

Safeguarding Enfield

Annual Report

2020-21



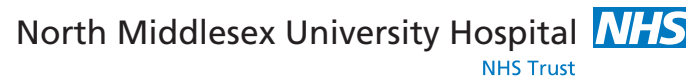
www.enfield.gov.uk/safeguardingenfield





Safeguarding ENFIELD

Here are some of the organisations working to keep children, young people and adults at risk safe in Enfield.



We all have a role to play to help keep children, young people and adults who may be at risk, safe.
If you have concerns, please contact us and we can act to stop abuse.

Please talk to us

Safeguarding children, young people and adults at risk is everyone's responsibility. As someone who might live, work or study in Enfield you have a role too. If you are worried about someone or yourself, **please talk to us**. You can get help in any of these ways.

Children and young people

If you or the person you are concerned about is under 18 (a child or young person):

- Ring the Children Multi-Agency Safeguarding Hub (MASH) Team on **020 8379 5555**, Monday to Friday 9am-5pm.
- Call the emergency duty team on **020 8379 1000** at night and weekends, and tell them what is happening.
- For people who work with children and young people, please make your referral using the Children Portal:
www.enfield.gov.uk/childrensportal
- You can email at:
ChildrensMash@enfield.gov.uk
- In an emergency – such as when someone is being hurt or shut out of their home – ring the police on **999**. You can also ring **ChildLine** on **0800 1111** or visit the ChildLine website:
www.childline.org.uk

If you don't want to talk to someone you don't know, you can ask an adult that you trust, like a teacher or youth worker or even a friend, to make the phone call for you. When people are working with children they have to follow set procedures, but they will explain to you what they will do and should be able to support you through the process.

ChildLine

ChildLine have launched the **'For Me'** app – the first app to provide counselling for young people via smartphone and other mobile devices. For more information and to download the app for free, go to:
www.childline.org.uk/toolbox/for-me



Adults

If you or the person you are concerned about is over 18 (an adult at risk) you can call anonymously on the Adult Abuse Line: **020 8379 5212** (Textphone: **18001 020 8379 5212**). In an emergency always call **999**.

There is also helpful information on the Safeguarding Enfield website. Go to:
www.enfield.gov.uk/safeguardingenfield

For all Enfield residents

Domestic Abuse Freephone helpline

If you have experienced or are currently experiencing being made to feel unsafe by someone close to you, this is domestic abuse. Domestic abuse is not okay and is a crime. There is a specialist team to ensure no one is turned away and support is there for anyone in need. call us on **0800 923 9009**, Monday to Friday 9am-5pm. Email us at:
callusDAH@enfield.gov.uk.

We are here to help you.

Modern Slavery Helpline

Modern Slavery is a crime that is hidden from plain sight but, occurs everywhere around us. Modern slavery is happening right here in Enfield and it needs to be stopped. An advice line is available to provide information and support for those that have any concerns or general questions regarding modern slavery. If you would like to discuss your concerns please contact us on **020 3821 1763**, Monday to Friday 10am-2pm, or you can email us at:
ModernSlavery@enfield.gov.uk

Our vision:

“is for a community where we can all live free from abuse and harm; a place that does not tolerate abuse; where we all work together to stop abuse happening at all, and where we all know what to do if it does take place.”



Contents

Foreword from the Chair	6
Introduction	7
Safeguarding in Enfield	8
Summary of what we did in 2020-21	9
Protect people at risk	10
Prevent abuse	22
Learn from experience	28
Improve Services	33
Priorities for 2020-21	39
Appendix A: Detailed Safeguarding Adults Data	46
Appendix B: Detailed Children's safeguarding information	49
Appendix C: Terms of Reference for Activity Groups	63
Appendix D: Partner Updates	71

Foreword from the Chair

As the Independent Chair of the Safeguarding Adults Board (SAB) and the Scrutineer of the Safeguarding Children's Partnership (SCP) I am pleased to introduce the 2020-21 Annual Report outlining the partnership activities which contribute to keeping Enfield's communities safe.

Safeguarding is 'everyone's business' and if you are worried about a child, family, young person or adult at risk, please speak up using the contact information in this report. We can help.

The last 12 months have presented considerable challenges, with several months spent in COVID related lockdowns. We have all had to adjust: by adopting new ways of working, complying with additional government guidance, and changing how we stay in touch with family and friends. All health providers, the local authority and the local police service, as well as several other contributing partners have needed to operate in a very unusual and hitherto unknown set of circumstances. 'Business as usual' took on a new meaning when so much was disrupted.

In this report, we present the work agencies have delivered to enable the safeguarding functions to operate as smoothly as possible. (This can be found in detail in Appendix D). This year's activities have been inextricably linked

with the local and national COVID response. The report begins with the Board's primary focus on Protecting People from Abuse, followed by a range of activities carried out to Prevent Abuse.

In addition, we also highlight some inspiring examples of the work done. These accounts illustrate the breadth of the work that has taken place across Enfield. A huge thank you to all concerned.

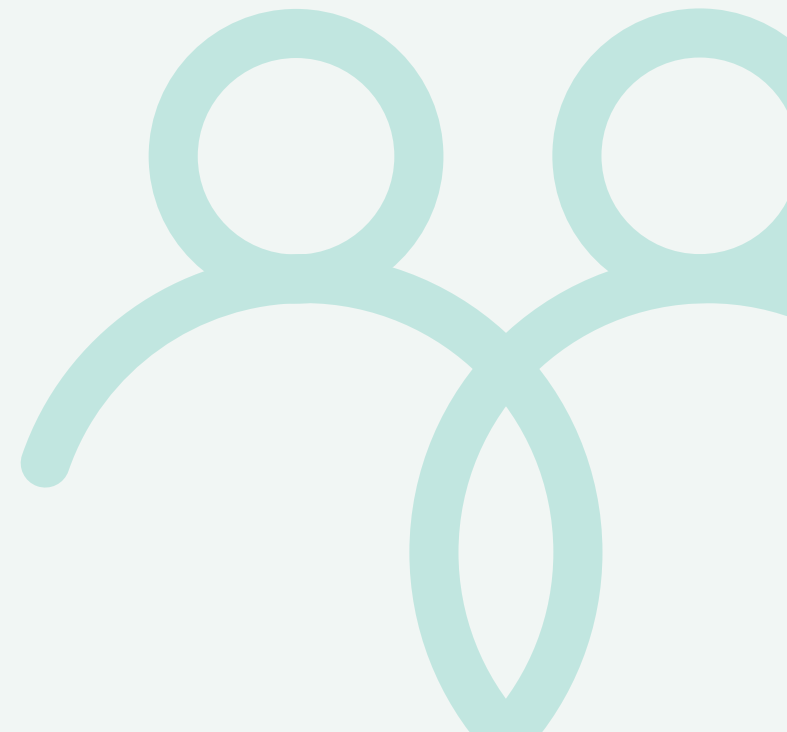
I hope you find this report informative and I want to encourage all of you readers to let us have your thoughts. Tell us what you think, what are we doing well, what do we need to improve on, how else can we communicate better across all the different communities of Enfield.

Take a look at our twitter feed [@enfieldsafeguarding](#) and our website: www.enfield.gov.uk/safeguardingenfield

Please email us at: SafeguardingEnfield@enfield.gov.uk



Geraldine Gavin
Independent Chair of the
Safeguarding Adults Board, and
Scrutineer of the Safeguarding
Children Arrangements



Introduction

This report presents the work that the Enfield Safeguarding Adults Board, the Safeguarding Children's Partnership, and the organisations that are part of them have done to keep children, young people and adults at risk of abuse, safe.

The report covers the period 1st April 2020 to 31st March 2021. The style and presentation of this report has been developed by Enfield Safeguarding Adults Board's Service User, Carer and Patient group.

Care Act 2014 (Adults)

The Care Act requires the Board to report on its activities in the past financial year, and its plans for the coming year to keep people who may be at risk of abuse or harm, safe.

Working Together 2018 (Children)

The statutory guidance says we must publish a report at least once in every 12-month period. It must set out what we have done as a result of the arrangements, including on child safeguarding practice reviews. The report should also include evidence of the impact of the work of the safeguarding partners and relevant agencies.



Safeguarding in Enfield

Safeguarding is the work done to protect children, young people and adults who are, or may be, at risk of abuse or harm.

Safeguarding is everyone's business. This means you, your friends and families, your neighbours, as well as the people who work for organisations like Enfield Council, the Police, the NHS and others, have important roles to play to help keep people safe in our community.

Safeguarding work in Enfield is brought together in two ways:

1. the Safeguarding Adults Board, and
2. the Safeguarding Children's Partnership.

These arrangements bring together organisations that work in Enfield to make sure there are good ways of working to keep safe children, young people and adults at risk.

The Safeguarding Adults Strategy 2018-23 outlines our work and priorities for Adults at risk; and the Safeguarding Children Arrangement document (2019) details how partnership work for Safeguarding Children is organised. Many of the Activity Groups work for both Children's and Adults Safeguarding. Both of these documents can be found at: www.enfield.gov.uk/SafeguardingEnfield

The work of the Safeguarding Partnership is organised into one of four areas: Prevent abuse, Protect those at risk, Learn from Experience, and Improve Services.

Care Act 2014 (Adults)

The Enfield Safeguarding Adults Board is a statutory board formed under the Care Act 2014. The Local authority, the Police and the NHS are statutory members of the Board.

Working Together 2018 (Children)

The Statutory Safeguarding Partners are the Local Authority, the Police, and the Clinical Commissioning Group.

Enfield's arrangements were agreed and signed by the Safeguarding Partners on 5th June 2019. The arrangements were in place on the 29th September and the Department of Education were notified.

Children Act 2004 and the Children and Social Work Act 2017 (Children)

The Children's Act 2004 and the Children and Social Work Act 2017, state the statutory duties for local authorities and safeguarding partners to work together to safeguard and promote the welfare of children.



Summary of what we did in 2020-21

2020-21 has been a busy year for the Safeguarding Enfield Partnerships and all of our partners. The impact of COVID has had a profound effect on many of our agencies, both in terms of pressures and also in terms of having to adapt to new ways of working. Despite the numerous changes and challenges, agencies across the partnership have continued to demonstrate strong commitment to the work of safeguarding Enfield residents.

The Safeguarding Enfield Partnership remains committed to a programme of scrutiny, monitoring and, assuring the quality of safeguarding activity across Enfield. This programme of robust analysis and challenge will continue to ensure that children, young people and adults at risk of abuse or harm are identified and responded to speedily and effectively.

This section presents a summary of the main pieces of work that the Enfield Safeguarding Partnership completed or oversaw in 2020-21.

Covid-19 response (PROTECT)

Across the Partnership all of our agencies have been affected by the pandemic. As part of our Partner updates for this report we have asked partners to provide information about their response to the pandemic. Please see Appendix D.



+3,278 highest ever number of concerns received by Adults Multi-Agency Safeguarding Hub (MASH).

Domestic Abuse (PROTECT)

The Domestic Abuse Hub was launched in May 2020. Over 214 calls have been received. 85 calls have been from victims.



Modern Slavery (PROTECT)

127 referrals received to the Modern Slavery team; 60 awareness raising sessions to 715 delegates. Modern Slavery hotline launched.



LeDeR reviews (LEARN)

28 notifications received for people with learning disabilities. This is double the pre-pandemic 4-year average. 19 deaths involved COVID.



Serious Youth Violence (PREVENT)

We held a Partnership event in February 2021 to consult on the Public Health approach to Serious Youth Violence. Attended by over 100 delegates, include our Safeguarding Partners and schools.



Child Death (LEARN)

Between April 2020 and March 2021 Enfield had 21 notifications of child deaths, similar to the previous year (death of a person under 18 years of age). Of the 21 deaths, 13 were male, 8 were female.



Work in schools (IMPROVE)

Education department provided weekly home learning ideas for over 400 Private, Voluntary or Independents (PVI)s, schools and childminders. A new Designated Safeguarding Leads (DSL) network for school DSLs has been set up.



SMART Living (PREVENT)

Following a success proof of concept exercise, over 250 SMART Living devices were secured to develop a series of pilots around adults social care. Attended by over 100 delegates, include our Safeguarding Partners and schools.



Protect people at risk

One of the main tasks for the Safeguarding Partnership is to make sure we have excellent responses to concerns. We do this through having clear policies, good training, looking at our data and audits (checks). This year a significant part of this work involved responding to emerging risks due to COVID-19. Here we present some of our key responses, policies, talk about our training and present some high-level data. More details information can be found in the appendices.

ADULTS

Covid-19 response

Across the Partnership, all of our agencies have been affected by the pandemic. As part of our Partner updates for this report we have asked partners to provide information about their response to the pandemic.

This has included:

- Managing increased number of concerns (3,278), including higher proportions of domestic abuse and neglect related cases being reported into the Adults Multi-Agency Safeguarding Hub (MASH).

- Ensuring practices around hospital admissions and reporting safeguarding concern were appropriate.
- Daily calls to care homes.
- Thousands of welfare calls, including over 2,500 to our Learning Disabilities clients.

To read more, please see Appendix A for more detailed information Safeguarding Adults data, and Appendix D for partner updates.

Safeguarding Adults Board activities

The Safeguarding Adults Board (SAB) provided assurance across a number of areas: Do Not Attempt Resuscitation orders, appropriate hospital admission in line with government guidance, work around homelessness, modern slavery and on the patterns and trends of concerns being reported. The SAB also ensured the national insights work into concerns were taken into account when considering local trends.

In 2021/22, practices around community Do Not Attempt CPR orders are being assured by a joint project between the NHS Clinical Commissioning Group and Adult Social Care, funded by the NHS Clinical Commissioning Group. GP practices are being asked to confirm their practices following concerns raised in the media and by our lay member.

Adult Multi-Agency Safeguarding Hub (MASH)

Care Act 2014 (Adults)

Safeguarding Adults duties are detailed in Section 42 of the Care Act and in the accompanying Statutory guidance.

Where the following criteria are met for a concern the Local Authority, who is named as the lead agency for safeguarding, must ensure that a Safeguarding Enquiry takes place. The criteria that a concern must meet to require an enquiry are that: it is about a person who is over 18 years of age, with care and support needs, and who is experiencing, or is at risk of, abuse or neglect, and is unable to protect themselves.

	2017/18	2018/19	2019/20	2020/21
Concerns received by the Adults MASH	1,616	2,307	2,326	3,278
Concerns that led to enquiries	741	656	356*	1,217

*Only includes Statutory Section 42 (2)

Protect people at risk

Since the conception of the Adult MASH, there has been a commitment that all concerns will be responded to. This can include information and advice, sign-posting to other services, assessments for care and support services, or for a social worker to work with the adult to manage the risks of abuse they face.

2020/21 saw a significant increase in safeguarding concerns. Concerns relating to self-neglect, and those occurring in people's own homes were highest. This included an increase in the proportion of domestic abuse concerns.

Enfield are part of a National Insights projects, led by the Association of Directors of Adults Social Services, to understand safeguarding concern trends since the pandemic began. Initial analysis shows that the types and numbers of concerns received in Enfield are in line with what has been experienced nationally.

Adult Multi-Agency Safeguarding Hub (MASH) Nurse

The Safeguarding Adults team have continued to maintain strong partnership working with the NCL Clinical Commissioning Group, Enfield Directorate, in the reporting period of 2020-21 with the Local Authority in the following areas:

MASH (Adults) has been fortunate to have the support of a qualified Nurse subject to funding by the Clinical Commissioning Group. The role of the MASH Nurse Assessor has been invaluable within the MASH team when working in a multi-agency context, working with: Nursing Homes, Hospitals, General Practitioners and District Nurses. A clinical perspective in scoping the points to consider when requesting an enquiry enables more focused reports which allows for better learning and therefore preventative work. This has prevented delays and duplications which can occur when social care staff assess and decide on the lines of enquiry around clinical issues.

Supporting Care providers

Our work with care providers was organised to ensure they had: access to information and support around infection control; the latest public health guidance; and could raise issues with our quality assurance team.

Ongoing support to providers

Targeted support was provided to care support workers and informal carers to embed infection control training and translate this into good working practices, for example in how to use PPE correctly and effectively to protect all those they have direct contact with. The quality

assurance team were the point of contact for care providers, and concerns and issues raised from them were considered and responded to with the Public Health team.

Communications

We were in regular, at times daily, contact with our care providers, and have developed a dedicated MyLife webpage. The webpage, which was developed in partnership with Public Health, focuses on infection control information and training.

Quality Assurance and emergency processes

Many social care providers sadly suffered significant losses of residents due to the covid virus. This meant that the pandemic reduced the demand for residential and nursing placements. This information was monitored to ensure we understood any risks around potential provider failures.

The quality checkers gathered information directly from people who use services and their friends and family to ensure their experiences during the 'lock down' period was included in our considerations and learning.

Protect people at risk

Learning

The strategic safeguarding adults team undertook learning reviews with providers that had COVID outbreaks to identify risks and develop risk mitigation strategies.

Working with people who have refused to comply with government guidance

Regular meetings took place, chaired jointly with Public Health to consider residents, and council tenants, who were not complying with COVID-19 guidance on social isolation and distancing. The meetings were multi-agency and provided a place where agencies could refer in, with a risk assessment, and appropriate local action could be taken. If the local measures were not successful, the group could refer to Public Health England.

Modern Slavery

Enfield is one of the first areas in London to have a dedicated Modern Slavery Team comprising Local Authority and Police staff. The multi-agency team has been raising awareness and responding to intelligence.

The team continued to operate over the lockdown in 2020/21, with 127 referrals being made to the team between 20th January

2020 to 31st March 2021. The team provided enough evidence to enable the Crown Prosecution Service to charge four people with modern slavery offences, relating to a case we received in the team in 2020. The trial is due to commence in Autumn 2021.

The team continue to stay busy with training and awareness raising – a crucial part of the strategy – having delivered 60 awareness training sessions to 715 delegates to a variety of teams across Enfield partnership.

In July 2020 the team worked on a large-scale operation involving over 100 Police officers and partner agencies. During this raid, the team supported the Police and eleven potential victims were taken to a reception centre and three people were arrested for various offences including Modern slavery.

Enfield Council played a pivotal role in the formation of the London Modern Slavery Leads Group which Enfield also chairs. It is supported by the London Councils and The Human Trafficking Foundation.

NHS North Central London Clinical Commissioning Group

The Designated Professionals have continued to monitor, and quality assure the North Central

London (NCL) Safeguarding Health Providers Recovery and Restoration Plans for COVID-19. This has demonstrated that there is adequate assurance of the safeguarding elements of all health providers across NCL. Ongoing borough level safeguarding assurance in the delivery of providers' recovery and restoration plans is obtained through Designated attendance at providers safeguarding committees and at local partnership meetings. Where gaps are identified, further assurance has been sought and is monitored at a local level by the relevant borough Safeguarding Adult Lead. There are no plans that required escalation.

NHS North Middlesex University Hospital (NMUH) Trust

The information in this update includes both Children and Adults Safeguarding activities:

- Executive team supported Safeguarding team to remain on site throughout and staff were not redeployed to other areas.
- North Middlesex University Hospital (NMUH) Emergency Department (ED) remained open throughout. As part of the North Central London reconfiguration of paediatric services during COVID, Inpatient services were transferred to Great Ormand Street Hospital (GOSH) during both lock down

Protect people at risk

periods. Strong links were established with GOSH safeguarding team to manage Child Protection cases and transfer back.

- During first lockdown the total numbers of referrals made remained similar despite ED attendance numbers lower.
- There has been a continued increase in the number of children and adults attending the ED department with mental ill health concerns throughout, which could be COVID related – increase in need for Tier 4 bed.
- Youth on youth violence referrals noted to reduce when schools closed.
- Solace continued to provide telephone support to all our survivors of domestic abuse.
- Throughout the lockdown we have maintained community nursing and midwifery for babies and children.
- Training figures maintained.
- Safeguarding services have continued to be provided at a consistent level. Safeguarding referrals have continued to be completed maintaining pre-lockdown figures.

To read more please see the full Partner update on page 71.

Royal Free London NHS Foundation Trust (RFLNHSFT)

The information in this update includes both Children and Adults Safeguarding activities:

- RFLNHSFT continuity plan was put in place and shared with the safeguarding partners to provide assurance that core responsibilities were being met.
- Maintained a safe staffing level within the safeguarding team even when staff volunteering in other areas.
- Ensured that midwives in the vulnerable women teams were not deployed to other areas.
- Supported safeguarding team to work remotely ensuring staff and partner agencies continue to have access to RFL NHS Foundation Trust's Safeguarding Team.
- Children and adult safeguarding training continued either virtual or face to face and training figures maintained.
- Enabling virtual access to the ward so other professionals, family members and relevant people have access to ward staff and patients when necessary.

- Adjustments in place to allow visitor to accompany or visit a person with a learning disability.
- Attendance at virtual child protection case conferences, strategy meetings and core groups.
- Provided safeguarding supervision to case holders, such as community midwives through virtual platforms which has been highly evaluated.
- Worked closely with other secondary and tertiary Health Trust to ensure inpatient services were maintained for children within North Central London.

To read more please see the full Partner update on page 71.

NHS Barnet Enfield Haringey Mental Health Trust

The information in this update includes both Children and Adults Safeguarding activities:

- Increase in online training.
- Tailor online training to the areas of increased abuse or hidden harm (cuckooing, neglect, financial abuse).

Protect people at risk

- Increase in the amount of safeguarding champions in each team.
- Meeting with teams to promote areas of abuse that require preventative work e.g. teams making lists of those vulnerable to self-neglect and implementing additional monitoring measures.
- Sexual safety measure on wards including the following increase in Sexual abuse during lockdowns and subsequent reduction in S17 leave:
 1. A3 posters for wards – (for staff and patients to raise awareness)
 2. Sexual safety Booklets
 3. Quick grab guide
 4. Temperature check postcards for wards.

Preventative work ongoing looking at effective risk management strategies to reduce incidents of sexual abuse on the wards – white board meeting: standing item on the daily agenda. i.e. daily checks of how safe a patient feels. Practical tips for ward staff – i.e. staff awareness of blind spots, environmental management. Practical tips for risk management of individual patients (e.g. if someone is very sexually disinhibited as part of their illness, what measures are staff putting in place to mitigate risks).

Themes emerging in lockdown 2020/2021

Lower numbers of safeguarding are reported during the peak of the lockdowns in the community and then a sharp rise in safeguarding referrals when lockdowns are lifted has been noted. In line with national trends, Domestic abuse, self neglect, neglect and financial abuse has increased significantly.

There is evidence that there is more “hidden harm” during lockdowns, including grooming on the internet – (radicalisation, sexual abuse). This is evident from more PREVENT referrals from the trust along with more reports of online financial scams. Police report that Cuckooing has increased during lockdowns – staff have had access to Camden and Islington lunch and learn on cuckooing and audits on the response to Cuckooing safeguarding’s have been completed along with promotion of the relevant forums to manage risk. An increase in allegations against staff (especially bank staff) has been noted. This may be because the trust has appointed a PIPOT lead who is collating data within the safeguarding team.

To read more please see the full Partner update on page 71.

CHILDREN'S

Domestic Abuse

The Domestic Abuse Hub has been operating since 1st May 2020 as a response to growing concerns about under reporting of domestic abuse during lockdown. The free-phone helpline and bespoke email are used by the referrer to access the service. The hub continues to operate from Charles Babbage with the line management from the Domestic Abuse service team manager.

Domestic abuse incidents

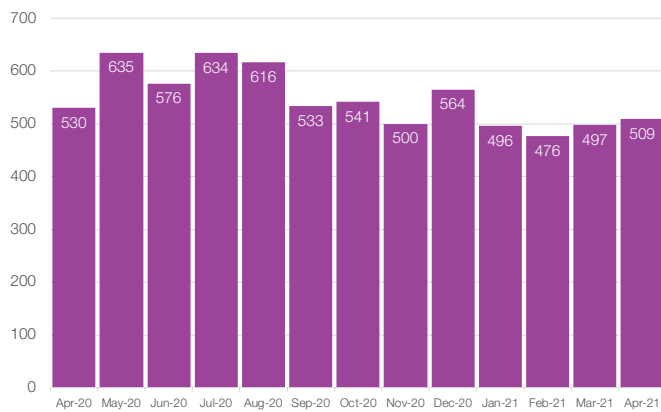
In the year ending April 2021 there were 6,539 Domestic Abuse Incidents in Enfield, compared to 5,963 the previous year, an increase of 9.7%. London also experienced an increase of 5.8% over the same period. In the capital, there were 146,773 incidents recorded in 2019/20, compared with 155,262 in 2020/21

There is a decrease in the number of incidents when the lockdown restrictions eased in July with a reduction noted from August to November. The lockdown in January 2021 has not seen an increase in the number of domestic abuse incidents however the reduction is not significant enough.

Protect people at risk

Domestic abuse incidents in Enfield

Year	2018/19	2019/20	2020/21
Incidents	5,672	5,963	6,539



Domestic Abuse Violence with Injury Offences

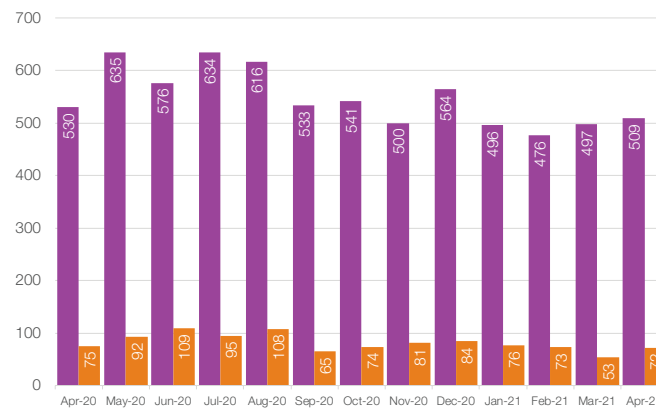
In Enfield by April 2021, there was an increase of 1.7% in the numbers of Domestic Abuse Violence with Injury offences with 984 recorded in 2020/21, compared to 968 recorded by April 2020. In London there was a small 2.7% decrease in the same period.

In Enfield, offences reached their peak in 2020/21 in June, recording 110 offences followed by a second peak of 108 offences in August 2020. January to March 2021 saw a decrease in the number of domestic abuse violence with injury offences however April

2021 has started to see an increase. This could have been attributed to the lockdown.

Domestic Abuse Violence with Injury offences

Year	2018/19	2019/20	2020/21
Incidents	944	968	984



Key: ■ DA incidents ■ DA incidents with injury

Domestic Abuse Hub data

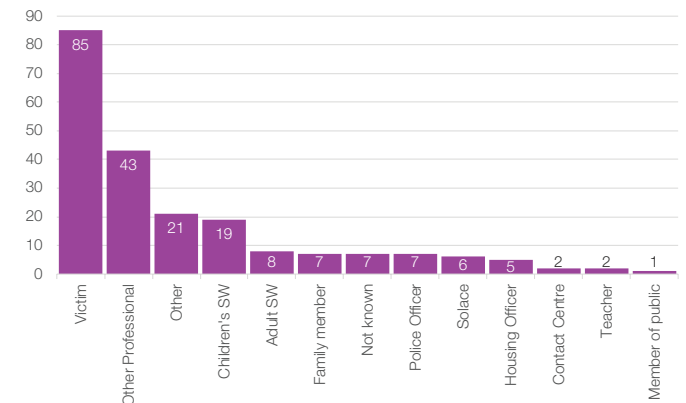
There has been a total of 214 calls received as of May 2021 since the Domestic Abuse hub was launched. The Hub continues to receive calls from professionals and victims requesting support. Since December 2020 there has been a decrease in the number of calls received. There were however more contacts received in the MASH in the same period. We have noted an increase in the complexity and severity of the

domestic abuse being reported which is going directly to the MASH for immediate intervention.

