Bath & North East Somerset Council

Children, Health and Wellbeing Policy Development and Scrutiny Panel

Date: Tuesday, 23rd July, 2019
Time: 10.00 am
Venue: Council Chamber - Guildhall, Bath

Councillors: Vic Pritchard, Michelle O'Doherty, Jess David, Ruth Malloy, Bharat Pankhania, Mark Roper, Andy Wait, Paul May and Liz Hardman

Co-opted Voting Members: David Williams and Andrew Tarrant

Co-opted Non-Voting Members: Chris Batten and Kevin Burnett

Please note there will be a pre-meeting for Panel Members only from 9.30am.

Mark Durnford
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NOTES:
1. **Inspection of Papers:** Papers are available for inspection as follows:

Council's website: https://democracy.bathnes.gov.uk/ieDocHome.aspx?bcr=1

Paper copies are available for inspection at the **Public Access points:-** Reception: Civic Centre - Keynsham, Guildhall - Bath, The Hollies - Midsomer Norton. Bath Central and Midsomer Norton public libraries.

2. **Details of decisions taken at this meeting** can be found in the minutes which will be circulated with the agenda for the next meeting. In the meantime, details can be obtained by contacting as above.

3. **Recording at Meetings**:-

The Openness of Local Government Bodies Regulations 2014 now allows filming and recording by anyone attending a meeting. This is not within the Council's control.

Some of our meetings are webcast. At the start of the meeting, the Chair will confirm if all or part of the meeting is to be filmed. If you would prefer not to be filmed for the webcast, please make yourself known to the camera operators.

To comply with the Data Protection Act 1998, we require the consent of parents or guardians before filming children or young people. For more information, please speak to the camera operator.

The Council will broadcast the images and sound live via the internet www.bathnes.gov.uk/webcast An archived recording of the proceedings will also be available for viewing after the meeting. The Council may also use the images/sound recordings on its social media site or share with other organisations, such as broadcasters.

4. **Public Speaking at Meetings**

The Council has a scheme to encourage the public to make their views known at meetings. They may make a statement relevant to what the meeting has power to do. They may also present a petition or a deputation on behalf of a group. They may also ask a question to which a written answer will be given. **Advance notice is required not less than two full working days before the meeting. This means that for meetings held on Thursdays notice must be received in Democratic Services by 5.00pm the previous Monday.** Further details of the scheme:

https://democracy.bathnes.gov.uk/ecCatDisplay.aspx?sch=doc&cat=12942

5. Emergency Evacuation Procedure

When the continuous alarm sounds, you must evacuate the building by one of the designated exits and proceed to the named assembly point. The designated exits are signposted. Arrangements are in place for the safe evacuation of disabled people.

6. Supplementary information for meetings

Additional information and Protocols and procedures relating to meetings

https://democracy.bathnes.gov.uk/ecCatDisplay.aspx?sch=doc&cat=13505

Children, Health and Wellbeing Policy Development and Scrutiny Panel - Tuesday, 23rd July, 2019

at 10.00 am in the Council Chamber - Guildhall, Bath

A G E N D A

1. WELCOME AND INTRODUCTIONS

2. EMERGENCY EVACUATION PROCEDURE

   The Chair will draw attention to the emergency evacuation procedure as set out under Note 6.

3. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

4. DECLARATIONS OF INTEREST

   At this point in the meeting declarations of interest are received from Members in any of the agenda items under consideration at the meeting. Members are asked to indicate:

   (a) The agenda item number in which they have an interest to declare.

   (b) The nature of their interest.

   (c) Whether their interest is a **disclosable pecuniary interest** *or* an **other interest**, (as defined in Part 2, A and B of the Code of Conduct and Rules for Registration of Interests)

   Any Member who needs to clarify any matters relating to the declaration of interests is recommended to seek advice from the Council's Monitoring Officer or a member of his staff before the meeting to expedite dealing with the item during the meeting.

5. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

6. ITEMS FROM THE PUBLIC OR COUNCILLORS - TO RECEIVE DEPUTATIONS, STATEMENTS, PETITIONS OR QUESTIONS RELATING TO THE BUSINESS OF THIS MEETING

   At the time of publication no notifications had been received.

7. GOVERNANCE ARRANGEMENTS FOR COMMUNITY SAFETY AND SAFEGUARDING IN B&NES (Pages 7 - 76)

This report shares with the Panel the new multi-agency governance arrangements for community safety and safeguarding children and adults in B&NES.

8. CLINICAL COMMISSIONING GROUP UPDATE

The Panel will receive an update from the Clinical Commissioning Group (CCG) on current issues.

9. RELOCATING SERVICES FROM THE RNHRD TO THE RUH (Pages 77 - 84)

This paper has been prepared to ensure that the B&NES Children, Health and Wellbeing Panel are kept up-to-date with the relocation of Royal National Hospital for Rheumatic Diseases (RNHRD) services from the Mineral Water Hospital site Bath, to facilities on the Royal United Hospitals Bath NHS Foundation Trust (RUH) Combe Park site in autumn 2019.

10. CABINET MEMBER UPDATE

The Cabinet Member will update the Panel on any relevant issues. Panel members may ask questions on the update provided.

11. PANEL WORKPLAN (Pages 85 - 88)

This report presents the latest workplan for the Panel. Any suggestions for further items or amendments to the current programme will be logged and scheduled in consultation with the Panel's Chair and supporting officers.

The Committee Administrator for this meeting is Mark Durnford who can be contacted on mark_durnford@bathnes.gov.uk, 01225 394458.

Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	**Children, Health and Wellbeing Scrutiny Panel**	
MEETING/ DECISION DATE:	**Tuesday 23rd July 2019**	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	Governance Arrangements for Community Safety and Safeguarding in B&NES	
WARD:	All	
AN OPEN PUBLIC ITEM		

List of attachments to this report:

Appendix 1 B&NES Community Safety and Safeguarding Partnership (BSCCP) (new governance arrangements)

Appendix 1a Plan on a Page

Appendix 2 BCSSP Threshold for Assessments 2019

Appendix 3 BSCCP Independent Scrutiny Arrangements

Appendix 4 BSCCP Operational Group Membership

Appendix 5 BSCCP Implementation Plan

1 THE ISSUE

1.1 To share with the Panel the new multi-agency governance arrangements for community safety and safeguarding children and adults in B&NES. The new B&NES Community Safety and Safeguarding Partnership will come into being on the 29th September 2019 and the existing Local Safeguarding Children Board, Local Safeguarding Adult Board and Responsible Authorities Group will be disbanded.

2 RECOMMENDATION

The Panel is asked to;

2.1 **Proposal 1:** Consider the new Partnership as set out in Appendix 1 and 1a and identify any omissions or risks which need to be taken into account.

Proposal 2: Consider the associated appendices 2 – 5 and identify any omissions which need to be taken into account.

Note the documents have all been published and can be found on the link below: https://www.safeguarding-bathnes.org.uk/children/local-safeguarding-children-s-board/12-new-safeguarding-arrangements-bnes-september-2019

3 THE REPORT

3.1 Appendix 1 sets out the new governance arrangements which will come into place from the 29th September 2019 for:

- community safety issue currently overseen by the Responsible Authorities Group (RAG);
- safeguarding children currently overseen by the Local Safeguarding Children Board (LSCB) and
- safeguarding adults currently overseen by the Local Safeguarding Children Board

3.2 The new B&NES Community Safety and Safeguarding Partnership will replace the aforementioned RAG, LSCB and LSAB.

3.3 The new Partnership has been developed as a response to the statutory requirement brought in by the Children and Social Work Act 2017 to abolish LSCBs by 28th September 2019. The change in legislation has provided an exciting opportunity to create a new Partnership with a commitment and focus on a Think Family and Community.

3.4 The model has been approved by the three statutory agencies B&NES Council, NHS BaNES CCG (via the Health and Care Board) and Avon and Somerset Constabulary and has been developed in partnership with these agencies and the National Prison and Probation Service and Avon Fire and Rescue. The model ensures the statutory agencies meet their duties whilst offering the benefits created by a merged arrangement.

3.5 There are limitations to the governance arrangements however with careful management and continuous review the Partnership believe the benefits that can be achieved strongly out-weighed these.

3.6 First and foremost the outcomes for children and adults will be improved by having one strategically led conversation at the Executive Group and one operationally led conversation at the Operational Group. This one conversation will help B&NES more effectively meet the vision of Think Family and Community.

4 STATUTORY CONSIDERATIONS

4.1 The Council is required to meet its statutory duties under the following legislation – this Partnership will enable these statutory duties to be met:

- Children and Social Work Act 2017 and associated guidance
- Care Act 2014 and associated guidance
- Crime and Disorder Act 1998

- Police and Justice Act 2006

- Policing and Social Responsibility Act 2011

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

5.1 There are resource implications for B&NES Council, Banes NHS CCG and Avon and Somerset Constabulary – these are set out in Appendix 1 and will be reviewed in February 2020 in advance of April 2020 /21 budget moving forward.

6 RISK MANAGEMENT

6. 1 The risks and limitations of the new Partnership have been considered and one of the first roles of the Executive will be to approve a Risk Register. The existing risks set out in the LSCB and LSAB Risk Registers will be reviewed and inform the new BCSSP risk register. The RAG currently does not have a formal register in place.

7 CLIMATE CHANGE

7.1 The new Partnership will significantly reduce the number of meetings agencies are required to attend therefore reducing carbon emissions and will explore the use of technology where possible to reduce the need to travel to meetings and undertake its work.

8 OTHER OPTIONS CONSIDERED

8.1 A Working Group consisting of the statutory partners considered other options and shared these with the LSCB and LSAB which already had several joint working groups to deliver their business. The option of merging and including the RAG was also thoroughly discussed in advance of the new Partnership arrangement being finalised.

8.2 The Working Group considered other models being implemented by the Early Adopter sites and those being developed by neighbouring areas.

9 CONSULTATION

9.1 In addition to conversations at the LSCB, LSAB and RAG, members were also invited to a session on the 3rd May 2019 to consider the new governance arrangement and to highlight any additional risks / limitations which might not have been considered by the Working Group. These have been incorporated in the new Partnership (for example the LSAB requested the Mental Capacity Act sub group remain in place whilst the new arrangements for the Liberty Protection Safeguards are implemented and to ensure the MCA is firmly embedded in practice, this had not initially been included. The Implementation Plan also sets out the further discussions to be had regarding the new arrangement and there is a clear commitment to review the arrangements in 12 months.

Contact person	Lesley Hutchinson Director for Safeguarding and Quality Assurance - (01225) 396339
Background papers	None

Please contact the report author if you need to access this report in an alternative format

B&NES Community Safety and Safeguarding Partnership Arrangements

Think Family and Community

This document sets out how the safeguarding partners in Bath and North East Somerset intend to coordinate their safeguarding services and how they will work together with relevant organisations and agencies to safeguard and promote the welfare of children and adults at risk and to keep our communities safe with regard to local need. The area covered by the arrangements is defined by the B&NES Council boundary. Partners to these arrangements may have responsibility for services outside this area either due to their organisational boundaries overlapping other local authority areas or because they have responsibilities for children or adults at risk living in another area. Some partners may also need to work to another area's arrangements, for example during a case review commissioned by another area, and where this is the case the Safeguarding Partnership will help facilitate communication and engagement by partners.

Introduction

Partners in B&NES have been creative and constructed an exciting new community safety and safeguarding arrangement. We are committed to maximising the integration of safeguarding children and adults with community safety and the work of the Responsible Authorities Group (RAG). Our new Partnership is designed to offer us the chance to work more effectively and with joint purpose to protect children, adults, families and communities who most need our help.

In June 2019 the B&NES Community Safety and Safeguarding Partnership was approved by Avon Fire and Rescue, Avon and Somerset Constabulary, BaNES Clinical Commissioning Group, B&NES Council and the National Probation Service. It was developed in partnership with the existing members of the Local Safeguarding Children Board, Local Safeguarding Adult Board and RAG which it replaces. The Partnership will come into existence in September 2019.

We have ensured that the statutory requirements of the three Boards we are replacing, as set out in various guidance, will continue to be met. We have ensured that the new arrangements meet all the requirements set out in:

The Children and Social Work Act 2017, Working Together to Safeguard Children 2018, The Care Act 2014 and Crime and Disorder Act 1998, the Police and Justice Act 2006 and the Policing & Social Responsibility Act 2011.

The Partnership will employ an Independent Chair who will manage the Partnership Support and ensure independent scrutiny takes place. We have developed robust scrutiny arrangements; Lay Members have a key role in this.

Avon and Somerset Constabulary, BaNES Clinical Commissioning Group and B&NES Council have agreed the required funding arrangements. Partner contributions from other agencies are welcomed.

We have agreed the following principles for the Community Safety and Safeguarding Partnership:

- The voice of children, adults and families is strengthened.
- To be cognisant of arrangements in neighbouring areas and ensuring links are maintained.
- To build on the existing 'good' arrangements that are in place and ensure these aren't destabilised or diluted.
- Maintain our focus on the areas that are important and relevant to children, adults, families and community as well as the areas that will benefit from joint working.
- To work more effectively and efficiently and ensure that resources are used to their optimum.

The Community Safety and Safeguarding Partnership is Committed to:

- Strengthening and improving the work on Think Family and Community.
- Improving strategic decision making and leadership by having one cohesive conversation.
- Focusing on shared strategic objectives to achieve the greatest impact and improve outcomes for children, adults, families and communities.
- Reducing duplication and therefore enabling us to use our resources more effectively.
- Ensuring we improve outcomes for children, adults and communities by having one conversation on areas where there is significant interface between the LSCB, LSAB and the RAG, such as :
  - Exploitation including
    - Sexual Exploitation of children and adults
    - Criminal Exploitation of children and adults
    - Human Trafficking and Modern Slavery
    - Forced Marriage, Female Genital Mutilation, Honour Based Violence
    - Radicalisation and Prevent (Channel Panel)
    - County Lines
    - Knife Crime and Serious Violence
    - Mate and Hate Crime
    - Serious and Organised Crime Disruption
    - Financial Exploitation
    - 'Rogue' traders and scams
  - Complex (Toxic) Trio
  - Domestic abuse (including Multi-Agency Risk Assessment Conference processes)
  - Licensing; safety and use of public place
  - Statutory and non-statutory learning reviews
  - Offenders (including Multi-Agency Public Protection Arrangements)
  - Rough sleeping and drug related deaths
  - Unaccompanied Asylum Seekers
  - Training and development needs of the workforce
  - Awareness raising and communications with the workforce and the community

We are aware that there are risks and limitations to the new arrangements and have put the following mitigations in place:

- Robust performance monitoring and scrutiny – this will ensure the 'business' of all three existing groups is delivered through one mechanism; it will also inform the review of how effective the new Community Safety and Safeguarding Partnership is.
- A robust induction for members of the Operational Group and Chairs of sub groups to ensure understanding of the range of issues when discussing 'all age', think family and think community.
- All sub groups will take account of legislative requirements including the Mental Capacity Act in their work.
- Ensuring that the learning from Avon and Somerset Strategic Partnership safeguarding children scrutiny arrangements are shared and not duplicated at the local level.
- Careful monitoring of areas of duplication, ensuring efficiencies are realised thereby improving outcomes.

