their engagement and we will be able to report back further on this in our next annual report.



Priority 3 – Recovery from the Covid-19 Pandemic

As we have emerged from the Covid-19 pandemic, our partners have remained engaged in collaborating together to ensure that children and families' needs are put at the heart of our local decision making. The Local Safeguarding Children Partnership ensured that key agencies continued to meet regularly to share information about pressures in the safeguarding system that may have arisen as a result of staffing shortages due to illness or new recruitment challenges and staff being re-deployed to assist with the Covid-19 vaccine and booster roll-out.

Senior leaders worked together to ensure that health visiting services could be prioritised to ensure that children could be seen.

Children's Services continued to monitor the data regarding children missing education or childcare and children who are electively home educated – as school attendance remains lower than before the pandemic. Children who were persistently absent from school were seen.

Partners worked alongside schools and colleges to ensure that support was available to the children and families who needed it and we

continued to promote the local mental health and emotional wellbeing offer to ensure that children could access support at the earliest opportunity.

Children's Services continued to review and revise all child in need and child protection plans to ensure that they continued to be relevant to the Covid-19 circumstances at the time and as we reported on last year, children's services also remodelled the support to children with disabilities – going into family homes rather than bringing children into our centres to offer more flexibility.

Local partners participated in the Government's Early Years Healthy Development Review. This focuses on the 1001 critical days from conception to age two. The review was carried out during the height of the coronavirus pandemic and helped inform some of the work to be taken forward in order to ensure that as we recover from the pandemic, that we place our youngest children and their needs at the heart of our activities.

As a partnership, we have also recognised that the pandemic has had a disproportionate impact on young people's mental health and well-being. To address this issue, in early 2022 the council in Kensington and Chelsea approved two Covid-19 Recovery funding bids which include a Mental Health Youth Worker working across RBKC Youth Hubs and clubs as well as additional counselling support for teaching staff who have been placed under enormous strain during the pandemic. The new services will provide much-needed additional support for children and young people. Partnership work continues on a whole system approach to emotional well-being and mental health which seeks to keep children and young people well and provide effective support as soon as they need it.

Priority 4 – Transitional Safeguarding

Transitional Safeguarding is a big area of work and the LSCP and Safeguarding Adults Executive Board (SAEB) aim in particular to work together to better safeguard who make the transition from children's to adults services, whether that be from children's social care to adult's social care or children's mental health services to adult mental health services for example.

In Westminster, partners have worked together to launch the Changing Futures programme, for 18-25 year olds experiencing multiple disadvantages.

The main strand of the Changing Futures programme is the Specialist Team who will be working with 18-25 year olds experiencing multiple disadvantage. The team is made up of one manager, five specialist practitioners, two clinical psychologists and a business support officer (all employed directly WCC) and two peer mentors who are being procured from a specialist organisation.

The team have adopted a compassion focused approach and begun delivering a responsive, relational and trauma- informed support to approximately fifty young people per year.



As well as working with the direct cohort, they have also supported other teams and organisations to create a 'no wrong door' approach for young adults experiencing multiple disadvantage in Westminster through offering consultation and training to other professionals as well as sharing resource such as the psychology provision, enhanced housing options and peer mentor support.



Further joint working:

The LSCP and the SAEB have begun work to explore how to work alongside this new programme in relation to safeguarding through developing referral pathways and considering joint training needs. However, we recognise that as a partnership there is room for further development in this complex area of work across both boroughs.

In the next year, we will further examine local data regarding referrals to adults social care in order to better understand our local cohort of young adults and their needs.

Partnership work with schools and education settings

The safeguarding partners have made clear in our multi-agency safeguarding children arrangements that all of our local schools, colleges and early years settings are considered as safeguarding partners.

Designated Safeguarding Lead Forums

The partnership has continued to work alongside our education settings to promote safeguarding best practice, via monthly forums for the Designated Safeguarding Leads (DSLs). These were regularly attended by other partners such as police Safer Schools officers, the Healthy Schools Partnership Officers, the LSCP Business Manager to help disseminate key safeguarding messages, learning points from case reviews. The forums also give an opportunity for education partners to flag any new and emerging safeguarding concerns should they arise.

In addition to being able to access LSCP multi-agency training on topics such as Safer Recruitment and Meet the LADO, single agency training specifically for DSLs was offered via the local authority Safeguarding Lead for Schools and Education.

The DSLs working in early years settings across both boroughs were also able to access a DSL forum specific to them, hosted by the Early Years Strategic Lead and the LSCP Business Manager and this continues to be offered termly.

Development of a school inclusion strategy across Kensington and Chelsea and Westminster

Over the course of the past year, colleagues in Children's Services in both boroughs have consulted with partners in schools and the voluntary sector, to help plan and draft a school inclusion strategy, due to be launched in the summer term 2022.