Referrers

The Domestic Abuse Hub continues to be used by victims who are experiencing domestic abuse which is positive. Since January 2021, there has been an increase in the number of professionals referring to the Domestic Abuse Hub for support and advice on behalf of the victims.

Contact referrer



Protect people at risk

Work of the team

The team undertakes structured sessions with the victims of domestic abuse as part of the work to help the victim understand the impact of domestic abuse on their child(ren). This work then informs the child in need plan for the children.

Having received Trauma Informed Practice training, the team are developing tools to undertake effective direct work with children to understand the impact of domestic abuse and early trauma on children's development.

The work with perpetrators as a driver to reduce risk of domestic violence has continued to be a priority in the Domestic Abuse team. There is a dedicated social worker in the team who undertakes risk assessments of all the perpetrators of domestic abuse to inform the social work intervention with the family.

Outcome of contact

Most calls received in the Domestic Hub have led to signposting to other agencies. The majority of the contacts were referred to MARAC 23% followed by Housing where 21% of the requests were signposted to. Having Housing in the Domestic Abuse Hub has led to timely responses to the victims' needs where housing is an issue.

Outcome of Contact Referral (Multiples)	
Other	9
Referral to Housing	46
Referral to MARAC	51
Referral to Solace	18
Referred to Adult services	8
Referred to Children's services	24
Referred to Early Help services	6
Signposted to Children's services	2
Signposted to Housing	7
Referral to IDVA	1
Referral to Police	1

Safeguarding Children

Total contacts into Children's Social Care

	2018/19	2019/20	2020/21
Contacts	29,364	31,427	30,878

Though there was a small decline in 2020/21, the number of contacts into Children Social Care were higher than the 2018/19 levels. The decrease in the number of contacts during 2020/21 was a result of the various lockdowns and visibility of children and young people through the year. There was a decline in referrals to the Children's MASH following the initial lock down in March 2020. The trend

was similar in January 2021 when there was another lockdown with contacts reducing significantly when schools were closed. The anticipated increase in the contact in March 2021 when schools reopened is reflected in the data. The number of contacts relating to domestic abuse or physical violence reflect a similar pattern decreasing during lockdown.

	2019/20	2020/21
Number of MASH Contacts	17,725	19,959

Partnership working in the Children's Multi-agency Safeguarding Hub (MASH) is strong. We launched a daily Emergency Duty Team (EDT) / MASH handover meeting which includes the police and health. This led to more robust and timely information sharing and smoother transitions with clarity on ownership and escalation. MASH Operational meetings with partners have continued to take place and they are an opportunity to enhance understanding of thresholds.

MASH threshold decision making has continued to be robust with ongoing audits reflecting good decision making. In April 2020, an audit of a dip sample of MASH cases found that threshold decision making in MASH was appropriate and proportionate. Ongoing work is being undertaken by the MASH manager to enhance practice.

Protect people at risk

Child and Family Assessments

Timeliness and quality of social work interventions remain good with over 90% assessments completed despite the challenges during the pandemic. This continues a year on year upward trend. Social workers have continued to work with children and seeking through views through direct work

Children Protection

Child Protection Investigations

	2018/19	2019/20	2020/21
Investigations	1,307	1,793	2,078

An increase in Child Protection investigations (Section 47) was noted in 2020/21 (an increase from 1,793 to 2,078) which could be attributed to the pandemic as services in the community were limited and families were in crisis. 82.9% of these investigations led to Initial Child Protection Conference which evidences good threshold decision making.

Children subject to Child Protection plans

	2018/19	2019/20	2020/21
Children	296	203	257

The increase in the number of strategy meetings has also resulted in an increase in the

number of children on Child Protection Plans in the second quarter of 2020/21 (as indicated above) due to the severity of incidents and complexity of referrals received in Children's Social Care.

Children on the edge of care

In March 2021, there were 90 children who had been identified as being vulnerable to exploitation and 23 were discussed at MACE, which is the multi-agency group for exploitation, both in respect of Sexual Exploitation and those at risk of Criminal Exploitation.

A review of services took place focusing on bringing together teams offering support to young people at risk of exploitation and at the edge of care. This led to the merging of the Child Sexual Exploitation and the Edge of Care teams to create the Adolescent Safeguarding Teams.

The new teams are in the process of integrating a unified approach to working with families where adolescents are identified as being on the 'edge of care'. This has involved the teams applying a model of intervention which has proved successful in the early stages of it being adopted in Enfield in enabling 'edge of care' adolescents to remain in the care of their

families. The model of intervention is known as FAMILY. Social Workers in the teams agree an initial Safety Plan with families and will then work through the stages directly with the families they are working with and will bring the case to group supervision in order for the team to check on progress and agree next steps. Early indications of using this model are that this is successful in keeping families together and more work is being done to ensure that the impact is sustainable by building resilience if families.

Missing Children

	2018/19	2019/20	2020/21
Missing Children	159	198	225
Missing Episodes	489	502	561
% RTH Offered	368/489 = 75%	301/502 = 60%	414 /561 = 74%
% RTH Accepted	133/489 = 28%	163/502 = 32%	236/561 = 42%
Of these, Looked After Children	49	48	51

There were 225 children reported missing from home or care in the 12-month period covering 2020/2021. Of these, 51 children were looked after children, which makes up a quarter of the total of children who went missing. The

Protect people at risk

Missing Children Coordinators offer return home interviews to all Enfield children and young people in and out of Borough when they return from missing. The above shows an increase in the return home interviews offered since 2019/20 however for some of the young people they go missing again before a return home interview is offered hence figure showing 74%. If a return home interview is not offered, rational is recorded on the child / young person's file. There is an increase year on year on the uptake of the return home interviews by young people. A review of the services offered to vulnerable children took place and the Missing Children Coordinator is now part of a new Contextual Safeguarding Unit. The additional capacity will help young people to engage with the return home interviews.

The information from the return home interviews is shared with allocated social workers and police and forms part of risk assessment and planning for the young person. The Missing Children Coordinator also offers training to staff including foster carers, commissioned placements and partners agencies.

A new Missing from Home, Care, Education and/or Health Protocol for children was agreed in June 2020 by the Safeguarding Children

Partnership Executive Group. This can be found on our website: new.enfield.gov.uk/safeguardingenfield/policies-and-protocols/

Progress of Children in Care

Support for Children in Care comes in many formats. All children have a personal education plan to identify the areas where additional support is needed, which is agreed by the school, the Social worker and the Head of the Virtual School. Financial support is provided to the child's school to provide additional support in the agreed areas. In addition, the Looked After Children's Health team undertake annual health assessments in respect of children's health needs, and children have access to child and adolescent mental health support where this is needed.

The Virtual school supports children to reach their academic ability and monitor children's progress throughout the key stages, ensuring that they are ready to learn and able to access the curriculum.

Progress of Care Leavers

It is important that young people leaving Local Authority Care are encouraged to strive to achieve their potential.

There are a number of services which work alongside the team to encourage young people to engage with employment and training opportunities. We have been able to ring fence several apprenticeship opportunities within the Council for Care leavers and are hoping to continue this programme.

Enfield's Local Offer for its Care Leavers was updated and launched in 2020, available in different languages and accessible online through Enfield's MyLife website www.mylife.enfield.gov.uk and Enfield's Children Portal cp.childrensportal.enfield.gov.uk

Enfield Strategy for Care Leavers was launched in 2020 which compliments the Care Leavers current offer and focuses on the 6 life GOALS. The strategy includes an action plan, and its progress is reviewed by Enfield's Corporate Parenting Board.

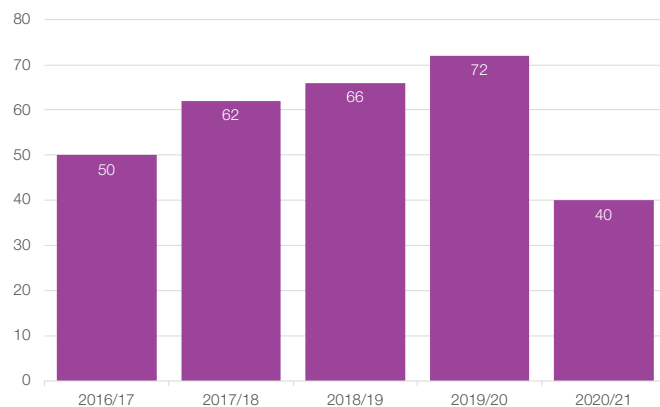
In light of the national social distancing restrictions throughout the Covid-19 pandemic, some participation activities including the annual care leavers conference and use of the care leavers hub had to be suspended and will be reinstated in 2021-2022 in line with the national guidance.

To read more about how we quality assure and monitor our semi-independent care providers please see Appendix B.

Local Authority Designated Officer (LADO) activity

The role of the LADO is set out in the Working Together to Safeguard Children (2018) document. The guidance requires Local Authorities to have an officer or a team of officers to manage and oversee allegations against people who work with children, and that this officer or team are social work qualified and experienced to fulfil this role.

Allegations



The total number of new allegations between 1st April 2020 and the 31st March 2021, which met the threshold for formal LADO involvement was 40. A further 13 cases were initially thought to meet the threshold for formal LADO involvement but did not proceed to an Allegations against Staff and Volunteers (ASV) meeting.

The number of allegations which met the threshold for formal LADO involvement had been increasing over the last 5 years – 72 for 2019/2020. The increase was gradual, indicating consistent thresholds being applied as well as a growing awareness of the role of the LADO. The decline in allegations for 2020/2021 is thought to be due to the COVID affect and specifically the partial closures to schools and early years.

A crucial part of the LADO role, in addition to managing allegations, is also to offer Consultations to agencies on managing low and medium level concerns, where the threshold for an Allegations against Staff and Volunteers (ASV) meeting has not been met. Some of these cases refer to conduct issues for staff in all settings and standard of care issues for foster carers. In addition, a number of cases involve incidents whereby school staff needed to use reasonable force to prevent harm to other children, staff or damage to property (under section 93 of the Education and Inspection Act 2006). It is important to note that in cases where the need for reasonable force is not clear, an ASV Meeting may be held to consider the circumstances and the protocols in place. In 2020/2021, there were 67 recorded consultations compared to 220 consultations during 2019/2020. Again, the decline in the allegations for 2020/2021 is thought to be due to the COVID affect.



Protect people at risk

Training data for 2020-21

Adults Training data	Total
Safeguarding Adults – Awareness	230
Modern Slavery and Human Trafficking	134
Safeguarding – Adult Abuse Awareness	82
Practical Strategies for Building Resilience	19
BIA Refresher	24
DoLS Signatory Training – Legal Update	8
Liberty Protection Safeguards – with focus on MCA Overview	22
Mental Capacity Act / Deprivation of Liberty Safeguarding Awareness	55
Mental Capacity Act for Occupational Therapists	25
Mental Capacity Act Overview in house training	4
Mental Health Act and Mental Capacity Act interaction	16
Understanding the Court of Protection – HCPC Registered Staff	7
Supporting Survivors of Domestic Abuse	18
Supporting Survivors of Sexual Abuse	22
Understanding Domestic Abuse and Coercive Control	16
Making S42 Enquiries	21
Self Harm and Suicide training	21
Suicide training	18
Self-Neglect and Hoard	23
Personality Disorder	27

Children's Training data	Total
Prevent and Radicalisation Workshop	7
Hidden Harm and Substance Misuse	31
Reducing Parental Conflict for people who work with families training	14
Reducing Parental Conflict Course for Trainers	6
Children's 3rd sector training	Total
Child Protection	124
Child Protection (refresher)	17
Impact of Parental Mental Health	6
Mindfulness	5
Parenting – including CP	198

Enfield Social Care Centre of Excellence

The Enfield Centre of Excellence (ECOE) is the point of contact for the children workforce where their knowledge and skills, professional development will be supported – to ensure the Children and Family Service deliver the best practice and best outcomes for children and families.

In September 2020, our first cohort of Social Work Apprenticeships started their journey to becoming social workers.

We piloted a different approach with our newly qualified social workers, trialling a cohort system and new readiness to practice programme.

Covid was a catalyst to adopt a different approach to delivering training. All sessions were adapted to be delivered virtually.

Trauma Informed Practice training was delivered to social workers and police colleagues, aim to make them more trauma aware and appreciate the relevance of trauma. Social Workers and the police will understand how to change their behaviour and respond to the impact of trauma and avoid responses that contribute to traumatising. The learning will help Social Workers and the police to build effective relationships that offer safety and the opportunity to build resilience.

In total there were 128 events that were attended by 1,123 people.

Enfield Children's Social Care Centre of Excellence training courses: 1st April – 31st March (not including AYSE courses or Making Research Count (MRC) Webinars)

Course Name	Number Attended	Course Name	Number Attended
Firstline Team Manager Leadership Programme	4	Parental Mental Health and Parental Mental illness on children and Parenting Capacity	16
Trauma Informed Practice	109	Race, Culture and Spirituality; Implications for child care practice	9
Reducing Parental Conflict (eLearning)	37	Signs of Safety	99
Practical Strategies for Building Resilience	15	Supporting Looked After Children with SEND	14
Understanding Domestic Abuse and Coercive Control	19	Missing Children: A Joint Approach to Achieve Better Outcomes	5
SWET Statement Writing	20	Virtual Reality Training	12
Final Statement Writing for Social Workers	24	Working with Parental Substance Misuse	15
Using Graded Care Profile Tool	61	FGM	38
Supporting Children and Young People Impacted by Domestic Abuse	23	Prevent Training	13
Working with Men	14	Small Steps	6
Court Skills	30	Total	596
Team Around the Family Training	13		

Prevent abuse

In this section we present the work we've done to prevent abuse from happening.

This can include:

- raising awareness about risks so people can stay safe;
- making sure we've identified the right priorities (consultations); and,
- continue to work in ways that can prevent abuse from happening.

ADULTS

Preventing Abuse in Enfield's Adult Care Providers

Enfield has 188 CQC registered providers, one of the highest numbers in London. To manage the risks around Quality and Safeguarding we have a Safeguarding Information Panel to ensure that partners can effectively: share information, identify any risks of harm to those who use services, and prevent any future or additional harm taking place.

The Panel can initiate actions such as Provider Concerns, Quality Checker visits, Immigration Enforcement visits and London Fire Brigade visits. The Panel meets every six weeks. Over 2020-21, the Safeguarding Information Panel,

in addition to information sharing amongst members, received 17 referrals. The following interventions were implemented:

Type of Activity	Total
Provider Concerns Initial meeting held	14
Nurse Assessor visits	11
Immigration enforcement visits	2
Occupational Therapy visits	1
LBE Quality Assurance visits	15
CHAT Team visits	0
LFB safety visits	0
Quality Checker welfare calls made to family and friend contacts of service users	241
Quality Assurance 'Out of Hours' visits	5

The SIP actions and interventions were adapted in line with the covid restrictions in place. Essential visits were made to care providers where risks were high and visits were made with appropriate PPE and robust testing regime in place.

To see more details on the Quality Checker calls please see page XX.

Improvements and Standards in Care homes

The covid pandemic has been a challenging time for social care providers to keep service users/residents and staff teams safe. Effective infection prevention and control measures are key to mitigating risks of cross infections.

To provide support to social carer providers in the borough an Improvement and Standards Manager was appointed and operational from the 1st of November 2020, joining the Local Authority's Strategic Safeguarding team. Using data and intelligence collected from regular calls made to social care providers, an action plan was developed to ensure targeted support and guidance was provided.

Priorities areas from the Action plan are presented below

Organisational learning process for providers that have experienced a covid-19 outbreak (2 or more staff and or service users/residents that have tested positive at any one time)

- 55 – organisational reviews completed with residential, supporting living and homecare providers
- 125 – recommendations made and implemented by 55 providers

Prevent abuse

- 100 – common themes identified and escalated

Process to audit providers IPC performance and effectiveness

- 55 unannounced visits completed
- 10 follow up visits to providers that have had a covid outbreak ongoing action

Develop partnership working with Public Health to visit providers and provide support to improve vaccination uptake where required

- 15 myth busting vaccination sessions delivered to providers plus 5 joint site visits with Public Health to talk on site any vaccine issues. – Ongoing

IPC support and advice to providers on the Provider Concerns

- 5 visits undertaken – varies from recruitment and retention, writing care and support plans, staff rotas etc – ongoing as and when required.

Pressure Ulcer Panel

Within this strong partnership of NCL CCG, Enfield Directorate has funded and provided an expert nurse in Pressure Ulcers for the Enfield Local Authority and new NCL CCG Enfield Directorate, Pressure Ulcer Panel. The Pressure Ulcer Nurse has worked with the Pressure Ulcer panel to the highest level to effect a lasting change, to begin the process of improvement in the protection of vulnerable adults open to abuse from developing pressure ulcers. The panel is an advisory panel to the Local Authority Safeguarding Adult Manager (SAM). The Local Authority are responsible for receiving and managing safeguarding concerns, causing others to undertake enquiries when necessary, ensuring the implementation of the Making Safeguarding Personal agenda. The concerns relate to the reporting pathways currently operating between Enfield health providers in the reporting of pressure ulcers for investigation to Enfield Local Authority.

Deprivation of Liberty Safeguards (DoLS)

Item	2018/19	2019/20	2020/21
Application received	1,420	1,470	1,539
Urgent	390 (27%)	540 (37%)	647 (42%)
Standard	1,030 (73%)	930 (63%)	892 (58%)

Over the past three years, we have seen a continuous rise in Deprivation of Liberty Safeguards (DoLS) applications. This has been attributed to more care home managers and practitioners proactively seeking to safeguard vulnerable adults and an overall better understanding of the Mental Capacity Act 2005 thanks to training sessions delivered by the DoLS team.

For the financial year 2020/21, the Enfield DoLS team saw significant rise in the request for urgent applications, this was possibly linked to rise in hospital admissions due to Covid-19 cases. To put this in to perspective, out of 1,539 applications 652 applications were submitted by the Hospital.

Prevent abuse

CHILDREN'S

Prevention of youth crime and serious youth violence

Enfield Youth Offending Service

Enfield Youth Offending Service continues to see a reduction of first-time entrants. In the financial year 2020/21 there were 98 first time entrants to youth justice, which represents an increase of 15% from previous year. Our analysis indicates that the trend shift showing an increase of the first-time entrants happened in the quarter 3 with causal factors most likely to be attributed to the lockdown 1 release, re-opening of schools and additional focus by Police to suppress violence.

On a positive side, the number of children sentenced to custody was 13 in the 2020/21, which is broadly similar to the previous 2019/20 year when it was 12. There has been a reduction of remand episodes in 2020/21 by 29% (41 remands) from the previous year 2019/20 that saw 56 remand episodes. This is attributed to the high confidence of courts to the bail support package being offered by the Youth Offending Service to young people although the element of the reduced court capacity during pandemic may have had also

some impact. Whilst the latest published re-offending data has not been released, we know that we need to provide more support for young people in youth justice to reduce their re-offending. Therefore, we have developed the Youth Integrated Offender Management project in partnership with Police and Community Safety that will be launched in May 2021.

Enfield Youth Services

Throughout all pandemic lockdowns last year, Enfield Council's Youth Service has continued to positively engage with over 1200 young people via a detached and outreach youth work, supporting the Police and Community Safety to promote social distancing and compliance, enabling a softer approach to enforce the government guidance.

Despite of the pandemic's challenges to service delivery, Enfield Summer University in 2020 has been successfully delivered through a mixed model of 23 virtual courses and 70 face-to-face courses. The programme provided 1986 Summer University places in the most deprived wards of the Borough that were accessed by 604 children. This is an increase of 23.5% from previous year.

Building on the local Youth Offer of preventative programmes, Enfield Council has been

successful in attracting funding of £1.35 million from the Young Londoner's fund for three years starting in 2020. Whilst there were significant challenges to the launch of the programme during last year's pandemic, 5,816 young people have positively engaged with the programme.

Serious Youth Violence

Reducing serious youth violence has continued to be our priority. The levels of serious youth violence year end in March 2021 stood at 264 victims of serious youth violence, showing a reduction of 47.1% to the previous year in March 2020 when there were 499 victims recorded in Enfield. This is attributed to the effect of the pandemic as well as the continued focus and work of the North Area Violence Reduction Partnership, Community Safety, Police and wider preventative work.

Council's public health has undertaken local needs analysis as part of the public health approach to the reduction of serious youth violence, enabling a deeper understanding of risks associated with serious youth violence and evidence best practice, highlighting the importance of early help and intervention, using evidence-based practice alongside of targeted and enforcement work in Enfield.

Prevent abuse

In October 2021, new initiative Operation Alliance was launched by Police and supported by Enfield Council to pilot early help and support to young people who have been arrested and presented in the Wood Green custody as part of the wider commitment to diversion and prevention of youth crime. The Alliance partnership is currently evaluating the project and seeking funding to sustain the project.

Community Safety Partnership has continued to attract funding from the MOPAC. This has contributed to the strengthening of the targeted youth support offer in Enfield to keep young people safe through a range of commissioned services such as youth outreach to the A&E, diversionary activities such as boxing, gym sessions, employment support, serious youth violence group worker, St Giles Trust mentoring and Spark2life providing accredited learning programme for children in schools with focus on staying safe from bullying, exploitation and risky behaviour.

Serious Youth Violence event

On the 1st February 2021 the Safeguarding Children Partnership held an event on Serious Youth Violence. The event was a consultation to seek partnership views on the findings

of the Public Health needs assessment to Serious Youth Violence, and to highlight some of the work that has been taking place. The event was attended by over 100 delegates and opened by young people giving their experiences.

Raising awareness in schools about exploitation

The Covid-19 pandemic, national restrictions and school closures during 2020/2021 has meant that face-to-face raising awareness activities about child exploitation involving the Child Sexual Exploitation Prevention (CSEP) team could not be delivered as planned. These activities will be reinstated as national restrictions are eased and in line with national guidance. Despite these challenges, the CSEP team continued to work closely and collaboratively with schools through provision of advice and knowledge sharing where children/young people were identified as being at risk of exploitation.

During the year between 1st April 2020 and 31st March 2021, 181 young people were identified as either experiencing or being at significant risk of child exploitation including 14 repeat referrals. 100 were at risk of child sexual exploitation, 72 at risk of child criminal

exploitation and 9 were at risk of both. This figure is higher than the last full year analysis where 166 young people were identified in 2019-20. This is a 9% increase which suggests that there is more awareness leading to a larger number of referrals.

Reducing Parental Conflict

Conflict between parents is a normal part of relationships. However, there is a large body of evidence that shows that parental conflict puts children's mental health and long-term outcomes at risk when it is frequent, intense and poorly resolved. These destructive conflict behaviours include aggression, non-verbal conflict, lack of respect and emotional control and in their most extreme form, domestic abuse.

The risk of conflict between parents is higher at crucial transition points in family life, such as becoming pregnant, having a baby, starting or changing school, or separation and divorce. However, relationship difficulties are often seen as a private matter and couples tend to only seek help when they are in crisis.

In Enfield, we are working with the Department of Work and Pensions, and the Early Intervention Foundation. The Change and Challenge Service with the Safeguarding Partnership Business Unit have introduced

Prevent abuse

RPC training courses, to frontline practitioners and managers, across the Safeguarding Children partnership.

In 2020/21, e-learning for 200 members of staff have been commissioned and are being delivered.

Joint Services for Disabled Children

The Joint Service for Disabled Children is comprised of the specialist social work service, preschool support home visiting service, early years keyworker service and a specialist short breaks and family support service.

New referrals to the JSDC of children 4yrs + for short breaks and family support:

- April 2017 – March 2018: 169
- April 2018 – March 2019: 180 (up 7%)
- April 2019 – March 2020: 234 (up 30%)
- April 2020 – March 2021: 150

The pandemic impacted on the number of new referrals received during the last year.

Services are delivered in house 7 days per week at Cheviots, specialist play and home care providers are commissioned, and families can also access a personal budget to arrange the support that best meets their child and family's needs.

The services and support are designed to provide fun activities for the child, an opportunity to meet with their friends or be supported to access community activities and provide a break for the parent from their caring responsibilities to support family life.

Transforming Care

We increased the frequency of the multi-agency Dynamic risk register meetings to weekly to ensure that children and families most at risk were supported effectively and to ensure that there was communication across the professional network

To read more please see the update in Appendix B.

Private Fostering

Private fostering is when a child aged under 16 years (or under 18 if disabled) is cared for, on a full-time basis, by an adult who is not their parent or an immediate relative, for a period of 28 days or more. This is a private arrangement made between the parent and the carer. There is a legal requirement to notify Children's Social Care about private fostering arrangements.

Since transferring private fostering to the Fostering Service, there has been a drive to develop partnership working. Raising

awareness about private fostering has been an important communication aim for the Safeguarding Children Partnership. Meetings with the Safeguarding Board have been held to discuss raising community awareness. A new leaflet has recently been produced titled "Are you Looking After Someone Else's Child" which was shared and approved by Enfield's Children's Partnership. How to report private fostering arrangements into Children's Care has been included in all our Safeguarding Enfield Newsletters. 6-weekly meetings have been held with consortium partners to share ideas and develop partnership initiatives, e.g. consortium private fostering webpage. Enfield's children portal has been reviewed to encourage referrals from the public.

In 2020-21, 13 private fostering cases were open to the Fostering Team, 4 less than the previous year. A number of cases were closed as a result of the young people turning 16 years of age, children returning to their parents' care and young people from overseas returning to their country of origin. During the pandemic, a reduction in overseas students was observed compared to the previous year. At the end of 2020-21 there were 4 privately fostered children/young people in Enfield. Historically, nationally and locally, there has been low numbers reported of children and young

Prevent abuse

people in private fostering arrangements which fluctuates throughout the year.

We have an action plan in place for 2021-22 to continue to raise awareness with consortium counterparts.

Work in Schools

Over the year, our Education Department and Educational Psychology Service worked with our schools to ensure home learning could take place and provided support for parents, carers, and children.

COVID response specific work included:

- Provided weekly home learning ideas for over 400 Private, Voluntary or Independents (PVI)s, schools and childminders .
- Supported 400 schools, PVI)s and childminders on key transition points for children and young people, including providing Early Years transition for vulnerable pupils.
- Created and sent out over 4,000 Year 6/7 transition packs to all pupils in Year 6 in Enfield including for vulnerable pupils.
- The Educational Psychology Service (EPS) provided telephone support line for parents, with schools' agreement to use their statutory visit time for this purpose.

- EPS provided support for staff and headteachers during the year, including whole school wellbeing.
- EPS supported 14 schools to achieve the Sandwell Charter Mark, which supports a whole school approach to social, emotional and mental health.
- EPS and Professional Learning (PL) team set up a ten session programme of PL to support schools in their resilience and recovery work for all pupils.
- Schools' Traded Service worked with school to support food vouchers and/or food parcels to go to the most vulnerable families.
- HEARD and Nexus have put on three well attended parent workshops.

Wider work of Enfield Council Education department

- Set up a ten session Professional Learning (PL) programmes, including local, national and international expertise, re: Unconscious Bias and Anti-Racism as a response to the Black Lives Matter movement.
- A three session Governor training course re: Unconscious Bias and Anti-Racism has started as a corollary to that training.