B&NES Community Safety and Safeguarding Partnership

Governance Structure

(NB the YOS Management Board will have report to BSCCP and also the Health and Wellbeing Board)

Executive Group and Operational Group Remit and Membership

Group	Remit	Membership
Executive Group x 2 per year - bi-annual (virtual meetings will be convened if issues require this)	**Approval of:** • Strategic Plan • Budget • Annual reports • Risk Register • Communication plan **Oversight of and Responsible for**: • Performance and outcomes • Effectiveness of multi-agency working • Quality assurance • Removal of barriers to innovation and problem solving • Collective challenge • Ensuring statutory responsibilities are delivered / delivery of legal framework	• Independent Chair • Business Support Manager • Area Manager, Risk Reduction Avon Fire and Rescue • Chief Executive or Executive Director for Nursing and Quality NHS BaNES CCG • Chief Officer Avon and Somerset Constabulary • B&NES Council DCS and DASS • National Probation Service • Police and Crime Commissioner (non-voting member) • Council Lead Member (non-voting member)
Operational Group x 4 per year - quarterly	**Delivery and oversight of:** • Strategic Plan • Budget monitoring • Risk Register • Performance activity and quality issues (including sec 11, 175 and self-assessments in line with standards; monitoring multiagency effectiveness) • Approval of policies and procedures • Challenge / critical friend • Operational challenges • Key messages to the community and Joint Newsletters • Highlighting concerns to the Executive Board for unlocking • Awareness of national and regional work and ensuring feed into their work • Avon and Somerset MAPPA Board relevant reports • Criminal Justice Board relevant reports • Voice of children and adults at risk • Implementation of Making Safeguarding Personal **Authorising** • Practice Review reports and action plans • Communications plan and external communications • Training and Development Strategy • Approval of performance indicators	• Independent Chair • Independent Business Support Manager • Health Watch • Lay members • Cabinet Portfolio holder adult • Cabinet Portfolio holder • Relevant agencies as set out in the legislation and locally agreed (including voluntary and community representation and victim voice) • Operational Group Sub Group Chairs

Sub Group Remit and Membership

	Chair	Areas of work covered
Quality and Performance Sub Group	NHS BaNES CCG	• All age • Safeguarding standards for children and adults • Audit reporting • Single and multi-agency dashboard review and monitoring • Implementation of Assurance Framework • (including annual performance indicator and audit programme development annually)
Exploitation Sub Group	Avon and Somerset Police	• All age • Missing children and adults • Serious Violence • County Lines • Modern slavery / trafficking • Financial, sexual, organised crime, disruption (including elements of licensing and trading standards) • Forced Marriage, FGM, Honour Based Violence • Prevent • Youth@Risk and Contextual Safeguarding • Public Protection
Vulnerable Communities Sub Group	Avon Fire and Rescue	• All age • Night time economy • Drug and alcohol • Fraud • Anti-social behaviour arising from nuisance, rough sleeping and street drinking (not homelessness as dealt with by another partnership) • Licensing and trading standards • Community triggers
Early Intervention Sub Group	NHS BaNES CCG	• All age • Early Help • Early intervention and prevention
Domestic Abuse Sub Group	B&NES Council	• All age • Existing DAP Terms of Reference • Control and coercion
Training and Workforce	B&NES Council	• All age • Delivery of training and development strategy • Delivery of training programme • Evaluation and monitoring of training effectiveness
Practice Review	B&NES Council	• All age • Children Safeguarding Practice Reviews (including responsible for Rapid Review reports to National Panel) • Safeguarding Adult Reviews (including Making Safeguarding Personal) • Domestic Homicide Reviews • Learning Reviews

All sub groups will also be responsible for the following:

- Development of communication materials in line with the Communication Plan
- Policy and procedure writing (establishment of task and finish groups to undertake the drafting)
- Ensuring the actions within the Strategic Plan and Board Assurance Framework are delivered
- Monitoring effectiveness
- Consideration of any training and development needs
- Delivering statutory and good practice frameworks
- Ensuring the voice of children, adults and communities is listened to
- Being aware and abreast of national and regional networks and activities that will influence local arrangements
- Ensuring evidence-based approaches are implemented
- Ensuring Think Family and Think Community is explicit in all work undertaken

Task and Finish Group Remit and Membership

Sub Group	Task & Finish Group	Chair	
Quality and Performance Sub Group	Audit Programme Group	Independent	• All age • The multi-agency audit programme requires development – however it will take account of age-related and practice issues. The group will cover all ages; audits will be bespoke and draw from relevant agency involvement; audit reports shared with the group
Quality and Performance Sub Group	Mental Capacity Act Group with Liberty Protection Safeguards Task and Finish Group	To be determined B&NES Council	• Age 16 and above • Currently being scoped
Quality and Performance Sub Group	Joint Targeted Area Inspection Task and Finish Group	B&NES Council	• Children only however, dependant on theme
Exploitation Sub Group	Hate Crime Task and Finish Group	To be confirmed	• All age • Identify hate crime cases • Review and ensure appropriate referrals have been made to safeguard individuals • Link with B&NES Hate Crime and Community Cohesion Partnership
Exploitation Sub Group	Prevent Steering Group	B&NES Council	• All age • Existing steering group exists

Domestic Abuse Sub Group	MARAC Task and Finish Group	To be confirmed	• All age • Task and finish until the pilot is embedded
Practice Review Sub Group	Drug Related / Homelessness / Rough Sleeping Death Reviews Group	To be confirmed	Remit currently under review
All Sub Groups	Communication Plan Task and Finish Group	Business Support Manager	• All age

Existing children, adult, carers and citizen groups / forums will have a close relationship with the Partnership and will be invited to contribute and influence its work.

The existing Homelessness Partnership and Suicide and Self Harm Groups will continue to report under their existing governance structures; however they will share relevant reports and information with the Operational Group.

The combined Training and Development Sub Group will receive requests from all sub groups and task and finish groups.

Educational establishment will have a representative on the Operational Group; they will advise the Schools Standards Board and the Child Protection Forums of all relevant issues.

Scrutiny Arrangements of the B&NES Community Safety and Safeguarding Partnership

The Scrutiny arrangements of the Community Safety and Safeguarding Partnership have been agreed and are set out in a separate document

Funding Arrangements for B&NES Community Safety and Safeguarding Partnership

The expected costs of the new arrangement as approved by Avon and Somerset Constabulary, NHS BaNES CCG and B&NES Council are set out below:

Item	Cost	Rationale
Staffing		
Independent Chair	14,850	27 days x £550 independent scrutiny and LSAB requirement
Independent Business Support Manager (1 FTE)	62,765	Reporting to the Independent Chair (includes salary on costs and benchmarked against other areas)
Independent Business Support Administrator (1FTE)	30,000	Reporting to the Business Support Manager and Independent Chair (includes salary on costs and benchmarked against other areas
Independent auditor / quality assurance	10,000	Undertake bespoke audits for scrutiny purposes reporting to the Independent Chair; Chair of the Audit Programme Group Review new training charging arrangement

Multi-Agency Risk Assessment Conference coordinator	17,000	Post required for the co-ordination of high risk domestic abuse cases for children and adults
Expenses	1,500	Basic expenses for above independent staff
Ancillary running costs		
Room and equipment hire	5,000	Stakeholder, enquiry, policy launch, Safeguarding Adult Reviews, Domestic Homicide Reviews, Children Practice Reviews and development sessions
Guest Speakers	1,500	Stakeholder event and development sessions
Adult and children practice review electronic record system	3,000	System for management of Safeguarding Adult Reviews, Children Practice Reviews and potential for Domestic Homicide Reviews going forward
South West Child Protection Procedures contract	1,038	Requirement to have procedures
Printing and design	500	Generally information on line, website costs may require revisiting
Total	**147,153**	
For 29.09.19 - 31.03.20	**73,576.50**	

Note:

1. Cost of Reviews will be shared equally by CCG, Council and Police and are not included above. Each agency needs to ensure a suitable reserve or other provision for these Reviews (at a cost of between 5-15K each)
2. Child Death Overview Panel costs will be met separately by the Council and CCG; new CDOP arrangements are published
3. Costs associated with Avon and Somerset Strategic Safeguarding Partnership are not included and are to be borne by each agency separately
4. Finance and Human Resource costs have not been factored into the budget and this will be included as part of the first review. The Council will host the budget and the associated costs.
5. There is no contingency identified and each agency needs to ensure a suitable reserve or other provision is made available if needed

The three statutory partners have agreed to their contributions for 2019/20 and will review these again in February 2020. The three partners have agreed to provide staffing, administration, venues, etc. in kind to help support the work of the new arrangements.

The proposed Training Programme costs of the B&NES Community Safety and Safeguarding Partnership have been separated out as it is intended that this will be self-financing from October 2020/21 onwards subject to the success of the implementation of the new Training Charging Policy. The expected costs are set out below.

Item	Cost	Rationale
Staffing		
Training co-ordinator (1FTE)	43,881	To be decided where this reports; anticipated that this spend will be recouped through Charging Framework includes on costs
Training Administrator (0.7 FTE)	13,080	Based on existing staff time – includes on costs
Independent / specialist trainers	15,000	Where expertise is required and not available locally
Expenses	300	Basic expenses for above independent staff
Ancillary Running Costs		
Learning Pool	7,300	Data system which agencies access to book onto training
Room and equipment hire	500	Negligible as long as agencies continue to provide rooms for free
Total Cost	**80,061**	
For 29.09.19 - 31.03.20	**56,030.50**	This includes estimated additional cost of external trainers £8,000 and management time whilst moving to new model £8,000

Cross Border Working with Neighbouring Local Authorities and CCGs

The three statutory partners recognise the importance, necessity and requirement to work across borders. This is increasingly evident with the risks being highlighted with county lines, trafficking and exploitation. The partners are committed to this to improve outcomes for children, adults and communities.

The Council and NHS Banes CCG will continue to work with Avon and Somerset Constabulary as part of the Strategic Partnership and will seek and take opportunities to improve working. In addition they will work across the BaNES, Wiltshire and Swindon Partnership to align where possible.

Where the opportunity arises the Community Safety and Safeguarding Partnership will work with all other areas including those at a distance from its existing borders if required and appropriate, to safeguard children and adults and communities at risk.

Next Steps and Proposed Timeline

The Local Safeguarding Children's Board, Local Safeguarding Adults Board and Responsible Authorities Group will hold a final meeting in September 2019 and will be dissolved. The B&NES Community Safety and Safeguarding Partnership will be launched during the week of 23.09.19 (before 29.09.19).

A six months report of the effectiveness of the new arrangements will be produced and presented in March 2020

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Bath and North East Somerset Community Safety and Safeguarding Partnership

Think Family and Community

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In June 2019 the B&NES Community Safety and Safeguarding Partnership was approved by Avon Fire and Rescue, Avon and Somerset Constabulary, BaNES Clinical Commissioning Group, B&NES Council and the National Probation Service. It was developed in partnership with the existing members of the Local Safeguarding Children Board, Local Safeguarding Adult Board and RAG which it replaces. The Partnership will come into existence in September 2019.

The Community Safety and Safeguarding Partnership is committed to:

- The voice of children, adults, families and communities is strengthened
- Strengthening and improving the work on Think Family and Community
- Improving strategic decision making and leadership by having one cohesive conversation
- Focusing on shared strategic objectives to achieve the greatest impact and improve outcomes for children, adults, families and the community
- Reducing duplication and therefore enable us to use our resources more effectively across B&NES

The Partnership will employ an Independent Chair who will manage the Partnership Support and ensure independent scrutiny takes place. We have developed robust scrutiny arrangements; Lay Members have a key role in this.

Avon and Somerset Constabulary, BaNES Clinical Commissioning Group and B&NES Council have agreed the required funding arrangements.

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Bath and North East Somerset (B&NES) Community Safety and Safeguarding Partnership Threshold Document

Assessing Risk, Impact and Needs of Children and Young People in B&NES

Introduction

This document is part of a suite of documents created to establish the B&NES Community Safety and Safeguarding Partnership. The new Partnership replaces the existing Local Safeguarding Children Board, the Local Safeguarding Adult Board and the Responsible Authorities Group from 29th September 2019. The Partnership will meet the statutory requirements for all three arrangements. The change in legislation has provided an exciting opportunity to create a new Partnership with a commitment and focus on Think Family and Community.

This Threshold Document focuses on the needs of children and young people and meets the statutory requirements of the new local safeguarding arrangements for children and young people in B&NES.

The Threshold Document was approved by the existing B&NES LSCB meeting in June 2019.

The Five Levels of Need

Our vision in Bath and North East Somerset is that children have the best possible start in life and have access to well-coordinated, good quality and timely Early Help when it is required, so needs can be identified and addressed to promote fulfilling family lives.

Most children, young people and families in Bath and North East Somerset enjoy a good quality of life; however, there are some who find life more difficult for a variety of reasons. This document illustrates the different levels of need experienced by children, young people and families and outlines an approach for assessing these within the context of their families and communities. The five levels of need portrayed here reflect how children and young people often move in a non-structured way between and across levels and how any assessment should reflect the views and aspirations of children, young people and their families and their wishes in partnership with a wide range of professionals and agencies.

This document also illustrates the associated risks and potential impact which should be the determining factor in identifying and agreeing needs and interventions with the child, young person and their family. This model is based on the fact that all children, young people and their families, whatever their needs, will be supported at a Universal Level throughout. Universal services include GPs, Health Visitors, Midwifery and Educational Establishments. Information about wider universal services for families is available at https://www.bathnes1bd.org.uk/

Early Help: the concept of Early Help is simple; by working together with children, young people and families problems can often be prevented from occurring, or when they do families may be offered better support in order to stop them getting worse. Where needs cannot be met at a Universal Level and additional needs are identified, children, young people and families may require extra support from universal and/or early help services to prevent needs escalating. Needs should be identified through either a single agency assessment or multi-agency Early Help Assessment to inform the response required to effect positive change.

Early Help is provided by a broad range of agencies including the voluntary and charitable sector as well as the council and other public sector

organisations. An individual child, young person and family, often require a multi-agency response to meet their needs so it is essential that an Early Help Assessment is carried out to identify needs to determine how best agencies can work together as early as possible to improve outcomes for children, young people and their families.

Parents are responsible for meeting their children's needs and keeping them safe and they are in the strongest position to do this when their own needs are met. This is the case for the majority of children and young people in B&NES, but some grow up with a parent or carer who at some point experiences mental ill health, substance misuse or domestic abuse in the home, or for some other reason are not able to meet their child's needs. This can have a significant impact on the wellbeing and life chances of children in the family, particularly where there are other contributory factors such as parent having had poor childhood experiences, poverty, family debt and poor housing.

B&NES has adopted the principle of **Think Family** and **Think Community** across all adult and children's services and as such all agencies should consider children and young people within the context of their families and communities. For further information on B&NES Early Help Offer, Assessment and Strategy: https://www.bathnes.gov.uk/services/children-young-people-and-families/early-help-support-families

Adverse Childhood Experiences

Early identification of adverse factors that affect a child or young person through early help assessment is key to improving health, education and social care outcomes. Studies are increasingly identifying the importance of early life experiences on health and wellbeing outcomes throughout the life course. Individuals who have **adverse childhood experiences (**often referred to as ACE's**)** tend to have more physical and mental health problems as adults than do those who do not have ACE's and ultimately greater premature mortality. ACEs include harms that affect children directly (eg, abuse and neglect) and indirectly through their living environments (eg, parental conflict, substance abuse, or mental illness).

In addition evidence indicates how childhood exposure to chronic stress leads to changes in development of nervous, endocrine, and immune systems, resulting in impaired cognitive, social, and emotional functioning. Individuals who have ACEs can be more susceptible to disease development through both differences in physiological development and adoption and persistence of health-damaging behaviors'.