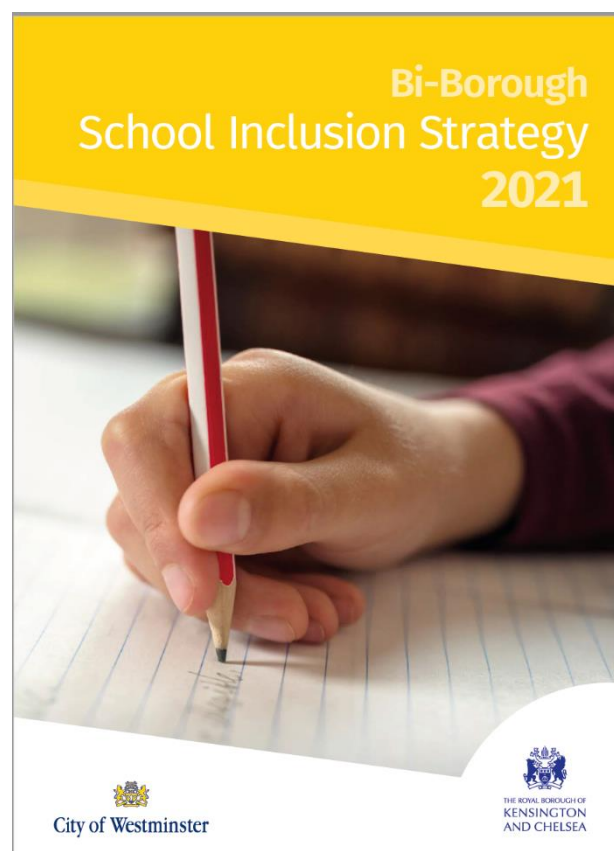
The background to this is that across the country, fixed term exclusion and permanent exclusion rates are rising. However, we know that exclusion from school increases safeguarding concerns, as well as the likelihood of involvement with the criminal justice system and has adverse effects on a young person's employment prospects. It is

young people, including those who have experienced trauma or poverty, boys from black Caribbean backgrounds and children with special educational needs.

The strategy sets out an ambition to:

- Reduce the number of children and young people being removed from mainstream education as a result of their behaviour.
- Address factors that lead to specific groups of children and young people being disproportionately affected by exclusion.
- Drive a whole system commitment to work with children and young people at risk of exclusion in a trauma informed way.
- Improve outcomes for children and young people who are excluded.
- Improve reintegration rates from alternative provision back into mainstream

We will be able to report back on the progress in implementing the school inclusion strategy in our next annual report for 2022-2023.



In the meantime, there have been notable successes in both boroughs in reducing the risk of exclusion through the projects below:

North Kensington School Inclusion Project

In Kensington and Chelsea, as part of the Grenfell Recovery Resourcing Framework, funding for a pilot programme to promote inclusion and reduce school exclusions in North Kensington was agreed.

The pilot comprises of the following three elements:

- A. **North Kensington School Inclusion Pilot** - embedded early help support to work with families attending five primary schools and three secondary schools in North Kensington
- B. **Advocacy Support** - provision of specialist advice and advocacy on education-based matters for parents and carers in North Kensington, delivered in partnership with a local voluntary and community sector (VCS) organisation
- C. The further roll out and embedding the learning of **trauma informed training**, champions, and reflective practice.

This is a targeted project which sits alongside mainstream Council provision and aims to work collaboratively with children, parents, and schools in a trauma-informed way, in recognition of the ongoing impact of the Grenfell tragedy in the local community.

Trained staff members have worked with families and schools to focus on the underlying issues that lead to an exclusion and have been based in schools to work with pupils and their families in a variety of ways, including:

- A dedicated family practitioner to support each child and family working on relationships and school behaviour

- Family support around parenting and couples' work
- Family therapy
- Specialist work to support families who have children with challenging behaviours
- One-to-one or group mentoring for the child, where appropriate.
- Provide advice and training for other professionals
- Signposting to help with identifying what other services might be useful for children and families accessing the service.

Westminster Inclusion Programme

This programme was shortlisted for a national award and works systemically to reduce the risk of exclusion from school by working pro-actively in equal partnership with parents and teachers.

A key feature is the relational and trauma-informed approach towards understanding a child's behaviour and using a whole system wide view of the family and child with intensive support available both at home and at school.

This approach has been very successful with all children who have accessed the support being able to remain in education, either in their schools or through a managed move.

The partnership recognises the importance of early intervention and early help for our residents. All families face challenges and sometimes need support. Early Help is about providing this support as soon as possible to tackle difficulties for children, young people and families before they become more serious. Our early help services work with the whole family and the child is at the centre of everything we do.

This preventative work, carried out alongside many of our local partners, especially in the voluntary sector, is an integral part of our approach to putting the needs of children and families at the heart of what we do. Early Help is represented on our LSCP case review subgroup and colleagues contribute to our thinking and learning across the partnership.

Early Help Kensington and Chelsea

The early help service has focused on implementing the objectives set out in the early help strategy.

To enable us to achieve our ambition, we are building a community of services in which anyone who engages and works with families has the knowledge, skills, and support to be able to understand family needs and ensure they receive the right support at the right time. We also want our partnership arrangements to enable seamless support which meets the needs of every family member without a need for the Early Help seeks to identify the additional needs of families early and provide co-ordinated support before problems become complex and entrenched.

