

# Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel

**Date: Tuesday, 9th November, 2021**

**Time: 10.00 am**

**Venue: Council Chamber - Guildhall, Bath**

**Councillors:** Vic Pritchard, Michelle O'Doherty, Ruth Malloy, Mark Roper, Andy Wait, Paul May, Liz Hardman, Gerry Curran and Rob Appleyard

**Co-opted Voting Members:** Gill Stobart

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

**The Panel will have a pre-meeting at 9.30am**



**Mark Durnford**

**Democratic Services**

Lewis House, Manvers Street, Bath, BA1 1JG

Telephone: mark\_durnford@bathnes.gov.uk 01225 394458

Web-site - <http://www.bathnes.gov.uk>

E-mail: Democratic\_Services@bathnes.gov.uk

## NOTES:

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

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

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](http://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.

**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 can be found at:

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

### 5. **Emergency Evacuation Procedure**

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**Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel -  
Tuesday, 9th November, 2021**

**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. 10.05AM MINUTES: 15TH OCTOBER 2021 (Pages 5 - 18)
8. 10.15AM REGIONAL SCHOOLS COMMISSIONER PRESENTATION (Pages 19 - 26)

The Panel will receive a presentation regarding this item.

9. 10.40AM CABINET MEMBER UPDATE

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

10. 10.55AM BSW CCG UPDATE

The Panel will receive an update from the B&NES, Swindon & Wiltshire Clinical Commissioning Group (BSW CCG) on current issues.

11. 11.10AM VIRGIN CARE CONTRACT EXTENSION - OPTIONS APPRAISAL - TO FOLLOW

12. 11.35AM B&NES COMMUNITY SAFETY AND SAFEGUARDING PARTNERSHIP ANNUAL REPORT (Pages 27 - 78)

The report sets out the work of the B&NES Community Safety & Safeguarding Partnership for 2020-2021 along with the new priorities to be actioned in the Strategic Plan 2021-2024.

13. 12.00PM INDEPENDENT REVIEWING OFFICER (IRO) ANNUAL REPORT (Pages 79 - 108)

The Panel review the annual report so as to ensure members are appraised on the care provided to children for whom the Local Authority are responsible.

14. 12.30PM PANEL WORKPLAN (Pages 109 - 112)

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](mailto:mark_durnford@bathnes.gov.uk) 01225 394458.

**BATH AND NORTH EAST SOMERSET**

**CHILDREN, ADULTS, HEALTH AND WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL**

Friday, 15th October, 2021

**Present:-** Councillors Vic Pritchard (Chair), Michelle O'Doherty (Vice-Chair), Mark Roper, Andy Wait, Paul May, Liz Hardman and Rob Appleyard

**Co-opted Voting Member:** Gill Stobart

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

**Also in attendance:** Suzanne Westhead (Director of Adult Social Care), Mary Kearney-Knowles (Director of Children and Education), Claire Thorogood (Head of Contracting & Performance), Corinne Edwards (BSW CCG Chief Operating Officer), Richard Smale, BSW CCG Director of Strategy and Transformation) and Simon Cook (Shaping a Healthier Future Programme Director)

**43 WELCOME AND INTRODUCTIONS**

The Chairman welcomed everyone to the meeting.

**44 EMERGENCY EVACUATION PROCEDURE**

The Chairman drew attention to the emergency evacuation procedure.

**45 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS**

Councillor Ruth Malloy and Councillor Gerry Curran had both sent their apologies to the Panel.

**46 DECLARATIONS OF INTEREST**

Councillor Paul May declared an other interest as he is a non-executive Sirona board member.

**47 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN**

There was none.

#### 48 **ITEMS FROM THE PUBLIC OR COUNCILLORS - TO RECEIVE DEPUTATIONS, STATEMENTS, PETITIONS OR QUESTIONS RELATING TO THE BUSINESS OF THIS MEETING**

Councillor Paul May addressed the Panel. He said that in light of this being the second additional meeting in recent months he would like to propose that the Panel seeks to request the Council to consider reallocating their remit to two separate Panels, one for Adults Health & Wellbeing and one for Children & Young People Health & Wellbeing to allow for more focussed meetings.

Councillor Michelle O'Doherty said that she would second the proposal. She said that the Panel has a high workload currently and felt that as it was people's lives being considered that more time should be given to each group. She acknowledged that some issues may require an integrated discussion.

Councillor Liz Hardman commented that she would support the proposal as both aspects were so important.

Councillor Rob Appleyard said that he didn't feel that they were giving either portfolio justice and that officers were owed a certain level of support from the Panel.

Chris Batten commented that if a separation of remits were to happen there should be a way for joint reports to be presented to both Panels at the same time.

Kevin Burnett stated that he would support the proposal as it would give members an opportunity to look at issues in more detail.

The Panel **RESOLVED** to request the Council to consider reallocating their remit to two separate Panels, one for Adults Health & Wellbeing and one for Children & Young People Health & Wellbeing to allow for more focussed meetings.

One member of the Panel abstained from voting.

#### 49 **MINUTES: 14TH SEPTEMBER 2021**

Kevin Burnett asked if there was an update on the Escalation Protocol.

The Director of Children's Services & Education replied that she will prompt the BCSSP Business Manager for an update.

Kevin Burnett thanked officers for supplying him with the minutes of the Child Protection Forum meeting but asked if there had been any recent feedback from schools on frontline services or if not when was any last undertaken.

The Director of Children's Services & Education replied that she would have to take that matter away and discuss colleagues.

The Chairman commented that he had received a response to his query regarding the local Bladder and Bowel Service and asked the Democratic Services Officer to circulate it to the Panel.

The Panel confirmed the minutes of the previous meeting as a true record and they were duly signed by the Chairman.

## **50 BSW CCG UPDATE**

Corinne Edwards, B&NES CCG, Chief Operating Officer addressed the Panel and highlighted the key topics covered within the update report.

### **Flu vaccine delays**

While this year's programme of winter flu vaccination clinics across B&NES is set to begin over the coming weeks, vaccine provider Seqirus has advised that due to unforeseen road freight challenges, there will be a delay to scheduled deliveries of around one to two weeks. This change means that practices will inevitably have to reschedule clinics.

As a result, Seqirus has pledged to keep practices informed through various delivery updates and practices across B&NES are keeping patients informed.

### **Supporting GPs and parents of children with Respiratory Syncytial Virus (RSV)**

BSW CCG has put measures in place to help address a rise in the number of children affected by Respiratory Syncytial Virus (RSV). RSV is a potentially serious respiratory illness which children often pick up during the colder months of the year which health officials have been reporting in increasing numbers over the past few months.

The CCG has supported by supplying a range of RSV-related materials for GP practices and other health settings including display posters and leaflets and organising education sessions for GPs on how to manage cases, as well as when to refer onwards to hospitals.

Awareness of the rise has been made to primary care colleagues to help manage children whose families may otherwise be putting unnecessary pressure on hospitals. There have also been communications with the public on guidance of when to contact primary care regarding the illness and when it is safe to monitor children.

Kevin Burnett asked what plans were being put in place locally to ease pressure on GPs.

Corinne Edwards replied that a detailed letter from the Government had been received this week regarding extra support. She added that colleagues have met and discussed initial thoughts and added that a plan suggesting solutions / investment needs to be submitted by October 28<sup>th</sup>.

Councillor Andy Wait asked if any further update could be given regarding flu vaccinations.

Corinne Edwards replied that she was aware that appointments were now being arranged to be vaccinated and that she would seek an update on behalf of the Panel.

Councillor Paul May commented that he hoped that there would be a mechanism in place for Integrated Care System (ICS) updates when the Clinical Commissioning Group (CCG) ceases to exist.

Corinne Edwards replied that it has been noted that this is an area of work that needs to be continued following the transition next year.

Councillor Liz Hardman asked how ready we were locally for these changes.

Richard Smale, B&NES CCG, Director of Strategy and Transformation replied that he felt that they were not in a bad place in terms of preparation and that meetings had been held this week with colleagues to further discuss the process.

The Chairman commented that he was concerned to hear that B&NES had recorded a higher number of more recent Covid-19 cases than Bristol.

The Director of Adult Social Care replied that she would ask the Director of Public Health to circulate a report that officers had received this week containing the latest data.

Richard Smale added that it should be noted that the link between cases and hospital admissions is currently lower.

The Chairman said that he hoped that people would not become too casual as the effect Long Covid was still somewhat unknown.

Kevin Burnett commented that he was aware that several small schools have been disrupted recently by an increase in cases and that he felt communications could be improved to assist them.

The Chairman thanked the CCG for the update on behalf of the Panel.

## **51 VIRGIN CARE UPDATE**

The Director of Adult Social Care introduced this report to the Panel. She began by thanking all staff within Virgin Care for their hard work throughout the pandemic.

She explained that at the request of Panel this update report concentrates on the key themes of service user/patient experience and workforce planning.

She said that on a monthly basis, Virgin Care hold an internal quality and safety meeting which is also attended by a member of the CCG Quality Team. There is currently also a bi-monthly quality group meeting which is chaired by the Associate Director of Patient Safety and Quality (CCG) and this meeting provides assurance on the quality data and escalates any concerns or issues to the Contract, Quality and Performance Meeting (CQPM).



She referred to the service user and patient experience section of the report which detailed Virgin Care's performance across a range of safety indicators, these include, serious incidents, pressure ulcers, falls, never events and safeguarding. She said that the report also details feedback from service users and patients through surveys and customer feedback. She added that adult social care and safeguarding performance and assurance is also included in this section of the report.

She stated that the section for workforce planning gives detail of Virgin Care's priorities for 2021/22 and the focused activity to deliver the priorities. There is also detailed information and data on appraisal, communication, staff engagement, reward and recognition, staffing – starters/leavers/vacancies, staffing absence, training and wellbeing. She informed the Panel the report also gives an overview of current workforce pressures and challenges.

She updated the Panel with regard to the Contract Performance Notice (CPN) that was issued to Virgin Care in May 2021 following the closure of Sulis Ward (St Martin's Community Hospital) due to staffing capacity. She said that they had now been assured that St Martin's has enough stable staffing in place.

Referring to page 36 of the agenda pack the Chairman asked which venue had been identified as closer than Keynsham to allow easier access for Health Visitor clinics for people in the Chew Valley.

The Head of Contracting & Performance replied that she would follow up that point on behalf of the Panel.

Councillor Liz Hardman said, as the ward councillor for Paulton, she was concerned to read about the score for Privacy, Dignity and Wellbeing at Paulton Hospital (para 2.7, p40) and asked how the figure of 77.98% compares with the previous year and are there any plans in place to improve this.

The Director of Adult Social Care replied that figures within the report were not correct as should have been as follows.

2018: St Martins 79%	Paulton 71%
2019: St Martins 89%	Paulton 87%

She added that figures for 2020 were not available due to Covi-19 and that following dedicated support through a Quality Lead from Virgin Care she expected figures to improve again when collected for 2021.

Councillor Hardman asked how to more service user engagement would be enabled.

The Director of Adult Social Care replied that this is seen as an important issue by Virgin Care and that following a review, a new engagement strategy had been compiled. She added that a series of public forums would be held throughout 2022.

Referring to paragraph 2.10.1 of the report (Adult Social Care and Safeguarding) Councillor Hardman asked why it was felt that cultural change be undertaken at pace.

The Director of Adult Social Care replied that there had been an issue regarding the approach to strength-based assessments and stated the importance of making sure that the person's voice needs to be heard. She said that this approach was well supported by Virgin Care and acknowledged that further work was required.

Kevin Burnett commented that the report overall seems to be good, he asked if the Council was happy with its content.

The Director of Adult Social Care replied that she was really pleased to present the report to the Panel and felt that it was very balanced. She said that all parties had worked well together to maintain services as much as possible over the past 18 months.

Kevin Burnett asked if there was any comparative benchmarking data in relation to the Friends and Family Test.

The Head of Contracting & Performance replied that she was not aware of any direct comparison, but was prepared to carry out some research on behalf of the Panel.

Kevin Burnett asked for an explanation of Transitional Monitoring Assessments.

The Director of Adult Social Care replied that these had been put in place to capture data as full CQC Assessments had not been possible during the pandemic. She added that it was felt a full assessment was likely to take place within the next six months.

Kevin Burnett asked if the workforce were happy to be working with Virgin Care.