Neglect and Abuse

Children may be vulnerable to **neglect** and **abuse** or **exploitation** from within their family and from individuals they come across in their day-to-day lives. These threats can take a variety of different forms, including: sexual, physical and emotional abuse, neglect, exploitation by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation. Whatever the form of abuse or neglect, practitioners should put the needs of children first when determining what action to take.

Exploitation

There is an increasing awareness of the risks to children being exploited for criminal reasons by gangs, in particular the risk of involvement in 'county lines', and the recognised relationship in some cases between risk of child sexual exploitation and gang association.

County Lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of “deal line”. They are likely to exploit children and vulnerable adults to move and store the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

County lines activity and the associated violence, drug dealing and exploitation have a devastating impact on young people, vulnerable adults and local communities.

Prevent and Radicalisation
The Prevent programme is part of the Government’s counter-terrorism strategy, CONTEST. Its aim is to prevent people from becoming terrorists, or supporting terrorism. It is designed to ensure that individuals who are identified as being at risk of being drawn into terrorism are given appropriate advice and support so that they may turn away from radicalisation. Vulnerable young people are a target for radicalisation and radicalisation should be a consideration when making holistic assessments of vulnerable young people.

Whilst it is parents and carers who have primary care for their children, local authorities, working with partner organisations and agencies, have specific duties to safeguard and promote the welfare of all children in their area. The Children Acts of 1989 and 2004 set out specific duties, which are clearly defined in Working Together to Safeguard Children, 2018. These duties are referred to as Sections within the Acts:

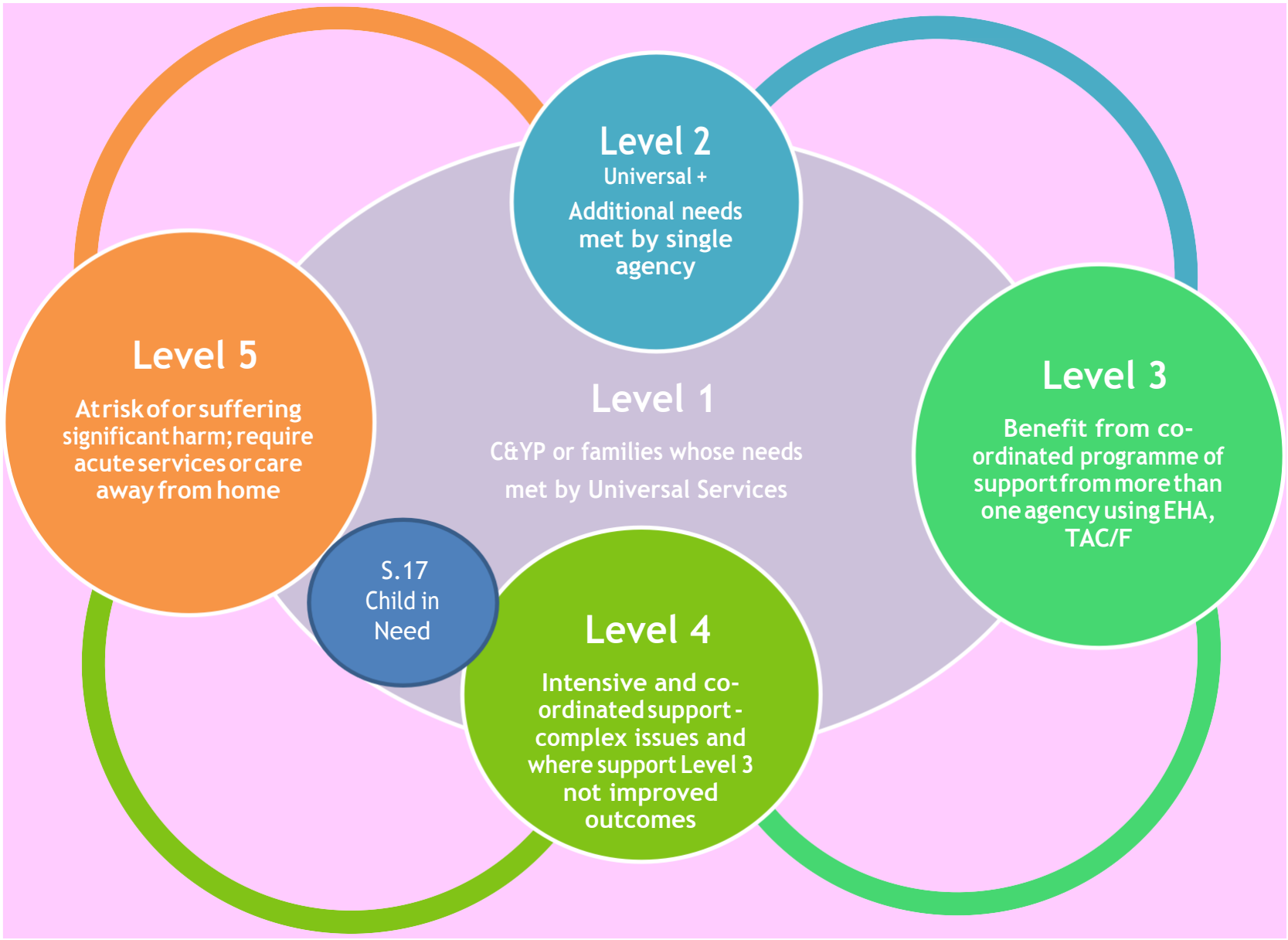
Section 10 (Children Act 2004) the local authority is under a duty to make arrangements to promote co-operation between itself and organisations and agencies to improve the wellbeing of local children. This co-operation should exist and be effective at all levels of an organisation, from strategic level through to operational delivery.

Section 17 (Children Act 1989) - children in need - puts a duty on the local authority to provide services to children in need in their area, regardless of where they are found.

Section 20 (Children Act 1989) - duty to accommodate a child- some children in need may require accommodation because there is no one who has parental responsibility for them, because they are lost or abandoned, or because the person who has been caring for them is prevented from providing them with suitable accommodation or care, the local authority has a duty to accommodate such children in need in their area.

Section 17 Young Carers (Children Act 1989) -care and supervision orders- if a local authority considers that a young carer (see glossary) may have support needs, it must carry out an assessment under section 17ZA of the Children Act 1989. The local authority must also carry out such an assessment if a young carer, or the parent of a young carer, requests one. Such an assessment must consider whether it is appropriate or excessive for the young carer to provide care for the person in question, in light of the young carer’s needs and wishes. The Young Carers’ (Needs Assessment) Regulations 2015 require local authorities to look at the needs of the whole family when carrying out a young carer’s needs assessment. Young carers’ assessments can be combined with assessments of adults in the household, with the agreement of the young carer and adults concerned.

Section 47 (Children Act 1989) - reasonable cause to suspect a child is suffering or likely to suffer significant harm- requires local authorities to undertake enquiries if they believe a child has suffered or is likely to suffer significant harm and to decide whether and what type of action is required to safeguard and promote the welfare of the child or young person.
The local authority should act decisively to protect the child from abuse and neglect including initiating care proceedings where existing interventions are insufficient. Where an assessment in these circumstances identifies concerns but care proceedings are not initiated, the assessment should provide a valuable platform for ongoing engagement with the child and their family.


Level 2
Universal +
Additional needs met by single agency
Level 5
At risk of or suffering significant harm; require acute services or care away from home
Level 1
C&YP or families whose needs met by Universal Services
Level 3
Benefit from co-ordinated programme of support from more than one agency using EHA, TAC/F
S.17 Child in Need
Level 4
Intensive and co-ordinated support - complex issues and where support Level 3 not improved outcomes

How to Use this Document to support decision making

This document aims to help you to identify the level of intervention most appropriate to support families as early as possible to prevent an escalation of their needs. The document has been designed to work alongside the B&NES Neglect Toolkit and you will find similar terminology used in both documents.

Based on the concept of risk and impact, when making an assessment of a child or young person, the first stage is to assess risk, the threshold is divided into five levels of need and it is important to look at the impact of the risk on the individual to be able to identify need. For some children and young people, the risks maybe similar but the impact will be greater for those with less resilience and instability in their lives. For some children and young people there may be a number of protective factors that mean although they are presented with similar risks the impact is not so great, this could include stable family life, non-offending parents, good friendship groups, positive regard for school, good attachment in their early years, good communication skills etc It is therefore important that as part of the analysis of risk, any protective factors are also taken into account. The Document outlines what support is recommended for each level of need, however professionals should always consider the impact within a holistic assessment of the individual and in partnership with the child, young person and family.
It is also important to remember that one of the values of undertaking an assessment is that it may help agencies supporting the child be clearer on what support is already there and how information has been shared so as to ensure the most appropriate action is taken. This may mean no additional resource but improved action plan to enable agencies to work together more effectively.

The next step is to consider the most appropriate agency to support the child, young person or family, referral to social care should only be when there is significant risk of harm or when all other possible interventions have been tried and have not been successful. You should consider what additional input social care can offer, this may be a statutory requirement.

Children and young people will move between different levels of need and their assessment should be updated as needed to ensure the appropriate level of support and intervention is offered to the child, young person and family. The aim of the intervention should have clear outcomes and there should be regular reviews to ensure if needs cannot be met the impact of the risk be reassessed in partnership with families. Where multi-agency interventions are in place regular co-ordinated meetings should take place and where necessary concerns may be escalated
https://www.safeguarding-bathnes.org.uk/sites/default/files/lsab.lscb_escalation_protocol_.pdf

Need / Risk		Assessment	Impact / Response
Level 1	Child, YP or family whose needs are being met, or whose needs can be met by universal services	**Universal Services**	At this level, needs are met by parents, carers, communities and universal services for example GP, HV, SN, Education, Children's Centres etc. Please visit One Big Database Bathnes and/or Wellbeing Options for further information regarding universal services.
Level 2 Universal +	Child, YP or family with additional needs that can be met by a single agency or by signposting to an additional agency	**Consider an (Early Help Assessment EHA)**	Consider using the EHA as a way to identify needs and plan a response, either single agency or with the support of another agency. Details of which can be found via the Early Help App. You may consider contacting your safeguarding lead within your agency for further support and guidance at this level. Signpost to Rainbow Resource / SEND local offer or the NHS Safeguarding APP to identify types of support including local resources.
Level 3	Child, YP or Family that needs a co-ordinated programme of support from more than one agency	**Complete an Early Help Assessment (EHA)**	Undertake an EHA to identify evidence of the level of need and to plan a holistic multi-agency response. This should be done with parental consent via a Team Around the Family (TAF) meeting co-ordinated by the nominated lead professional. This should be done in partnership with the family so they fully understand the purpose and benefits of engaging and that the aim is to be supportive. You may wish to discuss with your safeguarding lead if the family refuse consent.
Level 4 S.17 Child in Need	Child, YP or family who require intensive and co-ordinated support for complex issues via targeted services/ Early Help and /or where support at Level 3 has not improved outcomes	**An Early Help Assessment has been completed but not outcomes have not improved**	The need/risks have not been met / addressed by the multi-agency action plan in place following EHA. The child, YP or family may require long term intervention from statutory and specialist services.
Level 5	Child or Young Person at risk of /or suffering significant harm due to compromised parenting, or whose needs require acute services or care away from their home	**Statutory / Specialist Assessment**	**If a child is in immediate danger, ring the Police.** Otherwise refer urgently to the Duty Team on **01225 396312** or **01225 396313,** or, outside office hours, the Emergency Duty Team on **01454 615165.** You should follow up the referral in writing within 48 hours.

Levels of Need/Risk and Impact

Level 1: Universal - No Risk (this provides a baseline for what all children and young people should expect)	
Food	Child is provided with appropriate quality of food and drink, which is appropriate to their age and stage of development any special dietary requirements are always met
Quality of housing	Accommodation has all essential amenities such as heating, shower, cooking facilities, adequate beds and bedding and a toilet and is in a reasonable state of repair and decoration.
Stability of housing	Child has stable home environment without too many moves (unless necessary)
Child's Clothing	Child is dressed appropriately for the weather clothing is clean and appropriate for the child's age
Animals	Animals are well cared for and do not present a danger to children or adults
Hygiene	The child is clean and is either given a bath/washed daily, teeth brushed and any skin conditions treated appropriately
Safe sleeping arrangements and co-sleeping for babies	There is suitable bedding and sleeping arrangements carers have an awareness of the importance of room temperature, sleeping position of the baby and carer does not smoke in household
Seeking advice and intervention	Mother seeking appropriate access to maternity services in pregnancy. Advice sought from professionals/ experienced adults on matters of concern about child's health, dental/optical and all immunisations are up to date.
Disability and illness	Carer complies with needs relating to child's disability
Safety awareness and features	Evidence of safety awareness, equipment use and maintenance

Supervision of the child	Appropriate supervision is provided in line with age and stage of development
Handling of baby/response to baby	Carer is attuned to their baby, spends time, cooing and smiling, holding and behaving warmly
Care by other adults	Never in sole Care of an under-16. Parent /child always aware of each other's whereabouts
Responding to adolescents	Adolescents' needs addressed appropriately, where risky behaviour occurs it is identified and responded to appropriately by the carer
Parent/carer's attitude to child, warmth and care	Carer responds appropriately if child distressed or hurt and understands the importance of consistent demonstrations of love and care
Child's emotional wellbeing	The Child engages in age appropriate activities and displays age appropriate behaviours, child has a positive sense of self and resilience
Sexual Relationships	The Child / Young Person demonstrates healthy sexual and emotional relationships and has a stable friendship group
Boundaries	Carer provides consistent boundaries and ensures child understands how to behave and to understand the importance of set limits
Adult arguments and violence	Carers do not argue aggressively and are not physically abusive in front of the children
Physical Abuse	The child is chastised appropriately using positive reinforcement and ignoring misdemeanours. Withdrawal of 'treats' are proportionate to the misdemeanour
Positive Values	Carer encourages child to have positive values, to understand right from wrong, be respectful to others and show kindness and helpfulness
Substance Abuse	Carer does not misuse drugs or alcohol

LEVEL 2:

Risk Level 2	Impact
Food	
Child is provided with reasonable quality of food and drink and seem receive an adequate quantity for their needs, but there is a lack of consistency in preparation and meeting special dietary requirements	Potential for malnourishment and ill health if consistency of diet not maintained. Support from single agency advice accepted and support welcomed
Quality of housing	
Accommodation is in need of decoration and requires repair and may also be damp. Carer recognises the importance of the home conditions to the child's sense of well-being, but is hampered by personal circumstances.	Increased risk of asthma and increased risk of accidents. With support from single agency in the main is able to overcome personal circumstances and has plans for improvement
Stability of housing	
Child has experienced house moves/ new adults in the family home.	New adults may pose a threat, the instability causes distress to child and insecurity. Loss of friends and familiarity for child
Child's Clothing	
Child has clothes which are appropriate, but are sometimes poorly fitting, unclean and crumpled. Although carer is aware. their own personal circumstances can get in the way of providing for the child's needs	Child feels awkward and is teased, clothes are uncomfortable impacts on emotional health. With support able to prioritise child's clothing and organise to ensure clothing is clean and ironed
Animals	
Animals look reasonably well cared for, and present no obvious risk, however, contribute to a sense of chaos in the house.	Child's needs are not met as so much chaos in home. Minimal impact require advice on pet care and risk re: health and safety but can be met through local support
Hygiene	
The child is reasonably clean, but the carer does not bath/wash the child regularly and/or the child is not consistently encouraged to do so in an age appropriate way. Teeth not always cleaned, recurrent nappy rash, skin conditions inconsistently managed.	Child is dirty and smelly, teeth are rotting and lead to loss of teeth and increased risk of disease, Through support and role modelling situation improving