A wide range of Council and partner services provide such support and interventions, either alone or as part of a team around families. While providing effective help earlier is more likely to be welcomed by parents and children than statutory interventions, there is also strong evidence that this approach can reduce the cost of providing services which arise from problems become more acute. As well as aiming to prevent serious problems for children, early help also aims to improve the life chances of children and young people in general, particularly through the building of effective partnerships with universal services and lasting connections with the wider community.

While providing high quality, evidence based early help when children are in the early years is clearly effective, it is also important to provide support if any problems emerge at a later stage, including during adolescence.

Early Help Westminster

The early help system in Westminster has a strong commitment to using a whole systems approach to family support, acting early to improve the lives of children, young people, and families'. All of the family working is systemic and trauma-informed, with practitioners shifting their approach from 'what's wrong with you' to 'what's happened to you'. We know that by recognising the diverse needs of our children and families in Westminster, and by focusing on the reasons for behaviour, that we can and have achieved more effective interventions and long-term change.

Recently, three family hubs have been developed across different localities in the borough, two of which (Bessborough and Portman) were fully operational this year and the third (Queens Park) is due to open next year.

The Westminster early help strategy can be viewed [here](#).

It is the role of the Independent Reviewing Officers to ensure that all partners are meeting the needs of our children looked after and care leavers. They provide the internal scrutiny and challenge to the local authority and partners and are an integral part of the quality assurance process and holding all partners to account for delivering positive outcomes for this cohort of children and young people.

The local picture as of March 2022:

Number of Looked After Children:

RBKC: 101 (5% decrease from last year)

WCC: 170 (2% increase from last year)

Number of Looked After Child Reviews:

RBKC: 298

WCC: 443

Children Contributing to Their Reviews:

RBKC: 95 % of children over 4 years of age contributed to their statutory review with 82 % of children attending.

WCC: 95% of children over 4 years of age contributed to their statutory review, with 85% of children attending

The voice of children and young people remains integral to all discussions and care planning arrangements. The IROs encourage all looked after children to participate and engage in their reviews, keeping the focus on them and their individual needs. Some of the older young people have shared positive feedback about the use of digital platforms for the reviews, allowing them greater agency about how and when they attend the review meetings.

Timeliness of Looked After Child Reviews:

RBKC: 95%

WCC: 98%

Further information is available in the annual reports from the Independent Reviewing Service.

Children's Home Inspection Report

There is only one local authority children's home, located in Kensington and Chelsea. The home was subject to a routine Ofsted inspection in January 2022 and the overall judgement was rated as 'good'. The inspection found that children make good progress. Staff understand children's starting points. Leaders and managers use recommendations from children's multi-disciplinary plans to track progress and create personal targets for children. This ensures that children achieve their best outcomes.



Our statutory guidance, Working Together to Safeguard Children (2018, pg. 80) sets out that local safeguarding children partnerships need to ensure that there is independent scrutiny to “provide assurance in judging the effectiveness of multi-agency arrangements to safeguard and promote the welfare of all children in a local area, including arrangements to identify and review serious child safeguarding cases”. This independent scrutiny should be “objective, [act] as a constructive critical friend and [promote] reflection to drive continuous improvement”.

In Kensington and Chelsea and Westminster, the local arrangements set out the LSCP’s approach in the appointment of an Independent Scrutineer who twins the role with that of the Independent Chair of the Partnership to steer and challenge our local practice to strengthen the work of multi-agency partners.

The LSCP quality assurance function is delivered through our Best Practice and Performance Subgroup. The subgroup encourages agencies to share their findings from a varied range of activity, examines data and considers how it provides a lens on practice, and provides oversight and direction on multi-agency auditing activity.

This year, the Independent Scrutineer has lead on the preparatory joint work with our Safeguarding Adults Executive Board, ensured that a project plan is in place to deliver on key areas of concerns to our families and partners. Two extraordinary LSCP meetings have been called to provide an opportunity to critically examine and reflect on the effectiveness of local multi-agency safeguarding arrangements, for example following the arrival of Afghan refugees and the tragic deaths of Arthur Labinjo-Hughes (Solihull) and Star Hobson (Bradford).

The Voice of the Child remains central to all areas of our work.

In the year, a range of activity was undertaken to engage with children and young people. The LSCP has been able to profile the work of the Partnership and its commitment to work together with children and young people on their priority safeguarding areas. A number of opportunities to meet with children and young people face to face and online have provided the Partnership with an informed understanding of some key issues impacting upon their day to day lives. These conversations have informed further the future of the work into 2022-2023.

In order to maximise opportunities to strengthen independent scrutiny, going forward we will:

- Appoint to the post of LSCP young advisor, to assist with ensuring the voice of children and young people is core to the work we do.
- To identify and deliver upon areas where there are commonalities with the adult safeguarding board, and ensure we plan together to achieve shared priorities.
- Review the guidance on independent scrutiny provided by The Association of Safeguarding Partners, and provide an activity plan for the LSCP & Executive to review.

The safeguarding children partnership takes an active interest in understanding our local frontline practice. As a result, the partnership requests regular audits are conducted, to help inform leaders about strengths and areas for improvement across the multi-agency network.