The Head of Contracting & Performance replied that the staff survey was due to close soon with the findings expected around December.  
The Chairman said that he would be interested to see the outcomes of the survey.

The Head of Contracting & Performance said that the results of the survey could be shared with the Panel.

Corinne Edwards said that she echoed the comments made by the Director of Adult Social Care regarding the work of Virgin Care and acknowledged that they have delivered services and worked with partners greatly over the course of the pandemic. She added that the arrangements that had been put in place were because of their collaboration work.

Councillor Andy Wait referred to the statistics on page 31 of the agenda pack and asked how this data was collected – is everybody asked or is it voluntary?

The Director of Adult Social Care replied that data is collected through Liquid Logic, the Council's social care case management system.

The Head of Contracting & Performance added that further information could be provided and that the Quality Group meets regularly to analyse scorecards and data.

Val Scrase, Managing Director, B&NES Virgin Care said that all service users are asked to complete the Friends and Family Test, but that this is voluntary. She added that it is always interesting to receive the feedback and to then respond accordingly.

Councillor Andy Wait asked if the actual number of responses could be shared with the Panel and could they be sent a blank copy of the test.

Val Scrase replied that she would ask for that information on behalf of the Panel and send through a copy of the test.

Councillor Andy Wait asked if there was any further information regarding staff recruitment and incentives such as the Golden Hello.

The Director of Adult Social Care replied that the Council is part of the Proud to Care campaign that seeks to support people looking for a career in social care. She added that work was also planned to take place locally with the universities. She said that there was a need to bring new people into the service and to make roles more accessible / interesting and to be part of a career path.

The Chairman commented that he welcomed this focus and asked if agency staff choose to have that role rather than a permanent position as it is more lucrative for them.

The Director of Adult Social Care replied that she felt that it was more about the individual having flexibility in when / where they work and that this needs to be considered more in future roles.

Val Scrase said that the Golden Hello is used to support and retain staff who are committed to working within B&NES. She added that the amount of money involved can vary from person to person.

Councillor Paul May commented that there was little reference within the report to Children's Services / Health and that he would welcome a section being included in future versions.

The Director of Children's Services & Education supported greater focus on children's' community health services being included in future reports, but was able to assure the Panel that Virgin Care deliver high quality services for children and young people in B&NES.

The Panel **RESOLVED** to note the content of the report and identified that Children's Health could be the focus for the next update report due to Panel in March 2022.

## 52 THE HEALTH & SOCIAL CARE BILL - ICS UPDATE

Richard Smale, BSW CCG Director of Strategy and Transformation addressed the Panel, a summary of the presentation is set out below.

### **BSW Integrated Care System (ICS) Development and Transition**

#### Statutory components of an Integrated Care System

Following the abolition of the CCG two new bodies will be created.

- Integrated Care Board (ICB)
- Integrated Care Partnership (ICP)

Time has been set aside to discuss with relevant parties how this will work.

All stakeholders will need to play a key role and equality should be given to all views.

#### Integrated Care Board

The Integrated Care Board is a statutory NHS body / organisation that will:

- Bring partner organisations together in a new collaborative way with common purpose;
- Bring the NHS together locally to improve population health and establish shared strategic priorities within the NHS, connecting to partnership arrangements at system and place.

Subject to the legislation,

- Expect most CCG statutory functions will be conferred on the Integrated Care Board in April 2022 (including commissioning responsibilities and contracts).

#### Integrated Care Partnership

The ICP is a statutory committee established locally and jointly by the ICB and the Local Authorities in the ICB's area.

The ICP will work on the principle of statutorily equal partnership between the NHS and local government to work with and for their partners and communities.

Responsibility to develop an 'integrated care strategy' for the area's whole population, covering health and social care, and addressing health inequalities and the wider determinants which drive these inequalities. A key body for developing the overarching vision and strategy for health and care in B&NES, Swindon and Wiltshire.

Wide range of partners and organisations – local authorities, the VCSE sector, the NHS, anchor institutions, education, housing, police, etc.

Can only be set up once the ICB is formally established.

#### Working in partnership

- Emphasis on working with people and communities; and partnerships with voluntary, community and social enterprise sector.
- BSW secured £25k to establish a VCSE Alliance at Integrated Care System level and to support involvement within the Integrated Care Board and Integrated Care Partnership.
- Engagement strategy for 2022/23

#### Action required

- Develop a system-wide strategy for engaging with people and communities by April 2022
- ICBs work with partners to develop arrangements for ensuring that integrated care partnerships and place-based partnerships have representation from local people and communities in priority-setting and decision-making forums.
- By April 2022, ICBs are expected to have developed a formal agreement for engaging and embedding the VCSE sector in system-level governance and decision-making arrangements, ideally by working through a VCSE alliance to reflect the diversity of the sector.

#### Transition arrangements

- Integrated Care System (ICS) Chief Executive interviews 12/13th October
- First assessment against the Readiness to Operate Statement due 29th October 2021
- Integrated Care Board (ICB) draft constitution to be submitted 17 December 2021, final version by 31 December

### **B&NES Integrated Care Alliance Development**

Corinne Edwards, B&NES Chief Operating Officer, BSW CCG addressed the Panel, a summary of the presentation is set out below.

#### What do we have in place currently at place-level?

- B&NES Integrated Care Alliance (ICA) established in 2018 as a subgroup of the Health & Wellbeing Board
- Informal partnership arrangements in B&NES, built on a long history of working together. Rapidly developed as a result of needing to work together more to respond to the COVID-19 pandemic (meeting daily to begin with)

#### Alliance Strategic Group:

- Meets monthly as an executive forum
- Members from CCG (Locality Clinical Chair, Chief Operating Officer & deputy), B&NES Council (Director of Adults Social Services, Director of

Children's Services, Director of Public Health), RUH, Virgin Care, AWP, GPs, 3SG, BEMS+ and HealthWatch B&NES

#### Alliance Operational Delivery Group:

- Meets fortnightly
- Tactical group of the alliance
- Operational overview of locality pressures, inc supporting patient flow, monitoring Covid surge, recovering from the pandemic
- Develops plans, oversees the work plan and provides a partnership response

#### Place-based governance options

- Option 1 – A consultative forum
- Option 2 – Individual executives or members of staff of a relevant statutory body
- Option 3 – A committee of the Integrated Care Board
- Option 4 – A joint committee established between partner organisations
- Option 5 – A lead provider manages resources and delivery at place-level

Considered by ICA members with agreement to progress Option 4 - A committee established between statutory organisations (Integrated Care Board, LAs, NHS providers) enabling joint decisions so greater sense of ownership and partnership feel – builds on what we already have.

#### Next steps – Transition to ICS

- ICA away days 13th & 14th October to consider ways of working, behaviours, decision-making, membership etc – outputs to inform development of a memorandum of understanding between partners and terms of reference for the joint committee
- ICA to consider the financial governance framework for place on 28th October
- Place-based leadership arrangements – draft proposals being considered by ICS and 3 ICAs during October. Include:
  - a 'partnership convenor' as an elected chair of the joint committee and would be a member of the ICS NHS Board
  - To be supported by an Executive lead with formal responsibility for statutory functions delegated to each of the ICAs. The Executive lead would be a joint appointment between the providers, the Local Authority and ICS NHS Board

The Chairman commented that all parties in this process should be considered equal. He added that previously some members had been concerned about access to services, particularly in Bristol.

Richard Smale replied that boundaries have to be considered as porous and that patients should still be able to access the services they need whether that be in Bristol, Oxford, Southampton etc. He added that this work should be seen as a way to strengthen within the community and to add value to work within family units.

Councillor Rob Appleyard said that he hoped there would be a focus on Mental Health within the new arrangements and said that the presentation highlighted the complexities of the work ahead.

Councillor Paul May stated that he was worried that an additional tier would disrupt the democratic process and hoped that a locality focus would be retained where possible.

Richard Smale replied that B&NES, Swindon and Wiltshire all have a unique demographic and that he felt that all would succeed if success was achieved locally. He added that they will also need to come together collectively when needed as they have done during the pandemic.

Councillor Liz Hardman asked how will private company contracts be scrutinised by the ICS.

Richard Smale replied that local democracy can be built into this process and said that Swindon and Wiltshire shared a similar view.

Corinne Edwards added that local accountability is important and that when the new arrangements are in place they will need to be clear about the roles of all parties. She said that it will be a significant change for all partners.

She explained that having an Integrated Care Alliance was not a statutory requirement, but that B&NES had decided to have this function to allow place-based arrangements.

Councillor Paul May asked how the services provided by Virgin Care would be affected.

Corinne Edwards replied that commissioning functions would transfer into the ICS. She added that some contractors do already work across the BSW footprint.

The Chairman thanked Corinne and Richard for their presentation on behalf of the Panel.

## **53 SHAPING A HEALTHIER FUTURE PROGRAMME**

Richard Smale, BSW CCG Director of Strategy and Transformation addressed the Panel, a summary of the presentation is set out below.

### BSW Health and Care Model

- Community Focus & Wellbeing
- Workshops have been held with comparative work being carried out in Swindon & Wiltshire
- Start the public conversation and listen to the local population - Work together to empower people to lead their best life

### Five parts of the model

- Personalised care
- Healthier communities
- Joined-up local teams
- Local specialist services
- Specialist centres

Simon Cook, Shaping a Healthier Future Programme Director addressed the Panel, a summary of the presentation is set out below.

### Engagement

- Launch on 2nd November 2021 – Engagement across November & December
- Aim:
  - To raise awareness of the BSW model and what it means for local communities
  - Two way dialogue with stakeholders about key principles of model in order to understand the barriers to access and the impact of these - especially for those affected by health inequalities
  - To provide details to the public of how they can keep involved going forward
- Approach:
  - Blended approach - mostly digital though with some off-line engagement opportunities.
  - Pragmatic – given resource and time constraints - and so targeted at communities experiencing health inequalities.
  - Collaborative with partners to maximise messaging
  - Using storytelling to explain engagement so far and highlight what new ways of working will mean for people in practice.
  - Engaging on the system-wide model but with options for localised additional engagement.
- How we will engage:
  - Surveys with localised questions – on websites and via press release
  - Posters and leaflets
  - Workshops with community, 3rd sector and patient groups
  - Interviews with key stakeholders

He said that following the engagement activities he would like to update the Panel in January 2022.

He informed them that 127 expressions of interest for the available funding had been submitted and that only 8 will go onto the next stage of the process.



Councillor Rob Appleyard commented that within the surveys it would be helpful if information could be provided to residents about how the provision of services might change so that they are well prepared.

Kevin Burnett said that there would still need to be somebody that held the role of a care co-ordinator, whether that be a GP or other health professional.

Richard Smale replied that care planning will need to be in place and individuals will be assessed on where that needs to begin. He said that this could be from the GP or the team around them. He added that it was important to make sure the governance of the process was correct.

Simon Cook added that data analysis will be key so the right technology will need to be in place.

Councillor Liz Hardman asked if enough staff / resources will be available for the model that we want to achieve.

Simon Cook replied that work will be carried out to make careers more attractive and progressive.

Richard Smale added that workforce numbers remain an issue, but that they would work together as much as possible to provide the required resources.

Corinne Edwards commented that there was a need to take the public with us on this journey and to try not to become fixated on buildings and beds. She added that this was not solely an adults issue and it is seen as an all age encompassing approach.

Councillor Alison Born, Cabinet Member for Adults and Council House Building offered her congratulations on the work carried out so far and said she hoped that solutions would be found for all service recipients.

The Chairman cited the recent transfer of services of the Mineral Hospital to the RUH as an example how to keep the public informed and show that services would remain available despite a change in location.

He added that he felt that a note of caution should be given regarding technology and app use as that could depend on access to a reliable phone signal and that some areas of the Council are not so well covered.

He stated that he supported the intentions of the project and urged the engagement of the public so that nobody is left behind.

Richard Smale said it was likely to take many years to achieve the goals stated and this initial consultation was just the start of the process.

The Chairman asked if the programme was working the Council outside the forum of the Panel.

The Director of Adult Social Care replied that it was and that it was seen as a long term journey that we need to support as much as possible to make sure the right services are in place for the public.

The Director of Children's Services & Education commented that she felt that Children & Young People needed to be referenced more within the programme, but welcomed the changes to the model that now reflect “Starting Well”.

The Chairman thanked Richard Smale and Simon Cook for their presentation on behalf of the Panel.