Risk Level 2	Impact
Safe sleeping arrangements and co-sleeping for babies	
Carer aware of the dangers of co-sleeping and recognises the dangers of drugs and alcohol by the carer, but this is sometimes inconsistently observed. Do not follow SIDs /SUDI advice, smoking in home, and sleeping arrangements for children can be a little chaotic	Potential for cot death and for older children spreading diseases head lice and other contagious skin and respiratory conditions. Carers attend support groups and health education sessions facilitated by support agency. Results in improved consideration given to sleeping arrangements in the home
Seeking advice and intervention	
Mother not attending all routine antenatal appointments. Delay in seeking advice about illnesses, Child WNB to routine dental, optical and immunisation appointments. Immunisations are delayed, but eventually completed.	Potentially puts the unborn baby at risk, and failure to identify conditions that can be identified routinely Increased risk of significant ill health and visual loss will impact on learning With support attending routine appointments, support given to manage range of commitments and manage daily routine
Disability and illness	
Personal circumstances get in the way of meeting child's disability needs. Carer not proactive in seeking advice and help	Support from single agency in caring for a child with a disability leads to better understanding and ability to pro-actively consider needs
Safety awareness and features	
Inconsistent in use and maintenance of safety equipment, and allows personal circumstances to get in the way	Minor injuries and incidents continue support offered with safety equipment and noticed improvement of use
Supervision of the child	
Variable supervision is provided both indoors and outdoors, but carer does intervene where there is imminent danger.	Child suffers unnecessary accidents and injuries, at risk of grooming, and risk from others. Safety and danger awareness reinforced by working with single agency results in improved supervision
Handling of baby/response to baby	
Carer is not always consistent in their responses to the baby's needs, as their own circumstances get in the way of responding to the child's	Inappropriate hard wiring of the brain. Support given to raise awareness of baby's developmental needs as they grow enabling carers to pre-empt behaviours. Examples given of appropriate handling and responsiveness
Care by other adults	
Carer aware of the importance of safe care, but sometimes is inconsistent because of own personal circumstances	Increased likelihood of harm to child. Raised awareness of the impact at developmental ages of care needs to ensure baby safe and needs are met

Risk Level 2	Impact
Responding to adolescents	
Carer is aware of the adolescent's needs but is inconsistent in responding to them.	Adolescent misunderstood resulting in range of inappropriate behaviours which impact negatively on emotional health. Support and education required to understand adolescent behaviour and needs
Parent/carer's attitude to child, warmth and care	
Carer talks kindly about the child and is positive about achievements most of the time but allows their own difficulties to impact. Carer recognises praise and reward are important but is inconsistent in this. Child not always listened to and carer is angry if child seeks comfort through negative emotions such as crying. Does not always respond appropriately if child distressed or hurt. Carer understands the importance of demonstrations of love and care, but own circumstances and difficulties sometimes get in the way of providing these Parents/carers lack emotional warmth and can be overly critical Parents level of anxiety is disproportionate to the concerns expressed	Inconsistent parenting, poor attachment, inappropriate responses leaving child confused with potential impact on hard wiring of the brain. Carers unable to demonstrate warmth and care appropriately, require support to gain insight and strategies to manage. Child or young person has little self-worth and critical of self and others The child or young person is exhibiting anxiety in response to parental anxiety
The child's emotional wellbeing	
The child has a negative sense of self and abilities which is not identified by carers	Child is at risk of becoming involved in negative behaviour/ activities
Sexual Relationships	
Parents set inconsistent appropriate boundaries with regard to relationships including online access	Child or young person has sense of lack of privacy and s unable to express their anxieties with regard to relationships due to inconsistent messages. In appropriate use of language . Over friendly with strangers
Boundaries	
Carer provides inconsistent boundaries and uses mild physical and moderate other sanctions	Child feels insecure, loss self-worth, child distressed by inconsistent parenting response. Parenting courses provide education and support to parent more effectively and gain insight into behaviours at different stages of development

Risk Level 2	Impact
Adult arguments and violence	
Carers sometimes argue aggressively in front of children, but there is no physical abuse of either party	Research evidence of negative impact of witnessing abuse. Support to understand the impact of witnessing aggressive verbal abuse on children results in reduction in frequency
Physical abuse	
Child displays behaviour that indicates they are subject to physical threats of behaviours	Fearful of parents, noticed to have animal / insect bites , aggressive behaviour at school/college/play school
Positive Values	
Carer inconsistent in helping child to have positive values. Carer aware of need to monitor child watching inappropriate material and playing inappropriate computer games, but is inconsistent in monitoring because of own personal difficulties and circumstances.	No appropriate role model and so child feels confused by experiences and acts out. Supported by single agency to understand the importance of instilling positive values and recognising what is inappropriate
Substance misuse	
The carer believes it is normal for children to be exposed to regular alcohol and substance use. The mood of the carer can be irritable or distant at times.	Child grows up to repeat behaviour of parents putting them at risk of infection, liver damage, grooming and county lines involvement. Child distressed by inconsistent mood of Carer resulting in low self-esteem/self-worth. Work with support worker to recognise impact of exposure to alcohol and substance misuse and also insight into the carers' behaviours and moods. Providing strategies to manage in partnership with?

LEVEL 3:

Risk Level 3	Impact
Food	
Child is provided with reasonable quality of food and drink and seem receive an adequate quantity for their needs, but there is a lack of consistency in preparation and meeting special dietary requirements	Carer continues to be inconsistent in preparation of meals, child's weight not maintained or growing concerns for obesity. Specialist diets not maintained and so impacting on health
Quality of housing	
Accommodation is in need of decoration and requires repair and may also be damp. Carer recognises the importance of the home conditions to the child's sense of well-being, but is hampered by personal circumstances. Lack of preparation for a new baby in the antenatal period.	Personal circumstances overwhelm. Ongoing concerns with regard to housing impacting on family. Resulting in increased likelihood of ill-health and accidents Newborn baby's needs are not met and can put them at risk
Stability of housing	
Child has experienced house moves/ new adults in the family home.	Frequency of new adults in the home appears to be increasing and at risk of homelessness which will have negative impact on child's security
Child's Clothing	
Child has clothes which are appropriate, but are sometimes poorly fitting, unclean and crumpled. Although carer is aware. their own personal circumstances can get in the way of providing for the child's needs.	In spite of additional support child's clothing continues to be unclean and ill-fitting, leading to bullying and distress
Animals	
Animals look reasonably well cared for, and present no obvious risk, however, contribute to a sense of chaos in the house.	Animals have no boundaries on their behaviour, house smells and they are rarely exercised so have boundless energy and frustration which potentially puts children at risk
Hygiene	
The child is reasonably clean, but the carer does not bath/wash the child regularly and/or the child is not consistently encouraged to do so in an age appropriate way. Teeth not always cleaned, recurrent nappy rash, skin conditions inconsistently managed.	Children are increasingly dishevelled, recurrent bouts of head lice and skin conditions. Teeth are rotting and refuse to attend the dentist, or make false claims about doing so

Risk Level 3	Impact
Safe sleeping arrangements and co-sleeping for babies	
Carer aware of the dangers of co-sleeping and recognises the dangers of drugs and alcohol by the carer, but this is sometimes inconsistently observed. Do not follow SIDs / SUDI advice, smoking in home, and sleeping arrangements for children can be a little chaotic.	Carers continue to smoke and consume alcohol whilst co-sleeping with baby. Baby observed to be overdressed and placed on front in cot and pram
Seeking advice and intervention	
Mother missing routine antenatal appointments/not engaging with advice in the antenatal period e.g. smoking cessation. Delay in seeking advice about illnesses, Child WNB to routine dental, optical and immunisation appointments. Immunisations are delayed, but eventually completed	Risks to the unborn not identified, lifestyle behaviours could adversely impact on the unborn's health Continues **not** to bring child/ren to appointments which is having a detrimental effect on their health. Carer does not appear to understand the seriousness of this for the child/ren.
Disability and illness	
Personal circumstances get in the way of meeting child's disability needs. Carer not proactive in seeking advice and help	Carers own needs continue to come before those of the child. Unable to prioritise for a number of reasons
Safety awareness and features	
Inconsistent in use and maintenance of safety equipment, and allows personal circumstances to get in the way	Safety equipment not used consistently, children at risk of injuries, Carers unable or willing to act on advice
Supervision of the child	
Variable supervision is provided both indoors and outdoors, but carer does intervene where there is imminent danger.	Children at risk of hurting themselves as carers continue to put own needs first and do not provide the supervision necessary to keep children safe
Handling of baby/response to baby	
Carer is not always consistent in their responses to the baby's needs, as their own circumstances get in the way of responding to the child's	Carers unable to be consistent in handling of baby, leading to baby having mixed messages. Baby appears fearful and attachment appears to be lacking
Care by other adults	
Carer aware of the importance of safe care, but sometimes is inconsistent because of own personal circumstances	Carers needs for attention, affection etc come first. Baby left neglected emotionally and physically for long periods

Risk Level 3	Impact
Responding to adolescents	
Carer is aware of the adolescent's needs but is inconsistent in responding to them.	Adolescents increasingly involved in risky behaviour, missing on occasions, staying out late and disrespectful to carers
Parent/carer's attitude to child, warmth and care	
Carer talks kindly about the child and is positive about achievements most of the time but allows their own difficulties to impact. Carer recognises praise and reward are important but is inconsistent in this. Child not always listened to and carer angry if child seeks comfort through negative emotions such as crying. Does not always respond appropriately if child distressed or hurt. Carer understands the importance of demonstrations of love and care, but own circumstances and difficulties sometimes get in the way of providing these Parent/Carer has high levels of anxiety	In spite of support and advice unable to put child's needs first, through inconsistent parenting. Resulting in child showing signs of distress, poor attachment, fearful and behavioural challenges. Lack emotional support The Parent /Carer's anxiety is beginning to impact on the child's wellbeing in that they are unable to socialise or behave like peers.
The child's emotional wellbeing	
The child has a negative sense of self and abilities and suffers with low esteem which makes them vulnerable to peers and adults	Child is involved in negative behaviour/activities, non-educational attendance, may be excluded at increased risk of grooming and exploitation
Sexual Relationships	
Parents set no boundaries with regard to relationships including online access. Parents /Carers allow access to inappropriate social media, and child or young person witness to inappropriate sexual behaviour	Friendships and relationships inappropriate for age . Young person appears fearful, exhibiting interest in other risky behaviours e.g. alcohol, substance misuse . Secondary enuresis/encopresis. Sharing images online Unsafe sexual behaviour albeit reported to be consensual . compulsive masturbation
Boundaries	
Carer provides inconsistent boundaries and uses mild physical and moderate other sanctions	Carers unable to be consistent in boundaries leading to frustration and at times disciplining inappropriately. Child responds to inconsistency with increasing levels of challenging behaviour

Risk Level 3	Impact
Adult arguments and violence	
Evidence shows that verbal and domestic abuse can adversely impact on the unborn Carers sometimes argue aggressively in front of children, but there is no physical abuse of either party Family environment is volatile and unstable, intolerant critical and inconsistent.	Stress in utero can result in increased cortisol levels which impacts on the neurological development of the unborn brain. Neither carer is able to respond appropriately. The frequency and duration of verbal abuse is increasing. Children are showing signs of distress and mimicking behaviour at Nursery/School/ College Child or young person becomes vulnerable to grooming and exploitation as they lack positive self-worth
Physical Abuse	
Child displays behaviour that indicates they are subject to physical threats or behaviours Parents not seeking medical advice when child has been exposed to harmful substances	Fearful of parents, repeated disclosures by child with no evidence appears to mirror adult behaviour in the playground. Injuries as a result of being exposed to harmful substances
Positive Values	
Carer inconsistent in helping child to have positive values. Carer aware of need to monitor child watching inappropriate material and playing inappropriate computer games, but is inconsistent in monitoring because of own personal difficulties and circumstances.	Carers continue to watch inappropriate material in front of children. Carer unable to challenge partner due to own circumstances. Child exhibiting inappropriate behaviour
Substance misuse	
The carer believes it is normal for children to be exposed to regular alcohol and substance use. The mood of the carer can be irritable or distant at times. Mother continues to use substances throughout her pregnancy.	Carers continue to use alcohol and drugs in front of the children. Continue to normalise their behaviour and will not listen to others. Carers lack any insight into their behaviour and the distress it causes to the child The misuse of drugs and alcohol can result in foetal alcohol syndrome and greater risk of health related concerns for the unborn.

LEVEL 4:

Risk Level 4	Impact
Food	
Child appears hungry. Children's special dietary requirements are rarely met and the carer is indifferent to the importance of appropriate food for the child	Child loses weight, unable to concentrate at school/college, clothes are increasingly ill-fitting. Health affected by inappropriate diet
Quality of housing	
Little or no preparation for a new baby in the antenatal period. The accommodation is in a state of disrepair, carers are unmotivated to address this and the child has suffered accidents and potentially poor health as a result; the whole environment is dirty and chaotic	Unsafe environment for new-born baby. Child's health deteriorates as a result of the insanitary conditions at home. Child unable to bring friends home as too embarrassed by their home circumstances. Child bullied at school/ college because they smell, of such as smoke, body odour, urine and faeces
Stability of housing	
Child does not have a stable home environment, and has either experienced lots of moves and/or lots of adults coming in and out of the home for periods of time	Child feels increasingly insecure by frequency of moves, loss of friends and family. Possible witness to inappropriate behaviour by the adults coming to the home. Possible drug dealing/cuckooing
Child's Clothing	
Child has clothing which is dirty and crumpled, in a poor state of repair and not well fitting. The child lacks appropriate clothes for the weather and does not have sufficient clothing to allow for regular washing	Child is bullied at school/ college, clothes smelly and dirty child gets more illnesses due to inappropriate clothes for weather, Impact on child's self-esteem and self-worth
Animals	
Presence of faeces or urine from animals not treated appropriately and animals not well trained and the mistreatment of animals by adults or children is not addressed.	Risk of disease and ill health from unhygienic practices. Children brought up to consider mistreatment of animals is normal. Children could be very distressed by the mistreatment which impacts on emotional health and well-being
Hygiene	
Carers do not take an interest in child's appearance and do not acknowledge the importance of hygiene to the child's wellbeing. Frequent head-lice and nappy rash; and evidence teeth not cleaned.	Child bullied at school/college, self-worth and self –esteem impacted on negatively. Clothes and hair smell, dental decay

Risk Level 4	Impact
Safe sleeping arrangements and co-sleeping for babies	
Carer ignores advice about beds and bedding, room temperature, sleeping position of the baby and smoking. Sleeping arrangements are not suitable and carer is indifferent to advice regarding this or impact on child	Baby becomes over heated or smothered by Carers but Carers still refuse to listen to advice
Seeking advice and intervention	
Mother persistently failing to attend for antenatal care. The carer does not routinely seek advice about childhood illnesses but does when concerns are serious or when prompted by others. Child WNB routine appointments .	Unborn baby at risk due to mother's failure to attend antenatal appointments Carer continues to listen to advice and acts when prompted but is not pro-active in meeting child's needs. Child suffering unnecessary
Disability and illness	
Carer shows anger and frustration at child's disability. Often blaming the child and not recognising identity	Child's emotional health impacted on negatively, feels they are in the way and unloved. Poor sense of self-worth leading to poor achievements
Safety awareness and features	
The carer does not recognise dangers to child and there is a lack of safety equipment, and evidence of daily dangers to the child	Child comes to harm frequently, multiple attendances at Emergency Department (ED) for minor injuries
Supervision of the child	
Lack of concern about where child is or who they are with and the carer is inconsistently concerned about lack of return home or late nights	Child out late at night, Carers don't know who they are with, behaviours change, frequently wearing new clothes and has more material objects e.g. mobiles, trainers. All indicate suspicion of being groomed. Younger children playing unsupervised at risk of physical harm
Handling of baby/response to baby	
Carer does not recognise the importance of responding consistently to the needs of the baby	Baby and Mother not attuned leading to Carer not being able to recognise baby's needs. Baby's needs not me and could result in poor feeding, nappy rash and emotional distress

Risk Level 4	Impact
Care by other adults	
Carer is indifferent to the importance of safe care of the child and leaves the child with unsuitable or potentially harmful adults and does not recognise the potential risks to the child	Child is at risk of harm by others, may be at risk of physical or sexual harm. Child feels must accept situation as carer has left them with the person who is trusted by their carers
Responding to adolescents	
The carer does not consistently respond to the adolescent's needs and recognises risky behaviour but does not always respond appropriately ***NOTE** Contextual Safeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools, colleges and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships.	Adolescent at risk of Child Sexual Exploitation and Child Criminal Exploitation as they manage the challenges of puberty. Adolescent becomes confused as responses to them are inconsistent
Parent/carer's attitude to child, warmth and care	
Unwanted pregnancy, mother ambivalent towards pregnancy expressing lack of bonding with inborn baby. Carer does not speak warmly about the child and is indifferent to the child's achievements. Carer does not provide praise or reward and is dismissive of praise from others. Emotional response is sometimes brisk or flat and lacks warmth and can be aggressive or dismissive if child distressed or hurt. Parent has high levels of anxiety regarding the child	Significant risk that mother will be unable to bond with baby resulting in long term impact on the baby's emotional health and well-being. Additional risk of post-natal depression Child feels unloved and uncared for, poor attachment. Low self –esteem and self-worth leading to behaviours to make sense of Carers reactions to them The parents high anxiety results in child being removed from school/college unnecessarily or prevented from playing sport or socialising
The child's emotional wellbeing	
The child has a negative sense of self and abilities and suffers with low esteem parents and carers are not emotionally supportive	Child is involved in negative behaviour/activities, is being encouraged by peers to engage in self-destructive anti-social or criminal behaviour.