Following the very sad deaths of Arthur Labinjo-Hugues (Solihull) and Star Hobson (Bradford) during the early part of the Covid-19 pandemic, the LSCP convened an extraordinary meeting to review the facts known about these cases at the time (prior to the publication of the Child Safeguarding Practice Review Panel's report into these cases) and to reflect together as to whether we were doing all we could to keep children and families as safe as possible during these unprecedented times.



The meeting allowed partners to reflect on concerns including:

- domestic abuse referrals to specialist services and children's social care during the pandemic
- third party & anonymous referrals to children's social care
- children returning to school / education as settings re-open
- developing bruising protocols and training for practitioners
- vicarious trauma workshops for practitioners

The senior leaders across the partnership agreed that we should conduct the following two audits:

1

Audit: Understanding our local safeguarding responses to domestic abuse

The Angelou Partnership is a service led by Advance, who are commissioned to provide support to victims of domestic abuse (DA) and

their families in the London Borough of Hammersmith & Fulham, the Royal Borough of Kensington & Chelsea, and the City of Westminster.

During the Covid-19 Pandemic we saw a rise in referrals to our commissioned domestic abuse services, from around 2,500 pa to over 3,000 pa. This was in line with the increased reports nationally.

However, this increase in activity for the specialist services was not seen in the referral numbers into Children's Services, leading to questions about the links between social workers and domestic abuse (DA) services, how robust the service response was and whether specialist DA services were referring all the cases they should be, where there were children involved and safeguarding concerns. Senior leaders in the Local Safeguarding Children Partnership and the Violence Against Women and Girls Partnership requested an audit of case level work to identify potential referral issues and areas of service that could be improved.

A random selection of 30 cases (10 from each borough) were reviewed. A team of auditors from across Children's Services and Community Safety in all three boroughs, were given temporary access to review individual case notes held on Advance's digital case management system.

Overall the audits showed that where Advance were working with victims and their children, these families were in the majority already known to Children's Services. In many cases the families had been referred to Advance by Children's Services or Children's Services were aware of them via the Multi-agency Risk Assessment Conference (MARAC) process.

One key theme that arose through this work was the multi-agency partners identification of the complexity of the work needed to address rising domestic abuse. Many victims and their families were known to a range of services, and many had a history of domestic abuse pre-dating Covid-19, but agencies saw an increase in the severity and complexity of these concerns during this time.

1

Audit: Understanding our local safeguarding responses to domestic abuse - Key Findings

Whilst the audit activity showed that there were good links between Advance and Children's Services, this could be strengthened, particularly for standard and medium risk cases that are not discussed at the MARAC.

There is a need for agencies to be clearer on how to escalate concerns when they do not believe they are receiving the appropriate response.

Advance should consider the needs of children where families do not engage with or stop engaging with their service and consider re-referring to Children's Services so that the risk can be re-evaluated.

In a very small number of cases, there was confusion about the thresholds for sharing information between Advance and Children's Services and vice versa.

Recording practices could be improved to improve the quality assurance process, and to promote reflection on the quality of practice and decision making.



Both the LSCP and the VAWG partnership will continue to work with partners to work through the action plan that has been developed to address the learning points above.

2

Audit: Anonymous Referrals to Children's Services:

What is an anonymous referral?

An anonymous referral to children's social care is a referral from someone who does not wish to be named and who is not a member of that child's professional network. This could be from a family member, a neighbour, or a person who has observed the family in the local community. Some anonymous referrals are made via other agencies such as the NSPCC and in a small number of these, the person making the referral also withholds their name and how they know the family.

Why local practice was reviewed

Following the LSCP extraordinary meeting to consider the Arthur Labinjo-Hughes and Star Hobson cases, the Local Safeguarding Children Partnership requested an audit of anonymous referrals to children's social care to better understand how agencies consider such referrals in the local area and how agencies respond to the information. We wanted to assure ourselves as to what the practice looked like locally and to address any areas that need improving. We looked at cases from Q1-3 in 2021/2022 and completed a deep dive into those cases where an anonymous referral was received but there was no further action listed for children's social care. In the Royal Borough of Kensington and Chelsea we reviewed ten cases out of 49 anonymous referrals. In Westminster we reviewed six cases from 39 anonymous referrals.

Learning from Local Practice



Both boroughs have a high number of referrals which relate to custodial disputes – in these referrals, which may be anonymous, the two parents are making cross-allegations about each other's parenting. Though these referrals may be frequent and challenging to investigate, teams persist in both reviewing the new information and also addressing the ongoing parental conflict underlying the patterns.



In all cases, social care teams work closely with multi-agency colleagues to better understand the information in context. For our Front Door, the information received from MASH colleagues is often crucial to help us determine the level of risk involved. There were also individual cases where the social worker held a Team around the Family (TAF) meeting in order to better understand the network around the family, share information and consider levels of risk.



Social workers demonstrated good curiosity and objectivity whilst also maintaining positive working relationships with families. There was good evidence of social workers ensuring they confirmed information provided by the family with other agencies before closing or referring on to community agencies. In a small handful of cases, this translated to the family consenting to referrals to Early Help once it was established that risks had not met threshold for social care.