**54     PANEL WORKPLAN**

The Panel approved the workplan as printed.

The meeting ended at 1.05 pm

Chair(person) .....

Date Confirmed and Signed .....

**Prepared by Democratic Services**





Department  
for Education

## **Role of the RSC SW**

**Giles de Rivaz, Head of Somersets sub-region &**

**Tish Bourke, BANES Project Lead**

**BANES Children, Adults, Health and Wellbeing Policy  
Development and Scrutiny Panel 9/11/21, Bath Guildhall**



# Office of the RSC SW

## BANES academisation rate:

Primary	Secondary	All Through	Specials & PRUs / Alt Prov	Grand Total
59 (91%)	12 (92%)	1 (100%)	3 (100%)	75 (91%)

- a) Role, remit and powers of the RSC
- b) How RSCs holds trusts to account
- c) Important wider system role of the RSC lead - to improve performance and prevent failure

# Overview of the role, remit and powers of the RSC

- The role of the RSC is to provide oversight and scrutiny of academy trusts with the ESFA
- RSC makes decisions through powers delegated by SoS
- RSCs are accountable to SoS and to the NSC, Dominic Herrington

## Powers:

- RSC holds trusts to account through intervention powers in eligible schools & trust reviews, Advisory Board conditions
- RSC role & powers around the education landscape with advice from Advisory Board e.g.
  - deciding on applications for schools to convert
  - approving new sponsors & creation of multi-academy trusts
  - oversee school place sufficiency and advise on new free schools
  - decisions on changes to academies and free schools

# How RSCs holds Trust to account (i): Accountability through intervention

RSC powers of intervention restricted to schools deemed eligible - Ofsted Inadequate grade

- Maintained school: RSC has a **duty** to make an academy order
- Academy: RSC is able to take action to transfer the academy to a new trust

## Academies

- In academies, where failure occurs RSCs and ESFA may issue formal intervention notices:
  - termination warning notices (RSCs)
  - financial notices to improve (ESFA)
- In response, the academy trust may be required to submit:
  - trust school improvement plan,
  - financial recovery plan agreed between the trust and ESFA
- Depending on response RSC may decide to transfer academy to a new trust.

# How RSCs holds Trust to account (ii)

## Trust reviews:

- Opportunity to support improvement

## Advisory Board conditions:

- At time of RSC decision-making (e.g trust growth) RSC may set conditions in line with Trust Academies Handbook, e.g.
  - Governance
  - Trustees recruitment
  - Leadership support
  - Information-sharing

# Improving the system & preventing failure

- Build school improvement capacity
  - Trust and School Improvement Offer for 2021-22
  - Trust Capacity Fund to help trusts develop capacity to grow – prioritising underperforming schools
- Encouraging and supporting system led trust and school improvement
  - Trust practitioner networks e.g. AP/SEND & disadvantaged
  - RSC supporting better teaching through the teaching school hub programme
  - Curriculum hubs and behaviour support - Improve teaching of phonics, early language and reading and maths & support schools with behaviour
- Strengthen governance oversight at leadership and board level
  - Chair and CEO Trust network to share best practice
  - Support with governance - Academy Ambassadors
  - Support trusts to undertake External Review of Governance
- Signpost to core DfE policy and support e.g. NTP



# Questions?

Thank you for listening

Questions?

Page 25

Giles de Rivaz

[giles.derivaz@education.gov.uk](mailto:giles.derivaz@education.gov.uk)

Head of Somersets sub-region| Regional Delivery Directorate South West

Early Years and Schools Group | 07920 782 713

Tish Bourke

[patricia.bourke@education.gov.uk](mailto:patricia.bourke@education.gov.uk)

Project Lead | North Somerset and BANES | Regional Delivery Directorate

Early Years and Schools Group | 07920 786201

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Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	
MEETING/ DECISION DATE:	9th November 2021	EXECUTIVE FORWARD PLAN REFERENCE:
		E 9999
TITLE:	Bath & North East Somerset Community Safety & Safeguarding Partnership (BCSSP) Annual report 2020-2021	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
Attachment 1: BCSSP Annual Report 2020-2021		

## 1 THE ISSUE

- 1.1 The B&NES Community Safety & Safeguarding Partnership (BCSSP) is introducing its Annual Report for 2020-2021, alongside its new priorities to be actioned in the Strategic Plan 2021-2024.

## 2 RECOMMENDATION

**The Panel is asked to;**

- 2.1 **Proposal 1:** Note the Annual Report and Executive Summary for the BCSSP
- 2.2 **Proposal 2:** Raise any queries in respect of community safety and/or safeguarding activity
- 2.3 **Proposal 3:** Recommend any additional areas it would propose that the BCSSP give consideration to in 2021-2024

## 3 THE REPORT

- 3.1 The report contains information covering the following areas:

- The current community safety and safeguarding context for B&NES
- The Partnership governance arrangements
- Achievements against community safety and safeguarding priorities for 2020-2021

- The work of the sub-groups during the year
- Adult and children's safeguarding activity data
- Priorities for the year ahead

### 3.2 Activity and Information Highlights

- 2020-2021 is the first full year of reporting for the BCSSP since it was established in 2019
- It has been an exceptionally challenging year due to the impact of the Covid - 19 pandemic on all partners
- Despite changes to the Executive and Operational Groups, continuity has been maintained, the statutory duties met, and strategic objectives of the partnership have been delivered
- The BCSSP has commissioned three Safeguarding Adult Reviews (SARs) and continued to undertake work towards recommendations from previous SARs
- Activity related to one Domestic Homicide Review was carried out in this year and a 7-minute briefing produced for relevant staff. A decision was taken not to publish this review
- The BCSSP has completed and submitted five Rapid Reviews to the National Panel in response to serious incident notifications relating to children. Whilst learning has been identified, it was recommended that nothing further could be gained from conducting a Child Safeguarding Practice Review, the National Panel concurred.
- The BCSSP has continued to update and revise key policies and procedures, including developing a Scrutiny and Assurance Framework, a Learning and Development Framework, a Persons in Positions of Trust Framework, reviewed and revised the Safeguarding Adult Review and Child Safeguarding Practice Review Protocols, and developed a process for Commissioning a Lead Reviewer.
- The BCSSP has carried out multi-agency audits relating to Mental Capacity Act and County Lines, the findings of which will influence work for 2021-2022.

## 4 STATUTORY CONSIDERATIONS

- 4.1 Safeguarding is everyone's business and there is a statutory requirement for the BCSSP to present its Annual Report to the Health and Wellbeing Board. The BCSSP considers it pertinent to also present its report for information to this scrutiny Panel.
- 4.2 Although the Council is responsible for establishing the BCSSP jointly with its statutory partners, (Avon and Somerset Constabulary, B&NES, Swindon & Wiltshire CCG, National Probation Service and Avon Fire and Rescue Service), the BCSSP is not accountable to this Panel – it is independent. Therefore, the relationship is one of mutual challenge and scrutiny. It is also on this basis the

BCSSP would like to present their work. The Partnership welcomes the scrutiny and challenge from this Panel, in order to ensure the widest breadth of views are heard and considered.

## **5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)**

- 5.1 B&NES Council, BaNES, Swindon and Wiltshire CCG, and Avon and Somerset Constabulary contributed to the running costs during the period with smaller contributions being made by National Probation Service.
- 5.2 The BCSSP is funded through multi-agency partners. The budget is managed by the BCSSP Business Manager and budget reports submitted to the Executive Group annually. There is regular discussion regarding partner contributions and resourcing of the BCSSP.
- 5.3 Following agreement with B&NES Council, BaNES, Swindon and Wiltshire CCG, and Avon and Somerset Constabulary contribute equally to any Child Safeguarding Practice Reviews (CSPRs) or Safeguarding Adult Reviews (SARs).

## **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.
- 6.2 The BCSSP developed its own Risk Register for 2020 – 2021 which is regularly monitored.

## **7. EQUALITIES**

- 7.1 An Equality Impact Assessment is not required for the BCSSP Annual Report.

## **8. CLIMATE CHANGE**

The BCSSP (and sub-groups) ensure that meetings have dial in facilities available where possible to reduce officers travelling and reduce carbon emissions.

### **OTHER OPTIONS CONSIDERED**

None

## **9. CONSULTATION**

- 9.1 The BCSSP Annual Report was approved by the BCSSP in October 2021. It has been approved by the members of the Executive Group.
- 9.2 The Report will be presented to the Health and Wellbeing Board on the 30<sup>th</sup> November 2021.

<b>Contact person</b>	Kirstie Webb 01225 396350
<b>Background</b>	None

<b>papers</b>	
<b>Please contact the report author if you need to access this report in an alternative format</b>	

**Bath & North East Somerset Community  
Safety & Safeguarding Partnership**



**Annual Report  
Executive Summary  
2021-2021**

### Safeguarding is everyone's business.

Bath & North East Somerset Community Safety & Safeguarding Partnership (BCSSP) is a multi-agency partnership developed in 2019 when the Local Safeguarding Children's Boards were abolished.

The change in legislation enabled B&NES to redefine its' safeguarding arrangements and look more holistically at how the needs of children, adults at risk, families and the wider communities could be met. Mindful of what was working well whilst recognising the need for continuous development, the unique Community Safety and Safeguarding Partnership was constructed which merged the work of safeguarding children, safeguarding adults and community safety.

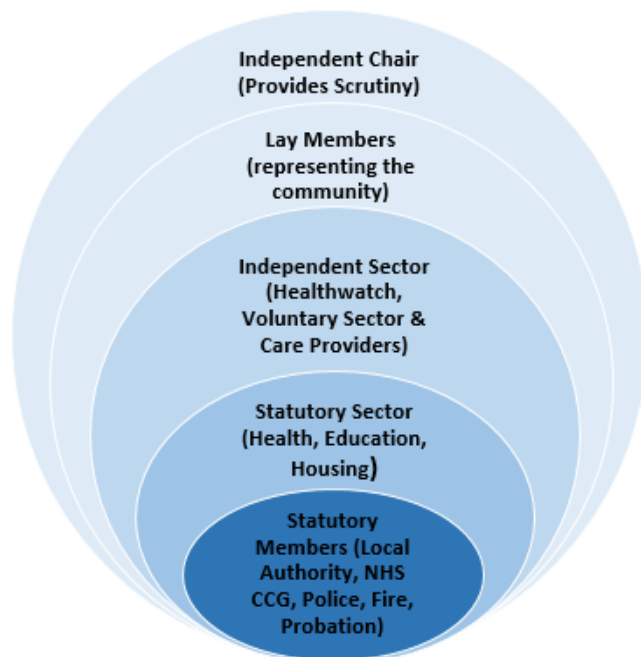


It was developed in affiliation with the existing members of the Local Safeguarding Children Board, Local Safeguarding Adult Board and Responsible Authorities Group and meets the statutory requirements of these three Boards which it replaced.

Partners in B&NES continue to work together to identify and respond to the needs of children, adults at risk and communities, with the core purpose of:

**Safeguarding and promoting the welfare of children**  
**Safeguarding adults with care and support needs**  
**Protecting local communities from crime and helping people feel safer**  
**Ensuring the effectiveness of what partners do both individually and together.**

The BCSSP is made up of the five statutory agencies with responsibility for safeguarding and community safety; B&NES Council, Avon and Somerset Constabulary, B&NES, Swindon and Wiltshire Clinical Commissioning Group, Avon Fire & Rescue Service, the National Probation Service and other statutory organisations (e.g. Health) and independent sector organisations (e.g. Voluntary groups) to enable us to work effectively and with joint purpose to protect children, adults, families and communities who most need our help.





## Our Statutory Duties

As the BCSSP was formed from merging three different statutory areas of work, we must ensure that our practice is compliant with the responsibilities set out in the legal frameworks for each of these areas.

### Community Safety:

Community Safety Partnerships (CSPs) aim to reduce crime and the fear of crime, address risk, threat and harm to victims and local communities and facilitate the empowerment and strengthening of communities through the delivery of local initiatives. CSPs are a statutory body required under the Crime and Disorder Act 1998 (and subsequent amendments). The 'relevant authorities' that form the CSPs are the Local Authority, Police, Health, Probation and the Fire and Rescue Service.

### Safeguarding Children:

Working Together to Safeguard Children 2018 sets out that the three safeguarding partners should agree on how to co-ordinate their safeguarding services, act as a strategic leadership group in supporting and engaging others and implement local and national learning, including from serious child safeguarding incidents.