Risk Level 4	Impact
Sexual Relationships	
Parents unable to manage child/young person's behaviour. Parents /Carers allow access to inappropriate social media, and child or young person witness to inappropriate sexual behaviour. Frequent unknown adult visitors to home	Friendships and relationships inappropriate for age. At risk of exploitation and grooming, frequently missing from home and school/college. Frequent changes in friendship groups.
Boundaries	
Carer provides few boundaries, and is harsh and critical when responding to the child's behaviour and uses physical sanctions and severe other sanctions	Physical abuse can lead to both physical and emotional harm. As boundaries are inconsistent the impact for the child would be one of confusion
Adult arguments and violence	
Risk to unborn / new-born baby due to domestic abuse within the relationship. Carers frequently argue aggressively in front of children and this leads to violence. Consistent hostility and /or rejection, attributing negative and belittling characteristics on the child or young person.	Risk of miscarriage, premature labour, stillbirth and impact on the neurological development of the vulnerable new born baby. Fear and sense of protection to the Carer leading to either normalising of behaviour or a child that is afraid impacting on the hard wiring of their brain Child or young person feels unsafe, has no positive role model, feels protective of the victim of domestic abuse which is impacting on them socially and educationally
Physical Abuse	
Child displays behaviour that indicates they are subject to physical threats or behaviours Evidence of bite /teeth marks; burns; bruising, injuries that cannot be accounted for	Child or young person exhibits angry behaviour, peer to peer abuse or sibling abuse. Child or young person fearful, self-harm, expressing suicidal ideation.
Positive Values	
Carer does not monitor the watching of inappropriate materials or playing inappropriate games and is indifferent about the impact on the child. Carer does not teach child positive values	Child witnessing behaviours that are developmentally inappropriate, this may result in them acting out some of the behaviours. May impact on them normalising what they see. Sense of loneliness if unable to share with peers. Inappropriate play
Substance misuse	
Mother continues to use substances throughout her pregnancy and is not engaging with support services. The carer's use leads to an inconsistency in caring and the child takes on inappropriate responsibilities at home	Potential withdrawal for new born baby. Long term effects on child's development post birth. The child is unable to mix with peers as has to take responsibility for younger siblings/ carers. Educational achievement is affected by missing days at school/college. Sense of missing out with peers

LEVEL 5:

Risk Level 5	**Impact**
Food	
Child appears hungry. Children's special dietary requirements are rarely met and the carer is indifferent to the importance of appropriate food for the child	Child requires acute intensive care and clear that the child has suffered significant harm and is at risk of further harm
Quality of housing	
Little or no preparation for a new baby in the antenatal period. The accommodation is in a state of disrepair, carers are unmotivated to address this and the child has suffered accidents and potentially poor health as a result; the whole environment is dirty and chaotic	Unsafe environment for new born baby, with the potential for significant harm . Child is missing from home, poor attendance at school/college, increasingly risky behaviours, younger children develop secondary enuresis .
Stability of housing	
Mother has no suitable housing to return to following the birth of baby. Child does not have a stable home environment, and has either experienced lots of moves and/or lots of adults coming in and out of the home for periods of time	New born baby at risk of significant harm from lack of shelter, warmth illness and infection. Child at risk of being drawn into inappropriate situations so as to fit in. Signs of significant harm including behavioural, poor educational achievement, self-harm , poor emotional health and well-being
Childs Clothing	
Child has clothing which is dirty and crumpled, in a poor state of repair and not well fitting. The child lacks appropriate clothes for the weather and does not have sufficient clothing to allow for regular washing	Child starts to avoid school/ college, becomes withdrawn. Withdraws from previous interests. Increasing disharmony at home all signs of significant impact on child. May be groomed as response to wanting to fit in
Animals	
Presence of faeces or urine from animals not treated appropriately and animals not well trained and the mistreatment of animals by adults or children is not addressed.	Child encouraged to participate in mistreatment, is teased for showing concern. Child showing signs of distress in behaviour and presentation

Risk Level 5	Impact
Hygiene	
No suitable area for preparation of new born baby's feeds and hygiene needs. Carers do not take an interest in child's appearance and do not acknowledge the importance of hygiene to the child's wellbeing. Frequent head-lice and nappy rash; and evidence teeth not cleaned.	Potential for new born baby to become seriously unwell. Child has to have significant numbers of teeth removed. Teased because no longer able to speak properly. Loses weight as unable to eat. Increasingly negative impact on emotional health leading to self-harm, risk of being groomed
Safe sleeping arrangements and co-sleeping for babies	
Carer ignores advice about beds and bedding, room temperature, sleeping position of the baby and smoking. Sleeping arrangements are not suitable and carer is indifferent to advice regarding this or impact on child	Baby has sleep apnoea, frequent admissions to hospital. Carers refuse to listen to advice and sleeping arrangements remain the same
Seeking advice and intervention	
Concealed/denied pregnancy and mother not accessing any antenatal care. The carer does not routinely seek advice about childhood illnesses but does when concerns are serious or when prompted by others. Child WNB routine appointments	Potential for significant harm as no preparation for birth or new born baby's arrival. Child hood illnesses not identified leading chronic presentation or acutely ill child. Carers not listening to advice
Disability and illness	
Carer shows anger and frustration at child's disability. Often blaming the child and not recognising identity	Child with disability is not meeting expected outcomes, carers not co-operating with treatment plans, resulting in significant harm to the child
Safety awareness and features	
The carer does not recognise dangers to child and there is a lack of safety equipment, and evidence of daily dangers to the child	Injuries increasing severity and frequency. Carers not taking advice and at significant risk

Risk Level 5	Impact
Supervision of the child	
Lack of concern about where child is or who they are with and the carer is inconsistently concerned about lack of return home or late nights	Evidence through association of child or young person being at risk of grooming, known to be mixing with 'County Lines' groups and/or CSE rings. Younger children at risk from traffic hazards as found wandering in street late at night
Handling of baby/response to baby	
Carer does not recognise the importance of responding consistently to the needs of the baby	Child is showing signs of poor attachment, stays out late, reported missing, self-harming, educational achievement poor. Low self-esteem
Care by other adults	
Carer is indifferent to the importance of safe care of the child and leaves the child with unsuitable or potentially harmful adults and does not recognise the potential risks to the child	Child discloses significant harm
Responding to adolescents	
The carer does not consistently respond to the adolescent's needs and recognises risky behaviour but does not always respond appropriately ***NOTE** Contextual Safeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships.	Adolescent at risk of Child Sexual Exploitation and Child Criminal Exploitation and puts self at significant harm in attempt to find identity and sense of self-worth. Additional risk of self-harm in a variety of forms e.g. substance misuse, self-harm and anorexia nervosa
Parent/carer's attitude to child, warmth and care	**Impact**
Mother expressing concerning feelings towards unborn baby. Carer does not speak warmly about the child and is indifferent to the child's achievements. Carer does not provide praise or reward and is dismissive of praise from others. Emotional response is sometimes brisk or flat and lacks warmth and can be aggressive or dismissive if child distressed or hurt. The Parent/Carer displays high levels of anxiety.	Potential for significant impact on baby's physical and emotional wellbeing due to lack of attachment/bonding. Child is at risk of carrying out self-harming behaviours or putting themselves in known dangerous situations. The parent /carer's high level of anxiety is significantly harming the child's development e.g. social isolation, poor attendance at school/college or fabricating/inducing illness.

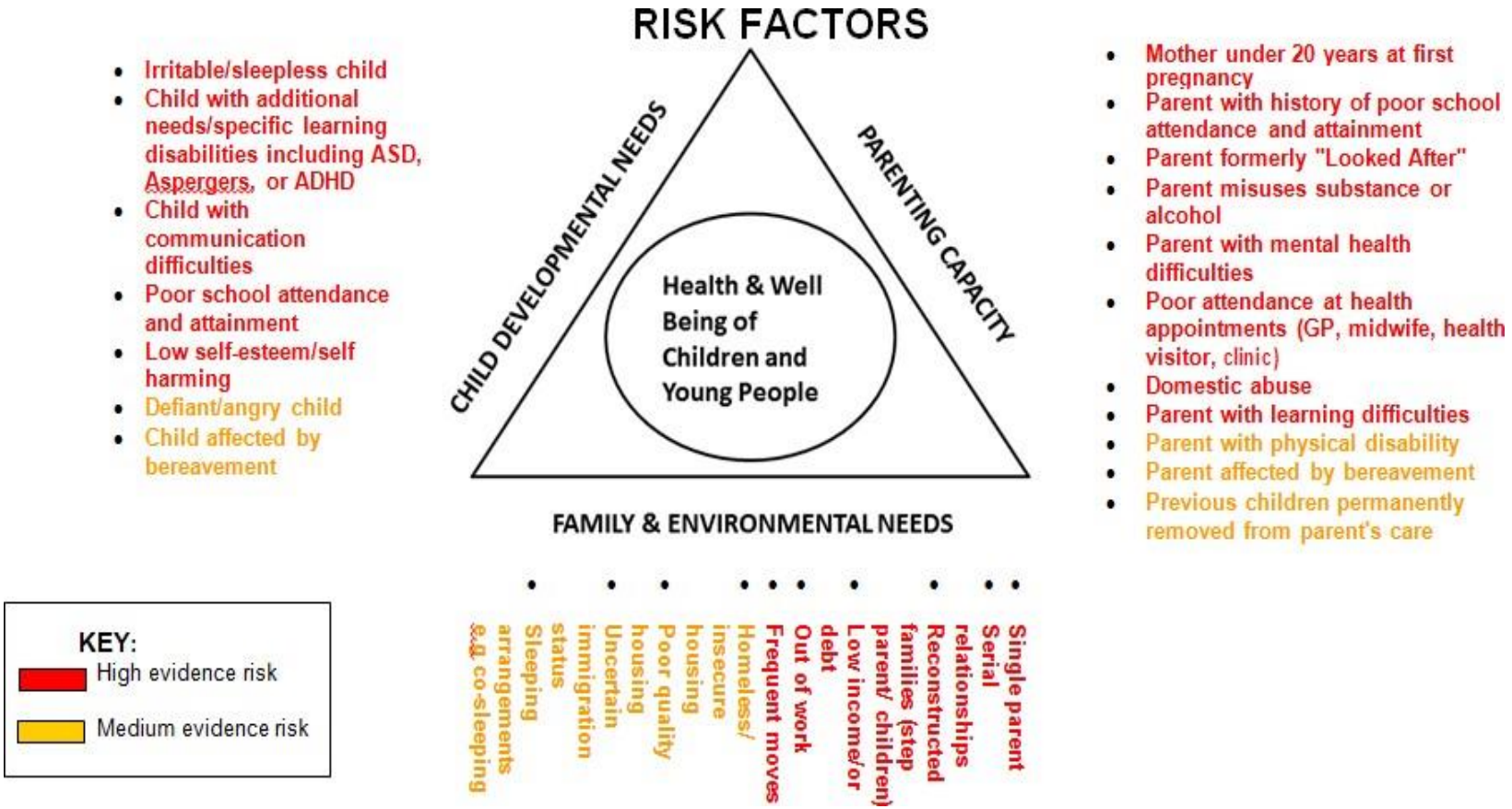
Risk Level 5	Impact
The child's emotional wellbeing	
The child has a negative sense of self and abilities and suffers with low esteem parents and carers are not emotionally supportive and child is no longer meeting expected outcomes	Child's development is being significantly impaired, there is evidence of exploitation by others and there is evidence of self-harm. Child may be permanently excluded from school/college.
Sexual Relationships	
Relationships with known criminals or paedophiles. Frequently staying out. Using drugs and alcohol excessively . Pregnant refusing to disclose father. Has goods and money unable to account for. Fearful of members of the family refuses to disclose and is protective. Parents and Carers feel out of control.	Sexual activity in exchange for goods, Groomed and at risk of CSE and County Lines. Risk of rape, may request termination and present alone or with someone who will not leave her and answers for her. Frequent and excessive self-harm / overdose. Present extreme behaviour and violence which is out of character. STI's and UTI's. May disclose abuse
Boundaries	**Impact**
Carer provides few boundaries, and is harsh and critical when responding to the child's behaviour and uses physical sanctions and severe other sanctions	Escalating levels of physical chastisement puts the child at significant risk of harm or disclosure by child leads to evidence of significant harm occurred
Adult arguments and violence	
Risk to unborn/new born baby due to domestic abuse within the relationship. Carers frequently argue aggressively in front of children and this leads to violence.	Risk of miscarriage, premature labour, stillbirth. Risk of significant physical/emotional harm to new born baby. Child that is at risk of significant emotionally and also at risk of physical harm by becoming involved in the abuse Child or young person has suffered long term neglect of their emotional needs due to family environment and is now at high risk of or is already involved in sexual or criminal exploitation either as a perpetrator or victim
Physical Abuse	
Child displays behaviour that indicates they are subject to physical threats or behaviours Evidence of bite /teeth marks; burns; bruising, fractures, (including old fractures) injuries that cannot be accounted for. Parents /Carers deliberately exposing child to risk , corporal punishment, exposing to environment too cold /hot ; giving un-prescribed medication/illegal drugs	Child or young person exhibits angry behaviour, peer to peer abuse or sibling abuse. Child or young person fearful , self- harm, expressing suicidal ideation and or taking overdoses, drinking excessively, substance misuse, injuries from drug paraphernalia; increasingly withdrawn, or extreme behaviours

Risk Level 5	Impact
Positive Values	
Carer does not monitor the watching of inappropriate materials or playing inappropriate games and is indifferent about the impact on the child. Carer does not teach child positive values	Evidence of significant harm to child through disclosure or behaviour
Substance misuse	
Mother continues chaotic use of substances throughout her pregnancy, including street drugs and is not engaging with support services. The carer's use leads to an inconsistency in caring and the child takes on inappropriate responsibilities at home	Risk of premature birth/low birthweight. High chance of withdrawal for new born baby as well as long term effects on child post birth. Child unable to be a child due to responsibilities resulting in harm

There are a number of Tools staff may find helpful these include the SBAR Communication Tool stands for Situation, Background, Assessment and Recommendation and can be found at Appendix 2

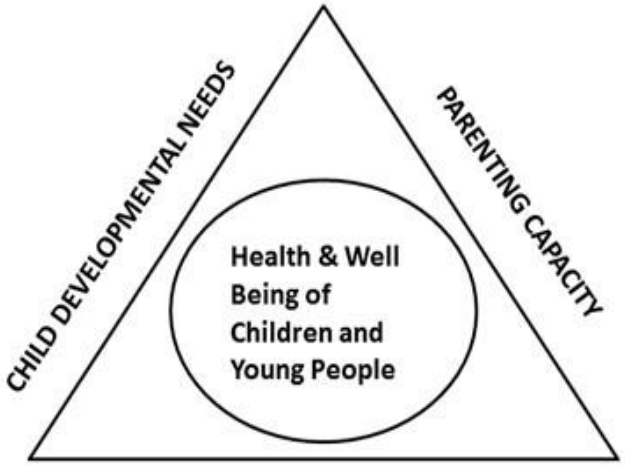
The Safer Communication Tool – Appendix 3
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/208132/NHS_Safer_Leaflet_Final.pdf is also a useful tool in assessing risk and promoting safety.