There has been an increase in referrals from NSPCC and other agencies in which the referrer wishes to remain anonymous. However, the findings from this audit are reassuring that such referrals are being dealt with effectively and with the same threshold and critical analysis as referrals from other sources.

The LSCP cascaded the learning points from the audit across the Partnership and also shared the reflective practice questions below to further enrich the learning:

Reflective Questions for Practitioners

What challenges arise when working with families with parental conflict in relation to custody? What support can be provided to practitioners working with children where parents/carers make cross-allegations about each other's parenting?

How do we ensure we understand information about risk in context? How do we triangulate information that parents/carers may tell us about a potential risk within the family?

How do we ensure families receive preventative and early help support even if the referral was not felt to be substantiated?

How can we as a multi-agency network continue to share information and ensure that when anonymous referrals have been made, that children's social care has the relevant information to help them assess risk?

Learning from Serious Incident Notifications and Rapid Reviews

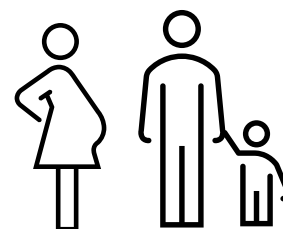
The LSCP submitted one serious incident notification to the Child Safeguarding Practice Review Panel in July 2021. This was in relation to the birth of an infant who was the subject of a pre-birth child protection plan whose mother had concealed her pregnancy from professionals and delivered her baby at home.

The partnership conducted a Rapid Review and reflected on and shared the learning from this case, which included:

- A need to refresh awareness of how/when to request Police Welfare checks and escalate when not completed or declined and concerns persist. This has been reiterated in multi-agency safeguarding training.
- That home visits should be completed by community midwifery service where it is known that a patient has requested a termination of pregnancy beyond the age of viability and does not attend their booking appointment.
- There is a need for practitioners to be clear about purpose for invites to initial child protection conferences and strategy meetings and the importance of these being accurately updated in single agency records.
- Agencies need to give consideration as to which practitioners are best able to contribute meaningfully to Initial Child Protection Conferences: In this case some of the practitioners from mother's former mental health team did not attend but they would have had more knowledge of the case than the new locality team.
- All agencies need to consider the safeguarding risks to the unborn and mother where mother denies / conceals pregnancy.
- There is a need for agencies to ensure that staff have a greater understanding of when a formal Mental Health Act Assessment can / can't be conducted and

escalate the case where their concerns persist.

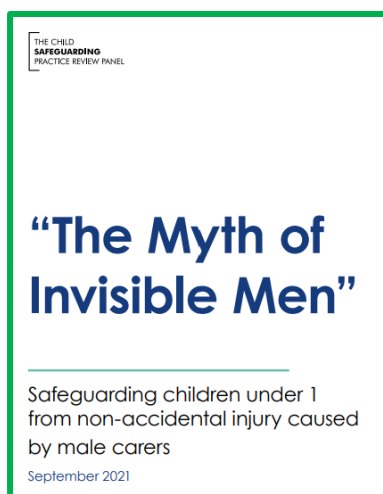
- There is a need for the agencies to consider the involvement of housing colleagues in assisting to make contact with mothers when attempts to engage mother by other services such as the community mental health team, midwifery and children's social care were unsuccessful.
- This case illustrates the importance of all practitioners / agencies, including those who work mostly with adults, remembering to '**Think Family**' and consider the needs of the unborn child.



Whilst the number of local serious incident notifications remains low, the Partnership is not complacent and remains committed to learning together from other cases from London or other national cases.

Learning from thematic reviews:

This year, the Partnership have reflected on and disseminated 'The Myth of Invisible Men' thematic review published by the Child Safeguarding Practice Review Panel this year.



This was a review that focused on babies who had sadly been killed or seriously harmed by their father or a male carer.

The review highlights that we need to ensure that the same level of curiosity and enquiry is applied to understanding men's lives and experiences as it is to women's. The men in these cases were not invisible but were very much 'unseen'. The review also highlights that engaging and assessing men needs to be routine practice, building authentic engagement reduces the likelihood that a risk will be unassessed or unknown.

The report states that supervisors and first line managers have a key role in exploring fear and anxiety that might affect practitioners. Quality assurance systems should include a focus on men, how they are seen, understood and engaged.

The review concludes that ultimately, the male perpetrators inflicted terrible injuries on babies and are responsible for their actions. However, as a system, our knowledge of men is too often weak and ineffective, and this excludes the men that need and would like support and enables those that might pose a risk to hide in plain sight.

The review concludes that the entire system makes it too easy for men who pose a risk to remain unseen.

Our independent chair & scrutineer challenged partners to take on board the recommendations and share the learning with their practitioners.

Learning Review: Holland Park School

The Local Safeguarding Children Partnership (LSCP) initiated a local learning review in order to consider the organisational culture, how other agencies were supporting the school and identify improvements to strengthen safeguarding practice.