### Safeguarding Adults:

The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect. The overarching purpose is to help and safeguard adults with care and support needs.

## Partnership Structure

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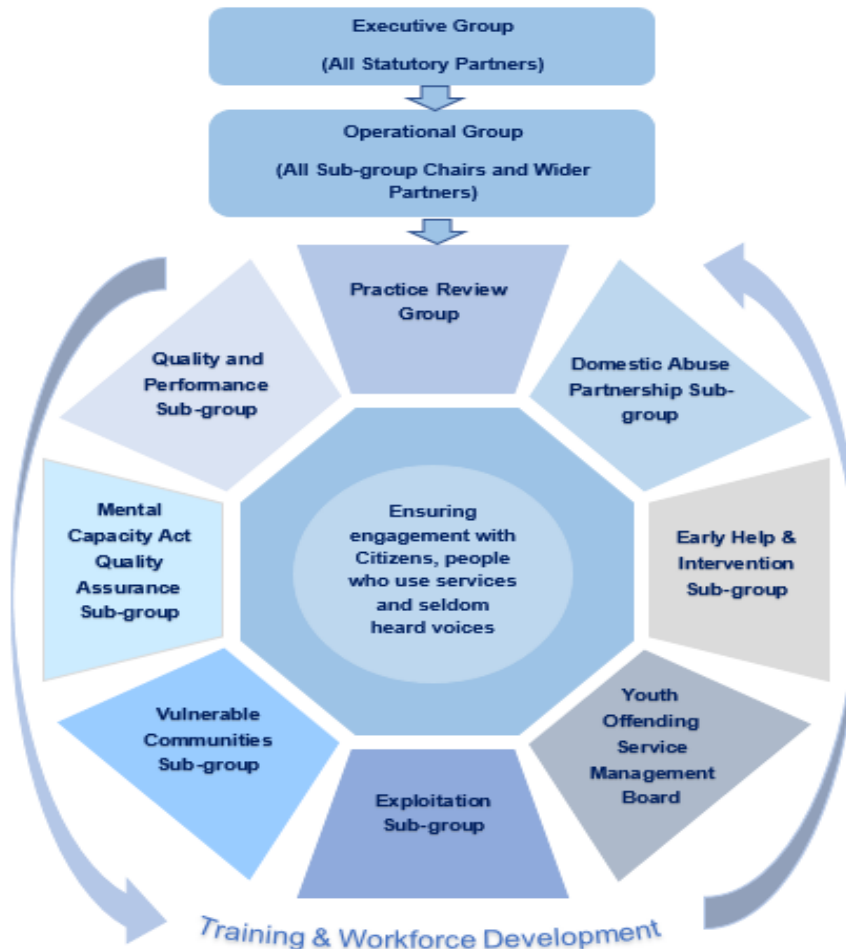
The Partnership is comprised of an Executive Group, Operational Group and nine thematic subgroups. Each subgroup develops its own workplan designed to progress the commitments within the BCSSP Strategic Plan. For 2020-2021, the BCSSP was still working towards completing priorities identified by the Local Safeguarding Adult Board (LSAB), Local Safeguarding Children's Board and Responsible Authorities Group. The full annual report reflects on the subgroup achievements and challenges.

During 2020-2021, the Executive Group, in consultation with partners, developed a new strategic plan for 2021-2024. Each subgroup reports quarterly to the Operational Group on its progress towards the commitments set out in the strategic plan.

The new plan has four commitments:

1. Develop a 'Think Family, Think Community' approach
2. Learning from experience to improve how we work
3. Recognising the importance of prevention and early intervention
4. Providing executive leadership for an effective partnership

## Partnership Structure



## Multi-agency Learning and Practice Development

The BCSSP has not published any Child Safeguarding Practice Reviews, Safeguarding Adult Reviews or Domestic Homicide Reviews in this reporting period. The partnership has focussed on seeking assurance on previous identified learning and completion of reviews commissioned in this reporting period for publication in 2021-2022.

### Child Safeguarding Practice Reviews

The Practice Review Group has completed and submitted five rapid reviews to the National Panel in this reporting period. Partners have shown significant commitment to ensure the reviews were completed to a high standard and within timescale. The National Child Safeguarding Practice Review Panel agreed with our Practice Review Groups decisions, that the Rapid Review process had highlighted relevant learning, and nothing further could be gained from progressing to a full review.

### Safeguarding Adult Reviews

The BCSSP Safeguarding Adult Reviews are managed through the Practice Review Group. During the period covered by this report, four referrals for SARs were received, of which three met the SAR criteria and it was agreed that a learning review would be beneficial for the other.

## **Domestic Homicide Reviews**

In the period covered by this report, the BCSSP has had one DHR approved by the Home Office. It was agreed not to publish the full report, but a learning briefing was developed.

The case was referred prior to the inception of the BCSSP and was referred to the B&NES Safeguarding Adults Board to consider initial information, the Board recommended that the DHR process should be combined with a SAR.

## **Quality Assurance**

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Statutory audits.

Section 11 of the Children Act 2004 places duties on a range of organisations, agencies and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

The Section 11 self-assessment audit tool was circulated to all partners across Bath & North East Somerset in December 2020 to assess, monitor and evidence their progress in relation to meeting safeguarding requirements. Fifteen responses were received, and the findings have been analysed and a report produced and submitted to the BCSSP.

### **Section 175 Education Audit**

All educational establishments have a legal responsibility to safeguard and promote the welfare of children and young people.

Section 175 of the Education Act 2002 requires governing bodies of maintained schools and further education colleges to make arrangements to ensure that their functions are carried out with a view to safeguarding and promoting the welfare of children.

The mechanism by which the BCSSP established assurance was through individual schools self-evaluating their performance under an agreed framework. An audit tool was circulated to all education establishments and received a 100% return rate.

### **Safeguarding Adults Audit**

The BCSSP has worked regionally with the four other Partnerships of Bristol, South Gloucestershire, Somerset and North Somerset to develop one combined safeguarding adults' self-audit.

The combined safeguarding adults audit was proposed and agreed by the BCSSP Executive Group in March 2021 and work will be undertaken in 2021-2022 to develop an audit tool.

## Training and Workforce Development

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During 2021-2021, due to the Covid 19 pandemic, the training programme has had to remain flexible and be creative.

From 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021, the following has been achieved:

- 57 sessions comprising 22 different courses
- 1, 040 Inter-agency training places made available
- 819 Inter-agency training places booked
- 763 Inter-agency training places attended
- 518 professional training
- 70% evaluations completed demonstrating the impact of the training
- 1,034 E-learning safeguarding modules completed
- 6 single agency training courses provided, training over 422 individuals

Unfortunately, the Covid 19 pandemic did have a significant impact upon the training and development programme and during the first quarter of the year, all pre-planned classroom training course were cancelled or postponed

### Evaluation & Quality Assurance

Training evaluation has evidenced:

- An increase in practitioner's confidence in applying knowledge and skills back into practice, following training.
- An increased understanding of multi-agency roles and improved communication and information sharing between professionals.
- A greater understanding of legislation, policy, procedure and guidance and how to apply this into practice.
- Delegates found the training and trainer to be of high quality and beneficial in increasing their knowledge in the subject matter.

## Partnership Achievements

During 2020-2021, the work of the partnership was impacted by the Coronavirus Public Health Crisis, and whilst it continued to carry out its statutory duties, it was cognisant of the pressure on its members who essentially needed to focus on their services response to the crisis.

Within its previous Annual Report, the Partnership identified ten key priorities for 2020-2021:

What we said we would do	What we did
Scrutinise available data from partners and develop a data dashboard to provide assurance to the partnership	A draft data dashboard was submitted to the Executive in December 2020, it was acknowledged that whilst it covered social care and police data, it needed further input from other statutory partners to be more effective. This work will carry forward to 2021-2022.
Embed Think Family, Think Community	An event was planned and scheduled but was cancelled in light of Covid restrictions, however, this work has continued and been given consideration within all sub-group meetings.
Increase the amount of online accessible learning options	Due to COVID, a number of courses were initially cancelled whilst the team worked hard to ensure all training was accessible virtually. Additionally, identifying the service need, three new e-learning modules were developed and ten new virtual training sessions. These were predominantly to assist volunteers and those who were moved into new roles due to Covid and also a number of multi-agency 'Early Help Briefings' to ensure practitioners were confident in all aspects of this function.
Continue to raise awareness of self-neglect and promote use of the policy	The self-neglect policy has been promoted in meetings. In response to SAR findings, the partnership will conduct an audit in 2021-2022 to gain greater understanding of how the policy is being used and the best way to promote its future use.
Share learning from local and national SARs, CSPRs and DHRs and seek assurance of its impact in practice	Learning has been shared via learning events, 7-minute briefings, or where possible, published reports. Audits have also sought evidence that learning is shared and applied.
Develop a Scrutiny and Assurance Framework that reflects the work of all partners	This was completed and ratified at Operational Group however, it remains a working document to encompass the work of our wider partners as it is shared with the BCSSP.
Hear and share individuals lived experiences to influence and improve services	The BCSSP has worked more closely with the In-Care Council and they have presented at the Operational Group to raise awareness of what they do. The Training and Workforce Develop initiated a project to understand how lived experience could be incorporated into training sessions.
Establish a robust audit process to provide assurance to the BCSSP	An audit proforma was developed that could be adapted for most audit themes. A standard form to present findings was also designed and agreed. The BCSSP had aimed to carry out a number of audits but this wasn't feasible as partners did not have capacity to take this on during the pandemic response. Statutory audits continued as usual.
Launch a new BCSSP website	This was completed and B&NES Council IT Team are responsible for website maintenance.
Integrate an all-age agenda encompassing Community Safety and Safeguarding Children and Adults into sub-groups	Sub-group members worked exceptionally hard and remained committed to embedding an all-age focus into the work of the sub-groups. Although not all themes can be applied to all-age, it has been beneficial for all to understand the pathways between children and adult's services

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**Bath & North East Somerset Community  
Safety & Safeguarding Partnership**



**Annual Report  
2020-2021**

<b>Contents</b>	<b>Page</b>
1. Welcome from the Independent Chair of the Partnership	3
2. About the B&NES Community Safety & Safeguarding Partnership	4
3. Multi-Agency Learning and Practice Improvement	7
4. Multi-Agency Quality Assurance	9
5. Multi-Agency Training and Workforce Development	10
6. Key Performance Indicators	12
7. The Work of the Partnership Subgroups	13
8. Reflecting on Partnership Achievements	17
9. Our Commitments for 2021-2022	18
10. Appendices	20
10.1 Children's Social Care Data	20
10.2 Adult Social Care Data	23
10.3 Work of the LADO	32
10.4 Avon & Somerset Constabulary Data	35
11. Glossary	37



## 1. Welcome to the Second Annual Report from the B&NES Community Safety & Safeguarding Partnership

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This is also the first full year of reporting for the BCSSP since its establishment. And what a year - 2020 to 2021 was challenging, with all safeguarding and community safety partners stretched in responding to the pandemic; a year where all partners, continued to support the work of the BCSSP and to deliver in key areas through the work of the subgroups. I would particularly like to thank partners who have worked so incredibly hard throughout these difficult times, delivering services to the most vulnerable people in our communities. It has been my privilege to chair the partnership and I look forward to our continuing work together in the year ahead.

We saw a number of changes to the Executive Group and to the Operational Group, which is not uncommon as people move on, and though I am extremely grateful for the hard work of those members, I am delighted to report that continuity has been maintained and the strategic objectives of the partnership have been delivered. In 2021 we continue to review how we work to get assurance in respect of effective delivery across children's and adults safeguarding and community safety and it is likely that the way we deliver will be reviewed, yet further, so that we can improve and oversee how partners are working together efficiently and effectively.

Our achievements are set out in the work of the BCSSP subgroups and in the outcomes of the various statutory pieces of audit work undertaken, where we have the opportunity to review and seek assurance about the effective work of partners in ensuring the safety and safeguarding activity which is undertaken to improve the lives of those most vulnerable people in our communities. We also have responsibilities through the Community Safety element of our work to all citizens and visitors to Bath & NE Somerset and during this next year we want to focus on how we better promote the fantastic work of partners in this area of our work.