- Set a ten session PL programme re: Digital Transformation for schools which included national expertise for online safety in both primary and secondary schools.
- A new Designated Safeguarding Leads (DSL) network for school DSLs has been set up.
- The School and Early Years Improvement Service (SEYIS) adviser visits to schools included questions about the remote learning offer. This checked that all pupils were being contacted and how schools reacted to any lack of response from a pupil or family.
- Whole service Safeguarding training took place in September 2020.
- All NQTs were able to join LA run safeguarding training within their first half term.
- Trauma Informed Practice in Schools (TIPS) was promoted via two taster sessions open to schools and all members of the Education Service.
- Nexus funded training for all schools from Pivotal education linked to restorative practice and TIPS.
- SWERRL / BSS have support vulnerable pupils in their return to school.

Learn from experience

Here, we discuss the various tools that the Enfield Safeguarding Partnership uses to understand where things might have been or are going wrong and learn lessons.

Outcomes and findings from all our reviews are used to promote a culture of continuous learning and improvement across the partner agencies. The processes here are required by law, either the Care Act for adults safeguarding, or Working Together for children's safeguarding.

ADULTS

Care Act 2014 (Adults)

The Care Act places statutory functions on the Board. One of these is in relation to review events and practices when things go wrong. The Safeguarding Adults Board must conduct a Safeguarding Adult Review (Section 44) should an adult with care and support needs die or experience serious harm, and abuse or neglect is suspected, and where there are concerns about how partners worked together.

What is a Safeguarding Adults Review?

A Safeguarding Adults Review (SAR) is a process that investigates what has happened in a case and ultimately identifies actions that will reduce the risks of the same incident happening again. The investigations are completed by people who are not involved in the case.

Safeguarding Adults Review referrals in 2020-21

A referral was received regarding the care and support received by a man who was the main carer for his wife. In April 2020, the referrer was advised this would not progress to a SAR.

A referral was received regarding the care and support received by a man living alone in Enfield. In November 2020, the referrer was advised this referral would be progressing to a SAR.

Safeguarding Adults Reviews in Progress

A review which was agreed in December 2017 in response to the care and treatment to an older woman living by herself is still ongoing. The review will be completed in 2021-22.

A review which was agreed in December 2017 in response to the systemic financial abuse of service users over a number of years is still in progress. The review will be reported in 2021-22.

A review was agreed in December 2019, about how partners provided care and treatment to a man. The review will be reported in 2021-22.

Published Safeguarding Adults Review

During 2020/21, one SAR was published. The review for Sophie was approved in March 2021. This can be found on our website.

Key recommendations from the SAR included:

- A multi-agency (health, housing, environmental health, social care, mental health) Task and Finish Group to draw up and implement lasting improvements to practice and services aimed at safeguarding and promoting the welfare specifically of people at risk of self-neglect.
- Partner agencies should ensure their records capture the detail and rationale for actions and decisions and have processes for timely information sharing.

Learn from experience

- When children and young people move to live permanently in the UK and are known to social care, support should be given to ensure their Rights under UK legislation to be included in CYPS plans, Pathway Plans, Transition Planning etc. Likewise support to be offered in Adult Social Care via Information and Advice as per the Care Act 2014.
- Independent Reviewing Officers to ensure that transition plans are in place for all Looked After Children and Adult Social Care invited to final Looked After Children Review.
- Understanding Mental Capacity/Executive Capacity and Self-Neglect/Deliberate Self Harm to be included in future training programme.
- Review how agencies work together on risk, by the development of a shared risk management plan.

Learning Disability Learning from Lives and Deaths Programme (LeDeR)

As from the 1st April 2017, it has been an NHS priority for all deaths of children (4-17) and adults (18+) with learning disabilities to be notified to the Programme. Information on the programme is available at leder.nhs.uk/about

The programme is coordinated on a CCG level, with each CCG contributing to the national annual report.

At a Borough level, steering groups are responsible to developing action plans implementing local and national learning. Enfield has a well-established steering group including representatives of the Local Authority, Enfield CCG, Barnet Enfield and Haringey Mental Health Trust, North Middlesex University Hospital NHS Trust, Royal Free Hospital NHS Trust. The steering group reports to the Safeguarding Adults Board and NCL CCG.

Programme update

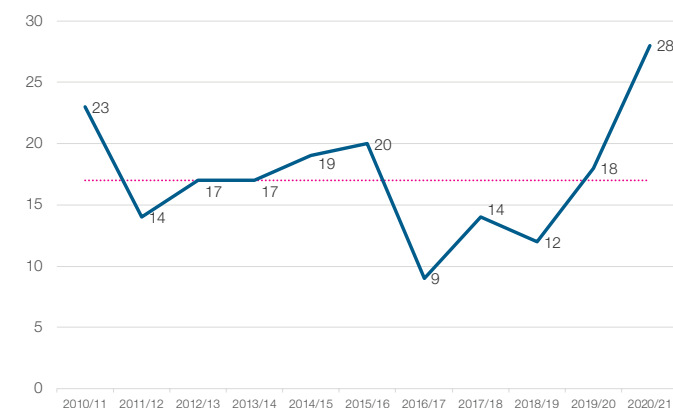
The University of Bristol had been commissioned to deliver the programme up to the end of May 2021. NHS England have decided to directly take forward the delivery of the programme, and have developed a new, more streamlined online platform and a new policy with a greater focus on delivering actions. After a brief hiatus the new systems are now running.

Data

During 2020/21, 28 notifications of death were received for people with learning disabilities who were registered with GP's in Enfield. This

is double our 4-year pre-pandemic average of 13.25 deaths per year. The previous 10 years data for adults in Enfield had shown a general reduction in mortality. During the pandemic, this trend has disappeared.

Crude Mortality Rates – Adults Eligible for Services



The Coronavirus Pandemic was, by far, the dominant factor in the deaths of people with learning disabilities in Enfield this year. Of the 26 people where information from death certificates was available:

- 19 deaths involved Covid-19
- 23 of these deaths were caused by, or contributed to by, respiratory infections.

Learn from experience

It is also notable that Covid-19 is the highest contributing factor to death to people with learning disabilities in Enfield over the last 4 years.

Between the end of March and early July, the programme requested 'Rapid Reviews' be completed, where Covid-19 was suspected to be significant. In Enfield this included 13 people. All of these people had long term health conditions. 8 people had 3 or more health conditions. This seems very significant, and it would be helpful to look at these issues nationally.

Within NCL, the proportion of notifications made by Enfield was higher than in previous years. Data on monthly notifications by Borough received from NCL at the end of June 2021 shows this was concentrated in April 2020, when Enfield notified 11 deaths. The next highest borough reported 4 deaths in that month. ONS data suggests the increase in mortality in the whole population in Enfield was higher than the other boroughs in this period. The Steering Group is undertaking a systematic review to attempt to understand the factors that led to this discrepancy.

Performance

Of the 28 notifications, 21 reviews have been completed (75%). Of the 7 remaining reviews –

- 3 were on hold for other enquiries
- 2 did not pass local quality assurance process and need further work
- 2 were received during the transition period to the new platform

There were no end of year targets this year. However, there was an expectation that all reviews notified before the end of June 2020 (that were not on hold) would be completed by 31st December 2020. Enfield achieved 100% of this target. The London average was 92%.

Due to the need for local reviewers to deliver direct support during the pandemic, NCL CCG commissioned external reviewers to complete these reviews.

Action from Learning

The significant level of respiratory deaths has led the steering group to apply for NCL Health Inequalities funding for a specific respiratory health project to:

- Implement the escalation protocol
- Partner with specialist dentistry to improve oral health
- Partner with smoking cessation services to improve access for people with learning disabilities
- Trial the App

- Support the 'My Health Matters' group to engage with partners to increase access to exercise for people with learning disabilities and improve fitness.
- Reduce obesity
- Work with providers to improve management of constipation

Other actions include:

- Work with Acute trusts to improve compliance with DNACPR guidance and improve Mental Capacity Act and Best Interest processes.
- Increase quality of Annual Health Checks and increase the number of Health Action Plans produced.
- Work with the 'My Health Matters Group' to create resources and a referral pathway for people identified as being obese or having hypertension at annual health checks.

A more complete Enfield LeDeR report will be published on the End of Life Care page on MyLife once updated to include latest NCL information.

CHILDREN'S

Local Child Safeguarding Practice Reviews during 2020/21

One local learning review was started at the end of 2018-19, focusing on neglect suffered by children whilst in the care of their parents, where there were concerns about substance misuse and domestic abuse. The review was presented as part of the Partnership day in January 2020.

The Local Authority referred 2 cases, one of a child and another for young people, who both had tragically died to the National Child Safeguarding Practice Review Panel during 2020/21.

For the case relating to the child, the National Panel agreed with the Safeguarding Children's Partnership that the rapid review meeting and report had provided sufficient analysis and learning. A multi-agency action plan is in place and overseen by the Children's Safeguarding Partnership.

For the case relating to the young person, a Local Child Safeguarding Practice Review is underway.

NCL Child Death Overview Panel (CDOP)

The NCL Child Death Review partners held five (5) panel meetings in 2020/21. In addition, the panel arranged one (1) neonatal focussed panel with the leads from the neonatal network. The group held an extraordinary panel in January to manage a backlog of cases, some of which could not progress due to the establishment of the new system and the impact of the pandemic.

Each provider Trust in NCL now has an identified Child Death Lead Doctor in place with most moving to a Single Point of Contact administrator within the organisation. There remains a need for community Single Point of Contact to manage child deaths where the child is not taken to an A&E department. The community SPOC along with the Designated Doctor for Child Death co-ordinate the initial investigation process for community deaths.

A business case for joint funding with the five (5) Local Authority areas was agreed by the CCG which will see the establishment of a full time team to support the oversight of all Child Deaths in NCL. The business case included funding for a co-ordinated bereavement support offer for all families in NCL, as well as support and training for key workers. The key

worker role is a new statutory requirement and each family must be assigned an identified worker.

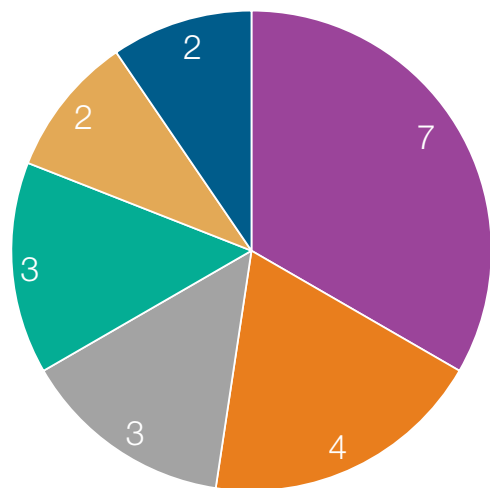
The business case also included funding for eCDOP. eCDOP is an electronic system that supports the administration process for notification of a child, gathering information and supports the Child Death Review meetings held by the hospital. In the summer of 2021, the NCL CDOP will move to one (1) eCDOP platform.

In February, 2021 the panel hosted an online training event on Sudden Unexplained Death in Infancy. The event was attended by over 120 practitioners across NCL, including colleagues from police and social care. SUDI claims the lives of 230 babies in the UK every year (Lullaby Trust, 2020). Many of these deaths could be avoided if environmental modifications are made and at-risk families are identified for additional targeted prevention support. It is the role of all health professionals caring for pregnant women and families with babies and children to discuss SUDI and modifiable risk factors. The event was positively evaluated with requests for further training to the multi-agency audience to ensure partners understand each other's roles in the responding to a SUDI.

Learn from experience

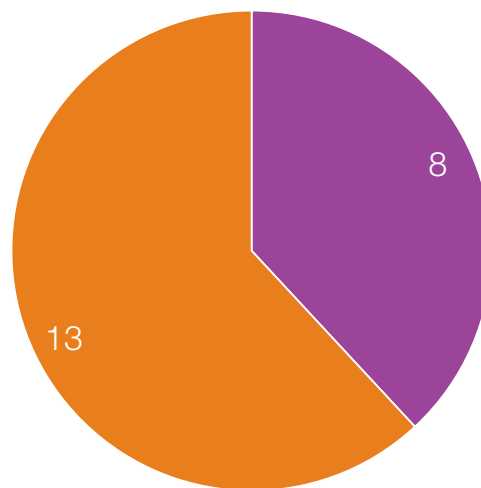
Between April 2019 and March 2020 Enfield had 21 notifications of child deaths similar to the previous year (death of a person under 18 years of age). Of the 21 deaths, 13 were male, 8 were female.

Age range



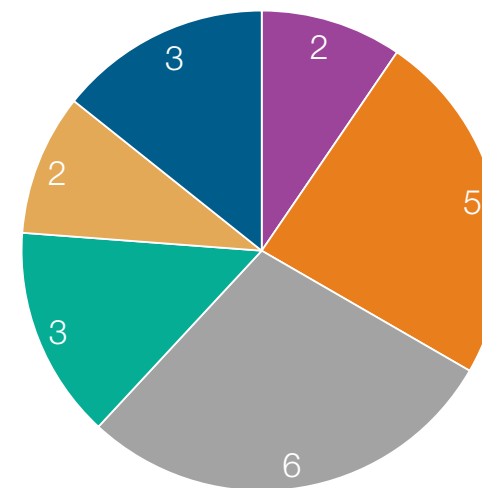
- 0-28 days
- 29-364 days
- 1-4 years
- 5-9 years
- 10-14 years
- 15-17 years

Gender



- Female
- Male

Ethnicity



- White - British
- White - Any other white background
- Black or Black British
- Asian or Asian British
- Mixed
- Other - any other ethnic group

Further detail will be included in the NCL CDOP annual report.

Improve Services

We have a number of processes to help us improve the quality of our services. This is an important part of managing safeguarding risks.

Some of these processes are national, for example, OFSTED inspections, and others are local, for example, the Quality Checkers.

They all have a role to play in making sure our services and safeguarding responses meet local people's needs.

ADULTS

Supporting Enfield's Adults Social Care Providers

Enfield has one of the largest number of care providers in London, including 81 care homes.

The map here shows the spread of care homes (nursing and residential) we have in the borough, one of the highest in London. All registered providers are monitored by the Care Quality Commission.

Care Act 2014 (Adults)

The Care Quality Commission (CQC) is an executive non-departmental public body of the Department of Health and Social Care of the United Kingdom. It was established in 2009 to regulate and inspect health and social care services in England.

Provider Concerns

Provider Concerns Process

Our Provider Concerns process was initiated 14 times in the year through our Safeguarding Information Panel. The process brings together the organisations that are involved with a care provider to discuss concerns and risks, and work with the provider to make improvements for the residents or service users. The process can include a suspension on new placements, or in some cases, particularly if there is a risk of deregistration, an exit strategy.

Analysis of the data from the Provider Concerns process demonstrates that where the process is initiated in response to a poor CQC inspection and rating, it has consistently driven service improvements and improved CQC rating following re-inspection. Recently,

two providers with an 'inadequate' rating in one or more of the CQC domains were re-inspected and achieved a 'good' rating.

The Provider Concerns process was developed in Enfield, but now forms part of the Pan-London Safeguarding policy and procedures. The policy can be found on the MyLife Enfield website. Go to: www.enfield.gov.uk/mylife

Care Quality Commission Rating Data

The most recent ratings (2020-21) are presented first, followed by 2019-18 and finally 2018-17.



Improve Services

Row Labels	Outstanding	Good	Requires improvement	Inadequate	Registered but not yet inspected	Total
2020-21 (ratings at the end of March 2021)						
Community based adult social care services	1%	67%	5%	0%	27%	107
Nursing home	0%	62%	31%	0%	8%	13
Residential care home	3%	78%	13%	1%	4%	68
2019-20 (ratings at the end of March 2020)						
Community based adult social care services	1%	64%	11%	0%	23%	90
Nursing home	0%	67%	33%	0%	0%	12
Residential care home	2%	79%	8%	4%*	7%	85
2018-19 (ratings at the end of March 2019)						
Community based adult social care services	1%	64%	12%	1%*	22%	94
Nursing home	0%	69%	31%	0%	0%	13
Residential care home	0%	83%	11%	3%*	3%	71

*All Inadequate provision have been subject to Enfield's Provider Concerns Process.

Nurse Assessor

North Central London Clinical Commissioning Group and Enfield Council jointly fund a nurse assessor, who provides specialist clinical advice as part of Safeguarding concerns, and Provider concerns processes. The Nurse assessor focuses a lot of attention on resolving issues in Nursing homes in the borough.

Improve Services

Quality Checker projects

The Quality Checker has continued to go from strength to strength with new volunteers recruited and new work projects going forward. During the reporting period the Quality Checkers have completed the following activities.

QC Activity conducted in 2020/21	Number of visits calls (QC volunteers visit in pairs), reports, publications and toolkits developed and circulated
Welfare calls to residential care providers and friends and relatives of people living in residential care	Quality Checkers supported the Council and residential care providers in the borough by making contact with all providers 2x weekly to collect information on Covid-19 infection rates and to provide support with PPE.
Calls to people in receipt of day-care services	Quality Checkers made 65 welfare telephone calls to people who attended day centres but due to Covid were not receiving services. Quality Checkers asked questions relating to safety and wellbeing. Our feedback was shared with LBE teams in ASC.
Calls to friends and relatives of people living in residential care	Completed 241 calls to friends and relatives of people living in residential care to find out what providers where offering relatives to help them keep in touch with their loved ones during lockdown. To collect feedback on wellbeing of friends and relatives who were unable to visit their loved ones during lockdown. Our feedback was shared with wider LBE teams.
Calls to people in receipt of homecare services	Completed 209 calls to people in receipt of homecare services to collect data on wellbeing and safety during lockdown.
QC laptops	Quality Checkers have been provided with Council laptops to enable them to continue with Quality Checker projects, but working remotely.
QC volunteers piloted smart tech project equipment	Three volunteers used assistive technology equipment and gave feedback to the project.

The ways of working were adapted in line with government guidance during the pandemic. Visits made to care providers and people that use services were suspended and volunteers were issued with laptops to be able to join 'teams' meetings and make and record calls to gather a range of feedback. Much of the work for this period has focused on the organisational learning from the pandemic. This includes from care providers and people that use services and their carers. This feedback will support the councils organisational learning project to ensure lessons are learnt and good practices are identified and embedded for future planning.

Improve Services

Person in Position of Trust (PIPOT)

PIPOT is a safeguarding adults process. It applies where there are concerns about a person's ability to work safely with adults at risk.

These concerns will generally relate to something that has happened outside of work – e.g. a racially motivated crime, domestic abuse or a child protection case. The process considers the allegation and determines whether a disclosure needs to be made to their employer or registering body.

Statutory agencies will have their own PIPOT processes in line with Safeguarding Adults Board policy. The Safeguarding Adults Board policy can be found here: [click here](#).

CHILDREN'S

Checking Enfield's Safeguarding Children arrangements

The Safeguarding Children Partnership organisations are required by law (Sec 11 Children Act 2004 and Working Together 2018) to undertake a regular assessment of the effectiveness of their arrangements to safeguard children and young people at a strategic level.

This was undertaken through a workshop on the 4th November 2020. Agencies provides responses against eight standards. The Partnership also sought feedback on steps taken to improve awareness of private fostering, and issues relating to responses around sexual abuse in the family environment.

Actions from the workshop included:

Are there any actions required to improved effectiveness?	How will you do this?
Agency: Safeguarding Ambassadors	
Improve professional's knowledge of impact of not hearing the voice of children and young people	Voice of Child and Young People video
NCL CCG, Enfield Directorate	
Improve young people's awareness of rights when with health professional	Video by CCG aimed at highlighting rights when in health settings, to presented to school assemblies and on Safeguarding Enfield website

Safeguarding Ambassadors

Weekly meetings took place with our Youth Leaders to co-produce a training programme for a role as an Enfield Safeguarding Ambassador. The training will be used to train the 2021-22 cohort of ambassadors. The Safeguarding Ambassadors met with the safeguarding Partners as part of Enfield's Section 11 audits.

During lockdowns the group met online with mixed results. When the group returned to the youth centre we were able to start planning the video on voice of children and young people; and begin the process of recruiting the next cohort of ambassadors. The first group of Safeguarding Ambassadors are helping to deliver the co-produced training.

Communication

A new website platform has been developed at: www.enfield.gov.uk/safeguardingenfield. The content is now being reviewed, with a focus on increasing the amount of multimedia/video content. Regular newsletters have been to both the adults and children's partnership, highlighting the work of the partners and key issues.

Improve Services

Review of Safeguarding Partnerships and annual reports of national panel

The following reports have been published over the past few months and the Children's Safeguarding Partnership's Executive and Practice Improvement groups will be reviewing the learning and using this to steer our work over the coming year.

- **Sir Alan Wood's report on the implementation of new multi-agency arrangements to safeguard children**
<https://www.gov.uk/government/publications/wood-review-of-multi-agency-safeguarding-arrangements>
- **Child Safeguarding Practice Review Panel Annual Report for 2020**
<https://www.gov.uk/government/publications/child-safeguarding-practice-review-panel-annual-report-2020>
- **An overview reports from What Works for Children's Social Care – Analysis of Safeguarding Partners' Yearly reports 2019-20**
https://whatworks-csc.org.uk/wp-content/uploads/Analysis_of_Safeguarding_Partners_yearly_reports_2019-20_Overview_report_May2021.pdf

Independent Scrutineer statement:

Since the national and local children's safeguarding arrangements were changed in the Autumn of 2019, various reports and enquiries have been published challenging annual reports to:

'move away from descriptive accounts that focus on detailing actions taken, to focus instead on setting out the evidence behind approaches and their impact.

The overarching safeguarding system must understand the 'impact' of the partnership activities and consider what improvements might be needed.

What and where is the evidence that children are kept safer?

What assurance can the communities of Enfield have in the partnership?

How is continuous learning fed back into the system?

During 2020-21 safeguarding activity did experience some COVID related disruption although all partners worked hard to minimise the extent of this and to do as much as possible to maintain good practice.

As part of the scrutiny function the partnership has brought in an external case reviewer who has produced a multi-agency audit plan, following on from the focus on neglect which has taken place over recent years. The impact here is measured and reviewed on a regular basis by the multi-agency Performance Improvement Activity Group.

The young safeguarding ambassadors group has worked with the Business Unit and produced a video which was used and watched at the Serious Youth Violence learning event in February. The impact of this activity whilst tricky to measure is likely to be more active involvement of young people. Children need to be seen and play a central role in services that should have them as their focus.

There is now a multi-agency dashboard developed by police colleagues that enables data to be interrogated by the Executive Group. The impact of this varies although a recent example looked at attendance and participation of GP's at case conferences. Whilst a relatively small cog in the overall system, GP's play an incredibly important safeguarding role and this focus was aimed at understanding the impact of some of the difficulties experienced.

Improve Services

This report is being compiled just as most of the last 16 months lockdown restrictions are being eased. Though many colleagues continue to work face-to-face with families, much of the work moved onto new technology platforms. Whilst on the whole, this been successful, there is more work needed to understand the impact of the pandemic and the various lockdowns on children, young people and families.

Positive developments during 2020-21 include a police colleague and NHS funded activities moving into the Partnership Business unit. The multi-agency responsibilities changed in late 2019, the police and health services now 'share' the safeguarding responsibilities with the local authority. Whilst this presents a considerable cultural challenge having a shared vision and staff working together is a definite improvement.

The shoots of a new culture, with each of the Safeguarding Partners accepting an equal responsibility to safeguarding are starting to emerge.

The revised terms of references, (appendix B) highlight the clearer focus in these groups. The business unit is working to create better methods of communication across the activity groups.

Overall, the children's partnership is a strong one and having risen to meet the COVID challenges I am confident this focus on impact will continue and strengthen.

Geraldine Gavin

Independent Chair of the Safeguarding Adults Board, and Scrutineer of the Safeguarding Children Arrangements

Priorities for 2020-21

The following pages outline the key actions for 2020-21 and how they relate to our overall priorities. You will note that community engagement, and co-production are key themes; as well as using technology and data to better focus the work we do.

What is our objective?	How are we going to do this?	2020-21 Actions	How will we know	2020-21 update	2021-22 Actions
Safeguarding Priority 1: Prevent Abuse					
Engage with our community, to promote a culture where abuse and neglect are not tolerated (Children and Adults)	Create a culture in Enfield where our community has a zero tolerance of abuse and neglect and understands how to report any concerns they may have.	Community Awareness Raising Activity group to develop approach with Third sector starting with website layout and language.	Attendance and feedback from community engagement activity.	Impacted by Covid New website launched with improved access on devices. Improved accessibility features.	Continue work on website. Develop network of Safeguarding Champions through Community Awareness raising group.
Use technology and social media to engage with our community, professionals, providers and voluntary organisations (Adults and Children)	Improve website a social media presence, so people can stay informed and report concerns; promote developments in assistive technologies and social media options (including video calls).	Develop online resources to support residents to recognise abuse and stay safe. Further develop social media approaches. Ensure learning is presented via videos.	More visits to website, use of social media to report concerns, start to collect feedback on how social media and assistive technologies are helping people through customer audits.	New website developed with videos added. More work to be done.	More social media activity and work with Safeguarding Ambassadors to develop this approach.
Work to reduce isolation (which can increase safeguarding risks) (Adults)	Online training; community engagement to encourage groups to stay in touch with people who might be isolated.	Complete pilot project to introduce 100 devices into homes to support better connectivity with family and friends.	Monitor responses to the isolation question in our social care survey.	Work with Amazon and Libraries to develop project. 10 devices used in initial trial – for staff and service users.	250 devices secured. Pilot project to be expanded to care home. ICES and Libraries to be used as channels to deploy. Work with research organisation to evaluate approach.

Priorities for 2020-21

What is our objective?	How are we going to do this?	2020-21 Actions	How will we know	2020-21 update	2021-22 Actions
Work with people alleged to have caused harm to prevent further abuse (Adults)	Identifying and working with people who will benefit from support and intervention.	Enfield has been selected to be part of National project working with adult service users who are have alcohol dependency.	Evaluation of the programme by professional, and through customer feedback.	A pilot scheme for Rise Mutual, a behavioural change programme for those who perpetrator domestic abuse was run between November 2020 and March 2021. This was funded by the National Probation Service, Children's' Services, Adult Social Care and the Community Safety Unit. Enfield continues to work with Alcohol Change UK on developing guidance around this important topic. Workshops were held in late 2020 and further training sessions are being developed for 2021.	Evaluation of the outcomes of this service are taking place at the moment and will determine future plans. Due to COVID-19 delaying some work on the Alcohol Change Project, this will be continuing into 2021/22. The final version of the guidance will be available shortly and the Safeguarding Adults Board will look at recommendations made. Multi-disciplinary training sessions on alcohol and addiction will also take place in the first half of 2021/22.
Raise awareness of exploitation of adolescents to wider partnership (Children)	Ensure Safeguarding Adolescents from Exploitation strategy action is overseen by Vulnerable Young People Activity Group. Ensure on-going awareness on website, in newsletter and through events.	Modern Slavery conference in May; London Modern Slavery conference; Modern Slavery and Adolescent Exploitation on newsletter. Specific section to be built on website. Deliver a conference for local businesses and third sector organisation by March 2020.	Feedback from Safeguarding Ambassadors, Independent Scrutineer, and attendees of events.	Serious Youth violence event highlighted the work being done to tackle issue as well as providing an overview to the Public Health approach.	Further information sharing through social media, website and newsletter working in partnership with Safeguarding Ambassadors.