This decision was taken as the LSCP was alerted to a range of concerns that were raised by current and former teachers with the school's former Chair of Governors between June and September 2021, about the senior management, allegations regarding the bullying of staff, poor safeguarding practice, discrimination and intimidation of students and staff, as well as health and safety issues. Former students also raised concerns about a toxic environment in the school for students.

Two independent reviewers with experience in education and social care were appointed to lead the review and address the following key areas:

- How the school understands and learns from complaints
- Policies
- Recruitment
- The school's culture (including safeguarding practices, student behaviour, personal development and leadership and management).
- Multi-agency working

Further information regarding the outcomes of the learning review and how this will be disseminated across the partnership will be available in the next LSCP annual report for 2022-2023.

During the period April 2021 – March 2022, the LSCP conducted a further 74 multi-agency safeguarding children workshops. These were re-shaped in order to be delivered online rather than in person due to the Covid19 pandemic.

Engagement with the learning and development programme continued to be strong, with attendance from a wide range of delegates from across the partnership, including schools, GPs, social care, early help, the voluntary sector, early years, housing and more. The switch to virtual delivery has been well received, however, we hope to resume some face to face workshops for certain workshops in next year's training programme.

The most popular workshop continued to be the 'Multi-agency Safeguarding Children and Children Protection' workshop – a whole day workshop. We have been flexible in our delivery of this and adapted to delivering across two half days online for some delegates.

Further workshops on offer in this period included but weren't limited to:

- A new social media workshop provided by the Social Switch Project
- Safeguarding Children and Domestic Abuse
- Safer Recruitment
- Meet the LADO (Local Authority Designated Officer – management of allegations)

A brand new workshop that was developed in partnership with Young K&C, the Police and Children's Services was on 'Managing a Serious Incident in Youth Settings'. This was delivered for local providers to upskill them and prepare them in the event of a serious incident occurring in or near their settings and included sections on supporting children and young people, supporting staff, working with police and preserving a crime scene if required. Feedback was positive and the workshop will be further refined and opened up to a wider audience including schools in the coming year.

The LSCP sought feedback from training delegates in order to quality assure both the

well as try and measure the impact of the workshops on frontline practice.

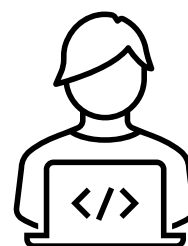


Feedback from delegates includes

- "Crucial learnings and guidance for anybody who works with children!!"
- "I gained advanced information about safeguarding and enjoyed attending the training."
- "It is very topical and useful to safeguarding children and also the lady who gave us her real life story"
- "I enjoyed the videos created by young people. it gave me creative ideas of how to engage and listen more to the young people I work with."

New learning podcasts:

Colleagues across the Partnership have also worked on developing a short podcast to share online learning about the topic of '*Was Not Brought*' – where children and young people are not brought to medical appointments. It is important to change the way in which this is recorded in case notes from 'did not attend' to 'was not brought'. The podcast will be shared online once complete, along with presentation notes that can be shared in team meetings and other forums as required.



Joint training with LSCP and the SAEB



The LSCP was very fortunate to receive some one-off funding from the North West London Clinical Commissioning Group, specifically for some joint safeguarding training for practitioners working with children and adults.

A mini training needs analysis was conducted and a programme of bite-size workshops was developed that included training on:

- Domestic Abuse and Coercive Control Awareness
- Understanding Resilience and Enhancing Well-Being
- Think Family Approach

Future learning and development needs

In order to help plan for the upcoming Learning and Development programme from April 2021, a training needs analysis was undertaken via a questionnaire shared with partner agencies to ascertain the multi-agency training needs for practitioners.

As a result of feedback from partners and themes emerging in the LSCP subgroups, further workshops to be commissioned from April 2022 onwards will include:

- Child Sexual Abuse
- Disguised Compliance
- Young Carers
- Child Exploitation and the National Referral Mechanism
- Adulthood (as a result of the learning from the recent Child Q learning review published by City and Hackney LSCP).

In order to manage allegations against professionals in the children’s workforce, every local authority appoints a Local Authority Designated Officer (LADO). The LADO works within Children’s Services and should be alerted to all cases where it is alleged that a person who works with children has:

- behaved in a way that has harmed a child, or may have harmed a child
- possibly committed a criminal offence against or related to a child
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children
- behaved or may have behaved in a way that indicates they may not be suitable to work with children

(Working Together to Safeguard Children 2018)

In this context, the term “professional” includes paid employees, volunteers, casual/agency staff and self-employed workers who will have contact with children as a part of their role. The LADO service also engages in consultations with partners where they are unsure whether a case meets the threshold for a formal allegation to be referred.

The LADO service ensures that all allegations or concerns about professionals or adults working or volunteering with children are recorded appropriately, monitored and progressed in a timely and confidential way.

The LADO service is involved from the initial phase of the allegation through to the conclusion of the case.

The LADO service provides advice and guidance to employers and voluntary organisations, liaising with the police and other agencies and monitoring the progress of cases to ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process.

This has been a very busy year for the LADO service in each borough, with a rise in activity and referrals since the Covid-19 restrictions have been gradually removed.