Risk and Protective Factors for Younger Children



PROTECTIVE FACTORS

- Able bodied child with good health and positive development
- Calm child with positive attachment
- Good school attendance and attainment
- Child has secure relationships and able to express self verbally
- Good communication skills
- Calm and accepting child
- Acceptance of loss processes



- "Older Mother"
- Parent with good physical and mental health
- Controlled use of substances
- Positive attitude to education
- Family support
- Good attendance at health checks and other appointments
- Shared parental responsibility
- Parent with no additional needs
- Acceptance of loss process
- Attending Day Care

- Stable relationships
- Positive contact with absent parent
- Stable and well managed income
- Employed
- Stable community links / neighbourhood
- Secure tenancy or owned occupier
- Positive acceptance of the child
- Housing meets decent housing standards

KEY:

High Evidence

Medium Evidence

Acknowledgement is given to Social Care Can Do Partners in developing the Risk Assessment Toolkit

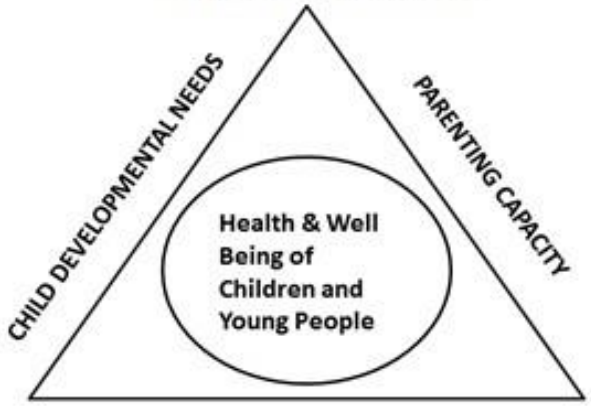
RISK ASSESSMENT TOOLKIT

Risk and Protective Factors for **Young People**

Professor Munro has highlighted the uncertainty that pervades the work of child protection and the challenges for professionals in assessing risk and estimating the dangers facing a child/young person. This guidance is designed to assist practitioners when undertaking an assessment (e.g. CAF, Initial/Core Assessment, SEN) to evaluate the risk and protective factors to achieve the best outcomes for the child. The following risk and protective factors are based on research and findings from Serious Case Reviews. The protective interventions have been shown to alleviate some of the predicted negative outcomes for children by building resilience. If the risk factors are present in a family, and there are no corresponding protective factors, the evidence tells us that a high percentage of these children will have poor life outcomes (offending/mental ill health/repeat abuse/neglect as parents). As children get older, the influence from peers and the wider community exerts an increasing impact, both positive and negative.

RISK FACTORS

- ADHD/hyperactivity
- Child with communication difficulties
- Early onset of coming to police attention
- Low intelligence
- Male
- Member of deviant peer group
- Peer rejected/child bullied
- Poor school attendance & attainment
- Child sexual exploitation/ absconding behavior
- Defiant/angry child

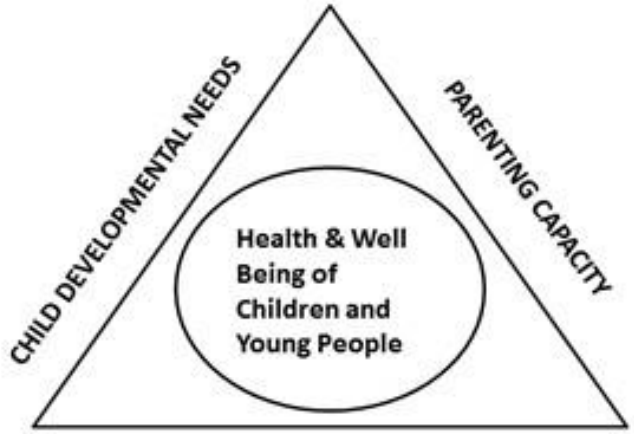


- Parent with history of offending
- Parent with history of poor school attendance and attainment
- Parent misuses substance or alcohol
- Parent with mental health difficulties
- Family/parent conflict
- Poor supervision/interest in child's activities
- Large number of siblings

Key: *Need to review as not same level of evidence*
- High Evidence Risk
- Medium Evidence Risk

PROTECTIVE FACTORS

- Calm child with positive attachment
- Good communication skills
- Female
- Positive peer relationships
- Child has secure relationships and able to express self verbally
- Good self-esteem and engagement with peers
- Good school attendance and attainment



- Parent with good physical and mental health
- Positive regard for the young person
- Good supervision of the young person
- Non offending parents
- Positive attitude to education
- Family support

- Positive acceptance of child
- Citizenship
- Stable neighbourhoods /community links
- Good school with positive regard for young people
- Relationship with at least one trusted adult
- Meaningful activities
- Stable relationships

Key Code:

High Evidence Protection
Medium Evidence Protection

Acknowledgment is given the Social Care Can Do Partners in developing the Risk Assessment Toolkit.

Appendix 1

Working Together to Safeguard Children (2018) sets out organisations responsibilities to safeguard and promote the welfare of children. It is statutory guidance and applies to all professionals who work with children

Chapter One
Assessing Need and Providing Help

Chapter One sets out the importance of early help, referral, assessment and process details:

- additions to early help focus include: gangs and organised crime groups, missing, drug and alcohol abuse, radicalisation, trafficking and exploitation
- guidance about information sharing and GDPR
- assessment of disabled children, young carers and young people in secure youth establishments added
- emphasis on contextual safeguarding
- specific health responsibilities added to strategy discussion guidance
- responsibility moving from LSCB's to safeguarding partners to monitor effectiveness of arrangements

Chapter Two
Organisational Responsibilities

Chapter Two defines agencies responsibilities to safeguard and promote the welfare of children:

- Section 11 duties for all agencies are unchanged
- emphasis on guidance applying in its entirety to all schools
- section added about responsibility of CCG to ensure provision of designated health professionals
- Children's Homes, MAPPA and sports clubs and associations added to Section 11 duty
- Safeguarding responsibilities emphasised for all professionals working in voluntary, charity, social enterprise and faith based organisations

Chapter Three
Multi-agency Safeguarding Arrangements

Chapter Three sets out responsibilities for the three statutory safeguarding partners to develop new local safeguarding arrangements:

- safeguarding partners are the Local Authority, Police and Clinical Commissioning Group (CCG)
- the partners have full and equal responsibility to establish effective safeguarding arrangements
- organisations named as Relevant Agencies are required to cooperate with the arrangements
- new arrangements must be published and be in place by September 2019
- new arrangements will replace current safeguarding board arrangements

Chapter Four
Improving Child Protection and Safeguarding Practice

Chapter Four sets out the process for the safeguarding practice reviews (replacing Serious Case Reviews):

- new National Child Safeguarding Review Panel has been established. Panel will receive all serious incident notifications from the local authority.
- the panel will identify cases which raise issues of national significance to be reviewed as national child safeguarding practice reviews
- safeguarding partners are responsible for identifying and commissioning local reviews
- an initial rapid review will be undertaken on all cases

Chapter Five
Child Death Reviews

Chapter Five sets out the duty on the child death review partners to establish new arrangements to review child deaths:

- Local Authority and CCG are the statutory Child Death Review Partners
- the partners are responsible for establishing child death review arrangements – these can be based on current child death overview arrangements
- our current arrangements are on a West of England basis and this can continue
- current arrangements continue until replaced by new arrangements which must be in place by September 2019

Full document and more Information: https://www.safeguarding-bathnes.org.uk/children/local-safeguarding-children-s-board

SBAR Tool – Appendix 2

Prior to a referral, ask yourself – Have I - ?

- Assessed the child /unborn & documented findings?
- Documented existing risk factors or issues
- Found any evidence of substance abuse, domestic abuse, mental illness, chaotic lifestyle or missed appointments?
- Found any early help interventions taking place [e.g. C Early Help Assessment (CAF)
- Discussed the situation with the child/unborn parents?
- Checked who else is in the household?
- A need to discuss the situation with other professionals e.g. GP or HV
- Updated myself with the child/unborn available recent health history?
- Knowledge of any siblings? Are they at risk too?
- Checked for allocated social worker? Discussed my concerns with them?

S	**SITUATION**	
	➢ Who is the child / unborn?	
	➢ What problem did they present with?	
	➢ What were the reasons given for this?	
	➢ Is the child and or their parents aware of this referral?	
B	**BACKGROUND**	
	➢ Who did the child present with?	
	➢ What is the relationship?	
	➢ Who else lives in the household?	
	➢ What are their social circumstances?	
	➢ What is the child's demeanour like?	
A	**ASSESSMENT**	
	➢ What is your assessment of Injury/ reason /cause / mechanism or history related to presentation?	
	➢ How relatives behave /interact with child?	
	➢ Known environmental factors of home safety / security or issues of sharing?	
	➢ Evidence of substance / domestic abuse / mental illness / chaotic lifestyle / missed appointments?	
	➢ Why considered at risk? [Factual evidence]	
	➢ Impact on the child?	
R	**RECOMMENDATION**	
	➢ Immediate intervention whilst in trust [ring 1st / follow-up report]	
	➢ Requires further investigation under ***SECTION 47 of Children Act 1989***	
	➢ Referral to Social Care for Single Assessment	
	➢ Discharged BUT requires follow-up in community (Early Help)	
	➢ Info sharing purposes ONLY - No ACTION	

Appendix 3 – Safer Communication Tool

Department of Health

SAFER communication guidelines

These are guidelines for communications between health visitors and local authority children's social care teams using the SAFER process when a child may be suffering or is likely to suffer significant harm*.

All verbal communications can be carried out using the SAFER process. It can also be used for 'no name consultations'. The use of SAFER will ensure a uniform approach to communicating the level of risk to a child/children.

Section A:
Prior to referral ask yourself these questions:

Assessment

- Have I assessed the child and family and documented my findings? If not what is the source of my information?

Evidence

- What is happening, or not, which is causing concern/or impacting on the safety of the child?
- Is there any evidence of mental illness, substance abuse, domestic abuse, a chaotic lifestyle or missed appointments?

Actions

- Have I consulted my Local Safeguarding Children's Board (LSCB) interagency procedures?
- How do the child's needs meet the local threshold for referral (Working together, 2013 p.14)
- Is a Common Assessment Framework (CAF) in existence for this child/ren?
- Have I documented all existing risk factors or issues?
- Has the situation/referral been discussed with the child's parent(s)/carers, or would this put the child at greater risk?
- Who else lives in/regularly visits the household? Can I provide their personal details and relationships to the child/children?
- Has the situation been discussed with the child's general practitioner and other relevant health professionals, e.g. adult mental health?
- Have I updated myself on the child and family's recent health history?
- Do I have knowledge of any siblings? May they be at risk of harm too?
- Is there a social worker already allocated? Have I discussed the referral with that social worker?
- Has the situation been discussed with a named nurse/senior colleague for safeguarding?

Prior to making a call, have the following available:

- the child's health record
- a chronology of significant and recent events
- the evidence triggering your concern

Section B:
Aide-memoir to support efficient and appropriate telephone referrals of children who may be suffering, or are likely to suffer significant harm

S	**Situation** • This is the health visitor (give name) for (give your area). I am calling about...(child's/children's names, address and date of birth). • To whom am I speaking? (Ensure you log the main role of the person taking the referral). • I am calling because I believe this/these child/ren may be at risk of significant harm. • The parents are/aren't aware of the referral.
A	**Assessment and Actions** • I have assessed the child personally and the specific concerns are….. (provide specific factual evidence, ensuring the points in Section A are covered). • Or: I fear for the child's safety because…(provide specific facts – what you have seen, heard and/or been told, and when you last saw the child and parents). • A CAF has/hasn't been followed. • This is a change since I last saw him/her (give number of) days/weeks/months ago. • The child is now.....(describe current condition and whereabouts). • I have not been able to assess the child/children but I am concerned because..... • I have.....(actions taken to make child safe).
F	**Family factors** • Specific family factors making this child at risk of significant harm are: .....(based on the Assessment of Need Framework and covering specific points in section A). • Additional factors creating vulnerability are….. • Although not enough to make this child/ren safe now, the strengths in the family situation are.....
E	**Expected response** • In line with Working Together to Safeguard Children, NICE guidance and Section 17 and/or Section 47 of the Children Act I recommend that a specialist social care assessment is undertaken (urgently?). • Other recommendations? • Ask: Do you need me to do anything now?
R	**Referral and recording** • I will follow up with a written referral and would appreciate it if you would get back to me as soon as you have decided your course of action. When might I expect to hear from you? • Exchange names and contact details with person taking the referral. • Now refer in writing as per local procedures (LSCB) and record details, time and outcomes of telephone referral. • If the referral is not accepted /actioned, consult the escalation policy/process and discuss this with the named nurse.

(NB: The intention is to make reasons for referral factual and informative to assist the duty team in taking appropriate action.)

If a child is at risk of immediate, significant harm, the priority is to move them to a place of safety. The police have the powers to remove a child to a place of safety without parental consent

*The Children's Act (1989) defined harm as 'ill treatment or the impairment of health or development'. To decide whether harm is significant the potential/current health and development of the child in question should be considered compared to that of a similar child

References

- Brandon et al (2012) New learning from serious case reviews a two year report for 2009-2011. Department for Education Research Report. DfE-RR226.
- HM Government (2013) Working Together to Safeguard Children. http://www.workingtogetehronline.co.uk/resources.html
- Your local safeguarding policy and procedures.
- Framework for the Assessment of Children in Need and their Families. www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicatioinsPolicyAndGuidance/DH_4003256.
- NICE (2009) When to suspect child maltreatment. NICE Clinical Guideline 89.
- Children Act (1989) HMSO.
- DCSF.(2006) What to do if you are worried a child has been abused.
- Pocket information sharing guide (2008) HM Government.