Priorities for 2020-21

What is our objective?	How are we going to do this?	2020-21 Actions	How will we know	2020-21 update	2021-22 Actions
Safeguarding Priority 2: Protecting Adults at Risk, Children and Young People					
Make sure our community knows how to recognise and report abuse (Adults and Children)	Raise awareness about our Adult abuse line, online resources, and different types of abuse through our marketing and community engagement activity.	Improvements to website; social media. Highlighting how to recognise abuse. Audio tools for people with visual impairments.	Attendance and feedback from community activity and visits to website.	Impacted by COVID. Website launched and videos loaded.	Safeguarding Champions network to be established to take messages into community.
Make sure professionals are appropriately trained, with a focus on Making Safeguarding Personal (Adults)	Ensure partners and providers have trained professionals to the required level of safeguarding. Everyone who works with adults at risk should have safeguarding adults basic training, which includes: different types of abuse, including hidden or under reported abuse such as Modern Slavery, Domestic Abuse, Female Genital Mutilation, and details of what to do to report concerns.	Multi-agency training programme based on learning from reviews; and wider statutory changes: focus on Mental Capacity; substance misuse.	Attendance and feedback from training sessions.	Modern Slavery conference online – awareness sessions delivered to over 450 delegates across the partnership Multi-agency training programme focussing on PREVENT, Reducing Parental Conflict and Substance Misuse and Hidden Harm.	Multi-agency training plan is overseen by practice improvement group – includes: LADO, Missing children, Parental Mental Health. Pool of trainers to be developed.
Develop ways to help people protect themselves from abuse and harm (Adults)	Paper and online factsheets; information videos; and links to organisations that can help (e.g. for fraud, home security).	Stay Safe Factsheets to be relaunched; and audio versions made.	Downloads of factsheets; visits to page.	These are on the website.	To be developed further with Safeguarding Champions and Ambassadors once the network is established.

Priorities for 2020-21

What is our objective?	How are we going to do this?	2020-21 Actions	How will we know	2020-21 update	2021-22 Actions
Develop online tool to make sure everyone knows how to access or make referrals to different services (Adults)	Update website with new tool; this will also make sure that as partner organisations change, once updated, other agencies will still know who to contact and what everyone does.	Website section will highlight key services and signpost to MyLife, Children's Portal and Local Offer webpages.	Hits on website, improved referrals, feedback in audits.	Contact list proposed and Intranet site feasibility undertaken.	
Ensure there is effective multiagency analysis of data/information to understand current and emerging risks (Children and Adults)	Develop work of Insights Activity group to explore current data and methods to create an effective local picture.	Focussing on exploitation data held in different partner organisations, provide a view of risks around transition and the effectiveness of interventions.	Analysis product completed, and response options identified.	Insights group undertaking this- focus has been on transition, CP, MH and violence data.	More analysis of Safeguarding Adults and children's data – more work to understand who is and isn't in contact with us: Ethnicity analysis More detailed work on Domestic abuse.

Safeguarding Priority 3: Learning from experience

Check that the way we are managing safeguarding is working properly (Children and Adults)	We have regular checks and an annual adults independent audit and we will work with our neighbours. Checks will include: the user experience and applying the Making Safeguarding Personal approach. We will also work with neighbours to develop consistent London-wide assurance framework, and thresholds. We also conduct the Statutory Section 11 audits for children safeguarding.	Safeguarding adults Assurance (SAPAT) tool will confirm key safeguarding features are present in organisations; Partner updates and data at each Safeguarding Adults Board. Section 11 will take place, with input from Safeguarding Ambassadors.	Audit reports (including Section 11) and confirmation from partners of the actions they have taken.	Section 11 – Completed and included feedback from safeguarding ambassadors of their meetings with the Executive Safeguarding Partners.	Section 11 learning to be reviewed. SAPAT being organised with Haringey in a peer-challenge format.
--	--	---	---	--	--

Priorities for 2020-21

What is our objective?	How are we going to do this?	2020-21 Actions	How will we know	2020-21 update	2021-22 Actions
Learn from the advice of our Service Users, Carers and Patients (Adults)	Implement learning from Quality Checkers; ask people who have been through a safeguarding process about their experience and make improvements where necessary.	Include feedback of Service users who have had safeguarding enquiries as part of audit processes. (Question introduced on system in 2019/20)	Partners' confirmation of the action they have taken to address issues in feedback.	In July 2019, quality checkers produced friends and relatives feedback report from July 2020 that was shared with the NCL After Action Review.	Quality checker calls to friends and relatives to continue.
If things go wrong, review what happened and learn lessons (Children and Adults)	Identified in Care Act, and Working Together 2018, we have to undertake Reviews, learn lessons, and make system improvements.	Continue to work on publishing SARs , and local learning reviews and analysing learning opportunities based on recommendations.	Audits feedback, data.	Three SAR action plans used to develop.	Process being reviewed.
Learn from the experiences of other local authority areas (Adults)	We work with our neighbouring boroughs to learn lessons together. We share our lessons from reviews and will work on checks together.	Continue to work closely with Safeguarding Adults Boards of North Central London area –Barnet, Haringey, Islington and Camden. Commitment to share spaces at SAR learning events.	Annual review and audits to identify improvements based on learning from other boroughs.	COVID impacted – much of the learning is a London level – eg. Insights work by ADASS.	Continue with regional analysis participation and share Enfield analysis approach about who hasn't contacted services during lockdown.
Improve sharing of learning between adults and children's safeguarding (Adults and Children)	Establish Practice Improvement Activity group by September 2019. Ensure discussions relating to children's and adult's issues are influencing improvements.	Practice Improvement group has received feedback on 1 Children LLR, and at April meeting will input on recommendation of Safeguarding Adults review.	Group established and has met. Terms of reference agreed. Minutes from meetings.	Practice Improvement meeting considers adults and children's reviews and provides the opportunity to learn across both areas.	Joint meetings to continue.

Priorities for 2020-21

What is our objective?	How are we going to do this?	2020-21 Actions	How will we know	2020-21 update	2021-22 Actions
Safeguarding Priority 4: Supporting Services Improvements					
Ensure we have effective arrangements in place to intervene when provider quality drops below expected standard (Adults and Children)	Support Enfield services to improve, due to quality standards, whenever possible.	Provider Concerns policy being reviewed and relaunched.	Number of Provider concerns/improvement processes and key issues addressed.	During lockdown, providers were contacted regularly to offer support.	Provider Concerns policy will be reviewed. Infection Control action plans will be developed to support all providers, learning lessons from last year.
Ensure partners share information and intelligence about poor quality services (Adults)	Ensure there are arrangements in place to share information properly about services so that partners can act quickly to respond to unsafe services.	More detailed data analytics to be introduced into meetings.	Regular meetings with partner agencies and evidence of actions.	Safeguarding Information Panel meetings continued through the year.	Safeguarding Information Panel meetings to continue.
Online space for providers (Adults)	Develop online presence to share information, policies and best practice with providers to ensure organisations have tools they need to improve.	Develop Safeguarding information for providers as part of new website.	Traffic on website; download of resources.	This has been set-up on MyLife. Including information such as infection controlling, public information, and the Winter Plan.	The web space will continue to be updated in line with government guidance.
Consistent policies with neighbouring boroughs (Adults)	Make sure Enfield has clear and consistent policies with neighbouring boroughs which represent best practice in all areas.	Safeguarding Adults Partnership Assurance Tool (SAPAT); London wider exercise will be conducted. Continued participation in National work on defining and recording enquiries.	Audits, and data analysis will confirm consistence of practice.	North Central London meetings and work have been impacted by COVID. We have shared information about assurance activities of the Safeguarding Adults Board.	Continue to work across London around the COVID analysis. Undertake SAPAT.

Priorities for 2020-21

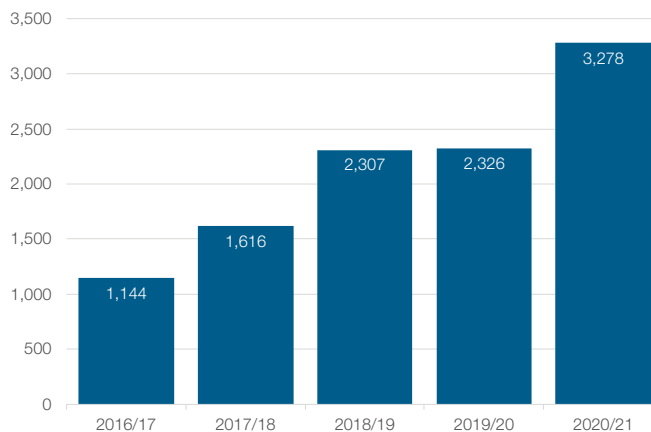
What is our objective?	How are we going to do this?	2020-21 Actions	How will we know	2020-21 update	2021-22 Actions
Ensure the voices of children and young people, as partners and scrutineers, are built into our Safeguarding Partnership work (Children)	Recruit 8 children and young people to scrutinise and develop our arrangements.	8 young people will be providing feedback on Scrutiny of safeguarding children's arrangements (incl. Sect 11).	At least 8 young people recruited and working with us on projects (website, Section 11 audits).	10 Safeguarding Ambassadors recruited and training programme co-produced. Ambassadors met with the Safeguarding Partners and were part of the Section 11 process.	Next cohort of Ambassadors to be recruited. Work on Voice of the Child short film as identified by in Section 11 work.
Ensure we have consistent effective practices across the partnership to safeguard children and young people (Children)	A multi-agency audit programme that is agreed with partners.	Planning for the 2021/22 programme and consultation on methodologies took place.	Completed audit reports; improvements in practice.	NCL CCG funding as part of Practice Improvement support. Lead who adds children's safeguarding expertise into the business unit recruited.	Methodology and programme of audits agreed. Focussing on Professional Curiosity and Information sharing; children affected by domestic abuse; serious youth violence.
To improve communication between workstreams and Exec and activity groups (Children and Adults)	Progress report using a project management approach.		Better awareness of members of our partnership groups about what is happening across the whole.	Tested various systems (Pentana, MS Project). Chairs and Exec meeting organised.	System in place and working across groups.

Appendix A: Detailed Safeguarding Adults Data

Safeguarding Adults Concerns from 2016/17 – 2020/21

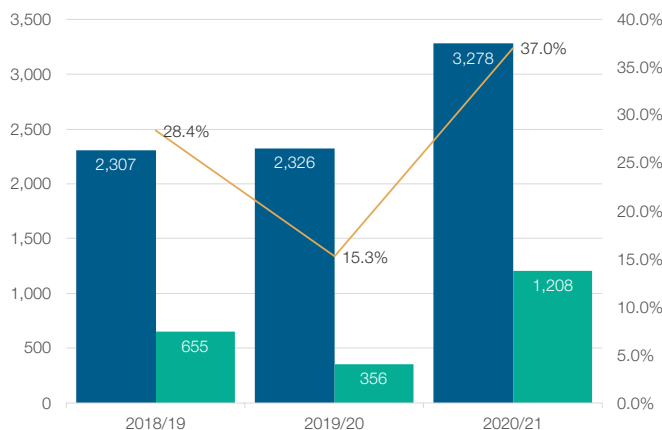
These trends are consistent with the national year on year increases in safeguarding adult concerns. In Enfield, this is due to increased awareness of concerns that should be reported into our Safeguarding Team, and the partnership working. The 2020-21 figure includes the increased concerns that were report in due to COVID-19, the increase was also noted nationally.

Safeguarding adult concerns



- Total number of Concerns in 2020/21 = 3,278 (2019/20 = 2,326; 2018/19 = 2,305)
- Of these, 1,208 went to section 42 Safeguarding Enquiries (2019/20 = 356; 2018/19 = 655)
- Conversion Rate = 37.0% (2019/20 = 15.3%; 2018/19 = 28.4%)
- The remaining 2,070 Concerns have received some form of other safeguarding/preventative measure (e.g. information and advice)

Overall Concerns and Enquiries for 2020-21



■ Concerns ■ Enquiries — Conversion rate

Appendix A: Detailed Safeguarding Adults Data

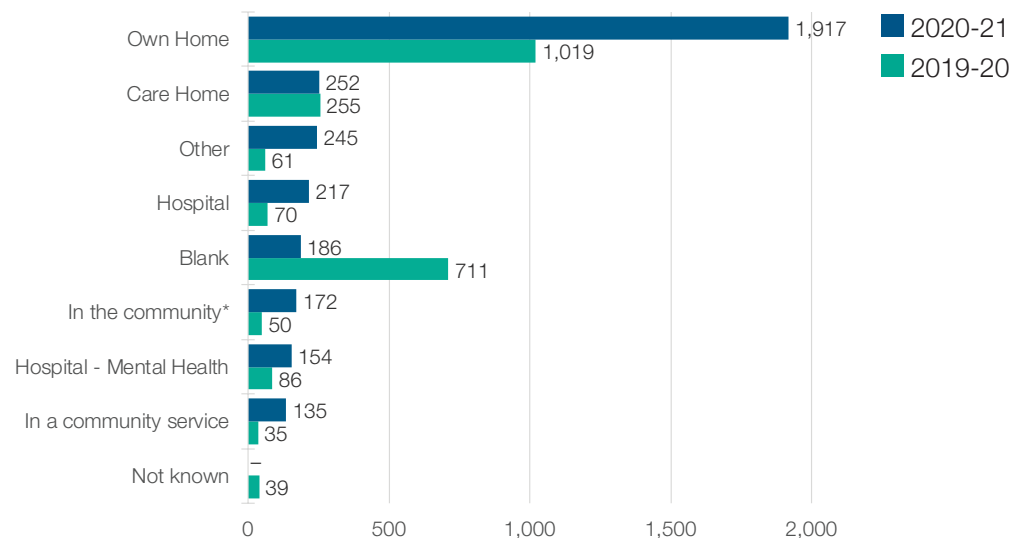
Type of Abuse in Concerns

Type of Abuse*	2020-21	2020-21 (% age)	2019-20 (% age)	2018-19 (% age)
Self-Neglect or Hoarding	790	20.3	17.3	18.8
Neglect and Acts of Omission	699	18	21.7	22.7
Physical Abuse	543	14	11.9	12.3
Emotional/Psychological Abuse	535	13.8	14	12.7
Domestic Abuse	441	11.3	5.7	5.6
Financial or Material Abuse	376	9.7	10.1	11.1
Organisational Abuse	144	3.7	6.9	7.7
Sexual Abuse or exploitation	144	3.7	3	2.5
Pressure Sores	134	3.4	8	5.5
Discriminatory Abuse	26	0.7	0.2	0.2
Modern Slavery or Human Trafficking	21	0.5	0.4	0.3
Hate Crime or Disability Hate Crime	19	0.5	0.6	0.5
Honour-based violence	10	0.3	0.1	0
Forced Marriage	5	0.1	0	0.1
Female Genital Mutilation	2	0.1	0	0

*There can be multiple forms of abuse so numbers do not add up to the number of concerns.

Location of Abuse

Location	2020-21		2019-20	
Own Home	1,917	58.5%	1,019	43.8%
Care Home	252	7.7%	255	11.0%
Other	245	7.5%	61	2.6%
Hospital	217	6.6%	70	3.0%
Blank	186	5.7%	711	30.6%
In the community	172	5.2%	50	2.1%
Hospital – Mental Health	154	4.7%	86	3.7%
In a community service*	135	4.1%	35	1.5%
Not known	-	-	39	1.7%
Grand Total	3,278	100%	2,326	100%



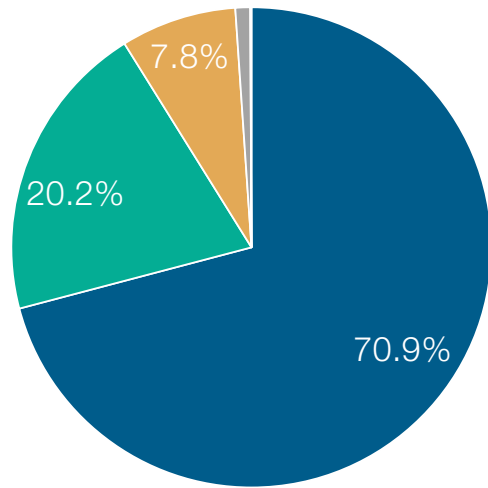
*Excluding community services

Appendix A: Detailed Safeguarding Adults Data

Risk outcomes for completed enquiries

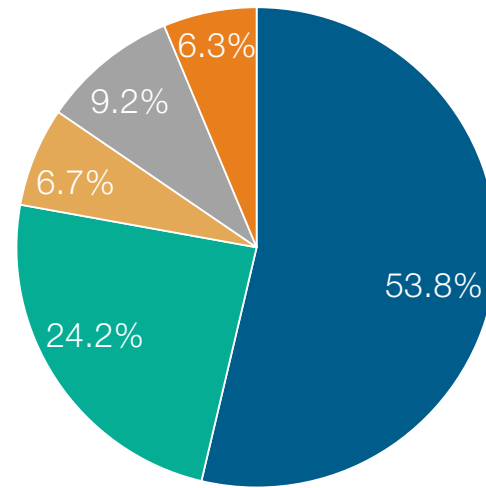
The charts below compares risk outcomes from previous years.

2020/21



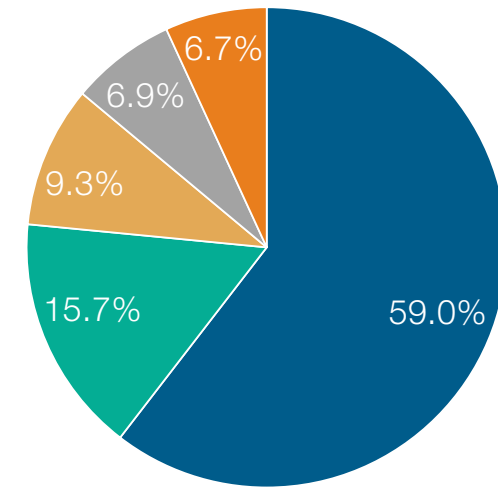
- Risk reduced
- Risk removed
- Risk remains
- Risk did not exist = 1.0%
- Not applicable = 0.1%

2019/20



- Risk reduced
- Risk removed
- Risk remains
- Risk did not exist
- Not applicable

2018/19



- Risk reduced
- Risk removed
- Risk remains
- Risk did not exist
- Not applicable

76.7% of respondents also felt safer after the enquiry had been completed. A further 17% felt partially safer (i.e. safer in some areas, but not others).

Appendix B: Detailed Children's safeguarding information

In this appendix we present more detailed information about safeguarding children and young people activity in Enfield. Included in the updates there is feedback from customers about their experiences. We've also included examples of excellent practice by an officer or team.

North Central London Clinical Commissioning Group, Enfield Directorate

Safeguarding Children

The Safeguarding Children Partnership in Enfield moved to virtual meetings in 2020/21. The Executive team met more frequently as the other sub group meetings were stepped down in the first two quarters. The CCG Designated Nurse represented the CCG along with the then Managing Director for Enfield. The executive responsibility now sits with the NCL CCG Director of Quality and Chief Nurse who attended for latter part of 2020/21.

One area of focus for the Partnership is data analysis and audit to assess multiagency work, in particular case conferences. It was noted the business support unit for the Partnership did not have sufficient children's experience to lead

on this area of work. Enfield Directorate agreed to increase the financial contribution in line with other NCL Directorates which has aided the development of this work.

The Designated Nurse and the Named GP undertook a piece of work on case conference requests and reports. This included tracking the request for information through to report submission. The Designated Nurse and Named GP had a series of practice visits after the initial restrictions were eased. The practice visits have been put on hold due to the pandemic. Some of the issues identified in the visits included NHS mail inadvertently marking the requests as Junk and the short timeframe for turnaround from requests to submission. In addition, there is inconsistency across the 5 boroughs on how GPs are supported with other CCG Directorates paying the GPs for their time to complete the reports. Results of the audit will be shared with the Exec team in June 2021.

The Designated Nurse for Safeguarding attends the Practice Improvement group which continued to meet on a regular basis in 2020/21. The Practice Improvement group is a joint safeguarding children and adult sub group which looks at areas to improve practice, learning from case reviews, including

Local Learning reviews and Safeguarding Adult reviews. Enfield Directorate commissioned a piece of work by an independent reviewer to look at recommendations from the various reviews, identify themes and develop a framework to support learning.

The CCG Designated Nurse represented the CCG at the national Serious Youth Violence summit in March 2021. Each of the three Ministerial departments were represented with the junior Ministers opening the event. There is a commitment to joint working to reduce the incidence of Serious Youth Violence. Enfield remains an area of concern and is the highest borough for incidents of Serious Youth Violence in London. The Designated Nurse attends the Oasis Youth Hadley steering group which supports a youth worker in A&E at the North Middlesex University Hospital. Support was offered virtually over the lockdown period with a notable decrease in the number of attendances to A&E.

There continues to be gaps in the Designated Doctor functions for Enfield. The interim post-holder is working at full capacity to ensure children who require Child Protection Medical Examinations and Adoption/Fostering medical examinations are seen. Therefore, the Designated Doctor for Looked After Children,

Appendix B: Detailed Children's safeguarding information

Safeguarding Children and Child Death are not being covered. The Designated Nurse for Safeguarding Children and the Designated Nurse for Looked After Children are working closely with the Safeguarding Children Partnership leads and the interim medical lead, however there continues to be an unmitigated risk. The interim medical has escalated the gaps to the Clinical Medical Lead for Enfield Community services at Barnet, Enfield and Haringey Mental Health Trust. The Trust is actively trying to recruit to the posts.

The Safeguarding Lead GP forum met on 3 occasions in 2020/21 via teams. There was an increase in GP practices represented at the forum with a plan to continue to offer a virtual platform for attendance. The focus of the sessions was on hidden harm, in particular Domestic Violence and Abuse. The Named GP for adults delivered a training session on Coercive Control and recognising the signs. The Designated Nurse for safeguarding discussed the learning from a Local Learning review on a case involving home schooling, with a focus on making every contact count. There was also a presentation from Rise Mutual on their work with perpetrators.

Examples of excellent practice by an officer or team

The Designated Nurse for Looked After Children provided exceptional support to her team and ensured children in care continued to have their health needs met. In spite of the lack of designated medical support, the Designated Nurse has worked with the Local Authority and other professionals to minimise the gaps in provision.

The Named GP for children provided front line support to NCUH A&E and Chase Farm Urgent Care during the pandemic. He worked tirelessly to treat patients at both departments. His attitude and approach to work supported numerous front line staff during this exceptionally difficult time.

Safeguarding focus during Pandemic

On the first of April, 2020 Enfield Clinical Commissioning Group (CCG) became part of the North Central London CCG. Each Directorate safeguarding lead worked collaboratively to develop a NCL wide safeguarding strategy, work plan and risk register. The CCG Designated Nurse continued to support the NCL Child Death Overview Process one day a week.

The CCG co-ordinated a webinar training session for primary care and provider leads on Domestic Violence and Abuse across NCL. There was also continued focus on the Identification and Referral to Improve safety project. During the pandemic, there was a notable decrease in the number of referrals to the service with the advocates providing virtual and telephone support. The advocates attended various forums to continue to highlight their offer of support and to offer tips on assessing risk using virtual assessments.

The NCL Designated Professionals have continued to monitor, and quality assure the NCL Safeguarding Health Providers Recovery and Restoration Plans for COVID-19. This has demonstrated that there is adequate assurance of the safeguarding elements of all health providers across NCL. Ongoing borough level safeguarding assurance in the delivery of provider's recovery and restoration plans is obtained through Designated attendance at providers safeguarding committees and at local partnership meetings. Where gaps are identified, further assurance has been sought and is monitored at a local level by the relevant borough Safeguarding Leads. There are no plans that required escalation.

Appendix B: Detailed Children's safeguarding information

The provider safeguarding teams continued to provide a high level of safeguarding support during the pandemic. In spite of exceptional circumstances, teams at BEH, NMUH and the Royal Free NHS Trusts worked incredibly hard to ensure vulnerable children were identified and referred. There has been a notable increase in the number of children requiring additional support with their mental health needs and all three Trusts have responded swiftly to get the support in place.

Domestic Abuse – Police activity

Since the inception of the North Area, Basic Command Unit (BCU) Violence Against Women and Girls (VAWG) Plan in March lots of work has been undertaken across the BCU.

- **VAWG Strategy and Tactical Plan** – written in March and buy in secured across the BCU to ensure a collaborative approach.
- **Offender Management** – A key tactic in reducing risk was tackling offender management and targeting those high harm VAWG offenders. A bespoke system for VAWG offenders has been created and shared across the Metropolitan Police Service through the central weekly dial ins chaired by Commander Alison Heydari.

Since the introduction at the beginning of April we have seen a reduction of offenders wanted for VAWG offences.

- **Partnership Approach** – VAWG leads in Haringey and Enfield have been reached out too. The Policing Plan has been explained and input provided to both Local authorities at a strategic level including VAWG steering group and Strategic board. Scanning across both boroughs has been completed to identify charities and VAWG groups to reach out and encourage awareness and reporting to Police. There are almost 100 variations of different VAWG support groups with multiple service users across the BCU.
- **Training** – In May 2021, a cohort of Public Protection officers participated in 'Train the Trainer' knowledge exchange sessions through Enfield Council – focusing on VAWG and Stalking awareness where learning can be shared with fellow professionals from across public services and health.
- **National Stalking Awareness Week – 19-23 Apr 21** – Daily stalking awareness sessions were delivered to front line officers by police, schools officers attended a number of schools to promote 'clever never goes' – formerly 'stranger danger' to promote practical personal safety skills for primary

school children without causing unnecessary fear or mistrust of strangers. The new message instead teaches children to recognise unsafe situations to reduce the risk of abduction, including by persons known to the child. A bespoke review of all outstanding stalking suspects and stalking protection orders were considered for each case. There was a central national newspaper/broadcast and social media campaign promoting the week and encouraging victims to come forward from the MPS stalking lead.

- **Intelligence** – A dedicated analyst has reviewed crime data for the previous three months of the open space hotspot data in Enfield and Haringey for offences and plotted these areas on a map – the patrolling units have been provided with this data as well as images of known offenders for sexual offences and vulnerable CSE children to ensure that robust action is taken against perpetrator's and safety measures put in place around victims.
- **Safeguarding sex workers and targeting offenders – Op Boxster** – A long-term, dedicated operation by SNT Taskforce with the responsibility of reducing offences involving sex workers, associated crime and ASB in and around N17 and N18 using

Appendix B: Detailed Children's safeguarding information

covert and overt policing tactics. The team work with various internal and external partners along with agencies to employ an array of tactics and strategies to meet operational objectives. As well as targeting those individuals responsible for soliciting, the team also provide an intelligence capability to identify any persons who may be at risk but also known offenders.

- VAWG Day of action – 13 May 2021 –** Police in uniform and plain clothes from North Area completed various activities across the BCU to highlight how we are working hard to prevent violence against women and girls, bringing offenders to justice and supporting victims, as well as engaging about the subject in a variety of ways. We targeted wanted offenders, focusing on arrest enquiries and providing extra people and resources to do so. Reassurance patrols were increased in public spaces with officers and staff taking the opportunity to engage with communities about what we're doing. This also included transport hubs such as train and underground stations and bus terminals. One male targeted by officers had carried out a random attack on a lone woman earlier in the week. He was identified by an eagle-eyed neighbourhood officer and a man-hunt launched. Following a relentless

pursuit through the week he was arrested and convicted for the assault. He awaits sentencing.

Child Protection information and evaluation

Safeguarding Children

Total contacts into Children's Social Care:

	2018/19	2019/20	2020/21
Contacts	29,364	31,427	30,878

Though there was a small decline in 2020/21, the number of contacts into Children Social Care were higher than the 2018/19 levels. The decrease in the number of contacts during 2020/21 was a result of the various lockdowns and visibility of children and young people through the year. There was a decline in referrals to the Children's MASH following the initial lock down in March 2020. The trend was similar in January 2021 when there was another lockdown with contacts reducing significantly when schools were closed. The anticipated increase in the contact in March 2021 when schools reopened is reflected in the data. The number of contacts relating to domestic abuse or physical violence reflect a similar pattern decreasing during lockdown.