In 2021-22, a total of 342 LADO referrals were received across both local authorities.

LADO referrals 2021 - 2022

	2020 – 2021	2021- 2022	% increase
Kensington & Chelsea	80	122	+ 66%
Westminster	116	220	+ 53%

Year on year there has been an increase in referrals, with an average increase of 57% from 2020/2021 to 2021/2022 across both local authorities. Reasons for the increase includes the impact of the Covid19 pandemic and the impact on professionals’ private lives, and the success of our promotion programme to highlight this particular challenging area of safeguarding. This includes the delivery of Meet the LADO workshops and Safer Recruitment training, where the role of the LADO and key safer organisations messages are cascaded to partners regularly.

Education settings, early year provision and children’s social care continue to remain the main referring agencies. The very small number of referrals from faith groups continues to be an area of concern and the promotion of the LADO role in this context remain a priority into 2022/2023. The LSCP is planning a LADO / Managing Allegations conference in the spring term 2023 to further help upskill partners across the faith and voluntary sectors.

Further information about the role of the LADO, the LADO thresholds, and the LSCP Safer Organisations Checklist can be viewed on the LSCP website [here](#).



North West London

Over this past year, our partners in the clinical commissioning groups, health trusts and local authorities have continued to work towards the transition to becoming the North West London Integrated Care System from July 2022. The system aims to have greater collaboration between health organisations and other local partners, all focused on reducing health inequalities and improving outcomes for outcomes for service users and oversight is provided by the Integrated Care Board (ICB).

The North West London Integrated Care System is made up of

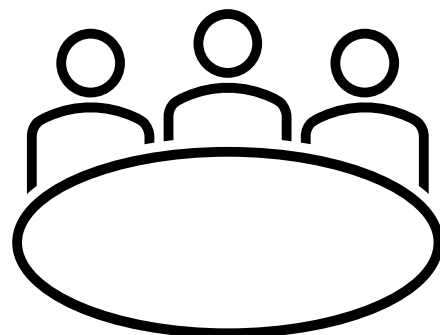
- Eight **London boroughs**
- One **Clinical Commissioning Group**
- Nine **NHS Trusts** – Four acute trusts, four community and mental health trusts, one ambulance trust
- 350 **GP Practices**
- 46 **Primary Care Networks**
- 276 **care homes**
- Over 1,500 **voluntary organisations**
- 50,000 **NHS employees**

The Integrated Care Board's Deputy Chief Nursing Officer attends the LSCP Executive Meetings whilst the Assistant Director for Safeguarding Children and Adults and the Designated Nurse for Safeguarding Children attend the LSCP meetings. The LSCP also has representation from each of the local NHS trusts and primary care. This ensures that our health partners are fully engaged in the LSCP priorities

and have a shared commitment to working together to safeguard our children and young people.

Safeguarding Grand Rounds

The Designated Safeguarding Nurse for Children has continued to host safeguarding grand round meetings for the named professionals in local health providers where safeguarding children issues can be raised and best practice and learning from case reviews and audits can be shared.



GP Safeguarding Lead forums

A regular forum for GP practice safeguarding leads has also been hosted throughout the year by the Named GP. This again provides a unique opportunity for general practitioners across the partnership to come together to share learning and escalate concerns if required.

Our partners across the LSCP remain committed to working together in order to ensure the welfare of children and young people across both boroughs.

The last year has been a very busy one for all partners and we are already planning for further demand on local services in light of the influx of refugees and the growing cost of living crisis that we know is likely to have a large impact on many of our resident families.

In the next year, we have plans to further increase the independent scrutiny of the partnership. We will continue to undertake multi-agency audits in order to inform our understanding of frontline practice and will further develop our multi-agency data for the partnership to scrutinise.

We have plans for further work to engage children and young people as their voice is critical to all our services.