Learning from reviews, learning from how partners worked and sometimes have not worked as well together, is a key element of the work of the BCSSP. This is reflected in the work of the Practice Review Group which receives referrals for Child Practice Reviews, Safeguarding Adult Reviews and Domestic Homicide Reviews. These are all statutory reviews where the emphasis is on learning to improve practice in the future. These are highlighted in Section 3 of this report, and when published, can also be viewed in detail on the BCSSP website. Not all Reviews are published. In some cases, for reasons of confidentiality and personal protection, whilst the BCSSP will ensure that learning is implemented, it is not in personal or public interest for whole reports to be publicly available. I can assure you that any decision not to publish is considered thoroughly and that on the whole publication is agreed.

There are huge benefits in respect of our 'all-age' agenda, in respect of the work carried out by those who have responsibility for children's services, alongside services to vulnerable adults with care and support needs and in partnership with community safety. This means we effectively work and learn together, and this has been particularly important when considering delivery of preventative services for children in transition to adulthood and where support can be targeted at the right time to young adults to ensure they continue to be protected from harm.

I am delighted to introduce this annual report to you and hope that you will continue to have interest in our work as it develops in this current year.



**Siân Walker**

## 2. About the B&NES Community Safety & Safeguarding Partnership

### **Safeguarding is everyone's business.**

Bath & North East Somerset Community Safety & Safeguarding Partnership (BCSSP) is a multi-agency partnership developed in 2019 when the Local Safeguarding Children's Boards were abolished.

The change in legislation enabled B&NES to redefine its' safeguarding arrangements and look more holistically at how the needs of children, adults at risk, families and the wider communities could be met. Mindful of what was working well, whilst recognising the need for continuous development, the unique Community Safety and Safeguarding Partnership was constructed which merged the work of safeguarding children, safeguarding adults and community safety.

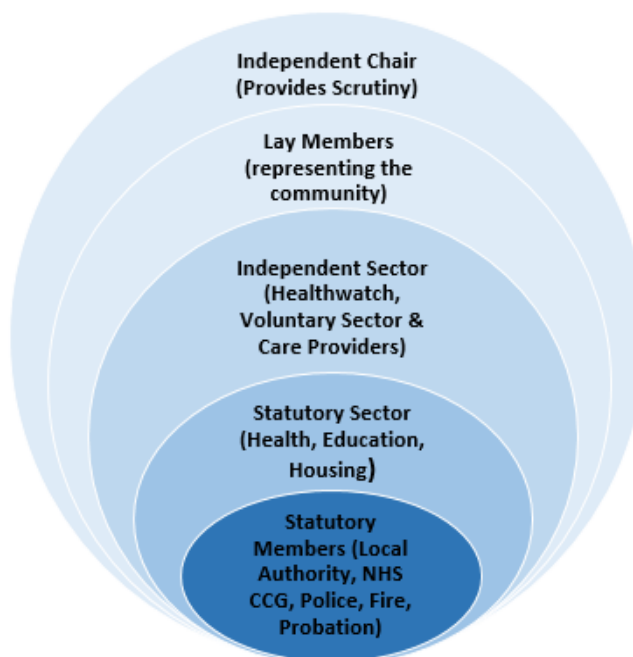


It was developed in affiliation with the existing members of the Local Safeguarding Children Board, Local Safeguarding Adult Board and Responsible Authorities Group and meets the statutory requirements of these three Boards which it replaced.

Partners in B&NES continue to work together to identify and respond to the needs of children, adults at risk and communities, with the core purpose of:

**Safeguarding and promoting the welfare of children**  
**Safeguarding adults with care and support needs**  
**Protecting local communities from crime and helping people feel safer**  
**Ensuring the effectiveness of what partners do both individually and together.**

The BCSSP is made up of the five statutory agencies with responsibility for safeguarding and community safety; B&NES Council, Avon and Somerset Constabulary, the B&NES Swindon and Wiltshire Clinical Commissioning Group, Avon Fire & Rescue Service, the National Probation Service and other statutory organisations (e.g. Health and Care providers) as well as independent sector organisations (e.g. Voluntary groups) to enable us to work effectively and with joint purpose to protect children, adults, families and communities who most need our help.



## How we work

We work in **partnership** to safeguard children, young people and adults at risk; ensuring that effective systems are in place to promote their wellbeing.

We **support communities** to live free from the fear of crime and anti-social behaviour, enhancing the overall safety of communities.

We **listen** to people who use our services, professionals and our communities to keep learning.

We **learn** from case reviews to improve services.



## Our Statutory Duties

As the BCSSP was formed from merging three different statutory areas of work, we ensure that our practice is compliant with the responsibilities set out in the legal frameworks for each of these areas.

## Community Safety:

Community Safety Partnerships (CSPs) aim to reduce crime and the fear of crime, address risk, threat and harm to victims and local communities and facilitate the empowerment and strengthening of communities through the delivery of local initiatives. CSPs are a statutory body required under the Crime and Disorder Act 1998 (and subsequent amendments). The 'relevant authorities' that form the CSPs are the Local Authority, Police, Health, Probation and the Fire and Rescue Service.

## What we do

Through our collective arrangements, we:

- Seek to ensure that the partnership delivers enhanced safeguarding arrangements across B&NES
- Strengthen the voice of children, families, adults at risk and communities
- 'Think Family, Think Community'
- Improve strategic decision making and leadership by having one cohesive conversation
- Focus on shared strategic objectives to achieve the greatest impact and improve outcomes for children, adults, families and the community
- Reduce duplication, therefore enabling us to use resources more effectively.



Their function is to:

- Act as a legal body for CSP work, ensuring compliance with statutory duties and addressing community safety issues
- Ensure systems and processes are in place amongst partners to deliver their duties and address arising issues
- Set priorities, determine policy and strategic direction.

## Safeguarding Children:

Working Together to Safeguard Children 2018 sets out that the three safeguarding partners should agree on how to co-ordinate their safeguarding services, act as a strategic leadership group in supporting and engaging others and implement local and national learning, including from serious child safeguarding incidents.

Safeguarding arrangements must include:

- Arrangements for the safeguarding partners to work together to identify and respond to the needs of children in the area
- Arrangements for commissioning and publishing local child safeguarding practice reviews
- Arrangements for independent scrutiny of the effectiveness of the arrangement.

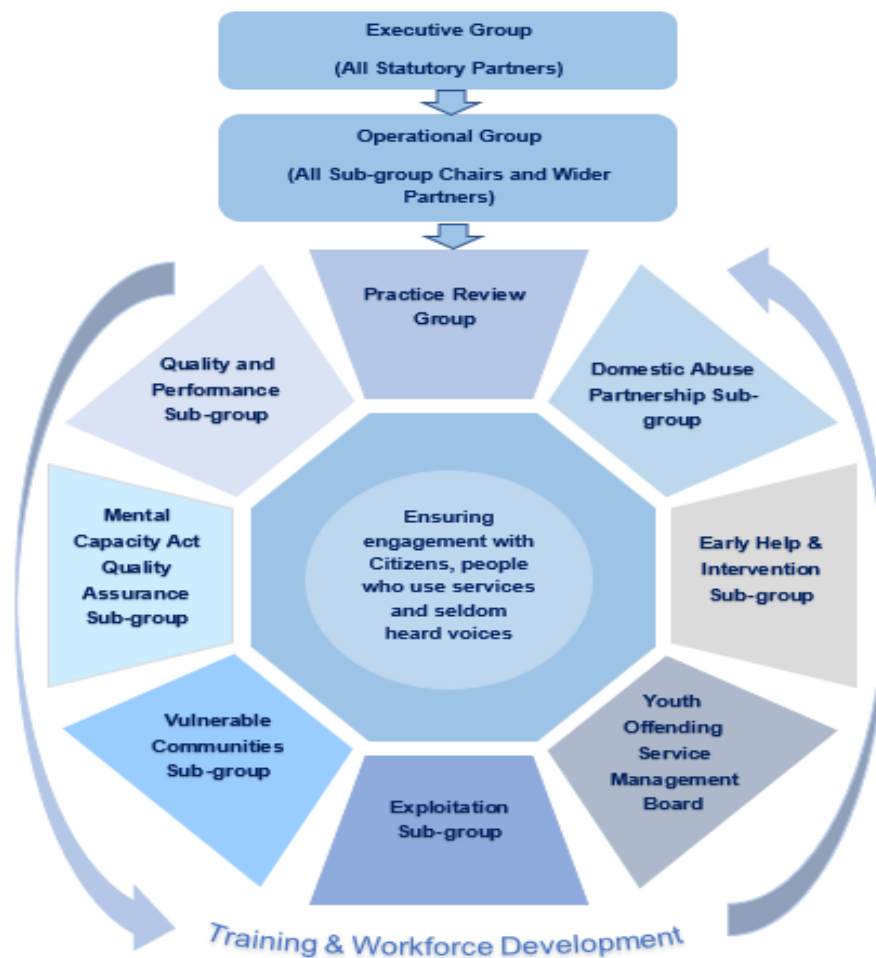
### Safeguarding Adults:

The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect.

The overarching purpose of is to help and safeguard adults with care and support needs. The BCSSP should:

- Assure itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance
- Assure itself that safeguarding practice is person-centred and outcome-focused, working collaboratively to prevent abuse and neglect where possible
- Ensure agencies and individuals give timely and proportionate responses when abuse or neglect have occurred
- Assure itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in its area.

## Partnership Structure



### 3. Multi-agency Learning and Practice Development

In this reporting period, the BCSSP has not published any Child Safeguarding Practice Reviews, Safeguarding Adult Reviews or Domestic Homicide Reviews, but work has been taking place on commissioned reviews due for publication in 2021-2022.

#### Child Safeguarding Practice Reviews and Rapid Reviews

The purpose of reviewing serious child safeguarding cases is to identify improvements that can be made to safeguard and promote the welfare of children. Serious incidents are those in which abuse, or neglect of a child is known or suspected, and the child has died or been seriously harmed. Once the B&NES Community Safety & Safeguarding Partnership (BCSSP) receives a serious incident notification, it has fifteen days to complete a Rapid Review and submit it to the National Child Safeguarding Practice Review Panel.

This process is managed through the Practice Review Group and 5 Rapid Reviews have been submitted to the National Panel for consideration between 1<sup>st</sup> April 2020 and 31<sup>st</sup> March 2021. Partners have shown significant commitment to ensure the reviews were completed to a high standard and within timescale. The National Child Safeguarding Practice Review Panel agreed with our Practice Review Groups decisions, that the Rapid Review process had highlighted relevant learning, and nothing further could be gained from progressing to a full review. The BCSSP have not had any Child Safeguarding Practice Reviews this period.

Key learning identified from the Rapid Reviews included:

- The complexities when working with individuals who are both victim and perpetrator
- The wider impacts of exclusion from education
- The need to give due consideration to independence and personal choice
- The challenges for all organisations when there is poor engagement or a reluctance to engage with professionals

- The importance of fathers being involved and actively engaging in maternity care provision
- The challenge of recording systems that are only accessible by single agencies can mean that information sharing becomes weakened
- The challenges associated with elective home education for those already disengaging from education and with a history of exclusions

These recommendations are actioned and monitored through the Practice Review Group.

#### Safeguarding Adult Reviews (SARs)

The BCSSP must arrange for a SAR to review a case involving an adult in its area (with needs for care and support). It can do this if there is reasonable cause for concern about how agencies or other persons with relevant functions worked together to safeguard the adult and either the adult has died and the BCSSP knows, or suspects the death resulted from abuse or neglect, or the adult is alive and the BCSSP knows or suspects that the adult has experienced serious abuse or neglect.

The BCSSP can arrange for there to be a discretionary review of any other case involving an adult in its area with needs for care and support.

The purpose of a review is to identify the lessons to be learned from the case and apply those lessons to future cases.

The BCSSP Safeguarding Adult Reviews are managed through the Practice Review Group. During the period covered by this report, four referrals for SARs were received, of which three met the SAR criteria. One did not meet the criteria, but a learning review was agreed (Adult A).

#### Adult A

'A' is a 35-year-old woman with a learning disability. She has been known to health and social care professionals in Bath since 2015. 'A' also exhibited other behavioural challenges including significant self-neglect, self-harm and frequent and inappropriate calls to emergency services. 'A' was a frequent non-attender at



pre-arranged appointments and her chaotic lifestyle made her engagement with services erratic. 'A' has diabetes, her management of which was a constant concern for professionals. She was involved in a very co-dependent, and at times, damaging relationship with a male, with whom she lived, although during the period under review 'A' also spent time in a hostel for the homeless when he asked her to leave his accommodation.