	2019/20	2020/21
Number of MASH Contacts	17,725	19,959

Partnership working in the Children's Multi-agency Safeguarding Hub (MASH) is strong. We launched a daily Emergency Duty Team (EDT) / MASH handover meeting which includes the police and health. This led to more robust and timely information sharing and smoother transitions with clarity on ownership and escalation. MASH Operational meetings with partners have continued to take place and they are an opportunity to enhance understanding of thresholds.

MASH threshold decision making has continued to be robust with ongoing audits reflecting good decision making. In April 2020, an audit of a dip sample of MASH cases found that threshold decision making in MASH was appropriate and proportionate. Ongoing work is being undertaken by the MASH manager to enhance practice.

Child and Family Assessments

Timeliness and quality of social work interventions remain good with over 90% assessments completed despite the challenges during the pandemic. This continues a year on year upward trend. Social workers have

Appendix B: Detailed Children's safeguarding information

continued to work with children and seeking through views through direct work

Children Protection

Section 47 Strategy discussions/ meetings

	2018/19	2019/20	2020/21
Investigations	1,307	1,793	2,078

An increase in Section 47 strategy meetings was noted in 2020/21 (an increase from 1,793 to 2,078) which could be attributed to the pandemic as services in the community were limited and families were in crisis. 82.9% of the strategy meetings led to Initial Child Protection Conference which evidences good threshold decision making and that appropriate cases were escalated to Section 47 investigations.

Children subject to Child Protection plans

	2018/19	2019/20	2020/21
Children	296	203	257

The increase in the number of strategy meetings has also resulted in an increase in the number of children on Child Protection Plans in the second quarter of 2020/21 (as indicated above) due to the severity of incidents and

complexity of referrals received in Children's Social Care.

Service User feedback

In 2020/21, service user feedback was introduced across the Assessment and Intervention Teams and Child Protection and Child in Need Teams on all cases being audited. This process is being embedded and is now included in the audit moderation report.

72 service users were contacted for feedback, 45 participated. Of these 20 were children on Child Protection Plans while the rest related to children on Child in Need plans as well as those subject to child and family assessment.

Understanding

- 91.1% fully understood why social care had been involved, 4.4% mostly understood, 2.2% did not understand fully and 2.2% did not understand at all.

Respect

- 84.4% felt respected by social care workers (a lot), 8.9% quite a lot, 4.4% not a lot, 2.2% not sure.
- Two individuals who did not feel respected by social care workers had a child on a CP plan

Listening

- 73.3% felt they were listened to (a lot), 17.8% quite a lot, 4.4% not a lot, 2.2% not at all, 2.2% not sure.
- Of the three individuals who did not feel they were listened to, two had a child on a CP plan and one had a child on a CIN plan

Parental Involvement

- 73.3% felt involved with decisions that affected their child (a lot), 13.3% quite a lot, 2.2% not a lot, 4.4% did not feel involved with decisions that affected their child (not at all), 6.7% not sure.
- Of the three individuals who did not feel involved with decisions that affected their child, one had a CP plan and two had CIN plans.
- Of the three individuals who were not sure whether they felt involved, two had a child on a CIN plan and one had a child with an open referral.

Improvement

- 63% of individuals felt things had improved since social care's involvement.
- 18% of individuals felt things had remained the same since social care's improvement.

Appendix B: Detailed Children's safeguarding information

- There were 3 families where parents did not feel the social worker made a difference for example social worker could not provide housing and in another the parents were in conflict and felt social worker sided with the other parent. Other reasons given were parents not being happy with the assessment if the outcome was not what they expected.

Joint Service For Disabled Children

The Joint Service for Disabled Children is comprised of the specialist social work service, preschool support home visiting service, early years keyworker service and a specialist short breaks and family support service.

Services are delivered in house 7 days per week at Cheviots, specialist play and home care providers are commissioned, and families can also access a personal budget to arrange the support that best meets their child and family's needs.

The services and support are designed to provide fun activities for the child, an opportunity to meet with their friends or be supported to access community activities and provide a break for the parent from their caring responsibilities to support family life.

Transforming Care

We increased the frequency of the multi-agency Dynamic risk register meetings to weekly to ensure that children and families most at risk were supported effectively and to ensure that there was communication across the professional network

Positive Behaviour Support (PBS)

All behaviors have a meaning.

Positive Behavior Support aims to understand what behaviours that challenge tell us, so that the child's needs can be met in better ways. The way the child is supported often has to change to achieve this and this needs to be regularly reviewed by all the people involved.

Positive Behaviour Support is an approach that puts the child at the centre to make systems work for them. We aim to give the right support at the right time so children can thrive to their potential.

The Joint Service now have 4 PBS Coaches and 9 Practitioners in the service.

PRICE training has replaced Approach as our provider of behaviour management and physical restraint training. When supporting people who are distressed there are times

when restrictive interventions are required to protect staff, the individual themselves, and others. We share PRICE training's commitment to restraint reduction and the use of person-centred, non-restrictive strategies to support children and young people with behaviours of concern. PRICE also incorporates important aspects of Trauma Informed Practice and Positive Behaviour Support.

New referrals to the JSDC of children 4yrs + for short breaks and family support:

- April 2017 – March 2018: 169
- April 2018 – March 2019: 180 (up 7%)
- April 2019 – March 2020: 234 (up 30%)
- April 2020 – March 2021: 150

The pandemic impacted on the number of new referrals received during the last year, please see data.

Requests for additional support:

- April 2017 – March 2018: 208
- April 2018 – March 2019: 295 (up 42%)
- April 2019 – March 2020: 260
- April 2020 – March 2021: 225

Appendix B: Detailed Children's safeguarding information

Number of CWD in receipt of Short Breaks

Scheme	2017-18	2018-19	2019-20	2020-21
Short Break Grant	166	196	210	224
Direct payment	60	77	95	103
Directly commissioned Afterschool and Play scheme	114	117	112	89
Directly commissioned Homecare	77	57	75	61
Directly commissioned Residential	3	3	2	2
Shared Care	5	0	0	0
In-house Short Breaks including Family Fun Days	208	218	229	88
Temporary Pre-paid cards issued as alternative support during COVID (including some SBG/DP)	-	-	-	58
Total (not unique)	633	668	723	625
Unique	-	-	625	606

Evidence that demonstrates impact:

Safeguarding focus during Pandemic

We know that the Covid pandemic been particularly challenging for disabled children and their families and the people that support them.

The sudden disruptions in routine, the withdrawal of support, the anxiety about safety have had such an immense impact.

For many families there has been financial insecurities and worry about the health and wellbeing other family members.

Families who rely on support networks whether from their family and friends or professional networks, have described their sense of isolation as this has been disrupted and, in some cases, has ended completely and due to the national lockdown and social distancing measures, the ability of children and families to access the usual range of traditional, face-to-face, social networks has been severely impacted.

For many disabled children and young people, the loss of their routine, structure, social relationships, school and short breaks that they rely on, has impacted negatively on their emotional wellbeing which has resulted in increased behaviours of concern.

We also know that families living in accommodation that does that not meet their needs, further exacerbated pressures for families with no access to outdoor space, impact of disrupted sleep patterns due to lack of routine, children sharing bedrooms

with siblings which impacts on their wellbeing and often disrupts their home education programme.

We have utilised the newly formed Family Group Conference Hub in order to create support networks around children and families where there are safeguard concerns which has led to better outcomes, greater engagement with the Child protection processes and increased safety.

We are continuing to develop our child friendly and family friendly Child Protection plans taking into account the individual needs of the child and family.

We are continuing to explore creative ways of communication with disabled children extending and enhancing the range of direct work tools.

During the pandemic the Joint service has supported families with:

- emergency practical support e.g., finances, food, shopping, medical needs, prescription collections
- advice, support and signposting to other relevant services, e.g., finance, debt, furlough, mental health

Appendix B: Detailed Children's safeguarding information

- benefits applications, housing issues, charity applications, food bank vouchers
 - emotional support and a chance for parents to talk when feeling isolated at home
 - newsletters were sent from the service, giving families information regarding a variety of topics ranging from Covid-19 specific support, to ideas to keep children entertained, for example, online links to Makaton programmes and home activities.
 - families who sadly had bereavements of close relations during lockdown were supported by their named worker as required.
 - the families of children in hospital were supported and worked with multi-disciplinary medical staff to support planning for Covid-19 compliant discharges.
 - all scheduled educational work continued remotely in the Early Intervention support service, statutory work in relation to EHCP needs assessment was completed within timescales, along with advice and guidance about home learning activities
 - resource bags of activities linked to planned learning activities for preschool children were delivered to families as required with COVID-19 compliant 'doorstep drop-offs'
 - the weekly multi-disciplinary complex needs group, 'Playing and Moving' was delivered live online from Cheviots using Microsoft Teams, with families attending the group invited to log on and participate in the early learning and physiotherapy activities with their child from home
 - all new referrals to the joint service have continued to be accepted and allocated a
 - work with schools was completed on target, with all schools contacted and transition planning undertaken virtually for children due to enter nursery in September 2020
 - The JSDC funded picnics in the park for children with SEND and their families in partnership with SENDIASS as part of the summer offer.
 - Managers attended webinars organised by Our Voice, including those relating to Short Breaks and Positive Behaviour Support to share information with parents.
 - The Moving on Transition events have continued to take place virtually.
- We recognise that lockdown and other restrictions and requirements associated with Covid-19 have led to an increase in behaviours of concern for some children

and young people, and these have brought additional challenges for families. We have a team of Positive Behaviour Support Coaches and Practitioners at Cheviots and offered consultations with parents who would like some support managing these challenges.

Meetings were attended weekly with representatives of Our Voice with the Director of Education and Heads of Service in education, health, and social care to ensure that there was effective communication between the Local Authority and our parent forum.

In the summer we teamed up with Zebras Children and Adults Charity to provide fresh fruit and vegetables to approximately 40 families.

The Head of Service in the JSDC and the Head of Service in the Early Help and Protection Service presented to the SENCO forum to reinforce the referral pathways should they be concerned about the wellbeing, safety or support needs of any children.

We built on our well established positive relationships with the special schools to establish the children and young people who were not attending school, whether this was due to parental choice, because they or family members were shielding or because the school were not able to offer a place at school.

Appendix B: Detailed Children's safeguarding information

We worked with schools to assess the risks and consider together how these could be mitigated, balancing the risks and impact on the family, potential of family breakdown, need to safeguard staff and the child.

We increased the frequency of the multi-agency Dynamic risk register meetings to weekly to ensure that children and families most at risk were supported effectively and to ensure that there was communication across the professional network

The social work team continued to undertake statutory social work visits, reviews and assessments for children either virtually or face to face.

We increased the capacity of our social work duty service so we could ensure that parents queries were addressed, and appropriate referrals made for support and responded to quickly.

We established a daily meeting with our Team Managers and JSDC Short breaks Manager to review Covid specific requests for additional support from families to ensure timely decision making and delivery of support.

Short breaks provision

Many disabled children and young people were

not able to adhere to social distancing so the numbers of children that were able to use the Cheviots building at any session had to be limited, as the staffing levels are necessarily high due to the complexity of children's needs, this further limited the numbers able to be in the building at any one time.

Families in receipt of services from Cheviots short breaks team were all contacted by to ask if they would like their child to continue to access short breaks at the Centre.

We ensured that families where there were complex and multiple factors e.g. safeguarding concerns, number of children in the family with disabilities, parents health. Were able to continue to attend the sessions.

Where parents decided that they did not want their child to attend group sessions at cheviots, or where their child was required to shield or where we were unable to offer sessions, parents were offered an alternative short break.

Cheviots continued to be open for all after school and weekend groups and to run playschemes throughout.

Families who received a short break grant or another playscheme service that was funded by the Joint Service, were able to use the grant more

flexibly to purchase play and leisure equipment for their child in place of their usual short break service including bikes, scooters, garden equipment, IT equipment, lego, sensory toys, trampolines.

Our commissioned playscheme providers operated when lockdown restrictions allowed but often with limited places.

In March the JSDC undertook a play and leisure survey to gather information about the activities that children and young people with SEND and their families wanted to access in Enfield. The survey was available online and in a variety of formats including symbols, pictures and easy read. We received 337 responses and have developed an action plan in partnership with our parent forums to increase access to play and leisure opportunities available.

Positive Behaviour support:

All behaviors have a meaning.

Positive Behavior Support aims to understand what behaviours that challenge tell us ,so that the child's needs can be met in better ways. The way the child is supported often has to change to achieve this and this needs to be regularly reviewed by all the people involved.

Positive Behaviour Support is an approach that

Appendix B: Detailed Children's safeguarding information

puts the child at the centre to make systems work for them. We aim to give the right support at the right time so children can thrive to their potential.

Impact of Positive Behaviour Support:

- Improved understanding of behaviour and its functions
- Improved well-being for children and young people
 - Visibly happier
 - Engaging in more activities
 - Able to access the community
- Improved communication
 - Children provided with the right tools to support communication
 - Able to make choices
 - Build stronger relationships with staff
- Reduction in behaviours of concern including self-injurious behaviours and those that harm other children and staff
- Reduction in number of injuries caused by behaviours of concern
- Reduction in the use of restrictive practices to manage behaviour

Examples of excellent practice by an officer or team

During the Covid Pandemic the Short Breaks and Family Support Team have worked tirelessly to ensure that the most vulnerable children and young people with disabilities and their families have continued to access crucial short breaks. This has often meant placing themselves in positions of higher risk in the height of the pandemic by keeping playscheme, after school and weekend sessions running as the alternative of having those vulnerable children and young people at home throughout the pandemic could have been incredibly harmful and damaging to the wellbeing of their entire families. The team have approached this with enthusiasm and dedication to the unified aim of putting children first and supporting families to lead happy and safe lives.

The short breaks team continue to deliver short breaks after school, on Saturdays and Sundays, and during all school holidays. They responded when children were unable to attend school and where families were feeling overwhelmed with either caring responsibilities during the pandemic.

They were a constant source of support, reassurance, and practical support to parents, they were flexible, could be relied on to work additional hours at short notice to respond to emergency situations and maintained the needs of the children at the heart of all they do.

Their skill in supporting the most vulnerable disabled children and young people can not be overstated and they face risks every day without hesitation.

Mrs Y (Mother of two teenage boys with Autism) had this to say about the impact the short breaks team had on her family:

"I could not recommend them more. They have been amazing for my boys. One of my boys had a really tough time during the pandemic and they have been amazing.

"Anne has been our guardian angel.

"We wouldn't have made it through the lockdowns if it wasn't for them. I always knew when the boys attended Cheviots, they were happy and safe, and it gave me a chance to do other important things I needed to do".

Appendix B: Detailed Children's safeguarding information

Max (Social Worker at Cheviots) had this to say about the work the short breaks team did during a crisis situation in the height of the second peak:

"I was in awe seeing the team attend the family home to contain the crisis that was unfolding. The police were present and the support of the short break team during that moment helped to reduce the level of anxiety of all those involved."

The following comments were gathered from the lockdown survey performed by the Joint Service for Disabled Children:

'just like to say the did everything, it was overwhelming the response I got and the help I got and am still getting, you don't realise how bad it was until you are through the other side, I lost my support network i.e. friends and family due to covid, but they became my network and I cannot thank them enough'

'thank you we haven't always seen to eye to eye, but you have always had my daughters back and for that I am grateful. When we've needed support or provision that I could afford you have provided it. We see from our experience you provide an excellent working environment because the team that work

around safeguarding my daughter who is especially difficult to safeguard has been outstanding for 8 years without a break.'

'mum would like to thank us for our excellent work. We are very friendly and helpful and ring her up to remind her that c is due at cheviots for his short break'

'we are so grateful they have always been there for us'

'don't think they could have done anything more'

Within the Joint Service for Disabled Children we have tried to be as creative as possible to ensure that families are able to access the hugely valuable support of short breaks. During the Covid pandemic, there has been reduced access to almost all services and activities that children and disabilities would usually access.

The Short Breaks team have been pragmatic in their risk assessments which have identified those most in need of support during this time. There have been many instances similar to that which was experienced by Mrs Y detailed above, where parents and carers have contacted the service stating that

their situations at home have become more challenging for a variety of reasons. The Short breaks team have listened to those parents and carers before advocating for them at resource allocation panels.

As you can see from the comments above, the experience of many service users and their families who have accessed additional and continued support from the short breaks team has been wonderful. It is incredibly powerful to hear that families feel they might not have managed during the lockdown were it not for the support provided by the short breaks team. The Joint Service for Disabled Children prides itself in its commitment to ensure that disabled children and their families in the London Borough of Enfield are heard and treated with respect in every single contact with the council.

The Short Breaks team have been integral in the development of a creative and flexible way of delivering short breaks to children, young people and their families during the pandemic. With the reduction in available activities they have helped to develop a system whereby those alternative short breaks would be offered to those families where children may have been shielding or

Appendix B: Detailed Children's safeguarding information

We know that short breaks are a vital form of support for families, however, with the additional pressures and stresses of the pandemic to contend with, we are of the view that the short breaks team and their work with the most vulnerable children and young people, has prevented family breakdowns and reassured parents and carers that they are not alone.

Feedback from Seema Islam – Chair Our Voice Parent/Carer forum

"It has indeed been challenging in ways we could never have imagined. The shorts breaks team have really stepped up to the challenge and endeavoured to continue their support to families under difficult circumstances. With ever limited resources, covid restrictions and health issues from the team were no more immune than the rest of us, the service has offered flexibility in light of the inevitable reduced number of playscheme places they were able to run.

"This is been a lifeline for many families and for some the alternative arrangements have been welcome, but as you know, there have been families and CYP who felt unsupported.

Given the unprecedented and extremely difficult circumstances, Our Voice had the

opportunity to work with Cheviots right from the start in March 2020 and try to adapt and target the help they offered.

"Enfield is fortunate to have such a fabulously skilled, dedicated and passionate team, they not only embody the values and behaviours we expect to see in our staff teams but provide the crucial support families need to continue in their caring role to.

"They truly are unsung heroes during this pandemic!"

Quality Assuring semi-independent placements

As the semi-independent placements are not regulated under the Care Standards Act, there are no minimum standards for what constitutes a 'Good' quality provision. This is left to the local authority to determine through their own quality assurance processes.

Prior to any semi-independent placement being sought for a young person under 18, the Care Plan will have been approved by the Placement Panel, chaired by the Director of Children and Family Services. This decision is informed by the views of the IRO and the assessment of need of the allocated social worker.

Checks for any serious gang/exploitation activity in the area are made prior to proposing a potential placement.

Enfield has a robust quality assurance process in place for all the council's commissioned semi-independent providers.

All the provisions used by Enfield are subject to monitoring visits annually conducted by the Placement and Assessment Officer including unannounced visits. In 2020-21 the Quality Assurance process was improved further by increasing the visits to the provision and although due to the pandemic this has been virtual, the timeliness of these visits were improved. All untendered provisions are now visited either in person or virtually before the young person moves in, references are sought from 2 other local authorities (where possible) and during visits, the Placement Officer is now asking for all staff to test the fire alarms and carbon monoxide alarms. All young people in semi-independent placements get a monitoring call from ARIS and this has now been RAG rated so we are able to prioritise the young people who are more vulnerable and are able to monitor their placement more.

In 2020-21, a full monitoring visit was conducted on 17 semi-independent Providers (tendered

Appendix B: Detailed Children's safeguarding information

and non-tendered provisions), with one of them requiring a revisit due to concerns around staff not able to test the fire alarms. This provision was revisited again within one month and all staff had been trained to test the fire alarms.

Evidence that demonstrates impact:

In 2020-21, a survey was undertaken by the council's Consultation and Resident Engagement Services Team (CREST) which included sending questionnaires to Enfield's care leavers living in semi-independent accommodation. 24 care leavers responded to this survey with an overall satisfaction rating of 8.66 out of 10 and 96% of care leavers reporting that they feel safe in their placement.

Safeguarding focus during Pandemic

The pandemic has caused unprecedented challenges to both our care leavers and providers. Care leavers were worried about self-isolating in their own room and providers being worried about how to keep their staff and other young people safe should there be a Covid outbreak in one of their provisions.

A coronavirus support plan was put into place through the Council's Risk Register process.

This included the Access to Resources Integrated Service (ARIS) contacting every

semi independent provider where an Enfield young person was placed, on a weekly basis, to go through a series of coronavirus related questions. This ensured a proactive approach to identifying any evolving issues and included questions on staffing levels, any examples of symptoms or diagnoses in staff or young people, compliance and PPE. ARIS provided hand sanitisers to providers who had been unable to source this for themselves.

The Leaving Care Risk Register identified the potential for care leavers in semi-independent provision to struggle and feel isolated in lockdown. Mitigating factors were put into place including; increased contact from social workers and personal advisors, additional funding for telephone credits where necessary and ensuring every young person had their own TV.

Providers were asked to purchase additional food and essential supplies, funded by the council, to ensure that any young person who ran out of provision could be given the necessary support. Every provider was written to asking them to discuss with their residents, any additional equipment they would like to help keep them occupied at home and the service purchased books, garden sports equipment, board games etc in response.

The Health and Education Access and Resources Team (HEART) continued to provide services to looked after children and care leavers throughout this period and specialist CAMHS appointments were delivered by virtually. The Virtual School ran its annual Summer ESOL course for Unaccompanied Asylum-Seeking Children using virtual technology. An Education, Employment and Training support worker was appointed to help some of the more complex young people to make the transition into meaningful activity.

Additional services were put into place across Children's Services to support young people, including those in semi-independent provision, through the challenges of lockdown. These included the online mental health support line, KOOTH, a Domestic Violence Hub and the Summer University Programme delivered through the Youth Service.

Appendix B: Detailed Children's safeguarding information

Examples of excellent practice by an officer or team

ARIS provided a 24 hour/7 day a week helpline throughout the first lockdown to providers to respond to any coronavirus related problems, questions or concerns. This required all officers within ARIS to be available throughout the night and the weekend to respond to any crisis that a Provider may have due to the Pandemic. The staff in ARIS undertook this without any issues and went the extra mile to help all the Providers.

Appendix C: Terms of Reference for Activity Groups

Insights Activity Group Terms of Reference

Chair: D.Supt Sebastian Adjei-Addoh

Support/Note Taking: Police

Meeting Frequency: The meeting will take quarterly

Quoracy: Meetings must include representatives from the North Area Metropolitan Police Service, NHS North Central London CCG, and the Local Authority Children's and Adults Social Care to be quorate.

Meetings will be accessible and enable participation remotely.

Insights Activity Group Purpose

The Insights Activity Group is responsible for developing horizon scanning intelligence to identify current and future risks to the effectiveness of the Safeguarding Children Partnership arrangements.

This Activity Group will develop analysis products to enable the Safeguarding Children Partnership to meet the Working Together 2018 (WT2018) requirement to:

“Support and enable local organisations and agencies to work together in a system where there is early identification and analysis of new safeguarding issues and emerging threats” (part of WT2018, page 73, Paragraph 8)

The Safeguarding Partners (London Borough of Enfield (LBE), North Area BCU – Metropolitan Police Service, and the NHS North Central London Clinical Commissioning Group (CCG) and relevant agencies as identified by the New Arrangements for Safeguarding Children in Enfield, (including schools, NHS trusts and 3rd sector organisations) may be asked to share client level data, where vulnerabilities exist, and emerging threats require new responses.

A fuller picture of vulnerability will influence the activity of the Local Authority Units from Adult safeguarding, Children Social Care, Housing etc. as well as Health partners, and Police teams such as Safeguarding Hubs, Local intelligence Team and neighborhood teams. This will result in a more directed tailored intervention, thus avoiding duplication and greater management of risk by the most appropriate team.

It is important that the Local Intelligence manager and the safeguarding partnership must be able to agree on the collection,

development and dissemination of intelligence to allow decisions to be made about priorities and tactical options.

Governance

The Insights Activity Group reports to the Enfield Safeguarding Children Partnership Executive Group and the Safeguarding Adults Board.

Two key points will be shared with the Executive and other groups, which show how the meeting has helped to safeguard children and young people. Updates will be provided at the Safeguarding Adults Board.

Members are responsible for ensuring any actions agreed by the Insights Activity Group are effectively carried out within their agencies and will report back information discussed at the meetings.

Nominated members are expected to attend all meetings. Where this is not possible, this must be communicated to the Chair or Safeguarding Enfield Business Unit in advance, and reasons given and a substitute identified.

Core Membership

- Police (North Area BCU)
- Enfield Strategic Safeguarding Adults Service

Appendix C: Terms of Reference for Activity Groups

- Enfield Children's Social Care
- Enfield Information Governance Manager or DPO
- Enfield Community Safety
- NHS NCL CCG – Enfield Directorate
- Enfield Knowledge and Insights Team
- Public Health (from Adults and Children's)
- Enfield Children and Young People's Service (3rd sector)
- Modern Slavery Team
- NHS BEH Mental Health Trust

Individuals can be co-opted on to groups deemed necessary and as agreed by the chair.

Areas of analysis for 2021/22

The main areas of focus for the 2021/22 financial year are detailed below:

- Domestic abuse figures, further analysis with ethnicity breakdowns, correlations to child MH and exploitation.
- Ethnicity analysis to understand which communities may not be engaging with services
- Hate crime
- Financial abuse

Purpose of any analysis proposed

The purpose of the analysis is not to provide or assure individual case level practice, but to

provide a strategic view of the emerging issues or threats. The group will view aggregated data, however the source of and numbers involved may make individuals identifiable. In addition, the sharing of data will need to be at a client level so that links can be made to develop a comprehensive multi-agency picture, so that we understand the risks to a specified group of vulnerable individuals.

A fuller picture will:

- focus not only on priorities but also on other key threats identified in the intelligence gathering.
- allow needs to be continually reviewed and updated
- identify gaps and how those gaps can be filled e.g. digital intelligence strategy etc.

Responsibilities

London Borough of Enfield (LBE)

- LBE will identify subjects that require an improvement in intelligence and information,
- Provide information to allow analysts to form a picture of vulnerability and risks.

Health partners

- Provide information to allow analysts to form a picture of vulnerability and risks.

- Provide advice, guidance and direction on individuals suitable for health intervention

Basic Command Unit (BCU) Intelligence team

- Enfield and Haringey Police merged in 2019 to become the North Area Basic Command Unit (BCU).
- Provide information to allow analysts to form a picture of vulnerability and risks.
- BCU should run intelligence checks to capture individual subjects at risk of exploitation.
- Analytical and research support will be provided by BCU intelligence staff.

What is the legal basis for sharing these datasets and undertaking this analysis?

For Councils and the NHS the powers to share datasets come as follows:

For all data, Article 6 reason

The Data Protection Act 2018 (DPA) section 8(c) – “the exercise of a function conferred on a person by an enactment or rule of law”, specifically the National Health Service Act 2006 and the Health and Social Care Act 2012. This allows the legal basis of: UK GDPR Article

Appendix C: Terms of Reference for Activity Groups

6(1)(e) ‘...for the performance of a task carried out in the public interest or in the exercise of official authority...’