The SAFER tool was developed from another SBAR which originated from the US Navy and was adapted for use in healthcare by Dr M Leonard and colleagues from Kaiser Permanente, Colorado, USA

Amended and updated by the Institute of Health Visiting, 2013 on behalf of the Department of Health

Appendix 4 - Resources

Level 1	**Resources**
Children should access universal services in a normal way:-	Key universal services that may provide support at this level: Education Children's Centres and Early Years Health visiting service School nursing GP Play Services Police Housing Voluntary and Community Sector
Level 2/3	**Resources**
All universal services Targeted Support Services An Early help assessment is recommended at this level to further assess needs and coordinate an action plan across services Statutory or specialist services assessment Education, Health and Care Plan (EHCP)	Programmes aiming to build self-esteem and enhance social/life skills Prevention Programmes Positive activities Youth crime prevention services. Targeted drug and alcohol information, advice and education, including harm reduction advice to support informed choices Health, Education, Children's Centres and Early Years Educational psychology Educational Welfare Specialist Play Services Voluntary and community services Parenting Programmes

Level 3 /4	**Resources**
Targeted early help All universal services plus key agencies: Local authority children's social care	Other statutory service, e.g. SEN services. Specialist health or disability services Family and Young People Support Services Youth Offending Service Targeted drug and alcohol Children and Adolescents Mental Health Service (CAMHS) Voluntary and community
Level 5	**Resources**
All universal services plus additional services: Social Care Single Assessment/ S47 enquiries Statutory or specialist services assessment Education, Health and Care Plan (EHCP)	Key agencies that may provide support at this level: Specialist health or 0-25 Team Children Social Care Youth Offending Service Children, Adolescent and Mental Health Services (CAMHS) Family and Young People Support Services Voluntary services

Appendix 5 - Glossary

Abbreviation	Meaning
ACE	**Adverse Childhood Experiences**
ADHD	**Attention Deficit Hyperactivity Disorder**
ASD	**Autistic Spectrum Disorder**
B&NES	**Bath and North East Somerset**
CAF	**Common Assessment Framework now replaced with Early Help Assessment**
CAMHS	**Child and Adolescent Mental Health Services**
Care Leaver	**A care leaver is an adult who has spent time in foster or residential care, or in other arrangements outside their immediate or extended family before the age of 18.**
CCE	**Child Criminal Exploitation**
CCG	**Clinical Commissioning Group**
CIN	**Child in Need**
CSE	**Child Sexual Exploitation**
CP	**Child Protection**
C&YP	**Children and Young People**
Early Years	**The Early Years Foundation Stage (EYFS) sets standards for the learning, development and care of children from birth to 5 years old.**
ED	**Emergency Department**
EHCP	**Early Help Care Plan**
GDPR	**General Data Protection Regulations**
GP	**General Practitioner**
HV	**Health Visitor**
LADO	**Looked After Designated Officer**
Looked After Child	**A child who has been in the care of their local authority for more than 24 hours is known as a looked after child.**
MAPPA	**Multi-Agency Public Protection Arrangements**
MARAC	**Multi-Agency Risk Assessment Conference**
SEN	**Special Educational Needs**
SID / SUDI	**Sudden Infant Death / Sudden Unexplained Death of Infant**
SBAR	**Situation, Background, Assessment and Recommendation Communication Tool**
STI	**Sexually Transmitted Infections**
TAC / F	**Team Around Child/Family**
UTI	**Urinary Tract Infections**
WNB	**Was Not Brought**
WTTSC	**Working Together to Safeguard Children**

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Bath and North East Somerset Community Safety and Safeguarding Partnership

Think Family and Community

Independent Scrutiny Arrangements

Overview

Bath and North East Somerset (B&NES) Partners value the voice of independent scrutiny and challenge of our new safeguarding and community safety arrangements. Our new scrutiny arrangements are set out below; they will ensure local systems and practice are effective and work for children, adults, families and communities as well as for practitioners. Independent scrutiny will:

- Provide assurance in judging the effectiveness of services to protect people and communities
- Assist when there is disagreement between the organisations responsible for community safety and safeguarding in the agencies involved in the arrangements
- Support a culture and environment conducive to robust scrutiny and constructive challenge to improve outcomes for children, adults, families and communities.

We will focus our scrutiny arrangements on a positive learning culture where everyone involved welcomes scrutiny and actively participates in it; trusting and learning from each other as well as taking accountability.

Effective Independent Scrutiny relies on:

- Robust and curious analysis of performance information
- Learning from Safeguarding Adult Reviews, Domestic Homicide Reviews and Children's Practice Reviews, multi-agency audit and reflective learning discussions
- Understanding the lived experience of local children, adults, families and communities
- Understanding the frontline experience, strengths and challenges of frontline staff and volunteers

Local Independent Scrutiny of the Community Safety and Safeguarding Partnership

1. Independent Chair
   We will retain an Independent Chair at the Executive and Operational meetings, as we consider that there is benefit in having our Community Safety and Safeguarding Partnership meetings chaired by an individual who:
   - ✓ is not the representative of any single agency
   - ✓ is able to bring their experience of acting as a critical friend
   - ✓ encourages appropriate challenge
   - ✓ holds agencies to account

2. Independent Scrutiny Officers
   We will identify suitable independent scrutiny officers who will have attributes, skills, knowledge and understanding of the systems to fulfil this role.

It is anticipated that they will be from a range of backgrounds in order to ensure different perspectives and provide a degree of flexibility and capacity to contribute to the scrutiny and assurance arrangements as required.

3. Involvement of Children, Adults and Communities
   We are committed to involving children, adults and communities in having an active role in local arrangements; we want to hear the voice of those directly affected. This includes (but is not limited to):
   - Children's Equality Group; Children's In Care Council and Youth Forum
   - Citizens Panels
   - Carers and Young Carers organisations
   - Your Health, Your Voice (BaNES NHS CCG patient and public involvement meetings)

4. Involvement of Lay Members and HealthWatch
   Lay Members have played a critical role in the LSCB and LSAB and we want to ensure this role is part of the scrutiny arrangements going forward. Lay Members challenge whether our actions are improving outcomes, and ask questions which help agencies review their approach and practice; HealthWatch plays a key role in providing an independent perspective from those who use the service and therefore act as a vital source of scrutiny.

5. Elected Members
   We will continue to ask Portfolio Holders, Cabinet and other Elected Members to scrutinise the work of the new arrangements. Scrutiny Panels and Health and Wellbeing Board will also provide that challenge, as well as the new Health and Care Board.

6. Ofsted, CQC and other Government Agencies
   We will review reports from external sources and use their findings to scrutinise the work in BaNES and its effectiveness.

Programmes of Scrutiny:

In addition to the above we will develop a new Assurance Framework which will include:

- An annual programme of independent case file audits. This will take the form of both single agency and multi-agency audits targeted at specific issues.
- We will commission Independent Authors to conduct Safeguarding Children Practice Reviews, Safeguarding Adult Reviews and Domestic Homicide Reviews as required and we will undertake learning reviews when appropriate.

- We will complete statutory self-assessments and where appropriate validate these in order to carry out our legal requirements eg for agencies working with children and families there is a Section 11 assessment to be completed, and for schools a specific self-assessment, Section 175; for agencies working with adults we will continue with the self-assessment programme shared with North Somerset, South Gloucestershire, Bristol and Somerset.
- Informal sessions with an organisation if requested.
- We will hold Enquiry / Assurance / Line of Sight Events.
- We will monitor and review performance information and will commission bespoke reports to explore identified issues, including undertaking Peer Reviews and Deep Dives as appropriate.
- Hold Focus Groups as needed.
- Request assurance reports from Commissioning and Scrutineers for specific purposes.
- Agree key performance indicators and outcomes with all agencies involved in the arrangement.

Finally we will review our scrutiny arrangement each year and we will publish the learning from the range of independent scrutiny in our annual report. This will include:

- Whether all agencies are fulfilling their responsibilities to safeguard and promote the welfare of people at risk of harm;
- Whether all agencies are joined up and working together to safeguard and promote the welfare of children, adults, families and communities, right across the safeguarding system;
- A review of the inter-connectedness between performance, practice and voice of people.

Regional Independent Scrutiny for Safeguarding Children

In addition to the local arrangements set out above we have committed to collaborate with the regional Avon & Somerset Strategic Safeguarding Partnership (ASSSP) in order to develop a safeguarding children scrutiny framework for 2019-2021.

The ASSSP have developed a regional approach on behalf of the five local areas in the Avon and Somerset Constabulary footprint. This system will enhance local delivery of scrutiny and will co-ordinate the approach, introducing efficiency and opportunities for shared learning, and reduce duplication across the five areas.

Therefore, an Independent Scrutiny Co-ordinator has been appointed by the ASSSP in order to provide the support and facilitation of assurance activity to all these local areas within the Avon and Somerset geographical footprint. The arrangements will be assessed on how effectively they are working for children, young people and families, as well as practitioners, and how well the safeguarding partnership is providing strong and effective leadership.

Roles and Responsibilities

The role of Independent Scrutiny

- Provide a rigorous and transparent assessment of the extent to which appropriate and effective systems and processes are in place in all partner agencies in order to fulfil their statutory duties, ensuring that children are protected and that appropriate safeguarding strategies are developed and embedded.
- Evaluate arrangements for the operation of the requisite local area partnership, including the purpose, effectiveness and functions of board meetings, and recommend and implement appropriate changes.
- Support the implementation of the findings and outcomes of any single or multi-agency safeguarding / Domestic Homicide Reviews.
- Confirm or not that effective performance management, audit and quality assurance mechanisms are in place within partner organisations which will support the partners to fulfil their statutory objectives, and which will enable the partnership to identify and measure its success and impact.
- Ensure that the three safeguarding partners provide independent, robust and effective challenge to all partners.
- Ensure that the voices of children and other members of the community as relevant are appropriately represented and heard in the work of the partnership.
- Support a culture and environment conducive to organisational learning, improving outcomes for our most vulnerable.

The role of the Independent Scrutiny Co-ordinator

- Draw evidence from activity to contribute to hypothesis development / review.
- Act as a critical friend to partners, providing support and facilitation of challenge.
- Ensure mapping of scrutiny / assurance functions for each ‘place’.
- To co-ordinate the effective scrutiny of each local arrangement according to their Terms of Reference.
- To draft an Annual Report on each local area’s arrangement
  - For the local area Board in the first instance;
  - To the ASSSP enabling support and challenge by highlighting good practice, issues and concerns.
- Co-ordinate and train (with support) a pool of local reviewers from a variety of disciplines.
- Co-ordinate reviewers and lead reviews.

- Ensure independence in co-ordinating review teams.
- Ensure each local area review considers the contribution of all statutory and key partners through a variety of disciplines.
- Ensure that the voices of children, young people and their families are appropriately represented and heard throughout, including the use of Youth Forums, Youth Scrutineers and Youth Panels, and any other local groups as appropriate.

B&NES Community Safety and Safeguarding Partnership
Operational Group Membership

Core Members

1. Independent Chair
2. Partnership Business Support Manager
3. Lay Members
4. HealthWatch
5. Council Cabinet Portfolio Holders
6. Sub Group Chairs
7. Senior Representative (if not chair of sub group) from:
   - Avon and Somerset Police
   - Avon Fire and Rescue
   - BaNES NHS CCG
   - B&NES Council
   - National Probation Service
8. Representatives from School Standards Board and Child Protection Forum
9. Representative from Higher and Further Education
10. Representation from the voluntary sector for Adults, Children and Community Safety)
11. Virgin Care (delegated responsibilities and as Community Health provider)
12. Avon and Wiltshire Mental Health Partnership NHS Trust (delegated responsibilities and Adult Mental Health Services provider)
13 NHS England
14. Royal United Hospitals Bath NHS Foundation Trust (as acute health provider)
15. Representative from Registered Social Landlords
16. Department for Work and Pensions
17. Office of the Police and Crime Commissioner
18. Representative from Carers organisations
19. Oxford Health NHS Foundation Trust Child and Adolescent Mental Health Service
20. Representative from Care Home and Home Care sector

Associate Member (provisional)

Representative from the Youth Forum and In Care Council
South Western Ambulance Service NHS Foundation Trust
Children and Family Court Advisory and Support Service
Community Rehabilitation Company
Independent Equalities Advisory Group
British Transport Police
Care Quality Commission
Ofsted

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Bath and North East Somerset Community Safety and Safeguarding Partnership Implementation Plan

29.06.2019 to 29.09.2019 Activity

Overview of Activity	Actions	Stakeholder Involvement	Lead	Completion Date
Establishment of new Community Safety and Safeguarding Partnership Team / Business Unit	Recruit Independent Chair	YES	Partnership Working Group	31.08.19
	Council review of existing Business functions	NO	Council	31.07.19
	Recruitment of Independent Business functions	YES	Partnership Working Group	31.08.19
Development of business as usual requirements	Develop governance document including terms of reference for: Executive, Operational and Sub Groups Task and Finish Groups and aligned enabler groups (eg, Equalities Group, School Standards Board, Educational establishment child protection forums, Drug related death and Homeless death review group)	YES	Partnership Working Group	16.08.19
	Establish budget and reporting mechanisms and new budget to be in place for 29.09.19	NO	Partnership Working Group	16.08.19
	Development of Risk Register	YES	Partnership Business Support Manager and Independent Chair if in post	28.09.19
	Development Session for Sub Group chairs	NO	Partnership Business Support Manager and Independent Chair if in post	28.09.19
	Develop meeting schedule and organise practical arrangements	NO	Partnership Business Support Manager	28.09.19

Brand Establishment	Agree logo and branding – involvement from young people and community Approach vulnerable persons resettlement scheme families	YES	Partnership Business Support Manager and Working Group	31.07.19
Engagement and Awareness Campaign	Develop easy read, child friendly information and accessible material about the new Partnership	YES	Council Inclusive Communities Manager / CCG Communications team	31.07.19
	Review website	NO	Partnership Business Support Manager	28.09.19
	Finalise Communications Plan Develop press release for inaugural meeting	YES	Partnership Business Support Manager with Task and Finish Group	28.09.19
Impact Assessments	Complete quality , equality and privacy impact analysis	YES	Task and finish group	28.09.19
Environmental Impact Analysis	Finalise Impact Assessment	NO	Task and finish group	28.09.19
Formal closure of LSCB, LSAB and RAG	Finalise business and Strategic Plan out turns for work ending on 29.09.19; Close down budgets for LSCB, LSAB and RAG	N/A	Partnership Working Group	25.09.19
Inaugural Meeting of Executive Group **Operational Group to attend post business**	Convene inaugural meeting; Sign of Terms of Reference (including budget); deal with initial business; sign off Communications Plan; Impact assessments and Press release	NO	Partnership Business Support Manager	29.09.19

Activity During First Year				
Partnership Development	Business Development Session Develop new strategic plan and Partnership Assurance Framework Review induction packs for Members	YES	Independent Chair Partnership Business Support Manager	1.04.20
Operational Group Sub Group meetings	Sub groups to have all met before Operational Group full meeting	YES	Partnership Business Support Manager, Independent Chair and Sub Group Chairs	Sub Groups to have met before 30.11.19 Operational Group early Dec 2019
Stakeholder / Combined Partnership Event	Initial Partnership Stakeholder Event	YES	Independent Chair and Partnership Business Support Manager	28.02.20
Continued Engagement and Awareness Campaign	Delivery of Communication Plan	YES	Independent Chair	29.09.20
Review Partnership budget and contributions	Evaluation of Training Charging implementation Statutory Partners to review financial contribution	YES	Independent Chair and Executive Group	31.01.2020
Review of Community Safety and Safeguarding Partnership Team training Arrangements	Review of Council employed training and development officers in relation to new arrangements	NO	Council and report to Independent Chair	31.03.20
Business as Usual Work	Ensure new branding is put onto existing policies, procedures, protocols etc. and wording is correct	NO	Partnership Business Support Manager	29.09.2020
	Website revisions	YES		29.09.2020

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Bath & North East Somerset Council		
MEETING	**Children, Health and Wellbeing Panel**	
MEETING	**Tuesday 23 July 2019**	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	**Update on Relocating Services from The Royal National Hospital for Rheumatic Diseases Mineral Water Hospital site, to the Royal United Hospitals Bath NHS Foundation Trust Combe Park site**	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report: None		

1 THE ISSUE

1.1 This paper has been prepared to ensure that the B&NES Children, Health and Wellbeing Panel are kept up-to-date with the relocation of Royal National Hospital for Rheumatic Diseases (RNHRD) services from the Mineral Water Hospital site Bath, to facilities on the Royal United Hospitals Bath NHS Foundation Trust (RUH) Combe Park site in autumn 2019. Subject to unforeseen circumstances, there is now a confirmed programme of relocation dates for each service.