In 2020, 'A' was admitted to hospital due to a spreading infection from her foot. Once in hospital, 'A' was assessed as requiring amputation of two toes. Unfortunately, 'A's healing response was poor, and she underwent a below the knee leg amputation due to sepsis, secondary to diabetic foot complications. Additionally, 'A's eyesight had been significantly affected and she is now blind in her left eye and only able to make out shadows and shapes in her right eye.

Key learning from this learning review included:

- Understanding that mental capacity assessments are time and decision specific and single capacity assessments that may be out of date should not be relied upon.
- Capacity assessments should be adequately recorded in all settings, even more so when a vulnerable adult is making a decision that places them at risk.
- Assessment of an individual's executive functioning should be key in cases of self-neglect.
- Regular risk assessments and crisis intervention plans should be completed, recorded and shared.
- When several agencies are working together, there needs to be clear channels of communication and information sharing to allow relevant assessments and concerns to be available to all.

### Domestic Homicide Reviews

A Domestic Homicide Review (DHR) means a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by a person to whom they were related or with whom they had been in an intimate relationship, or a member of the same

household as themselves, held with a view to identifying the lessons learned from the death.

Domestic violence and abuse are defined as: *Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.*

In the period covered by this report, the BCSSP has had one DHR approved by the Home Office. It was agreed not to publish the full report, but a learning briefing was developed.

The case was referred prior to the inception of the BCSSP and was referred to the B&NES Safeguarding Adults Board to consider initial information about the death of a father, given that six safeguarding alerts had been previously raised for him, the Board recommended that the DHR process should be combined with a SAR.

A number of agencies were involved, and this case was exceptionally complex; consideration was given to whether gender impacted on willingness to request and accept services offered; vulnerabilities related to mental health and substance misuse; appropriate carer responsibility; location and ease of access to services and the impact of capacity assessments and how that outcome may be a barrier to interventions.

### What has happened as a result of these three review arrangements?

- Promotion of the 'Think Family, Think Community' agenda and planning of an event
- Improving how we capture and reflect the voice of the child/adult/parent/carers
- A regional multi-agency County Lines audit
- A multi-agency Mental Capacity Act audit
- A review of our Multi-agency Risk Assessment Conference (MARAC) and proposed investment in a new database
- More regular engagement with the Schools Standards Board
- Hosted more regular Child Protection Forums to engage with schools on topics of concern
- Further availability of training in relation to self-neglect

- A review of the BCSSP Escalation Policy is underway
- A new group has been convened to look at recommendations/actions from all of the

case reviews to ensure that appropriate assurance is evidenced by multi-agency partners and that learning is implemented.

## 4. Multi-agency Quality Assurance

### Section 11 Audit

Section 11 of the Children Act 2004 places duties on a range of organisations, agencies and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

The Section 11 self-assessment audit tool was circulated to all partners across Bath & North East Somerset in December 2020 to assess, monitor and evidence their progress in relation to meeting safeguarding requirements. Fifteen responses were received, and the findings have been analysed and a report produced and submitted to the BCSSP.

The four specific areas the audit focussed on were:

- Multi-agency Safeguarding Arrangements
- Thresholds/Continuum of Need
- Engaging with Children and Young People
- Workforce Development

Organisations were required to make a judgement against the four areas as to how well each is being achieved based on the rating of Inadequate, Requires Improvement, Good or Outstanding.

Overall, seven organisations rated themselves as outstanding, seven as good and one as requiring improvement. The one rated as requiring improvement is already undertaking work to address these areas.

The recommendations to the BCSSP were:

- To consider equity of audit returns across the partnership as there was variance in the quality of response and level of evidence provided.
- To consider how to increase knowledge, understanding and use of the children's threshold document in B&NES.
- There was some positive engagement in this audit and consideration should be given as to how this engagement and

responses can be used effectively to shape the work of the partnership.

- Explore with organisations how their practice had changed post pandemic and the elements of new and effective practice that is retained so that this can be shared as a good practice model.

The recommendations from the Section 11 audits have been incorporated into the 2021-2022 business plan.

The Covid 19 pandemic did impact how this audit was carried out, as initially it was hoped to produce one combined audit for the five 'Avon' area Partnerships. It is hoped the audit can be carried out in this manner next year.

### Section 175 Education Audit

All educational establishments have a legal responsibility to safeguard and promote the welfare of children and young people.

Keeping Children Safe in Education is the statutory guidance from the Department for Education issued under Section 175/Section 157 of the Education Act 2002, the Education (Independent School Standards) Regulations 2014, the Non-Maintained Special Schools (England) Regulations 2015, and the Education and Training (Welfare of Children) Act 2021.

Schools and colleges in England must have regard to it when carrying out their duties to safeguard and promote the welfare of children.

Regular monitoring is essential to ensure that the educational establishment has strong policies, procedures and mechanisms in place to safeguard children and young people; it also helps establishments to prepare for safeguarding aspects of inspections by Ofsted or other relevant inspectorates.

The mechanism by which the BCSSP established assurance was through individual schools self-evaluating their performance

under an agreed framework. An audit tool was circulated to ninety-eight education establishments and considered responses were received from all of them, a 100% return rate.

The majority of ratings were green, but where any 'amber' ratings were given, for example, where a policy is written and in the process of going to parents for consultation, schools establish and implement individual action plans to address these areas for development.

The action plans will be monitored against the following years returns.

### **Safeguarding Adults Audit**

The BCSSP has worked regionally with the four other Safeguarding Partnerships in Bristol, South Gloucestershire, Somerset and North Somerset to develop one combined safeguarding adults' self-audit.

The combined safeguarding adults audit was proposed and agreed by the BCSSP Executive Group in March 2021 and work will be undertaken in 2021-2022 to develop an audit tool to cover the following themes:

- Leadership
- Evidence of Policy in Practice
- Safer Recruitment, including People in Positions of Trust
- Learning and Development, including learning from SARs
- Making Safeguarding Personal
- Exploitation
- Transition

Longer term, the aim is to develop a 3-year audit cycle in line with the Section 11, in which year one has a full audit and years two and three are reviewed via agency 'walkabouts' or short, focussed audits.

## **5. Multi-agency Training and Workforce Development**

The BCSSP employs a Training Coordinator who is responsible for the development, and in many cases the delivery of courses. Where there is need for specialist input the Training Coordinator and the Business Partner will work with colleagues from partnership organisations or external independent trainers, to ensure the most appropriate knowledge and expertise is gained for course creation and delivery. The Business Partner also makes provision for the effective administration, evaluation and quality assurance of all BCSSP learning opportunities.

During 2021-2021, due to the Covid 19 pandemic, the training programme has had to remain flexible and be creative. The initial response to Covid 19 and the requirement for social distancing was to cancel or defer classroom training. However, it was recognised that it was not possible to place all learning and development on hold and delivery methods needed to be created which ensured the safety of the workforce whilst meeting their development needs.

It was accepted that it would not be possible to adapt all training provided and that it was important to be strategic about the allocation of time and resources to create 'must have'

training. To create the comprehensive picture of learning needed, and the adaptations required significant work was undertaken with members from stakeholder groups. It was agreed that focus needed to be directed on ensuring 'core' safeguarding training continued to be available to the workforce and therefore a number of courses were adapted to take place online. Independent learning materials were also made available, including packages to meet the training requirements of volunteers who were offering services across B&NES.

From 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021, the following has been achieved:

- 57 sessions comprising 22 different courses
- 1, 040 Inter-agency training places made available
- 819 Inter-agency training places booked
- 763 Inter-agency training places attended
- 518 professional training
- 70% evaluations completed demonstrating the impact of the training
- 1,034 E-learning safeguarding modules completed
- 6 single agency training courses provided, training over 422 individuals



Unfortunately, the Covid 19 pandemic did have a significant impact upon the training and development programme and during the first quarter of the year, all pre-planned classroom training courses were cancelled or postponed. Having to adapt courses for a digital platform caused planned development work to be delayed and overall demands on the workforce reduced their capacity to attend some training.

### Evaluation & Quality Assurance

The effectiveness of BCSSP training was evaluated using a variety of methods to achieve the following four goals:

- Ensure the learning outcomes for each course are met, and reflect evidence based 'best practice'.
- Ensure continual evaluation to confirm courses are meeting the needs of staff, with transparent overview and accountability to the Training and Development subgroup.
- Ensure that evaluations inform the planning and development of future training
- Ensure that messages from training are being embedded in practice.

The evaluation forms remind attendees of the expected learning outcomes and delegates are asked to scale pre and post course their confidence in these areas to assess the effectiveness of the training in addressing the identified aims and objectives on the day, with space for additional comments. If a common theme emerges around objectives not being met this will trigger a review of the course content/ delivery style so that adjustments can be made.

Research into the effectiveness of inter-agency training suggests that for participants to gain the most from training they need to be able to make direct links to their own practice and consider how the knowledge gained in training can improve their practice. All delegates are therefore invited at the end of training to consider an action plan for changing their behaviour in the workplace and thinking through the impact that this change will have on those with whom they work.

The methods of evaluation used have evidenced:

- An increase in practitioner's confidence in applying knowledge and skills back into practice, following training.
- An increased understanding of multi-agency roles and improved communication and information sharing between professionals.
- A greater understanding of legislation, policy, procedure and guidance and how to apply this into practice.
- Delegates found the training and trainer to be of high quality and beneficial in increasing their knowledge in the subject matter.

### Examples of delegate feedback:

*"I feel far more confident now in taking on the role of DSL and who to talk to for support and advice and play an active role in a child protection strategy meeting / conference if required".* **Deputy Head (Advanced Child Protection)**

*"I now feel much more confident to deal with situations I encounter and take appropriate action"* **Hospice Worker (Standard Child Protection)**

*"It was very helpful and really made me feel much more confident about delivering knowledge to my staff team and making it work for our setting".* **Manager (Train the Trainer)**

*"Really enjoyed the interactive group tasks and the opportunity to talk to other professionals about their perspectives"* **Social Work Assistant (Neglect: Safeguarding and Child Protection)**

*"The contributions of skilled colleagues who are also on the training was incredibly valued."* **Counsellor (Adults Safeguarding Level 3)**

*"[Trainer] fielded our questions with knowledge and without judgement]"* **Education Officer (Online Safety: Safeguarding in the Digital World)**

*"[Trainer] kind, supportive and a wealth of knowledge"* **CME0 (Child Sexual Abuse)**

## 6. Key Performance Indicators

The BCSSP agreed the following performance indicators for partners for 2020-2021. It was agreed that it is each agencies responsibility to determine which of their staff members fall into the category of 'relevant'. Relevant means to their role and responsibilities and awareness training can be face to face, e-learning or equivalent.

Indicator 1: Training	Target %	Outcome % Average
Relevant staff have undertaken Prevent training (WRAP or equivalent)	85%	77%
Relevant staff have undertaken Prevent awareness training	85%	83%
Relevant staff have undertaken FGM awareness training	80%	71%
Relevant staff have undertaken Domestic Abuse awareness training	80%	86%
Safeguarding leads have awareness of Modern Slavery/Human Trafficking	100%	82%
Relevant staff have undertaken complex (toxic) trio awareness training	80%	60%
(ADULT) Relevant staff have undertaken self-neglect training	80%	85%
(ADULT) Relevant staff have undertaken MCA/DOLS training within 6 months of taking up post	90%	57%
(ADULT) New staff have undertaken safeguarding adult's awareness training within 3 months of starting in post	95%	87%
(ADULT) Relevant staff have completed SA level 2 training within 6 months of taking up post and completed refresher training every 3 years thereafter	90%	86%
(ADULT) Relevant staff have completed SA Level 3 training	90%	76%
(CHILDREN) Relevant staff have undertaken child protection standard training	90%	80%
(CHILDREN) Relevant staff have undertaken child protection advanced training	90%	81%
(CHILDREN) Relevant staff have undertaken CSE awareness training	80%	80%
<b>Recruitment</b>		
Relevant staff have an up-to-date DBS check at a level appropriate to their role	100%	100%
Two written references to be required before work commences	100%	99%

The Covid 19 Pandemic has significantly impacted upon the training and development programme throughout the year.