For Special Category Data, Article 9 Reason

The DPA section 10 (1) (b) satisfying DPA s.10(3) via Schedule 1 Part 2 section 10 “Preventing or detecting unlawful acts”; and, Schedule 1 Part 2 section 18

“Safeguarding of children and of individuals at risk”, permitting the legal basis of:

UK GDPR Article 9(2)(g) “processing is necessary for reasons of substantial public interest, on the basis of domestic law which shall be proportionate to the aim pursued, respect the essence of the right to data protection and provide for suitable and specific measures to safeguard the fundamental rights and the interests of the data subject;”

The DPA section 10 (1) (c) – “Health or social care purposes” satisfying DPA section 10 (2) via Schedule 1 Part 1 section 2 permitting the legal basis of: UK GDPR Article 9(2)(h) ‘... medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems...’

For the police, and other organisations who might be asked to share information on occasion (such as schools, community or voluntary organisations) the powers to share data come as follows:

Lawful basis for sharing information

The sharing of information must comply with the law relating to confidentiality, data protection and human rights. Most specifically it must comply with the following legislation.

- Data Protection Act 2018
- General Data Protection Regulation 2016 (GDPR)
- Human Rights Act 1998 (HRA)
- Common law duty of confidentiality
- Confidentiality and Sharing for Direct Care

Having a legitimate purpose for sharing information is an important part of meeting those legal requirements. It is also important only to share as much information as is needed for the stated purpose. What is shared must be accurate, relevant and up to date, and records must be kept of what information is shared and with whom.

This is a complex area and each Partner must take their own decisions and seek advice from their organisation’s Data Protection Officer and/or Caldicott Guardian.

Under GDPR, a data controller must have a lawful basis under Article 6 for processing personal data, and from Article 9 for processing special category data. For work relating to safeguarding children the following lawful bases will be the most common:

Article 6 (1)

(c) processing is necessary for compliance with a **legal obligation** to which the controller is subject

Article 9 (2)

(g) substantial public interest – processing is necessary for reasons of substantial public interest, on the basis of Union or Member State law which shall be proportionate to the aim pursued, respect the essence of the right to data protection and provide for suitable and specific measures to safeguard the fundamental rights and the interests of the data subject

Article 6 (1)

(e) processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller

Appendix C: Terms of Reference for Activity Groups

Article 9 (2)

Article 9 (2)

(h) provision of health or social care – processing is necessary for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services

(i) public health – processing is necessary for reasons of public interest in the area of public health, such as protecting against serious cross-border threats to health or ensuring high standards of quality and safety of health care and of medicinal products or medical devices, on the basis of Union or Member State law which provides for suitable and specific measures to safeguard the rights and freedoms of the data subject, in particular professional secrecy

The processing of criminal data meets conditions of legal obligation and public task in Article 6 as above, and additionally meets requirements set out in Article 10 GDPR and Schedule 1 of the Data Protection Act 2018.

The Children Act 1989 is the main legal obligation for the work of undertaken by the Partnership.

The Children Act 1989, Section 47, places obligations on the local authority and other public agencies to investigate any allegations where a child is suffering or is likely to suffer significant harm. Section 17 of the same Act places a duty on the local authority to safeguard and promote the welfare of children within their area who are in need.

Some concerns regarding children where information will need to be shared under this workstream will fall below a statutory threshold of Section 47 or even Section 17 Children Act 1989.

Sections 10 and 11 of the Children Act 2004 place obligations upon local authorities, police, clinical commission groups (CCG) and the NHS Commissioning Board to co-operate with other relevant partners in promoting the welfare of children and also ensuring that their obligations to safeguard and promote the welfare of children are met.

In addition to the above, some Acts of Parliament do give statutory public bodies express or implied statutory powers to share information.

There are a number of pieces of legislation. Some of these are relevant to all members of the BSCP, others relate to specific organisations. These are part of the full Terms of Reference and available on request.

Appendix C: Terms of Reference for Activity Groups

Practice Improvement Activity Group Terms of Reference

Chair: Jon Newton, Head of Older People and Physical Disabilities Services, Enfield Council

Meeting Frequency: The meeting will take place six weekly. Meetings will be accessible and enable participation remotely.

Quoracy and attendance: To be quorate meetings must include representatives from:

- Metropolitan Police Service North Area;
- NHS North Central London CCG;
- Local Authority Children's Social Care; and
- Adults Social Care

Where quoracy is not achieved, the meeting will continue but decisions will not be made unless the lead agencies (for adults – Local Authority ASC; for children's – Local Authority CSC, Police and NCL CCG) are present.

Nominated members are expected to attend all meetings. Where this is not possible, this must be communicated to the Chair in advance, reasons given and a substitute identified.

The Chair has the ability to initiate Task and Finish Groups, or sub-groups, as necessary to achieve the purpose of the activity group. The Chair must highlight any changes to the Safeguarding Adults Board or Safeguarding Children's Partnership Executive group, via the Business Unit.

The focus of the group, sub-groups and task and finish groups will be reviewed annually.

Purpose

The Practice Improvement Activity Group, will lead on:

- i) Safeguarding Adults Reviews (which the Safeguarding Adults Board has a legal duty to undertake) ensuring that these are completed in line with Care Act requirements, and that lessons can be learned together.
- ii) the work of overseeing local child safeguarding practice reviews, learning from national reviews, and translating these findings into system improvements, which can include updating policies and organising training.
- iii) The group will also be responsible for initiating children's multi-agency audits

to make sure that learning has been embedded and ensure the effectiveness of existing policies or practices.

- iv) Ensuring that policies and protocols for Adults and Child safeguarding are up-to-date and that they are reviewed regularly.
- v) For Child Safeguarding cases, provide oversight for cases that are escalated to the Practice Improvement Group, and noting cases that may have been escalated to the Exec.

The Safeguarding Practice Improvement Activity Group will work closely with the Insights Activity Group to highlight areas that need to be monitored, or to provide intelligence that might need testing.

Governance

The Practice Improvement Activity Group reports to the Safeguarding Adults Board and Local Safeguarding Children's Partnership Executive group.

Members are responsible for ensuring any actions are effectively carried out within their areas and will report back to their teams any relevant information discussed at the meetings.

Appendix C: Terms of Reference for Activity Groups

Core Membership

- NHS NCL CCG – Enfield Directorate
- NHS BEH Mental Health Trust
- NHS North Middlesex University Hospital
- NHS Royal Free London
- Police (North Area BCU)
- Enfield Council, Adults Safeguarding, including Principle Social Worker
- Enfield Council, Children’s Social Care, including Principle Social Worker
- Enfield Council, Education department
- Enfield Council, Community Safety/ Domestic Violence officer
- Enfield Council, Public Health (from Adults and Children’s)
- National Probation Service
- Schools representative
- Lay person

Individuals can be co-opted into meetings when deemed necessary and as agreed by the chair.

Child Safeguarding Reviews and Serious incidents

The Chair of the Practice Improvement group will also Chair Rapid Review meetings that are required following a Serious Incident.

Due to the urgent nature of booking these meetings a Deputy chair has been identified – Sharon Burgess, Head of Strategic Safeguarding Adults and Partnerships.

The Serious Incident and Rapid Review process documents the steps that must be taken when the local authority makes a referral to the National panel.

Safeguarding Adults Reviews

Following SAR referral meetings, the Enfield Strategic Safeguarding Adults team will ensure that an update to the Practice Improvement group is presented, including the decision.

The SAR referral meetings and review steps are detailed in the Enfield SAR protocol.

Review

These Terms of Reference will be reviewed annually and as necessary.

Appendix C: Terms of Reference for Activity Groups

Vulnerable Young People's Activity Group Terms of Reference

1. Background

The Vulnerable Young People sub-committee (VYP) combines oversight of Enfield's response to Missing Children, those subject to Sexual Exploitation, Criminal Exploitation, children privately fostered, Trafficking, Modern Slavery, FGM, and children involved with gangs or other harmful practices and those young people who are aged between 16-18 and are victims of Domestic Abuse.

It is recognised that a number of specific groups focus on different elements of this work.

The role of the VYP is to maintain a strategic overview of the work of these groups and constructively challenge quality of services and timely delivery of objectives.

2. Key functions of the subcommittee

2.1 The sub-committee will maintain close

working relationships with other groups, share information and provide constructive challenge to quality and timeliness of actions to improve the response to VYP across the borough.

- 2.2 It will identify gaps in commissioning and make recommendations to Enfield Safeguarding Children Partnership (ESCP) accordingly, commissioning specialist training via the joint ESCP/SAB Practice Improvement (PI) sub-group.
- 2.3 Maintain and disseminate a good understanding of National and Regional and local policies and practices with regard to young people and contribute to the developments of the new procedures and protocols where required.
- 2.4 The VYP sub-committee will drive the SAFE work- plan and agree new actions in support of other safeguarding strategies.
- 2.5 To support to the communication strategy of the ESCP for dissemination of information.
- 2.6 To support the Chair/ Deputy Chair to periodically deliver specific tasks through time limited "task and finish" groups.

3. Governance

- 3.1. The Vulnerable Young People subcommittee reports to the ESCP and may also provide reports upon request to other groups including Enfield Safer and Stronger Communities Board (SSCB) and Health and Wellbeing Board (HWBB)
- 3.2. Members are responsible for ensuring any actions agreed by VYP are effectively carried out within their agencies and will report back information discussed at the meetings.
- 3.3. Nominated members are expected to attend all meetings. Where this is not possible, this must be communicated to the Chair or ESCB Business Manager in advance, and reasons given and a substitute identified.

4. Core Membership

- Enfield Community Safety Unit – Andrea Clemons (Chair)
- Enfield Children's Social Care – Florah Shiringo
- Enfield CCG – Christina Keating
- Enfield Children and Young People's Service
- Enfield Youth and Family Support Service

Appendix C: Terms of Reference for Activity Groups

- Enfield School Improvement Service
- Police (Borough) – Paul Ridley
- Probation (NPS & CRC) – Kathryn Hunt
- Public Health – Dudu Sher-Arami
- BEH Mental Health Trust – Carolyn Sobers
- The Royal Free London NHS Foundation Trust
- North Middlesex University Hospital Trust
- Modern Slavery Team – Fiana Centala
- Rescue and Response
- Lead Cabinet Member as an observer

4.1 Members must have strategic oversight and understanding of performance in their agency.

4.2 Individuals can be co-opted on to the group as deemed necessary as agreed by the chair.

5. Practicalities

Chair: Head of Community Safety

Deputy Chair: TBA

Meeting Frequency: The meeting will take place quarterly and meetings will be set annually in advance.

Review: The Terms of Reference will be reviewed annually.

Appendix D: Partner Updates

Barnet, Enfield and Haringey Mental Health NHS Trust

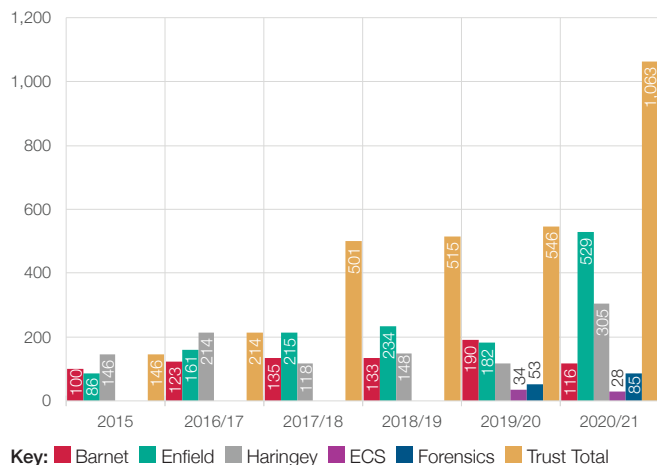
Safeguarding Enfield Annual Report information for 2020/21

Safeguarding Adults

Safeguarding Adult activity

The chart bellows shows a six-year comparison of safeguarding adult concerns raised. The number of concerns raised has increased significantly in 2020-2021 with reported concerns up by 92%. This is consistent with national safeguarding, whereby it has been reported that there is an increase in reports of abuse after lockdowns lift.

Six-year comparison of the number of safeguarding adult concerns raised by BEH staff

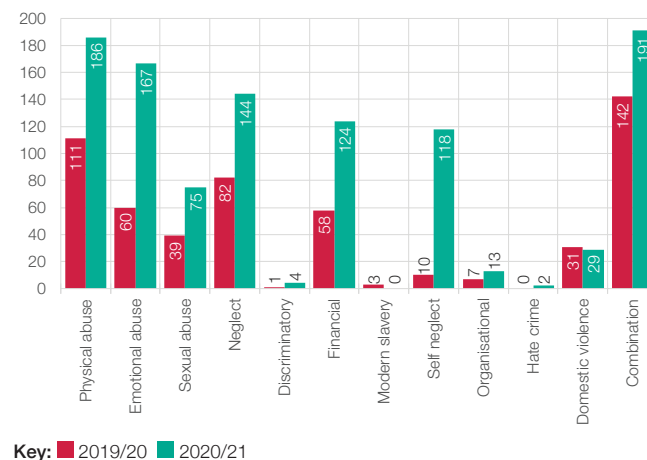


The table below gives further analysis of the trends in safeguarding adult referrals.

Year	Enfield	Trust wide annual total	Trend
2015	86	332	—
2016/17	161*	498 (50%)	▲
2017/18	215*	501 (1%)	↔
2018/19	234*	515 (2%)	▲
2019/20	186	546 (6%)	▲
2020/21	547	1,053 (92%)	▲

Please note: percentages in brackets = increase on previous year
*Includes ECS

Comparison in Adult Categories of abuse from 2019/20-2020/21



Safeguarding Adult referrals have increased for the 6th year running, and significantly so in 2020-2021 with a 92% increase in safeguarding adult concerns.

As indicated in the above chart, The most frequently raised categories of abuse physical abuse, financial abuse, psychological/emotional abuse and neglect or self-neglect.

There has been the most striking increase in abuse for the category of self neglect with a 1,000% increase in referrals. The Safeguarding team have created a trust toolkit for self-neglect, a quick grab guide and a lunch and learn session focussed on cuckooing (considered under the category of self neglect) have been put into place to help support staff. In addition team managers have been asked to ensure that their clients at risk of self neglect have additional monitoring and local authorities have created high risk and multiagency panels in an attempt to manage the increase in self neglect and the associated risks such as environmental neglect, hoarding, fire risk, pressure ulcers etc.

The safeguarding Adults national network, along with SAB's and national government have noted that domestic abuse has increased significantly in the lockdowns during the

Appendix D: Partner Updates

Covid-19 global pandemic. Although our figures show there has not been an increase in domestic abuse, it is important to note that the majority of our domestic abuse reporting is under the categories of Physical, psychological and combination abuse, which has increased by over 100% in the last year. Our response to this increase is to support staff with their responses in the following ways:

- Providing resource packs for domestic abuse; some of which were specially created to work with DA during the pandemic.
- Increased training in domestic abuse provided by our IDVA services.
- Comms awareness and support campaigns including material and toolkits on safety planning, MARAC and responses to domestic abuse.

Psychological abuse safeguarding referrals have represented the biggest increase in referrals during the pandemic; Our trust have seen a significant increase in the reporting of Physical, emotional and combination of abuse. These forms of abuse have increased in the community but more significantly on the wards. Acuity on the wards during the initial lockdowns increased along with reporting of sexual abuse and physical harm. The adult safeguarding lead has worked with ward management to

implement preventative measures in the areas of physical violence and improved response to sexual abuse.

Concerns regarding the newer categories of abuse as defined by the Care Act (2014), such as modern slavery/human trafficking/ domestic servitude and hate crime are still less frequently raised. They remain low, however, we have seen a slight increase in 2020-2021. The Safeguarding team have implemented modern slavery training to the Champions and team managers in the trust in an attempt to raise awareness and see if this generates more activity. It is however acknowledged that these issues are less common in secondary services.

Concerns regarding financial abuse and scams has increased by 110%. This increase was predicated nationally during the pandemic and relevant partners have been working together; such as police, local authorities and fraud teams to address concerns and raise awareness.

There has been an increase in referrals for pressure ulcers from Community Nursing Services in Enfield especially in the categories of neglect (mainly pressure ulcers). There is work planned for supporting district nursing with safeguarding relating to pressure ulcers

and ensuring that they are managing under the appropriate frameworks.

Data collection has been a focus of this year with the adult safeguarding lead meeting with the local authority to discuss more effective data collection.

Section 42 Enquiries

Section 42 conversion rate	Q1 & Q2	Q3	Q4
Enfield	10%	65%	40%

We continue to collect data regarding the number of safeguarding adult cases that meet the Section 42 (2) Enquiry threshold. In the last two quarters, S42 enquires have increased significantly in Enfield, with a conversion rate of approximately 50% overall. There may be different reasons for this. In mid-2020, the local authority in Enfield spent a lot of time encouraging SAMs to think about if, the fact-finding work they had done did, in fact, fit the criteria of an enquiry. Due to Lockdowns, concerns received came through less consistently. Along with this, there is anecdotal reports from the local authorities and SAB's that the nature of Safeguarding concerns have increased in complexity and therefore require Section 42 enquiries more often.

Appendix D: Partner Updates

Safeguarding Children

Safeguarding children activity

There has been a slight decrease in referrals for Children’s safeguarding in the year 2020/21. Referrals dropped whilst children were kept at home from schools and other services that serve as the most consistent referrers for children’s safeguarding. It was noted that as children and young people returned to school there was a significant increase in referrals and the nature of the referrals more complex and entrenched within complex family dynamics.

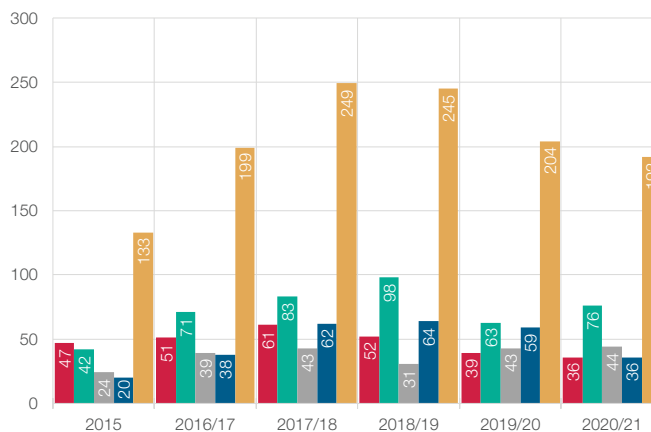
Year	Enfield	Trust wide annual total	Trend
2015/16	42	133	–
2016/17	71*	199 (19%)	▲
2017/18	83*	249 (25%)	▲
2018/19	98*	245	↔
2019/20	89**	204	▼
2020/21	76	192	▼

Please note: percentages in brackets = increase on previous year

*includes ECS

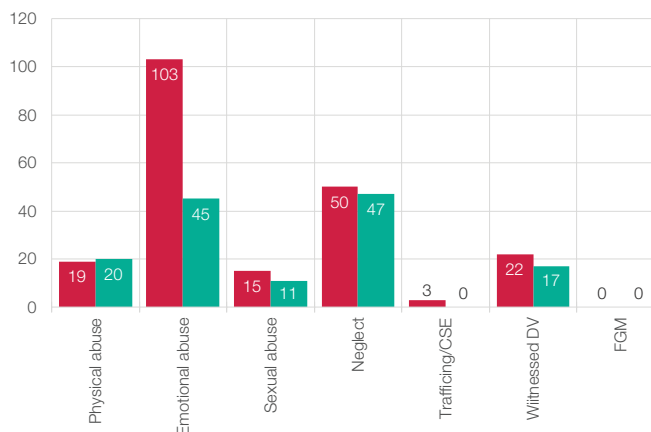
**includes 26 from ECS

Total number of safeguarding children referrals



Key: ■ Barnet ■ Enfield ■ Haringey ■ Specialist services ■ Trust wide

Comparison of Categories in Children’s safeguarding 2019/20-2020/21



Key: ■ 2019/20 ■ 2020/21

The graph above shows the number of safeguarding children referrals made by type during 2020-21. This year we see a plateau in the amount of referral being made for children who witness domestic abuse. This may be hidden harm as less reporting is wider acknowledged during lockdowns. The number of referrals for children who are witnessing domestic abuse (22 referrals in 2019-20 compared to 17 during 2020-21). Early help and emotional abuse remain most common categories for the safeguarding referrals submitted for children with no change in the remaining categories, namely Female Genital Mutilation (FGM) where the safeguarding referrals remain 0 which is common for non acute trust for this to be very low. Reports of emotional abuse have halved during 2020-21 questioning whether this area of harm is hidden and will be reported as more services open and children and young people are accessing services.

In comparison with the previous two years there is a noted decrease in the number of referrals submitted across Enfield.

Since March 2020 the decrease in the number of safeguarding referrals made for children is a national picture and has been noted across all local authorities. This is due to the COVID-19 pandemic, that caused a locked down and resulted in fundamental changes to the lives of

Appendix D: Partner Updates

children and young people across the United Kingdom. This has meant that the agencies that would usually have ‘eyes’ on our children no longer did resulting in ‘hidden harm’. Our Trust was effective in responding to this change by implementing virtual consultation’. Despite this new type of contact, children were not being seen in the traditional way. With the return to a new normal it is anticipated that safeguarding referrals for children will return to pre-COVID levels.

Examples of excellent practice by an officer or team

Jo Toose in Enfield assessment team (BEH MH trust) team has been instrumental in the trust in managing/screening and supporting staff to implement protection plans. Her placement in the Enfield assessment team in mental health has improved safeguarding responses and supported trust staff.

Safeguarding focus during Pandemic

- Increase in online training
- Tailor online training to the areas of increased abuse or hidden harm (cuckooing, neglect, financial abuse)
- Increased COMMS and toolkits shared.

- Increase in the amount of safeguarding champions in each team.
- Meeting with teams to promote areas of abuse that require preventative work e.g. teams making lists of those vulnerable to self neglect and implementing additional monitoring measures.
- Sexual safety measure on wards including the following increase in Sexual abuse during lockdowns and subsequent reduction in S17 leave:
 - A3 posters for wards – (for staff and patients to raise awareness)
 - Sexual safety Booklets
 - Quick grab guide
 - Temperature check postcards for wards.

Preventative work ongoing look at effective risk management strategies to reduce incidents of sexual abuse on the wards – white board meeting – standing item on the daily agenda. i.e. daily checks of how safe a patient feels. Practical tips for ward staff – i.e. staff awareness of blind spots, environmental management. Practical tips for risk management of individual patients (eg if someone if very sexually disinhibited as part of their illness, what measures are staff putting in place to mitigate risks).

Themes emerging in lockdown 2020/2021

Lower numbers of safeguarding are reported during the peak of the lockdowns in the community and then a sharp rise in safeguarding referrals when lockdowns are lifted has been noted. The acuity on the wards does increase during lockdown periods where S17 leave is more limited. In line with national trends, Domestic abuse, self neglect, neglect and financial abuse has increased significantly.

There is evidence that there is more “hidden harm” during lockdowns, including grooming on the internet – (radicalisation, sexual abuse). This is evident from more PREVENT referrals from the trust along with more reports of online financial scams. Police report that Cuckooing has increased during lockdowns – staff have had access to Camden and Islington lunch and learn on cuckooing and audits on the response to Cuckooing safeguarding’s have been completed along with promotion of the relevant forums to manage risk. An increase in allegations against staff (especially bank staff) has been noted. This may be because the trust has appointed a PIPOT lead who is collating data within the safeguarding team.

Appendix D: Partner Updates

Community Safety Unit

Safeguarding Enfield Annual Report information for 2020/21

The Community Safety Partnership known locally as the Safer and Stronger Communities board have refreshed their partnership plan. There is continued focus on tackling violence and burglary but additionally renewed efforts in reducing the harms caused by the supply and use of illegal drugs. This area is a key driver for crime and can manifest in ways such as county lines, cuckooing vulnerable people's addresses and increased violence and acquisitive crime.

We continue to work with the Mayor's Office for Policing and Crime and have submitted request for funding allocations to support our local priorities and those for London.

The SSCB is seeking to develop and refine offender management practices for both adults and young people to try to ensure the best outcomes for offenders and to reduce the numbers of victims of crime.

Public Health colleagues have worked in partnership with us to draft an evidence-based approach to tackling serious youth violence and our North Area Violence Reduction Plan has received favourable comment from the

GLA Violence Reduction Unit.

Covid 19 and the resulting restrictions have impacted on levels of crime in different ways with some reducing dramatically and others including Domestic Abuse and Anti Social Behaviour resulting in greatly increased demand.

Children's Services have created a Domestic Abuse Hub, where multi skilled teams from across the council provide support for victims of domestic abuse, irrespective of whether they have dependent children.

Hate crime incidents, linked with racist offences have also increased and we monitor crime patterns and individual cases to bring about improvements, highlight risks and support individuals.

Safeguarding focus during Pandemic

See above example of DA Hub.

CCTV operatives have acted in support of the police and public health to identify areas where Covid restrictions are breached to enable a targeted response.

Many interventions have moved on line to support young people who are vulnerable to exploitation by street gangs, although outreach has continued where allowed.

Worked with the police and partners to identify changing crime types and associated risks.

Worked with Safeguarding Adults Team to provide additional security for older vulnerable residents in addition to our locks and bolts service to give those at risk from crime greater security and peace of mind.

Enfield Carers Centre

Safeguarding Enfield Annual Report information for 2020/21

Safeguarding Adults

Enfield Carers Centre's entire office, homecare and support team also received Modern Slavery awareness training from the LBE MASH Team.

Safeguarding Children

1. Our newly employed Young Carers Worker attended online 'Child Protection' training delivered by the NSPCC.
2. The Young Carers Project Manager attended: 'Virtual Working and Safeguarding Considerations' training delivered by Education Child Protection and 'Jack Petchey Digital Training for Youth Groups' training delivered by Third Sector Lab.

Appendix D: Partner Updates

3. Another Young Carers Worker attended 'Domestic Abuse and Sexual Violence Awareness' online training delivered by Barnet Council.

Enfield Carers Centre (ECC) also refreshed its whole staff team's safeguarding knowledge via online training just before the onset of Covid.

ECC has also introduced a Safer Recruitment Policy. This involves:

- Including the Organisation's Safeguarding Statement in any job advertisements
- Requiring all applicants to complete an application form requesting identifying details; a national insurance number; a full chronological career history since leaving secondary education; any relevant or required qualifications; a personal declaration and details of two referees one of whom must be their most recent employer
- Providing a job description and person specification that includes the organisation's Child and Adult Safeguarding Statement.
- Ensuring all relevant documents also clearly state that all applicants must be willing to undergo Adult and Child protections screening relevant to the post, including

checks with past employers and the disclosure and barring service.

- Asking candidates appropriate questions at interview relating both to their skills and reasons for wanting to work with children and/or vulnerable adults.
- Ensuring that at least one member of the interview panel has undergone 'Safer Recruitment Training' within the past three years.
- Checking all candidates ID and exploring any gaps in their employment history or anomalies on the application form.

Safeguarding focus during Pandemic

Our charity noticed an increase in the number of concerns raised by both vulnerable adults and children during the pandemic as carers were "locked in" with their cared for persons with dementia and those with challenging behaviour etc.

ECC has made over four thousand "welfare/check-in" calls so far to:

- a) adult carers we were already aware of who were in precarious/challenging situations
- b) over 1,000 registered dementia carers
- c) all carers aged 65+

In addition ECC's EyPIC Young Carers Project Workers made Check-in/welfare calls to the majority of our 479 registered young carers at that time.