1.2 This follows a programme of patient and public engagement to inform the relocation of all RNHRD services to the RUH or appropriate community settings, subject to commissioner requirements.

1.3 B&NES Health and Wellbeing Select Committee members have received previous reports and briefings in relation to a proposed phased programme of service relocations following the acquisition of the RNHRD. The reports outlined the rationale for change and provided an update on activities at the July 2015, November 2015, January 2016, July 2016, March 2017, September 2017 and January 2019 committee meetings. Committee members were also invited to suggest any questions they would like raised during patient and public engagement activities, and to highlight if there was any reassurance they required around specific aspects of the proposal.

2 RECOMMENDATION

The Panel is asked to;

- Note the confirmed dates for relocating RNHRD services from the Mineral Water Hospital site, Bath, to the RUH Combe Park site in Autumn 2019, following completion of a phased programme of Public and Patient Engagement.

3 THE REPORT

Background

A phased approach to support Patient and Public Engagement (PPE) to enable the continued integration of the RUH and RNHRD has been undertaken over the last four years. This followed the acquisition of the RNHRD by the RUH in February 2015.

Initial PPE provided general context of the proposal to relocate all services from the Mineral Water Hospital site to the RUH or appropriate locations. Once the overall principal of relocating services was endorsed, this was followed by a phased programme of planning and completing each programme of PPE service by service.

The Trust has undertaken public and patient engagement and received endorsement from the Bath and North East Somerset Health and Wellbeing Select Committee on the proposed relocation of the following services, all of which will relocate to the RUH site in autumn 2019.

- Rheumatology Services
- Clinical Measurement
- Bath Centre for Fatigue Services (BCFS)
- Rheumatology Therapies Services
- Paediatric and Adolescent Rheumatology Services
- Bath Centre for Pain Services (BCPS)
- Complex Regional Pain Syndrome Service (CRPS) and Complex Cancer Late Effects Rehabilitation Service (CCLER)

In each instance, the Trust outlined the proposed new location for each service. The Trust committed to returning to the relevant scrutiny body, once dates for service relocations had been confirmed, to provide a comprehensive overview of all service relocations and timings.

The RUH has worked with Clinical Commissioning Group (CCG) and NHS England Engagement leads, and patients to ensure PPE is carried out in line with the Government's Consultation Principles for Public Bodies (October 2013).

There will be no change in the level or range of service provision for patients attending the RUH, patients will have access to the same services and support, provided by the same team.

There is no impact on patient choice, as relocating services does not reduce the number of appointments or clinics available.

The Mineral Water Hospital site will remain open and services will continue to be provided as usual in the lead up to relocation and we will be working to minimise any disruption during this time.

A communications plan is in place to ensure patients and stakeholders are aware of final moving dates from the Mineral Water Hospital site, and to provide reassurance around continuity of high quality services in the future.

Service relocation dates

The majority of services will take place at the weekend, outside of regular service hours, to ensure the minimum amount of disruption for patients and service provision.

Date of Move	**Service currently provided at Mineral Water Hospital site**	**New location on the RUH Combe Park site**
31 August – 1 September	Bath Centre for Fatigue Services	RNHRD and Brownsword Therapies Centre
7 – 8 September	Rheumatology Service Rheumatology Therapies Services	RNHRD and Brownsword Therapies Centre
13 September	Clinical Measurement: Dexa Clinical Measurement: X-ray	Clinical Imaging and Measurement Department Fracture and Orthopaedic Clinic
14 – 15 September	Complex Regional Pain Syndrome Service Complex Cancer Late Effects Rehabilitation Service	RNHRD and Brownsword Therapies Centre
16 -17 November	Bath Centre for Pain Services	Bernard Ireland House

Accommodation for residential programmes will be provided at the Mineral Water Hospital site until Bernard Ireland House is complete. Appropriate patient transport will be provided between sites.

In addition, RUH Therapies and RUH Pain services will relocate and join colleagues in the new RNHRD and Brownsword Therapies Centre on 31 August – 1 September. The Research and Development team based at the Mineral Water Hospital site will relocate to join R&D colleagues at the Wolfson Centre, on the RUH Combe Park site.

New Locations

The Trust has embarked on a comprehensive programme of estates development to provide appropriate facilities for staff, patient and services relocating from the Mineral Water Hospital site. Facilitates have been developed in conjunction with staff and patients.

RNHRD and Brownsword Therapies Centre
The Trust is in the final stages of completing the RNHRD and Brownsword Therapies Centre, ready for services to move in this autumn. This new building will provide enhanced facilities, including group rooms, waiting rooms, gym and a hydrotherapy pool. As a modern, purpose built centre, in comparison to the Mineral Water Hospital site, there will be improved physical access, ground floor clinic and group rooms and easy access for those with restricted mobility.

The centre will provide therapeutic surroundings to support patient recovery, treatment, wellbeing and the management of long-term conditions. The new centre will continue to promote the RNHRD's trusted brand combining clinical excellence and therapeutic space, in an environment designed in conjunction with patients and clinicians, with the aim of reducing stress and creating a beneficial healing environment for patients and their families.

For some patients with long-term conditions who will access services at the RNHRD and Brownsword Therapies Centre, there is the potential for improved integrated care, with access to several services within the same space.

Patients and staff will have easier access to wider support services on the RUH site and staff will benefit from easier access to training and development opportunities and more opportunities for shared learning.

Bernard Ireland House
The proposed new location for the Bath Centre for Pain Services is Bernard Ireland House, an existing building on the RUH's Combe Park site which is undergoing significant redesign and refurbishment. This approach was developed in conjunction with staff and patients to ensure an appropriate environment, located on the Combe Park site but separate from the acute hospital building, in keeping with the ethos of the service to help patients live well with ongoing pain.

The building will provide flexible residential accommodation to support different patient groups (e.g. single sex, parent and child etc). The building will include treatment areas such as therapy and group rooms, waiting areas and shared day areas as well as a therapeutic courtyard area. Location within a specially refurbished building can provide an enhanced environment with optimal spaces for treatment and accommodation including;

- Reduction of noise due to setting in Combe Park grounds, rather than city centre location
- Use of art, nature and greenery to enhance patient and staff experience.

The refurbished building will also provide separate accommodation for patients attending Ankylosing Spondylitis, Complex Regional Pain Syndrome or other residential rehabilitation programmes where patients are currently accommodated within the Mineral Water Hospital building.

Clinical Imaging and Measurement Department
Work is underway modify existing facilities at the RUH to allow colleauges from the RUH and Mineral Water Hospital site to join forces in one location. The department will provide suitable facilities for bone density and clinical imaging services currently provided from the Mineral Water Hospital site. The Clinical Imaging and Measurement Department, situated in department C16 on the ground floor of the RUH, is just a brief walk from the RNHRD and Brownsword Therapies Centre, so patients can still have their clinical measurement appointments alongside their rheumatology clinic appointments.

Wolfson Centre
The Wolfson Centre is the RUH's research and improvement centre. The RUH has a long history of innovative research as well as supporting nationally organised studies. The Wolfson Centre is being refurbished and extended to provide better facilities and a new home for the Research and Development team relocating from the Mineral Water Hospital site.

This will provide more clinic rooms, a further research room, dedicated laboratory/freezer areas and office space for all the research teams. The Quality Improvement team and Designability are also based in the Wolfson Centre. The charity Bath Institute for Rheumatic Diseases will also move into the Wolfson Centre

Bringing our teams together on one site will bring benefits and new opportunities for research and development.

Transport
The RUH's Combe Park site is located less than two miles from the Mineral Water Hospital site, any difference in cost or time associated with travelling should be minimal. The RUH has good public transport links and is accessible via the Odd Down Park and Ride.

For some patients the proposed new location will be easier to access due to the availability of onsite parking. The RUH provides over 600 visitor and patient spaces across the site, and around 70 blue badge spaces. Other than two Blue Badge parking spaces, there is no patient or visitor parking available at the Mineral Water Hospital site.

Relocating from the City Centre to Combe Park may be bring benefits for some patients attending residential programmes – providing a more realistic environment for rehabilitation which more closely reflects their experience at home when accessing local shops and services – e.g. route planning, using public transport, etc.

4 STATUTORY CONSIDERATIONS

4.1 Patient and Public Engagement (PPE) activities were conducted in line with the Government's Consultation Principles for Public Bodies (October 2013), the Equality Act (2010) and Section 242, Subsection (1B)(b) of the Health Act 2006 (as amended).

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

5.1 There will be no change in the level of service provision for patients of the RNHRD The same range of services will be provided and patients will continue to be seen and treated by the same team to the same high standards, only the location will change.

5.2 There are no impacts on patient choice as a result of the relocation of services to facilities on the RUH Combe Park site.

5.3 In order to ensure the continued sustainability of the services currently provided at the Mineral Water Hospital site the ability to fully integrate and align services on a single site was a core component of the original business case for the acquisition of the RNHRD by the Royal United Hospitals Bath (RUH). It will improve efficiency and effectiveness, improve patient experience, ensuring continuity of care, and quality of service delivery as well as increasing value for money from the public purse. Clinicians have been integral to planning the future of their services to ensure the delivery of high quality effective services.

6 RISK MANAGEMENT

6.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

7 CLIMATE CHANGE

Relocating services to the RUH Combe Park site will improve the climate and help achieve carbon neutrality in a number of ways including:

(1) New locations will occupy a smaller building footprint that the Mineral Water Hospital site, with more rooms occupied for a greater proportion of time, meaning more efficient use of energy.

(2) The new RNHRD and Therapies Centre and other facilities will be more efficient in their use of energy kWH/floor area (M2) and water.

(3) The RNHRD and Therapies Centre features a ‘blue’ roof, designed to retain water, allowing rain water to run off gradually to ground level. This reduces the likelihood of storm drains becoming overwhelmed, particularly in periods of heavy or prolonged rain.

(4) Photo voltaic cells on the RNHRD roof will generate solar electricity.

(5) New facilities have been designed to accommodate paperlite working.

(6) In comparison to the Mineral Water Hospital building, the new RNRHD and Therapies Centre will offer improved thermal performance of building fabric in accordance with current building regulations, including LED lighting, heating from the RUH Combined Heat and Power, and offer a more airtight environment, which will reduce the loss of heat.

(7) A new energy efficient hydrotherapy pool meeting current design standards for filtration and energy usage will replace the current hydrotherapy pools at the RUH and Mineral Water site, without reducing the service capacity for patients.

8 OTHER OPTIONS CONSIDERED

8.1 The RNHRD was acquired by the RUH on 1 February 2015 to resolve longstanding financial challenges and to preserve the future provision of its valued services.

8.2 To support this work a Local Health Economy Forum, comprised of representatives from the senior management teams of the RUH, public/patient representatives and commissioners worked with the RUH to ensure that plans for the acquisition were widely supported and in line with future commissioning intentions.

8.3 Throughout the acquisition process and beyond, spanning a number of years, the RUH has been clear in its intention to relocate all services to the RUH site (at Combe Park in Bath) or, where clinically appropriate and to maximise patient benefit, suitable community settings. This relocation was part of the solution to deliver a number of promised benefits for stakeholders, which include:

(1) Bringing together the expertise of clinical teams will benefit patients by further improving outcomes and patient experience.

(2) Ensuring sustainable services for the future both operationally and financially.

(3) Creating a single research hub driving significant growth in research opportunities, thereby increasing innovation and clinical knowledge and skills.

8.4 The Trust has carried out a phased programme of PPE and worked with staff, patients and stakeholders to identify and develop the best new home for each RNHRD service.

9 CONSULTATION

A phased approach to Public and Patient Engagement (PPE) was considered most appropriate by the Local Health Economy Forum, providing general context of the full relocation at the outset, followed by planning and completing each programme of PPE service by service, taking into account any interdependent services.

Contact person	Clare O'Farrell Deputy Chief Operating Officer RUH, Bath Office: 01225 825397
Background papers	N/A
Please contact the report author if you need to access this report in an alternative format	

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Bath & North East Somerset Council

CHILDREN, HEALTH AND WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL

This Forward Plan lists all the items coming to the Panel over the next few months.

Inevitably, some of the published information may change; Government guidance recognises that the plan is a best assessment, at the time of publication, of anticipated decision making. The online Forward Plan is updated regularly and can be seen on the Council's website at:

http://democracy.bathnes.gov.uk/mgPlansHome.aspx?bcr=1

The Forward Plan demonstrates the Council's commitment to openness and participation in decision making. It assists the Panel in planning their input to policy formulation and development, and in reviewing the work of the Cabinet.

Should you wish to make representations, please contact the report author or, Democratic Services (). A formal agenda will be issued 5 clear working days before the meeting.

Agenda papers can be inspected on the Council's website and at the Guildhall (Bath), Hollies (Midsomer Norton), Civic Centre (Keynsham) and at Bath Central, and Midsomer Norton public libraries.

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
23RD JULY 2019				
23 Jul 2019	**Children, Health and Wellbeing Policy Development and Scrutiny Panel**	**Relocating Services from the RNHRD to the RUH**	Caroline Kenny	
23 Jul 2019	**Children, Health and Wellbeing Policy Development and Scrutiny Panel**	**Governance Arrangements for Community Safety and Safeguarding in B&NES**	Lesley Hutchinson Tel: 01225 396339	Corporate Director (People)
FUTURE ITEMS				
	Children, Health and Wellbeing Policy Development and Scrutiny Panel	**Mental Health Strategy for B&NES, Swindon & Wiltshire**		
	Children, Health and Wellbeing Policy Development and Scrutiny Panel	**Children's Services Complaints and Representations Annual Report**	Sarah Watts Tel: 01225 477931	Corporate Director (People)

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
	Children, Health and Wellbeing Policy Development and Scrutiny Panel	**LSCB & LSAB Annual Report**	Dami Howard	Corporate Director (People)
	Children, Health and Wellbeing Policy Development and Scrutiny Panel	**Social Care Charging Framework**	Annemarie Strong	Corporate Director (People)
	Children, Health and Wellbeing Policy Development and Scrutiny Panel	**Virgin Care - Performance Update**	Kirsty Matthews	
	Children, Health and Wellbeing Policy Development and Scrutiny Panel	**Care Home Commissioning**	Vincent Edwards Tel: 01225 477289	Corporate Director (People)

The Forward Plan is administered by **DEMOCRATIC SERVICES**: Democratic_Services@bathnes.gov.uk

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