- During the first quarter all pre-planned classroom training courses were cancelled / postponed.
- The requirement to adapt courses to take place on digital platforms / respond to particular learning needs triggered by the pandemic caused planned development work to be paused.
- Limited technical support available in the adaption of training into online formats.
- Some Individuals' who ordinarily help facilitate training events were unable to provide this support as their time was refocused to support service delivery in other areas.
- Overall demands on the workforce increased (increased service demand, redeployment of roles, members of the workforce shielding / isolating) minimised the capacity of the workforce to attend some training.

Going forward, we need to continue to learn and adapt to the needs of the workforce as the impact of Covid 19 continues to be understood in terms of economic, social and health inequality on individuals, families and the wider community. We need to continue to adapt courses and learning to ensure a 'blended' physical and virtual training programme is established and review why the key performance indicators aren't being met, particularly MCA/DoLS, which we have recognised as a wider area of learning from our Safeguarding Adult Reviews. We need to further develop our arrangements to incorporate the lived experience of individuals and families in receipt of services. Plans to address this have been included into the business plan for 2021-2022.

## 7. The Work of the Partnership Subgroups

The BCSSP Executive Group and Operational Group are chaired independently by Siân Walker-McAllister. The Executive leads the production of the strategic plan, supported by the Operational Group and the subgroups. The Operational Group provides support and challenge to the subgroups to improve performance outcomes and gain assurance of good community safety and safeguarding practices. The subgroups have each developed a delivery plan to assist in delivering against the BCSSP strategic plan. The groups provide reports to the Executive which will consider whether guidance, and assistance or direct action is needed to remove barriers to achieving outcomes.

### Practice Review Group

The purpose of the Practice Review subgroup is to enable the Partnership to carry out reviews of cases that meet statutory and non-statutory requirements. This enables lessons to be learned and practice improvements to be made, to ensure better outcomes for children, adults and families.

This is an 'all-age' subgroup which focusses on the following key areas:

- Child Safeguarding Practice Reviews (CSPRs), including Rapid Review reports to the National Panel
- Safeguarding Adult Reviews (SARs)
- Domestic Homicide Reviews (DHRs)
- Learning/Discretionary Reviews

This subgroup has had strong commitment from all statutory partners and has:

- Ensured statutory compliance
- Implemented a new system to monitor progress against single and multi-agency action plans
- Developed a procedure for appointing SAR and CSPR authors
- Ensured notifiable incidents/child practice review protocol is implemented in relation to initial decisions
- Worked with the Avon and Somerset Strategic Safeguarding Partnership (ASSSP) to develop a shared view on whether the impact of a wound from a knife crime is considered significant harm and

defined what is reportable to the National Panel.

The group has identified a number of priorities for 2021-2022, including, ensuring that learning is shared across the workforce, monitoring the national SAR analysis action plan, ensuring the criteria for statutory and discretionary reviews is understood by all members, maximising the use of the Child Protection Forums to engage with school safeguarding leads.

### Domestic Abuse Partnership

The purpose of the Domestic Abuse Partnership (DAP) is to promote partnership coordination of universal and targeted education about healthy relationships, protection of victims, provision for survivors and disruption of perpetrators related to adult and children. Drawing on the refreshed 'Violence Against Women and Girls Strategy' and domestic violence and abuse, NICE guidance and quality standards, the DAP has developed its strategy and implementation plan.

In 2020-2021 it has:

- Lead on the needs' assessment required as part of the Domestic Abuse (DA) Act
- Facilitated a coaching session for Multi Agency Risk Assessment Conference (MARAC) Chairs
- Established MARAC Chairing resilience
- Secured an appropriate information technology platform for MARAC
- Agreed data sets to review and quality assure the work
- Secured Police & Crime Commissioner (PCC) funding and support to achieve Independent Domestic Violence Advocates for young and older people in existing DA services

For 2021-2022, the subgroup has prioritised implementing the requirements of the DA Act, quality assuring refuge provision and cross-county service for victims, identifying perpetrator provisions, provision of support for young people, both victim and perpetrator.

## **Prevention & Early Intervention**

The purpose of the Prevention & Early Intervention subgroup is to ensure the provision of a holistic approach across the whole life course to ensure the quality and effectiveness of prevention and early intervention services for children and adults across the B&NES Service area. The subgroup aims to reduce the demands and needs for social care and specialist services and it does this by understanding what services are available and raising awareness of them.

In 2020-2021, the subgroup has:

- Received presentations from Stepping-Stones, Lighthouse, Pebbles, St Johns Foundation, Best Start in Life, Early Help Assessment, Violence Reduction Strategy, Joint Targeted Area Inspection (JTAI)
- Updated information on bereavement services
- Shared knowledge on a wide range of topics for members to disseminate to colleagues
- Completed the Childrens chapter of their strategy document
- Familiarisation with LiveWell B&NES website and addition of resources

For 2021-2022, the group has prioritised completion of the Adult chapter of the strategy, adding additional bereavement resources to the LiveWell site, identifying parameters to measure effectiveness of the subgroup, and a thematic focus on sleep, impact of covid and early intervention in psychosis.

## **Youth Offending Service Management Board**

The Youth Offending Service (YOS) Management Board is formally constituted and accountable to the BCSSP and the Health & Wellbeing Board. Its purpose is to manage the performance of the prevention and youth crimes agenda and ensure the delivery of the statutory principal aim of preventing youth offending at a local level. It provides governance for the Youth Offending Service (YOS) and ensures it can fully contribute to achieving positive outcomes for young people in

accordance with the local Children and Young Peoples plan.

Throughout Covid the service has continued to function and young people at highest risk have continued to be seen face-to-face. Staff have remained committed and shown great perseverance and creativity in offering support to children and their families. This has gone beyond YOS function to include practical support, food deliveries and access to IT. There has been considerable focus on practical and emotional support in accessing education.

Achievements for 2020-2021 include:

- Completing and submitting the National Standards self-assessment to the Youth Justice Board
- The Youth Justice Plan was agreed by the YOS Management Board
- A Covid 19 Recovery Plan was developed and approved by the Youth Justice Board
- Participation in the Local Criminal Justice Board Lammy Review
- A Serious Violence Steering Group was introduced, reporting to the BCSSP Exploitation subgroup, Domestic Abuse Partnership and YOS Management Board

Looking forward, the group will act on learning from working through the pandemic, continue to prioritise a flexible and bespoke approach to meet the needs of children known to the service, strengthen the support available to parents/carers, work to address serious violence, including introduction of proportionate diversion, improve understanding of disproportionality in the youth justice system and refresh the Quality Assurance Framework.

## **Exploitation**

The purpose of the Exploitation subgroup is to develop, monitor and evaluate the effectiveness of the strategic and operational multi-agency response to exploitation. Its focus is all age and on the key areas of Missing Children and Adults, County Lines, Modern Slavery/Trafficking, Forced Marriage, Female Genital Mutilation, Honour Based Violence, Mate and Hate Crime.



Key achievements for 2020-2021 include:

- Completing a multi-agency 'Cuckooing' audit following reports of increasing incidence of Cuckooing
- Scoping a Contextualised Safeguarding audit
- Receiving assurance that there is a system in place for GPs to access details of children and young people who go missing
- Assisted Children's Social Care to develop an Exploitation data set
- Monitored the work of the Serious Youth Violence and Operational Exploitation Group
- Received updates from Willow service, which provides targeted support for young people at risk of exploitation.

Going forward, the subgroup wants to ensure there is a robust response to transitional safeguarding, establish an annual audit schedule, focus on early intervention and support, include and engage people with lived experience to contribute and influence the work of the subgroup.

### **Vulnerable Communities**

The purpose of the Vulnerable Communities subgroup is to ensure the provision of a holistic approach to those communities identified as 'vulnerable' across the B&NES service area. Whilst Community Safety is embedded in all of the subgroups, this subgroup predominantly focusses on the areas that would have been covered by the previous 'Responsible Authorities Group', which was brought into the BCSSP.

The subgroup focusses on identifying trends, risk factors and mitigations for the following areas:

- Night-time Economy
- Drug and Alcohol Use
- Regulation (licensing, MAPPA, Trading Standards
- Community triggers
- 'Prevent'\* – Violent Extremism
- Serious and Organised Crime – 'Disrupt'
- Serious Violent Crime
- Anti-Social Behaviour
- Violence Reduction

In 2020-2021, the subgroup has:

- received regular briefings and updates on approaches to rehousing individuals with a history of anti-social behaviour, to prevent further incidences and promote community cohesion
- Sought assurance of multi-agency awareness of Prevent and counter terrorism issues in the South West
- Submitted night-time economy bids for funding to create 'Safer Streets', with a focus on women's safety.
- Shared 'Community Triggers' knowledge to raise awareness of the process
- Participated in the annual update of the 'Counter Terrorism Local Profile'
- Updates on rough sleepers with particular focus on severe weather and All-in Covid response and identified key actions for rough sleepers in response to the National Homelessness report

In 2021-2022, the subgroup intends to focus on Modern Slavery and Human Trafficking, identifying a guest speaker to talk about the 'Dark Web', update on neighbour dispute management and work more closely with the Exploitation subgroup Chair to avoid duplication of work around serious violence.

### **Mental Capacity Act Quality Assurance**

The Mental Capacity Act Quality Assurance subgroup was established as a subgroup in September 2020. Its purpose is to provide assurance to the BCSSP, that health and social care providers across B&NES apply the Mental Capacity Act 2005, including Deprivation of Liberty Safeguards.

The subgroup has

- Completed a multi-agency Mental Capacity Act audit
- Agreed how the voice of those with lived experience will be heard in the subgroup
- Established a task and finish group to develop an audit tool for the application of the Mental Capacity Act and Best Interest decision making in 'Discharge 2 Assess' (D2A)
- Sought assurance around the Deprivation of Liberty Safeguards backlog

- Focussed on preparation for the introduction of Liberty Protection Safeguards
- Developed and monitored an action plan and started reviewing outstanding actions from SARS

Going forward, this group will prioritise preparedness for the implementation of the new Liberty Protection Safeguards in 2022, hosting a learning event in response to the MCA audit findings, completing the D2A audit, seek assurance that MCA is a standing agenda item for team meetings, continue to raise awareness and understanding of MCA and its application, including Executive Functioning and Best Interest decision making.

### Quality & Performance

The purpose of this subgroup is to quality assure, on behalf of the BCSSP, aspects of safeguarding and community safety work that is delivered to the population of B&NES. This includes themed quality assurance of key issues which present a risk to children, adults, families, and communities.

The subgroup focusses on safeguarding standards for children and adults, audit reporting, single and multi-agency data, implementing the Scrutiny and Assurance Framework.

Due to individuals changing roles within their own organisation, this subgroup has had a challenging year as there has not been a consistent Chair. However, once a Chair was in place it has undertaken some key work, reviewed its terms of reference, including establishing that each subgroup is responsible for agreeing its own data requirements and commissioning audits based on known areas of concern.

The group has regularly received data from Adult Social Care, Children's Social Care and Avon & Somerset Constabulary and is working on a Health dataset. The group reviewed and agreed the Section 11 and, Section 175 audit returns, the Local Authority Designated Officer (LADO) report, and Independent Reviewing Officer (IRO) report and ratified them for submission to Operational Group. An audit proforma has also been established. Subgroup priorities for 2021-2022, are to establish an improved data scorecard and convene a

regular meeting of the data analysts from statutory partners to review the data and review the frequency of the meetings with more frequent meetings assisting in achieving better outcomes, undertake quality assurance work in respect of Multi-agency Risk Management Meetings (MARMMs) in response to SAR recommendations.

This group will review whether additional safeguarding audits are required to demonstrate good outcomes for the people of B&NES.

### Training & Workforce Development

The purpose of this subgroup is to deliver a programme which enables the Partnership to discharge its responsibility to either directly provide or commission training and development opportunities for the workforce in B&NES. The programme ensures local and national standards are delivered and that emerging needs are identified, and appropriate training provided to meet these.

In 2020-2021, this subgroup has:

- Reviewed the Training Charging Policy and remodelled it after consultation
- Completed a Training and Workforce Development Strategy
- Agreed training KPI's across health and social care
- Investigated whether the breadth of available training resources could be expanded by partners having shared access
- Developed Children's Standards for training
- Worked with the ASSSP to provide consistency across the five Local Authorities and additional training opportunities

Its priorities for 2021-2022 are to host the Think Family, Think Community Event virtually, develop webinars for Stop Adult Abuse Week, engage with the Practice Review Group to ensure learning from case reviews is captured and embedded in training, develop work on capturing the voice of those with lived experience within training, develop monitoring and measuring effectiveness of training on practice, develop thematic webinars for the website.