Because of the unavoidable move to solely online services during the pandemic, we have closely considered the potential risks for vulnerable people and subsequently created and implemented the following: 'Online Safeguarding Policy', 'Safeguarding Risk Assessment for Zoom', 'Staff and Volunteer Code of Conduct for Online Sessions' and our 'Online Behaviour Agreement for Young People'. ECC did not previously offer online activities for children. Some key points include:

- Private meeting IDs and passwords used to ensure only invited people can attend
- Screen sharing options are off
- Private chat disabled (except to hosts) so this can be monitored by staff
- Staff monitor verbal conversations and the chat window and manage any situations arising following the 'Child Protection Policy and Procedures'
- Links for online activities are in the shared calendar to enable an open-door policy with Designated Safeguarding Lead access

Appendix D: Partner Updates

- There are always 2 staff in each online group session
 - Staff received training on how to use the Zoom platform safely with safeguarding in mind. Test simulations where 'everything goes wrong' took place to test the ability of staff to use Zoom.
 - Staff rename children to their first name on Zoom if their username contains personal information such as their email address or phone number, or something inappropriate
- activities and advice on a wide range of areas including:

- **ECYPS Foodbank**
We expanded our foodbank to meet the needs of the community in the borough of Enfield. With the rise in unemployment, many families on low income and vast amount of the community shielding due to Covid-19 families were struggling to put food on the table during lockdown. We co-ordinated our services with the support from the Felix Project, Stand Together Enfield, Grassroots and local business including Lidl, BITC and not forgetting the phenomenal response from the local residents. **24,000** bags of food were provided to families attending our foodbank at The Ark. Additionally, we delivered cooked food to **2,000** families who were shielding due to medical needs. We expanded our foodbank to include a clothes bank and toy bank. 70% the people attending foodbank are from the Bulgarian/Turkish community. We have identified gaps in services and will be working with Edmonton Community Partnership to establish a hub for the community. Looking ahead, we will be working with Edmonton Community Partnership to deliver **14,000** essential food bags to **200** families across seven schools in Edmonton.

- **Parenting support**
Due to the impact of lockdown many families were struggling with home schooling. Parents had to adapt and become teachers, activity leaders, counsellors whilst continuing to work from home. ECYPS adapted their 13-week SFSC parenting programme to a 4-week online programme focusing on positive parenting skills during lockdown. 24 workshops were delivered dealing with positive parenting techniques to increase positive behaviour.
- **Safeguarding**
ECYPS provided regular information on online safety and links full of helpful resources including NSPCC, Childline, NHS, Think U know, National domestic abuse helpline, county lines and local authority services. We delivered online training including county lines, child protection, bespoke child protection training for foodbanks, safeguarding forum. DBS-checks for staff, volunteers and community organisations continued throughout Covid19. We produced monthly E-bulletins with helplines, emergency contact details, regular updates, details on local foodbanks-so that children do not go hungry during school holidays. ECYPS also promoted vaccination centres across Enfield. Finally, we revised our community

Enfield Children's and Young People Services – awaiting return

Safeguarding Enfield Annual Report information for 2020/21

The impact of Covid19 on ECYPS and the community has been extremely challenging and difficult with staff and volunteers dealing with personal bereavement but continuing to support the most vulnerable children, young people and their families in Enfield.

From the beginning of lock down ECYPS immediately went live across all social media platforms providing essential information,

Appendix D: Partner Updates

handbooks and free and affordable activities books which were circulated online to organisations across Enfield.

- **Mental Wellbeing**

ECYPS produced a Covid19 Survival Kit workbook for children and young people to improve their mental wellbeing and navigate their lives positively throughout the pandemic. As a result of securing Covid19 funding, ECYPS was able to deliver counselling sessions for parents, children and young people subsequently assisting CAMHS who were facing a high demand on their services. Majority of referrals have been from leaving care team, Change and Challenge, Parent support and community organisations. ECYPS also produced a mental health YouTube video providing young people a platform to express themselves on the impact of Covid19 restrictions on their mental health. We delivered 32 mindfulness sessions online, 20 creative art workshops and weekly creative writing workshops in conjunction with Scribeasy, 20 healthy eating workshops. As soon as lockdown eased we resumed our 'I feel good' sessions to provide young people including young carers and young people with additional needs pampering sessions to unwind and release stress.

- **Covid-19 Vaccines**
Supporting the roll out of vaccines to communities in mosques, churches, community centres. The ARK was a Covid19 vaccination centre.
- **Promoting physical fitness and mental wellbeing**
Regular cycling, fitness, pilates and dance sessions delivered online and face to face.
- **Training** was delivered online via zoom. ECYPS delivered several child protection/safeguarding training to LBE staff and community organisations. 40 people attended training from the Turkish mosque, 20 local child-minders continued their training to keep up to date with Ofsted requirements.
- Due to the increase in mental health ECYPS delivered 'My wise friend' and 'Take a breath' to give staff and volunteers simple techniques to implement when services and schools re-opened.
- **CHiPS**
Community help point Scheme-Additional year of funding was secured via NEXUS and as a result CHiPS had a relaunch. Increased online presence across social media platforms, promoted via school food distribution bags to 200 families across

7 schools in partnership with Edmonton Community Partnership

Enfield Council Safeguarding Adults

Safeguarding Enfield Annual Report information for 2020/21

Safeguarding Adults

Modern slavery

Helpline: In April 2020, we established a specialist modern slavery helpline for professionals and members of the public to seek specialist support and advice, or to refer their concerns of modern slavery in the borough that they encounter. Between May 1st 2020 and January 31st 2021, we received 116 calls to the helpline.

Key achievements:

- Working with Housing to establish the Multi Agency Risk Assessment Meeting (MARAM) to support rough sleepers.
- Establishing a clear pathway of referrals with the Police, housing and secondary mental health services and the Modern Slavery Team.

Appendix D: Partner Updates

- Providing enough evidence to police colleagues to enable the CPS to charge a husband and wife with modern slavery offences. Trial to commence 10.10.21.
- Being described by the Central Crime Police Teams as the 'gold standard' borough with the view of training other boroughs on how to approach modern slavery and exploitation cases.

Strengths-Based Approach

Following the success of the 3-month trial of the 'Linking Together' Innovation Hub and subsequent roll-out of the 3 conversations model and Strengths-Based Approach (SBA) to the Single Point of Access (SPA) service, it was decided that this way of working would benefit residents and staff and we are working to implement more widely. We have a working group that meets fortnightly to deliver the vision and enhance the strengths-based practices that are already being used.

SMART Technology

A pilot has been underway with adult social care service users, carers and staff using SMART devices. 10 Amazon Echo Shows were donated by Amazon and the work has helped design a larger pilot for 2021/22 involving upskilling staff, working with care

home residents and their carers, and using the devices to support independent living for longer.

Domestic Abuse Perpetrator Programme

Strategic safeguarding has worked with the National Probation Service (NPS), Children and Families and Community Safety to commission a pilot scheme, delivered by Rise Mutual, around behaviour change for those at risk of perpetrating domestic abuse.

This is funded largely through a government grant which the NPS acquired and ran from November 2020 to March 2021. It is known that perpetrators of domestic abuse are abusive in multiple relationships throughout their life – so to multiple partners and older parents for example. So, engaging with perpetrators is essential to prevent future abuse. We have worked hard with the provider (Rise Mutual) to ensure that their service is suitable for older or disabled adults and carers to reflect the Adult Social Care service user group. Monitoring meetings were held every two months to examine this and a programme of awareness raising took place to encourage referrals.

Safeguarding Children

- **Safeguarding Ambassadors**
Weekly meetings took place with our

Youth Leaders to co-produce a training programme for a role as an Enfield Safeguarding Ambassador. The training will be used to train the 2021-22 cohort of ambassadors. The Safeguarding Ambassadors met with the safeguarding Partners as part of Enfield's Section 11 audits. Some of the actions from the meeting included developing a video by the Safeguarding Ambassadors on voice of the child. The Service User, Carer and Patient group is advising on this work.

- **Communication**

A new website platform has been developed at: www.enfield.gov.uk/safeguardingenfield. The content is now being reviewed, with a focus on increasing the amount of multimedia/video content. Regular newsletters have been to both the adults and children's partnership, highlighting the work of the partners and key issues.

Safeguarding focus during Pandemic

Supporting Care providers

In response to the pandemic the strategic safeguarding adults team has been actively working with our care providers. We have ensured they have: access to information and support around infection control; the latest

Appendix D: Partner Updates

public health guidance; and can raise issues with our quality assurance team.

Ongoing support to providers

Targeted support is provided to care support workers and informal carers to embed infection control training and translate this into good working practices, for example in how to use PPE correctly and effectively to protect all those they have direct contact with. The quality assurance team is the point of contact for care providers, and concerns and issues raised from them are then considered and responded to with the Public Health team.

Communications

We are in regular contact with our care providers, and have developed a dedicated MyLife webpage. The webpage, which was developed in partnership with Public Health, focuses on infection control information and training.

Quality Assurance and emergency processes:

Many social care providers have sadly suffered significant losses of residents due to the covid virus and the pandemic has reduced the demand for residential and nursing placements. This information is collected and considered on a regular basis.

The quality checker project continues to gather information directly from people who use services and their friends and family to ensure their experiences during the 'lock down' period is included in our considerations and learning.

Learning

The strategic safeguarding adults team undertook learning reviews with providers that had COVID outbreaks to identify risks and develop risk mitigation strategies.

Contingency planning for the winter break heightened risks

During the winter months, we were faced with acutely heightened risks around provider failure. Enfield has 13 nursing homes and over 70 residential sites. Within these organisations there was a risk of owners running into significant financial difficulties, and loss of staff either due to not being paid, developing symptoms, or being told to isolate by track and trace.

Moving adult social care service users at short notice, particularly over cold, winter months is a complex task requiring health, pharmacy, transportation and logistical input. Some care home residents are out of borough placements but we still have the safeguarding responsibility for moving them safely. Emergency preparation

and contingency planning were taking place, with weekly monitoring of care home vacancies.

Working with people who have refused to comply with government guidance

Regular meetings were taking place, chaired jointly with Public Health to consider residents, and council tenants, who had not been complying with COVID-19 guidance on social isolation and distancing. The meetings were multiagency and provided a place where agencies could refer in, with a risk assessment, and appropriate local action could be taken. If the local measures were not successful, the group could refer to Public Health England.

Care Act Easements and Service Demand preparation

At various points though the year, Adult Social Care managers met weekly to discuss how to mitigate the increase in demand/potential further increase in demand on services due to increasing infection rates or restrictions. Actions from this meeting so far include:

Reviews and support plans have been edited on our systems to include more explicit contingency planning for if the agreed care plan is not possible.

Appendix D: Partner Updates

All informal carers who manage Direct Payments packages have been written to, to ensure that they have contingencies in place and encourage them to reach out if not.

A 'dummy-run' exercise has been run around a hypothetical domiciliary care agency collapse which has led to a number of identified actions to ensure that we could respond promptly to this (for example pre-written scripts/risk assessments and establishing languages spoken within the service). This incorporated all service areas.

Each operational service area has put in place a risk assessment around their service user group in case of large increases in community or staff infection.

Ethical Framework for Health and Social Care:

Department of Health and Social Care's Responding to COVID-19 – Ethical Framework for Health and Social Care was shared widely across the adult social care services.

www.gov.uk/government/publications/covid-19-ethical-framework-for-adult-social-care/responding-to-covid-19-the-ethical-framework-for-adult-social-care

We undertook the following steps to raise awareness of the Ethical Framework:

- During the first lockdown, guidance was issued to staff around proportionate responses to Safeguarding Adults concerns, the framework was included in this guidance and associated discussions ensured that the framework was highlighted at the end of our training for adult social care professionals
- Principal Social Worker for Adults (Sharon Burgess) sent communications to all Enfield Social Workers highlighting the framework
- highlighted the framework to our Safeguarding Adults Managers through our fortnightly communication with them

Enfield Council Education department

COVID response

- Provided weekly home learning ideas for over 400 PVLs, schools and childminders.
- Supported 400 schools, PVLs and childminders on key transition points for children and young people, including providing Early Years transition for vulnerable pupils.

- Created and sent out over 4,000 Year 6/7 transition packs to all pupils in Year 6 in Enfield including for vulnerable pupils.
- The Educational Psychology Service (EPS) provided telephone support line for parents, with schools' agreement to use their statutory visit time for this purpose.
- EPS provided support for staff and headteachers during the year, including whole school wellbeing.
- EPS supported 14 schools to achieve the Sandwell Charter Mark, which supports a whole school approach to social, emotional and mental health.
- EPS and Professional Learning (PL) team set up a ten session programme of PL to support schools in their resilience and recovery work for all pupils.
- Schools' Traded Service worked with school to support food vouchers and/or food parcels to go to the most vulnerable families.
- HEARD and Nexus have put on three well attended parent workshops.

Appendix D: Partner Updates

Wider

- Set up a ten session PL programme, including local, national and international expertise, re: Unconscious Bias and Anti-Racism as a response to the BLM movement.
- A three session Governor training course re: Unconscious Bias and Anti-Racism has started as a corollary to that training.
- Set a ten session PL programme re: Digital Transformation for schools which included national expertise for online safety in both primary and secondary schools.
- A new Designated Safeguarding Leads (DSL) network for school DSLs has been set up.
- The SEYIS adviser visits to schools included questions about the remote learning offer. This checked that all pupils were being contacted and how schools reacted to any lack of response from a pupil or family.
- Whole service Safeguarding training took place in September 2020.
- All NQTs were able to join LA run safeguarding training within their first half term.

- Trauma Informed Practice in Schools (TIPS) was promoted via two taster sessions open to schools and all members of the Education Service.
- Nexus funded training for all schools from Pivotal education linked to restorative practice and TIPS.
- SWERRL/BSS have support vulnerable pupils in their return to school.

Enfield Council Housing

Safeguarding Enfield Annual Report information for 2020/21

As part of our work towards a DAHA accreditation we have developed a new Housing and Regeneration Domestic Abuse policy which will be circulated to our stakeholders as part of the consultation on this policy.

We have procured a review of council housing processes including an external review of our Anti-Social Behaviour processes, with particular scrutiny of the frontline staff's approach to cases involving vulnerable residents

As part of the wider Housing Services restructure, a new team delivering a person centred, tenure blind, support service for

council housing residents has been created. This team will be ensuring the most vulnerable residents in the borough receive holistic, structured and sustained support to help them maintain the tenancies and achieve personal goals to decrease levels of extreme deprivation, ASB, and public health issues.

We are developing an estate management strategy focusing on delivering our place shaping agenda, including actions to increase wellbeing and engagement across Council Housing.

Safeguarding Adolescents From Exploitation (SAFE) panel, meets fortnightly – Housing Management are a core member.

We are developing a vulnerable resident procedure, setting out our processes for supporting and engaging residents who are at risk of neglect and abuse.

We are continuing to develop our staff training plans, which will include an annual safeguarding training (refresher) course.

Homelessness

We have developed suicidal prevention guidance for dissemination to all Officers across housing and homelessness services.

Appendix D: Partner Updates

The Housing Advisory Service has developed guidance (still in draft) to support referrals into adult and children services. This will be rolled out this summer alongside briefing on Domestic Abuse Act.

On 5th July 2021 the Domestic Abuse Act 2021 removed the vulnerability test for survivors of domestic abuse. This now means that all survivors of domestic abuse who approach the homelessness service will be in Priority Need. Training and briefings continue to be delivered across the homelessness service and with colleagues in other Council services to meet the new duties.

MARAC meets fortnightly and is attended by, Sustainable Housing Pathway Manager.

We are currently working towards the DAHA Accreditation alongside housing colleagues.

There is service- wide need for safeguarding training over and above the I-learn offer, which the service will be looking to secure by Autumn.

Safeguarding focus during Pandemic

Housing Needs

Safeguarding and ensuring the safety and wellbeing of local residents was at the heart of changes to the way housing needs services

were delivered during the Covid-19 pandemic and 'lockdown'.

1. Street homelessness was addressed quickly through compliance with government guidance to move rough sleepers from shared housing to self-contained housing within days of the announcement.
2. Rough Sleeper accommodation/support delivery plan developed – those who were assessed as homeless or at risk of sleeping rough were accommodated during 'lockdown' in hotels or self-contained accommodation. This meant more single people and couples without children were kept safe.
3. A new dedicated Housing Advice Telephone line was introduced immediately after 'lockdown' to re increase access to services/replace Face to Face contact at John Wilkes House (main Housing Needs Office) when the Council building closed. New access arrangements were immediately communicated widely across the Council/Voluntary and Community Sector. Information was translated into community languages. When Enfield and Edmonton libraries opened to the public, a Housing officer has been located there to support library staff providing services to

customers at risk of homelessness who do not have digital access or a phone.

4. Three Housing Officers were appointed to the Council's Domestic Abuse Hub in recognition of data showing an increase in domestic abuse during 'lock down' to work exclusively with this client group carrying out risk assessments, safety planning and identifying safe accommodation; welfare checks were carried out on all open homeless cases where domestic abuse was reported as the cause of homelessness.

Housing Management

During the Government Lockdown imposed from 23rd March 2020, the Housing management team undertook a "Welfare and Wellbeing checks" programme, calling all known vulnerable residents and those believed to be at risk of abuse or neglect. The service maintain regular contact with all sheltered housing residents and a significant portion of our residents over 65 in General Needs accommodation who have requested ongoing support.

We are working in partnership with the Riverside Floating support service to help residents carry out tasks associated with independent living, utilise technology (where appropriate) to assist in their support and longer term wellbeing, and

Appendix D: Partner Updates

access information, community resources and social interaction to avoid becoming socially isolated. Since lockdown restrictions have been lifted, the housing management team are now undertaking a series of welfare checks and welfare visits to residents with whom the service has had little or no contact.

Staff have had specific training in identifying signs of abuse and neglect, as well as training for identifying and supporting those suffering from Domestic Abuse during the Covid period.

Healthwatch Enfield

Safeguarding Enfield Annual Report information for 2020/21

Healthwatch Enfield was established to act as the statutory, independent consumer champion for health and social care services in the borough. Our roles and responsibilities include:

- Obtaining the views of local people regarding local health and care services and importantly to make these views known.
- Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local health and care services.

- Providing advice and information about access to local health and care services.
- Enabling local people to monitor the standard of provision of local health and care services and whether and how local care services could and ought to be improved.
- Formulating views on the standard of provision and whether and how the local health and care services could and ought to be improved; and sharing these views with Healthwatch England.

Healthwatch Enfield is also able to raise relevant issues at a number of strategic boards. This allows us to provide support as well as challenge and highlight issues raised by local people in the development and delivery of local strategies.

In terms of safeguarding, Healthwatch Enfield

- ensures that our Board, staff and volunteers are trained to understand and follow up any safeguarding concerns identified by us or raised with us in our work locally
- arranges refresher safeguarding training for staff, volunteers and board members
- has reviewed our safeguarding policy in May 2020

- supports and challenges data presented at a number of strategic boards

We have promoted safeguarding training opportunities.

We deal with any specific concerns raised with us and when appropriate refer these to the CQC and welcome the support of senior managers in follow up work.

We value the strong commitment to improving engagement and understanding of safeguarding across all communities.

We have been working with the Council's Covid Resilience Board during the pandemic as well as supporting a number of regular meetings particularly to support vaccination take-up recently. It should be noted that the joint working expected from the Integrated Care Partnership has been accelerated by developing an Enfield response to covid vaccine take-up. This has been a really positive development and bodes well for the future. It would be useful to learn lessons from this joint working approach, in our efforts to work with local communities with regard to raising awareness about safeguarding and domestic violence.

Appendix D: Partner Updates

Safeguarding focus during Pandemic

- We have promoted information about safeguarding and particularly domestic abuse throughout the pandemic.
- We have also run a number of webinars most recently focussed on mental health.
- We have continued to work with the Council's Covid Resilience Board during the pandemic.
- We have also attended weekly meetings led by local GPs to support the vaccination process in Enfield. Our work with local black and minority ethnic communities has enabled us to support this process and the efforts being made to reach out to all communities in Enfield.
- We have drawn attention to the challenges faced by Eastern European, primarily Bulgarian/Roma communities, particularly those who do not have settled status and are engaged in sex work. We are working with the Council/Health on vaccine take-up and GP registration.

Integrated Learning Disabilities Service (ILDS)**Safeguarding Enfield Annual Report information for 2020/21****Safeguarding Adults**

EILDS continues to provide a multi-disciplinary approach to managing PMLD which includes social, physical, psychological, and mental health assessments.

- Safeguarding concerns have continued to be received by the service and safeguarding plans are completed within usual time frame, essential face to face meetings have taken place during lockdown where tech/video was seemed not appropriate for service users.
- In some cases, following closure of a case, a review may take place (3 months) to make sure all protective measures are still robust and that service users are safe, and any agreed actions have been completed.
- Throughout the safeguarding there is continued Management support and oversight and clear directions from the Sam is recorded in cased notes.

There has been continued work to an excellent standard, managing some very complex safeguarding cases and all were responded to with MSP continuing to be a focus.

Examples of excellent practice by an officer***Case example and feedback extracted from the internal safeguarding enquiry audits:***

The safeguarding concern is raised by an art therapist working with the client who raised concern regarding psychological abuse and neglect perpetrated by the client's support worker and centres on her responses to the client when asked for particular support and the worker's view that the client should not be in bed at certain times of the day which the client explains is a side effect of her medication. The client specifies she feels she is being bullied by this individual and explains that this is impacting on her mental wellbeing.

Good Practice

Safeguarding plan implemented that the person alleged to have caused harm in this case is removed from the client's support arrangements. This is a robust plan which removes the risk of further abuse for the client, it is acknowledged that as the support worker works for an organisation, there could

Appendix D: Partner Updates

be further clients at risk in this case. These risks are considered by the safeguarding adults manager who requests that the enquiry officer has input into the interview questions to establish how long the support work had worked for the organisation, to review her training records and to establish whether there have been any concerns raised about her conduct by other clients.

The enquiry officer emails the manager with a list of constructive questions to be referred to within the interview with the support worker, these centre around the support worker's knowledge of the clients can support needs and around dignity and respect.

There is good evidence of engagement with the adult.

The client's voice is captured well and there were explicit verbatim statements which form her safeguarding outcomes. There are recordings regarding the client's capacity with regards to safeguarding concerns and is clear through the engagement and dialogue with professionals that this is the case, this is well evidenced. Another area of good practice is the co-production of the safeguarding plan with the client to ensure that she has a sense of ownership and control over the safeguarding

process and how this impacts her own support arrangements. The making safeguarding personal principles identified as relevant in this case were Control by the individual over day-to-day life, Protection from abuse and neglect and Physical and mental health and emotional wellbeing.

There is clear and detailed SAM oversight. Guidance is provided by the safeguarding adults manager around the next steps and a time frame set for the safeguarding adults manager to be updated three days later.

This enquiry audit has established areas of good practice in respect of making safeguarding personal and approaches to practice. Safeguarding principles are well evidenced, and recording is to a good standard, furthermore, there is a clear narrative as to the client's views, wishes and outcomes at each stage of the enquiry. There have been some areas for learning which have been identified which has been shared at the Social Work Forum within their service.

Safeguarding focus during Pandemic

- We have continued to offer all specialisms in the service and prioritised urgent review and associated clinical work to support individuals and keep them safe at home; we

have used technology in various different forms and developed a series of social stories and accessible information both for our website information and for individuals.

- We have made over 2,500 welfare calls to those who are high risk; non-compliant; no access to internet etc and working with those who are non-compliant with multiple agencies involved to make sure they are safe.
- We have been working with parents and carers to support significant anxiety level and the challenges around the apparent inequality and national reporting of the approach especially to testing and reporting mortality and also access to PPE – most people with complex LD needs live at home and in supported living accommodation and not inc are homes so access to testing excluded those with PMLD. In Enfield we have acknowledged this, and we acted very early on to ensure people who needed PPE had the PPE they needed.
- We have set up our own test site for LD and MH to ensure service users safety.
- Vaccination Hub at the Chase Farm Hospital has been available for people with learning disabilities and autism and their parents/

Appendix D: Partner Updates

carers. The hub was supported by 2 members of staff from the ILDS. Most of the Service Users returning to the Day Services have received their first vaccine.

- We have been particularly challenged in LD by the number of deaths for 2021 is 26 and 18 having covid as a contributing factor. Findings indicate good access to the health and care they needed at that time.
- Mortality rates rocketed to 630% in April/ May; over the year the average has increased by 250% All Rapid Reviews have been completed; all full LeDeR reviews on track.
- 8 out of the 10 died in hospital which indicates the correct processes followed and clinical oversight provided.
- Most have been subject to a full LeDeR review, and there are seven still waiting for their reviews to be completed.
- PWMLD have been disproportionately affected and live in the family home.
- We have supported and prevented admissions, as well as supporting individuals through a multi-agency approach to receive the care and support needed in hospital.

- As a service, we have continued limited essential face to face assessments, MCA and BI and safeguarding to ensure the safety of our service users.

Testing/Infection Control

- All Enfield-based day services, including IWE, have re-opened w/c 12 April 2021. As in September 2020, robust infection control measures have been put in place to ensure highest level of infection management for both Service Users and Staff.
- The testing regime has been put in place which includes:
 - Weekly PCR testing for all Service Users and Staff
 - 2-weekly LFT testing for all Service Users
 - Daily LFT testing for all staff
- LFT testing kits have been delivered to individual families/Service Users and support has been provided to ensure families/SU are confident in taking the tests.

Bubbles

- The first week re-opening started with the bubble of 5 service users, followed by another bubble of 5 in second week (w/c 19 April).

- There will be no new bubble introduced in week 3 (w/c 26 April) to give providers and LBE an opportunity to review the situation and assure ourselves that there is no increase in infection rates, before introducing the third bubble to keep everyone safe.
- The third bubble of 5 will be introduced w/c 3 May and we will continue facilitating the return of more people each week until we reach full capacity.

Virtual Offer

- Not all services will be able to operate at the same capacity as before the Pandemic due to social distancing measures, however the appropriate level of support is provided to all services users who continue to remain at home.
- ILDS in partnership with Radiomathon is developing a Virtual Offer as an add on option to the building-based day services locking in positive changes, including utilisation of technology, introduced during the Pandemic.

Support to providers

- We are continuing with fortnightly meetings with our day service providers to ensure we pick up on issues/challenges and provide

Appendix D: Partner Updates

support to our providers. So far, providers are reporting very positive outcomes following the reopening and are very happy to see the day centres filling up with people.

Older People

- The same infection control and testing measures have been applied to older people day services.
- However, due to the fact that most older people have now received their second vaccination and there is substantial evidence to support the effectiveness of the vaccines, it was decided that it was safe to increase the bubble size of 10 for older people.
- As with people with Learning Disabilities, commissioners and operational managers continue monitoring the situation closely to ensure the building -based day service environment continues to be as safe as possible.

London Ambulance Service

To read updates from the London Ambulance Service 2020-21, please go to www.londonambulance.nhs.uk/about-us/our-publications/

London Fire Brigade

Safeguarding Enfield Annual Report information for 2020/21

A subject for our recent Borough Training Days has been 'Safeguarding' and our commitment to this. Our own referral process was communicated to all personnel working for LFB within the Borough. We have worked collaboratively with Enfield Council in the establishing of a Hoarding Database to record individuals with hoarding behaviours and their properties forming a 'one stop shop' for access by partner agencies.

Safeguarding focus during Pandemic

Although our Home Fire Safety Visit programme has been temporarily halted we continue to visit households raised as 'high risk' as part of a referral and also those that are passed to us as high risk by partner agencies or from attending incidents.

All options are being looked at to begin HFSVs with appropriate social distancing measures.

Despite the challenges faced crews carried out 677 Home Fire Safety Visits during the period 2020-21 one and 402 of these visits have been for our most high risk individuals.