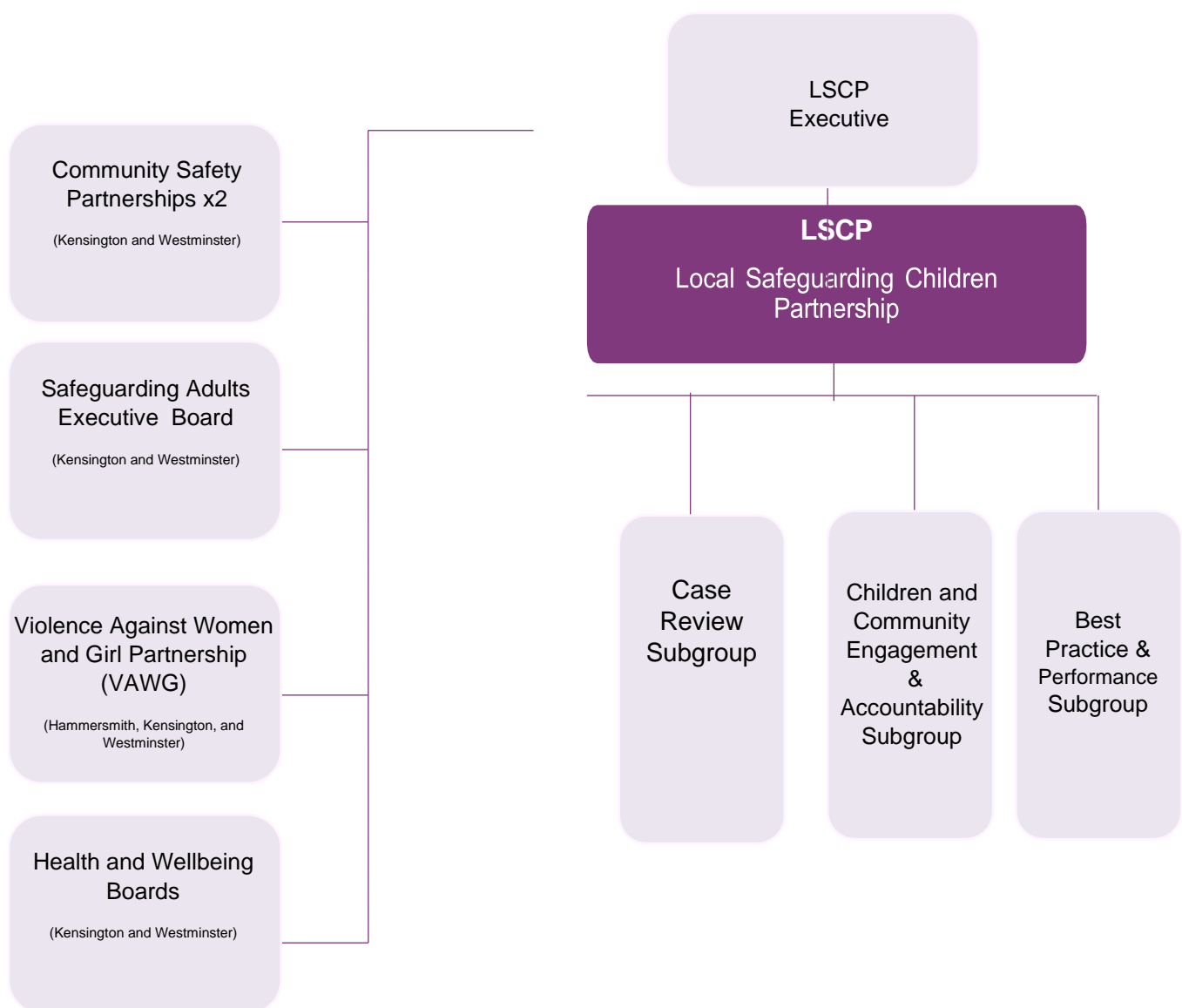
We are also seeking to increase our dialogue with private health providers across our partnership in order to ensure we maintain a positive relationship with partners who have a significant footprint in our local area.

We are looking forward to developing our joint work with other local partnerships. This will include our work with the Safeguarding Adults Executive Board around our transitional safeguarding arrangements as well as our Think Family approach. It will also include more collaboration with the Community Safety Partnerships around serious youth violence and exploitation. And finally, we will continue our joint work alongside the Violence Against Women and Girls Partnership regarding domestic abuse and coercive control and other harmful practices.

Appendix A: Local Safeguarding Children Partnership Structure

The LSCP brings together representatives from each of the safeguarding partners (local authority, health, and police). It meets every three months for the main partnership meetings and work progresses via the LSCP subgroups.

The partnership also links into a wider network of other strategic partnerships across both boroughs, such as the Safeguarding Adults Executive Board, the Community Safety Partnerships, the Violence Against Women and Girls Partnership (VAWG) and the Health and Wellbeing Boards.



Appendix B: Glossary

Angelou: locally commissioned partnership of specialist organisations to support women and girls affected by domestic abuse and sexual violence

CCG: Clinical Commissioning Group (NHS)

ECAT: European Communities Against Trafficking

ECHR: European Convention on Human Rights

ICB: Integrated Care Board (NHS)

IRIS: a specialist domestic violence and abuse training, support and referral programme for general practices

LADO (Local Authority Designated Officer): All local authorities should have designated a particular officer, or team of officers (either as part of local multi-agency arrangements or otherwise), to be involved in the management and oversight of allegations against people who work with children. The LADO service provides advice and guidance to employers and voluntary organisations and agencies on how to deal with allegations against people who work with children. The LADO service liaises with the police and other organisations and agencies to monitor the progress of cases and ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process.

Rapid Review: a multi-agency review undertaken by the safeguarding partnership within 15 days of a Serious Incident Notification to the Child Safeguarding Practice Review Panel.

SAEB: Safeguarding Adults Executive Board (covering Kensington and Westminster)

Serious Incident Notification: a notification made by the local authority to the Child Safeguarding Practice Review Panel when abuse or neglect is known or suspected and a child dies or is seriously harmed.

Signs of Safety: An approach in child protection cases that helps practitioners and families to understand:

- What are we worried about? (past harm to children, future danger, and complicating factors)
- What's working well? (existing strengths and safety)
- What needs to happen? (safety goals and next steps)

SLT: Senior Leadership Team