London Metropolitan Police, North Area BCU

Safeguarding Enfield Annual Report information for 2020/21

Safeguarding Adults

- Continued focus on Modern Slavery and roll out of training to all officers through LA and 'Train the Trainer' SME scheme. Identification of High Risk subjects and appropriate safeguarding measures in place.
- Trigger plans created by Missing Persons Unit for vulnerable persons and those missing on more than one occasion to ensure Local Authority intervention and collaborative safeguarding measures.
- Continued support of the Enfield DA Hub to ensure that delivery was maintained across the borough.

Violence against Women and Girls

- **VAWG Strategy and Tactical Plan** – was written in March to ensure a collaborative approach across the BCU.
- **Offender Management** – A key tactic in reducing risk was tackling offender management and targeting those high

Appendix D: Partner Updates

harm VAWG offenders. A bespoke system for VAWG offenders has been created and shared across the MPS through the central weekly dial ins chaired by Commander Alison Heydari. Since the introduction at the beginning of April we have seen a reduction of offenders wanted for VAWG offences.

- **Partnership Approach** – VAWG leads in Haringey and Enfield have been reached out too. The Policing Plan has been explained and input provided to both Local authorities at a strategic level including VAWG steering group and Strategic board. Scanning across both boroughs has been completed to identify charities and VAWG groups to reach out and encourage awareness and reporting to Police. There are almost 100 variations of different VAWG support groups with multiple service users across the BCU.
- **Training** – In May, a cohort of Public Protection officers are participating in ‘Train the Trainer’ knowledge exchange sessions through Enfield Council – focusing on VAWG and Stalking awareness where learning can be shared with fellow professionals from across public services and health.
- **National Stalking Awareness Week – 19-23 April 2021** – Daily stalking awareness

sessions were delivered to front line officers by police SME’s, schools officers attended a number of schools to promote ‘clever never goes’ – formerly ‘stranger danger’ to promote practical personal safety skills for primary school children without causing unnecessary fear or mistrust of strangers. The new message instead teaches children to recognise unsafe situations to reduce the risk of abduction, including by persons known to the child. A bespoke review of all outstanding stalking suspects and stalking protection orders were considered for each case. There was a central national newspaper/broadcast and social media campaign promoting the week and encouraging victims to come forward from the MPS stalking lead.

- **Intelligence** – A dedicated analyst has reviewed crime data for the previous three months of the open space hotspot data in Enfield and Haringey for offences and plotted these areas on a map – the patrolling units have been provided with this data as well as images of known offenders for sexual offences and vulnerable CSE children to ensure that robust action is taken against perpetrator’s and safety measures put in place around victims.

- **Safeguarding sex workers and targeting offenders** – Op Boxster – A long-term, dedicated operation by SNT Taskforce with the responsibility of reducing offences involving sex workers, associated crime and ASB in and around N17 and N18 using covert and overt policing tactics. The team work with various internal and external partners along with agencies to employ an array of tactics and strategies to meet operational objectives. As well as targeting those individuals responsible for soliciting, the team also provide an intelligence capability to identify any persons who may be at risk but also known offenders.
- **VAWG Day of action – 13 May 2021** – Police in uniform and plain clothes from North Area completed various activities across the BCU to highlight how we are working hard to prevent violence against women and girls, bringing offenders to justice and supporting victims, as well as engaging about the subject in a variety of ways. We targeted wanted offenders, focusing on arrest enquiries and providing extra people and resources to do so. Reassurance patrols were increased in public spaces with officers and staff taking the opportunity to engage with communities about what we’re doing. This also

Appendix D: Partner Updates

included transport hubs such as train and underground stations and bus terminals. One male targeted by officers had carried out a random attack on a lone woman earlier in the week. He was identified by an eagle-eyed neighbourhood officer and a man-hunt launched. Following a relentless pursuit through the week he was arrested and convicted for the assault. He awaits sentencing.

Safeguarding Children

- **Operation Sharda** – Contextual safeguarding – Reaching out to young people to identify the safe spaces and predatory areas which they signpost from experience and do not necessarily reflect crime trends. Mapping and additional patrolling in those areas is undertaken. Working with partners including Local Authority to gather a full analysis of the issues how to maintain the safety of young people.
- **Operation flute** – NA Exploitation Unit (contextualise safeguarding op) identifying vulnerable locations that have a high prevalence of exploitation offences and intelligence whilst working in partnership to raise awareness of exploitation with local businesses, proactively targeting exploiters and performing outreach to potential victims.

- **Parents Exploitation Leaflet** – Identifies the signs of exploitation for parents and directs them to Police and support Services. This is cascaded to young people who interact with the police including CSE victims of crime.
- **Re-designed CSE disruption toolkit** for targeting perpetrators through MACE.

Examples of excellent practice by an officer or team

In February 2021 North Area CSE Team received the London award for Innovation and Partnership working in the MPS as shining example of collaboration and protection of young persons showcasing all their good work including through the pandemic. This is testament to the professionalism and tenacity of the team.

Safeguarding focus during Pandemic

- A COVID strategy in place throughout the strategy which has evolved in line with transmission of the virus
- Blended working has taken place with staff and regular communication and support provided

- Staff have adapted to using Technology and video conference facilities
- Re-alignment of staff where required to ensure continued focus on service delivery
- A return to work policy is in place to reassure staff and ease any anxieties

National Probation Service

Safeguarding Enfield Annual Report information for 2020/21

Safeguarding Adults

There have been checks in place to ensure that all staff are up to date with mandatory safeguarding adults training. Quality development officers have completed audits on cases to ensure best practice. Officers make referrals to Safeguarding adults where appropriate. A pan-London briefing has been delivered on best practice and interventions around DA, stalking and HBV. Where applicable officers attend CPAs and incorporate care plans into risk assessments. Safeguarding adults are part of the MAPPAs panel to advise on cases discussed in this multi-agency forum. A seven-minute briefing has been produced on working with autism. As a wider inclusion and diversity programme for both staff and service users briefings and exercises around

Appendix D: Partner Updates

race, disability and LGTBQ needs have been disseminated. Specialist advisor available for consultation around chemsex cases where sexuality and MH add to vulnerability. Specialist pan-London briefing on working with MH and PD.

Safeguarding Children

There have been checks in place to ensure that all staff are up to date with mandatory safeguarding children's training. NPS London division has also completed a quality assurance exercise to ensure that not only is staff training up to date but that section 11s have been completed and that MARAC/MASH in each Local authority have been approached for feedback. Feedback received from Enfield indicated that whilst Probation (not specified CRC or NPS) attends CP conferences a report is not always provided. As a result of feedback staff have been provided with a report template and briefed to provide a report whether or not they attend in person. Quality development officers have completed audits on cases to ensure best practice. Specialist pan-London briefings on Safeguarding Children, Working with adults who offend against children (sexual and indecent images); youth transition to adulthood and SGO cohort. Safeguarding adults are part of the MAPPA core panel to advise on cases discussed in this multi-agency forum.

Examples of excellent practice by an officer or team

Wendy Fleming-Hodge, Probation Officer is managing a female offender convicted of Conspiracy to Rob, which involved multiple co-defendants and presence of a firearm. She was released to Approved Premises in 2019 and absconded via a window in December 2019. The whereabouts of the service user were unknown until NPS were contacted by Police in Milton Keynes informing us that the service user had given birth to a child in March 2021. We were informed that Children's and Families were supporting the mother given that the baby suffered complications. The service user was subject to recall and despite the traumatic birth there were no grounds to rescind the recall. WFH has worked closely with Children's and Families, Police and Prison Probation to make a decision where professionals were in agreement to arrange for the mother to be returned to prison on a mother and baby unit whilst a review of the recall and risk assessment could take place. This work has been undertaken via professionals meeting and a stand-alone MAPPA Level 2 Meeting to ensure that decisions and actions can be taken expediently.

Here in Enfield NPS this is our first experience of contributing to decision making which resulted in the Police actioning a warrant and safely returning the service user and her new-born to custody. This demonstrates the importance of multi-agency work to safeguard children.

Safeguarding focus during Pandemic

Response has varied during lockdown. In first lockdown in line with government guidance offenders/service users over 70 were not required to report for face to face supervision, it was conducted via phone. Other service users have continued to report face to face but the frequency varies depending on risk – focus is on those who are high risk or where there are DA and Safeguarding concerns. Older or vulnerable adults where isolation is a factor can now be referred to a charitable organisation SWM to provide extra support that is not mandated.

NHS North Central London Clinical Commissioning Group, Enfield Directorate

Safeguarding Enfield Annual Report information for 2020/21

Appendix D: Partner Updates

Safeguarding Adults

The NHS England Safeguarding Accountability and Assurance Framework (2019) sets out the statutory safeguarding responsibilities for the CCG which is central to the role for Designated Safeguarding Clinical Commissioners. The CCG has a statutory responsibility to ensure that they, and the organisations that they commission from, have systems and processes in place to safeguard children and adults at risk.

Safeguarding MASH (Adult) Nurse

The Safeguarding Adults team have continued to maintain strong partnership working with the NCL CCG, Enfield Directorate in the reporting period of 2020-2021 with the Local Authority in the following areas:

MASH (Adults) has been fortunate to have the support of a qualified Nurse subject to funding by the Clinical Commissioning Group. The role of the MASH Nurse Assessor has been invaluable within the MASH team when working in a multi-agency context, working with: Nursing Homes, Hospitals, General Practitioners and District Nurses'. A clinical perspective in scoping the points to consider when requesting an enquiry enables more focused reports which allows for better learning and therefore preventative work. This has

prevented the current delays and duplications which is found when social care staff must assess and decide on the lines of enquiry around clinical issues.

Modern Day Slavery

- The Local Authority designed and executed a virtual Modern Day Slavery Conference which was funded by NCL CCG Enfield. The Conference presented and discussed Modern Day Slavery in the United Kingdom with a particular focus on Enfield.
- Arrangements were made for General Practitioners to attend Modern Day Slavery training.
- Safeguarding Adult Lead has trained quality and commissioning staff, in Enfield Directorate on Modern Day Slavery and how to refer service users.

Pressure Ulcer Panel

Within this strong partnership of NCL CCG, Enfield Directorate has funded and provided an expert nurse in Pressure Ulcers for the Enfield Local Authority and new NCL CCG Enfield Directorate, Pressure Ulcer Panel. The Pressure Ulcer Nurse has worked with the Pressure Ulcer panel to the highest level to effect a lasting change, to begin the process

of improvement in the protection of vulnerable adults open to abuse from developing pressure ulcers. The panel is an advisory panel to the Local Authority Safeguarding Adult Manager (SAM). The Local Authority are responsible for receiving and managing safeguarding concerns, causing others to undertake enquiries when necessary, ensuring the implementation of the Making Safeguarding Personal agenda. The concerns relate to the reporting pathways currently operating between Enfield health providers in the reporting of pressure ulcers for investigation to Enfield Local Authority.

Liberty Protection Safeguards (LPS)

In preparation for the implementation of LPS in April 2022, the NCL CCG Heads of Service were briefed on LPS and the impact Continuing Health Care. A proposal is being prepared for specific support for community DOLS across NCL, with a view to also providing practical support for the LPS post implementation. The CHC are scoping the current number of potential Community DOLS, as well as understanding the number of patients (in nursing homes) currently subject to DOLS who will be transferred to the CCG in April 2022. The CHC team are being supported on preparing for the new legislation.

Appendix D: Partner Updates

NCL Safeguarding Adult Leads and Health Providers have received the draft LPS training framework for comment, with comments being sent back on behalf of NCL. In March 2021, a briefing paper 'NHS preparation for implementation of the Liberty Protection Safeguards (LPS)' for the Safeguarding Adults National Network which received input from a NCL Designates, will be approved for distribution by the end of May 2021.

Safeguarding Business Continuity Plan – COVID-19

The Designated Professionals have continued to monitor, and quality assure the NCL Safeguarding Health Providers Recovery and Restoration Plans for COVID-19. This has demonstrated that there is adequate assurance of the safeguarding elements of all health providers across NCL. Ongoing borough level safeguarding assurance in the delivery of providers recovery and restoration plans is obtained through Designated attendance at providers safeguarding committees and at local partnership meetings. Where gaps are identified, further assurance has been sought and is monitored at a local level by the relevant borough Safeguarding Adult Lead. There are no plans that required escalation.

Working with Commissioned Services within in NCL CCG, Enfield Directorate

Safeguarding Adult Lead has worked with commissioned services to ensure that safeguarding processes are in place.

Safeguarding Lead and Quality Nurse Assessor

Safeguarding Lead and Quality Nurse Assessor forms part of the wider implementation of an integrated health and Social care strategy for care homes in Enfield. This contributes to enhancing the care delivered to Enfield's care home population. The post works in partnership with London Borough of Enfield to ensure robust systems and processes are in place. Care home engagement has increased considerably following the implementation of this role and some of the key achievements:

- Better Medicine Management
- Clinical Care Planning
- Pressure Area Care
- Making Safeguarding Personal
- Action Planning with Care Homes regarding CQC Action Plans.

Safeguarding Children

The Safeguarding Children Partnership in Enfield moved to virtual meetings in 2020/21.

The Executive team met more frequently as the other sub group meetings were stepped down in the first two quarters. The CCG Designated Nurse represented the CCG along with the then Managing Director for Enfield. The executive responsibility now sits with the NCL CCG Director of Quality and Chief Nurse who attended for latter part of 2020/21.

One area of focus for the Partnership is data analysis and audit to assess multiagency work, in particular case conferences. It was noted the business support unit for the Partnership did not have sufficient children's experience to lead on this area of work. Enfield Directorate agreed to increase the financial contribution in line with other NCL Directorates which has aided the development of this work.

The Designated Nurse and the Named GP undertook a piece of work on case conference requests and reports. This included tracking the request for information through to report submission. The Designated Nurse and Named GP had a series of practice visits after the initial restrictions were eased. The practice visits have been put on hold due to the pandemic. Some of the issues identified in the visits included NHS mail inadvertently marking the requests as Junk and the short timeframe for turnaround from requests to submission. In addition, there

Appendix D: Partner Updates

is inconsistency across the 5 boroughs on how GPs are supported with other CCG Directorates paying the GPs for their time to complete the reports. Results of the audit will be shared with the Exec team in June 2021.

The Designated Nurse for Safeguarding attends the Practice Improvement group which continued to meet on a regular basis in 2020/21. The Practice Improvement group is a joint safeguarding children and adult sub group which looks at areas to improve practice, learning from case reviews, including Local Learning reviews and Safeguarding Adult reviews. Enfield Directorate commissioned a piece of work by an independent reviewer to look at recommendations from the various reviews, identify themes and develop a framework to support learning.

The CCG Designated Nurse represented the CCG at the national Serious Youth Violence summit in March 2021. Each of the three Ministerial departments were represented with the junior Ministers opening the event. There is a commitment to joint working to reduce the incidence of Serious Youth Violence. Enfield remains an area of concern and is the highest borough for incidents of Serious Youth Violence in London. The Designated Nurse attends the Oasis Youth Hadley steering group

which supports a youth worker in A&E at the North Middlesex University Hospital. Support was offered virtually over the lockdown period with a notable decrease in the number of attendances to A&E.

There continues to be gaps in the Designated Doctor functions for Enfield. The interim post-holder is working at full capacity to ensure children who require Child Protection Medical Examinations and Adoption/Fostering medical examinations are seen. Therefore, the Designated Doctor for Looked After Children, Safeguarding Children and Child Death are not being covered. The Designated Nurse for Safeguarding Children and the Designated Nurse for Looked After Children are working closely with the Safeguarding Children Partnership leads and the interim medical lead, however there continues to be an unmitigated risk. The interim medical has escalated the gaps to the Clinical Medical Lead for Enfield Community services at Barnet, Enfield and Haringey Mental Health Trust. The Trust is actively trying to recruit to the posts.

The Safeguarding Lead GP forum met on 3 occasions in 2020/21 via teams. There was an increase in GP practices represented at the forum with a plan to continue to offer a virtual platform for attendance. The focus of

the sessions was on hidden harm, in particular Domestic Violence and Abuse. The Named GP for adults delivered a training session on Coercive Control and recognising the signs. The Designated Nurse for safeguarding discussed the learning from a Local Learning review on a case involving home schooling, with a focus on making every contact count. There was also a presentation from Rise Mutual on their work with perpetrators.

Examples of excellent practice by an officer or team

The Designated Nurse for Looked After Children provided exceptional support to her team and ensured children in care continued to have their health needs met. In spite of the lack of designated medical support, the Designated Nurse has worked with the Local Authority and other professionals to minimise the gaps in provision.

The Named GP for children provided front line support to NMUH A&E and Chase Farm Urgent Care during the pandemic. He worked tirelessly to treat patients at both departments. His attitude and approach to work supported numerous front line staff during this exceptionally difficult time.

Appendix D: Partner Updates

Safeguarding focus during Pandemic

Safeguarding Adults

- Business Continuity Plan
- Three-year Safeguarding Strategy
- Continuation of work in Continuing Health Care
- Education of NCL CCG Enfield Staff on Hidden Harm due to the COVID-19 Pandemic
- Safeguarding Lead and Quality Nurse Assessor continued to support Care Homes face to face during the pandemic

Safeguarding Children

On the first of April, 2020 Enfield Clinical Commissioning Group (CCG) became part of the North Central London CCG. Each Directorate safeguarding lead worked collaboratively to develop a NCL wide safeguarding strategy, work plan and risk register. The CCG Designated Nurse continued to support the NCL Child Death Overview Process one day a week.

The CCG co-ordinated a webinar training session for primary care and provider leads on Domestic Violence and Abuse across NCL. There was also continued focus on the Identification and Referral to Improve safety project. During the pandemic, there was a notable decrease in the number of referrals to the service with the advocates providing

virtual and telephone support. The advocates attended various forums to continue to highlight their offer of support and to offer tips on assessing risk using virtual assessments.

The NCL Designated Professionals have continued to monitor, and quality assure the NCL Safeguarding Health Providers Recovery and Restoration Plans for COVID-19. This has demonstrated that there is adequate assurance of the safeguarding elements of all health providers across NCL. Ongoing borough level safeguarding assurance in the delivery of provider's recovery and restoration plans is obtained through Designated attendance at providers safeguarding committees and at local partnership meetings. Where gaps are identified, further assurance has been sought and is monitored at a local level by the relevant borough Safeguarding Leads. There are no plans that required escalation.

The provider safeguarding teams continued to provide a high level of safeguarding support during the pandemic. In spite of exceptional circumstances, teams at BEH, NMUH and the Royal Free NHS Trusts worked incredibly hard to ensure vulnerable children were identified and referred. There has been a notable increase in the number of children requiring additional support with their mental health

needs and all three Trusts have responded swiftly to get the support in place.

North Middlesex University Hospital NHS Trust

Safeguarding Enfield Annual Report information for 2020/21

Safeguarding Adults

The Safeguarding Adults team (SGAT) have continued to maintain strong partnership working with the local safeguarding teams during the pandemic and periods of local down. The safeguarding team have maintained safe and consistent service ensuring all adults at risk have had their needs responded to.

During the pandemic the SGAT has seen a rise in the number of concerns relating to Domestic Abuse and Self Neglect.

The Pathfinder Project onsite Domestic Abuse services withdrew from the site in March and continued to provide telephone support and engagement with our survivors on Domestic Abuse. The contract for the service ended in November 2020 and the Trust has now successfully recruited into its own IDVA service to support its patients.

Appendix D: Partner Updates

The Integrated Safeguarding team supported the 16 days of action in November 2020 with a series of social media posts and blogs on our internal intranet. This also marked the start of the White Ribbon application process.

During 2020/21 the SGAT have worked with the governance team to develop a central electronic recording system for all safeguarding concerns raised both by the Trust and against the Trust. The team have also developed a central recording system for all DOLS applications. Both systems can be accessed by all divisions and provide opportunities for audit of processes and data collection.

Safeguarding Children

Safeguarding children team have maintained good communication links with partner agencies to ensure sharing of information during lockdown and closures of Paediatric services at NMUH.

Youth on youth violence

Oasis Youth Service. During lockdown virtual working with young people or meeting in open areas – some positive engagement with working virtually seen. Funding obtained to have youth worker support young people in police custody – ‘golden moment to get engagement’.

There has been strong multi-disciplinary working in the care, planning and management of pregnant women with complex needs, requiring close working with the Learning Disability, Perinatal/Psychiatric liaison teams and social care in managing on-going care.

Pilot Project

PMHS (Perinatal Mental Health Service). There is a pilot project for trauma based interventions for 12 months in Enfield/Haringey/NMUH which will include women that experience parent/infant separation due to safeguarding procedures.

NMUH Trusts Named Midwife is working with partner agencies to update the maternity protocol/referral criteria and there is continued work with Enfield local authority to review the pre-birth protocol for safeguarding procedures.

Examples of excellent practice by an officer or team

Frontline staff including the A+E/ITU staff continued to maintain their safeguarding responsibilities throughout the pandemic in difficult situations.

Safeguarding focus during Pandemic

Children and Adults

- Executive team supported for Safeguarding team to remain on site throughout and staff were not redeployed to other areas
- NCL reconfiguration of paediatric services/ COVID – NMUH ED remained open throughout. Inpatient services were transferred to GOSH during both lock down periods. Strong network links made with GOSH safeguarding team to manage CP cases and transfer back
- During first lockdown the total numbers of referrals made remained similar despite ED attendance numbers lower.
- There has been a continued increase in the number of children and adults attending the ED department with mental ill health concerns throughout, which could be COVID related – increase in need for Tier 4 bed
- Youth on youth violence referrals noted to reduce when schools closed
- Solace continued to provide telephone support to all our survivors of domestic abuse

Appendix D: Partner Updates

- Throughout the lockdown we have maintained community nursing and midwifery for babies and children.
- Training figures maintained
- Safeguarding services have continued to be provided at a consistent level

Safeguarding referrals have continued to be completed maintaining pre-lockdown figures.

Royal Free London NHS Foundation Trust

Safeguarding Enfield Annual Report information for 2019/20

Safeguarding Adults

Partnership working between agencies working to safeguard adults at risks of abuse and neglect has developed an “unprecedented” focus on virtual working and communications during the coronavirus outbreak.

RFL NHS Foundation Trust’s new integrated discharge team (IDT) is focused on helping patients to return home, and ensuring that they get the care they need when being discharged.

In order to do this, the Trust is working closely with partner organisations including community health care providers, local CCG and Local authority. This allows a safe and streamlines discharge processes, supporting each other in the quick and appropriate discharge of patients.

Since March 2020 the Independent Domestic and Sexual Violence Advisors were working remotely but remained allocated to specific hospital sites and were adequately supported with appropriate IT equipment and access to information to support staff and patients. We were able to work together to deliver targeted domestic abuse training for our mental health first aiders who support our staff.

The MCA and the related Deprivation of Liberty Safeguards (DoLS) has not been altered by the emergency Coronavirus Act which went through Parliament in the week beginning 23 March 2020. While the law remains the same, there are implications for the use of the MCA during the coronavirus outbreak. All Best Interest Assessments (In relation to DoLS) were completed remotely.

The challenges of completing these assessments are magnified when done remotely. RFL NHS Trust made IT equipment

available for all wards to support external colleague to carry out these assessments by telephone or video link. The safeguarding team was always available to support them as accessing good support – from colleagues and managers, – is crucial to deprive someone from his/her liberty within the legal parameter.

Virtual safeguarding adults Board was very effective to bring multi agencies together and focusing on challenges of safeguarding adults due to COVID-19.

Safeguarding Children

Child protection case conferences, strategy meetings and core groups are now all conducted virtually and this has made it easier for staff to attend. Enfield children social workers and the wider children network access the virtual multi-disciplinary meeting for pregnant women who are vulnerable.

We continued to implement the better births programme to provide women with continuity of carer throughout their pregnancy and through this project where able to appoint two midwives to support the safeguarding needs of the most vulnerable women and their babies. Feedback from mothers who have continuity of midwife is very positive.

Appendix D: Partner Updates

Following learning from local case reviews that we rolled out ICON, a coping with crying programme to support new parents and to reduce the prevalence of abusive head trauma in babies and small children. Initially we embedded it on the neonatal unit at Barnet hospital. Following direction from NHSE who were concerned about increased parental stress during lockdown we provided all new parents with information about ICON. Midwives would then talk to both parents about how to manage crying during a face to face visit at home on day five after delivery. We have now introduced ICON as part of the antenatal education.

We continually review our safeguarding training throughout the year but as a result of the covid pandemic have developed more training that we can deliver virtually or blend with eLearning.

We linked with the police to participate in the safe spaces scheme which encourages young people who attend Chase Farm Urgent Care Centre to identify areas on a map of the local area where they feel safe and where they feel unsafe.

Examples of excellent practice by an officer or team

Front line nursing team challenged a prison guard on his abusive behaviour (physical and emotional) to a patient from the local prison. The patient was in handcuffs and prison guard's duty was to stay with him at all times. Prisoners are usually escorted outside of the secure environment of the prison when necessary, under the proper authority and, during escort, are kept in secure custody at all times. The prison guard had a level of authority and statutory responsibility however, the staff members correctly identified that the prison guards actions were breaching our patient's human rights. The patient being in handcuffs and being under the custody of a prison guard did not cloud their assessment. They challenged the prison guard to protect the patient; immediately raised this to the senior managers, raised a complaint to the prison and reported to the local authority and police as an assault.

Safeguarding focus during Pandemic

- RFLNHSFT continuity plan in place and shared with the safeguarding partners to provide assurance that core responsibilities were being met.
- Maintained a safe staffing level within the safeguarding team even when staff volunteering in other areas.
- Ensured that midwives in the vulnerable women teams were not deployed to other areas.
- Supported safeguarding team to work remotely ensuring staff and partner agencies continue to have access to RFL NHS Foundation Trust's Safeguarding Team.
- Children and adult safeguarding training continued either virtual or face to face and training figures maintained.
- Enabling virtual access to the ward so other professionals, family members and relevant people have access to ward staff and patients when necessary.
- Adjustments in place to allow visitor to accompany or visit a person with a learning disability.
- Attendance at virtual child protection case conferences, strategy meetings and core groups.
- Provided safeguarding supervision to case holders, such as community midwives through virtual platforms which has been highly evaluated

Appendix D: Partner Updates

- Worked closely with other secondary and tertiary Health Trust to ensure inpatient services were maintained for children within NCL.

Waverley School

Safeguarding Enfield Annual Report information for 2020/21

School provided a food bank and called families regularly. Online learning was provided and school was open for children who were vulnerable.

Safeguarding Children

Children's joint service for disabled children and Waverley work closely to keep children safe. Health professionals including therapy and nursing team work well together to meet the needs of the children. Staff from cheviots were able to assist with a range of support e.g. food for respite.

Examples of excellent practice by an officer or team

School nurse Trish Noone worked really well with school leaders to find information about which pupils should be shielding.

During the Covid-19 Pandemic

During national lockdowns school staff worked with families to ensure they have everything they needed to keep the children safe. Ever changing guidance from the DfE was difficult to keep on top of however the support that Dudu Sher-Arami from public health Enfield has been amazing. She has been willing to join meetings with short notice. She was extremely patient and reassuring and able to advise school leaders on how best to keep the children and young people safe.



Website

www.enfield.gov.uk/safeguardingenfield



Facebook

Safeguarding Enfield



Telephone

020 8379 2270 or 020 8379 2578



Twitter

#SafeguardingEnfield

**Enfield Safeguarding Adults Board and
Safeguarding Children Partnership**

August 2021



North Central London
Clinical Commissioning Group



**METROPOLITAN
POLICE**

ENFIELD
Council