## 8. Reflecting on Partnership Achievements

During 2020-2021, the work of the partnership was impacted by the Coronavirus Pandemic, and whilst the BCSSP continued to carry out its statutory duties, it was cognisant of the pressure on its members who essentially needed to focus on their services response to the crisis. The BCSSP reacted quickly and appropriately to this crisis, providing regular online updates for its members, providing support where required and also hosting regular multi-agency catch up meetings to ensure open communication continued and service provision, although adapted, was assured.

Within its previous Annual Report, the Partnership identified ten key priorities for 2020-2021:

What we said we would do	What we did
Scrutinise available data from partners and develop a data dashboard to provide assurance to the partnership	A draft data dashboard was submitted to the Executive in December 2020, it was acknowledged that whilst it covered social care and police data, it needed further input from other statutory partners to be more effective. This work will carry forward to 2021-2022.
Embed Think Family, Think Community	An event was planned and scheduled but was cancelled in light of Covid restrictions, however, this work has continued and been given consideration within all subgroup meetings.
Increase the amount of online accessible learning options	Due to COVID, a number of courses were initially cancelled whilst the team worked hard to ensure all training was accessible virtually. Additionally, identifying the service need, three new e-learning modules were developed and ten new virtual training sessions. These were predominantly to assist volunteers and those who were moved into new roles due to Covid and also a number of multi-agency 'Early Help Briefings' to ensure practitioners were confident in all aspects of this function.
Continue to raise awareness of self-neglect and promote use of the policy	The self-neglect policy has been promoted in meetings. In response to SAR findings, the partnership will conduct an audit in 2021-2022 to gain greater understanding of how the policy is being used and the best way to promote its future use.
Share learning from local and national SARs, CSPRs and DHRs and seek assurance of its impact in practice	Learning has been shared via learning events, 7-minute briefings, or where possible, published reports. Audits have also sought evidence that learning is shared and applied.
Develop a Scrutiny and Assurance Framework that reflects the work of all partners	This was completed and ratified at Operational Group however, it remains a working document to encompass the work of our wider partners as it is shared with the BCSSP.
Hear and share individuals lived experiences to influence and improve services	The BCSSP has worked more closely with the Children In Care Council and they have presented at the Operational Group to raise awareness of what they do. The Training and Workforce Develop initiated a project to understand how lived experience could be incorporated into training sessions.
Establish a robust audit process to provide assurance to the BCSSP	An audit proforma was developed that could be adapted for most audit themes. A standard form to present findings was also designed and agreed. The BCSSP had aimed to carry out a number of audits but this wasn't feasible as partners did not have capacity to take this on during the pandemic response. Statutory audits continued as usual, as did single agency audits.
Launch a new BCSSP website	This was completed and B&NES Council IT Team are responsible for website maintenance.
Integrate an all-age agenda encompassing Community Safety and Safeguarding Children and Adults into subgroups	Subgroup members worked exceptionally hard and remained committed to embedding an all-age focus into the work of the subgroups. Although not all themes can be applied to all-age, it has been beneficial for all to understand the pathways between children and adult's services

## 9. Our Commitments for 2021-2022

The BCSSP reviewed its performance for 2020-2021 and is firmly committed to working in partnership to achieve its objectives. Based on feedback, learning and analysis of strengths and areas for development, the following commitments were agreed for the year ahead.

### 1. Develop a 'Think Family, Think Community' approach

Services working with adults and children have a shared understanding and holistic view of the needs and capabilities of the whole family and take these into account during assessment and planning. There will be greater co-ordination between children's and adult's services.

To do this:

- We will consider transitional safeguarding and all transitional pathways and improve our co-ordination between services
- We will be proactive in the way we commission and deliver our domestic abuse services and ensure they are recovery focussed
- We will review our Pre-birth protocol and national learning from practice reviews relating to pre-birth and up to aged 1
- We will raise awareness of neglect, how to recognise and report it amongst partners and communities. We will develop our neglect toolkit where appropriate.

### 2. Learning from experience to improve how we work

Everyone learns through continuous development and assurance. We will work with our partner agencies and support them to be reflective, improve, and implement change to deliver best practice. We will capture the experience for children, young people and adults at risk where possible to better measure outcomes and benefits as perceived by the individuals concerned.

To do this:

- We will continue to raise awareness of self-neglect and Mental Capacity Act application and support our partners in this area of work. We will share learning from Safeguarding Adult Reviews and seek to be flexible in our approach to how we do this
- We will influence the commissioning of those activities that focus on reducing re-offending and anti-social behaviour
- We will involve our citizens in developing community safety and safeguarding in B&NES and be proactive in capturing the seldom heard voices of people who use services

### 3. Recognising the importance of prevention and early intervention

We will make effective use of data and intelligence available from all of our partners to inform prevention and early intervention work and ensure that prevention and early intervention is timely and effective and referral pathways are clear and accessible.

To do this:

- We will raise awareness and identification of contextual safeguarding risks and ensure it is more widely understood. We will engage with agencies which work within/have responsibilities for these 'contexts'
- We will meet our 'Prevent' duties and help others to do so by raising awareness of reporting methods for online extremist material, working with community groups to raise awareness of radicalisation, in particular the role of social media
- We will support organisations and communities to better identify all forms of exploitation and to take prompt and effective action to stop harm from occurring.



#### 4. Providing executive leadership for an effective partnership

Professional accountability underpins all of our work and we will seek assurance that safeguarding, and community safety services are delivered effectively and professionally.

We will support our partners to demonstrate that appropriate systems and processes are in place to discharge their statutory duties in relation to safeguarding children, adults and community safety.

To do this:

- We will work effectively as a partnership to develop and establish cross-working and cross-cutting solutions.
- We will ensure equality of service delivery to adults, children, communities and victims.
- We will review our risk tolerance across all of our areas of work and seek assurance that there is a clear understanding of service pathways.



#### How we will achieve this

Each of the subgroups has developed an action plan to support the BCSSP Strategic Plan 2021-2024.

The action plans have been developed for a 12 month period and progress is monitored quarterly. The work of the subgroups and of individual organisations contributes to the plans and evidence of outcomes is sought to provide assurance to the Executive Group and Operational Group.

Alongside this, data submitted by our partners is monitored and analysed by the Quality & Performance subgroup, allowing the BCSSP to remain agile to the community safety and safeguarding needs of B&NES.

## 10. Appendices

### 10.1 Children's Social Care Data

The Council has been tracking weekly and monthly demand since the initiation and restrictions associated with the COVID-19 pandemic. The reduction in demand during the first period of national lockdown was not replicated during the second full national lockdown. This was accompanied by an increase in starts on children in need plans.

#### Demand for Services Fig 1- Fig 6: Monthly comparative demand figures (Jan2019 – Mar 2021)

Fig. 1

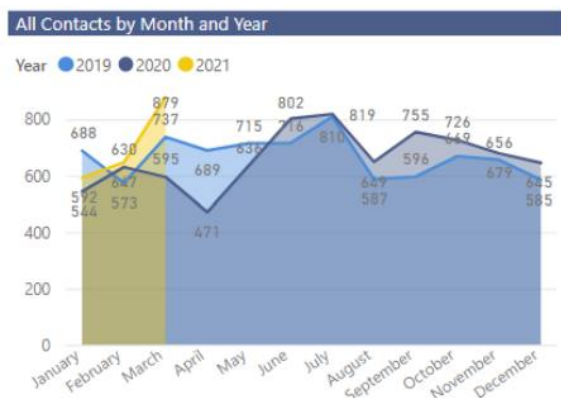


Fig. 2



Fig. 3



Fig. 4



Fig. 5

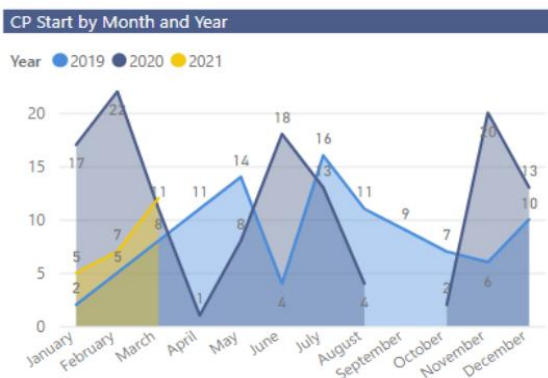
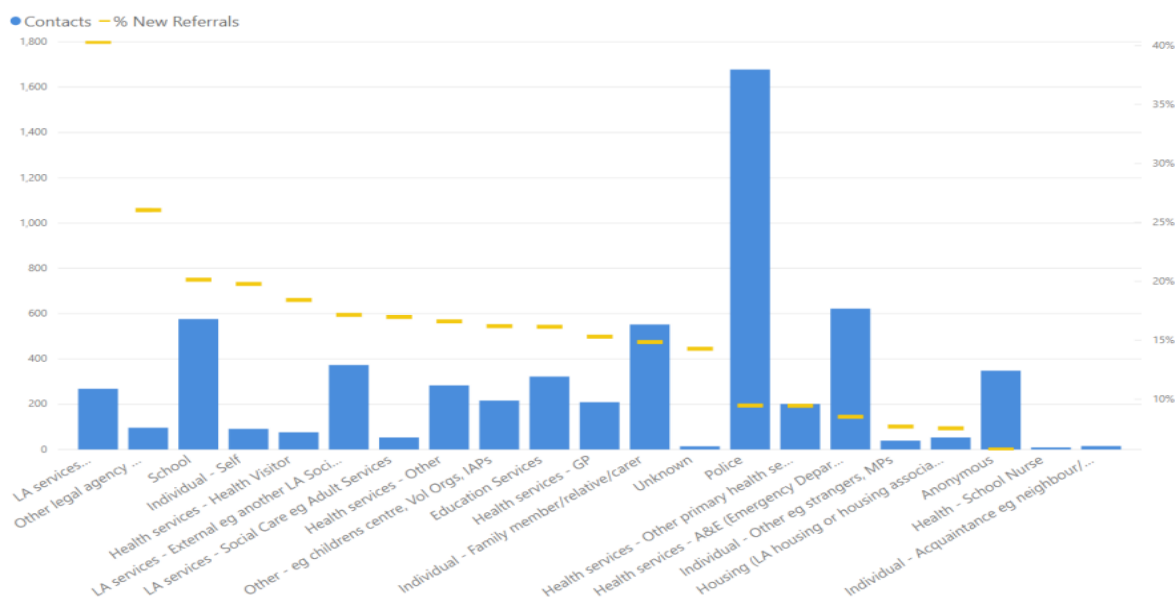


Fig. 6



## Referral Sources

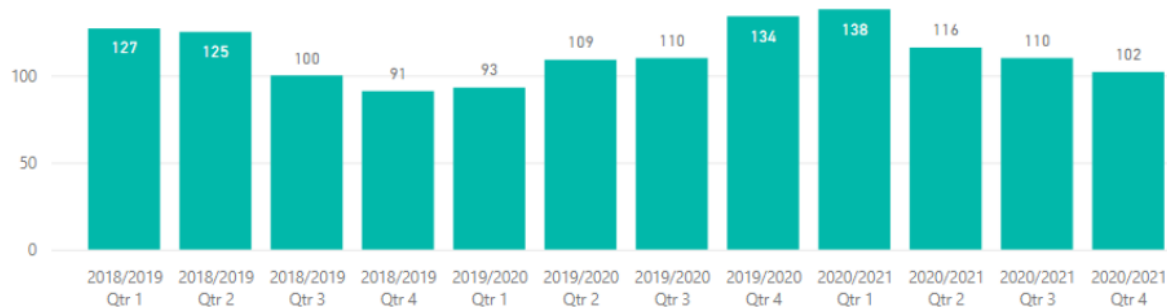
**Fig. 7: Contact sources and % contacts progressing to referrals (2020-2021)**



Over the last 12 months, Council social services received just under 6,100 requests for service. The principal referrers were the Police, A&E, Schools and Individuals. Internal local authority services, legal agencies (such as CAFCASS) and schools were the agencies whose requests for service were most likely to transfer into new referrals.

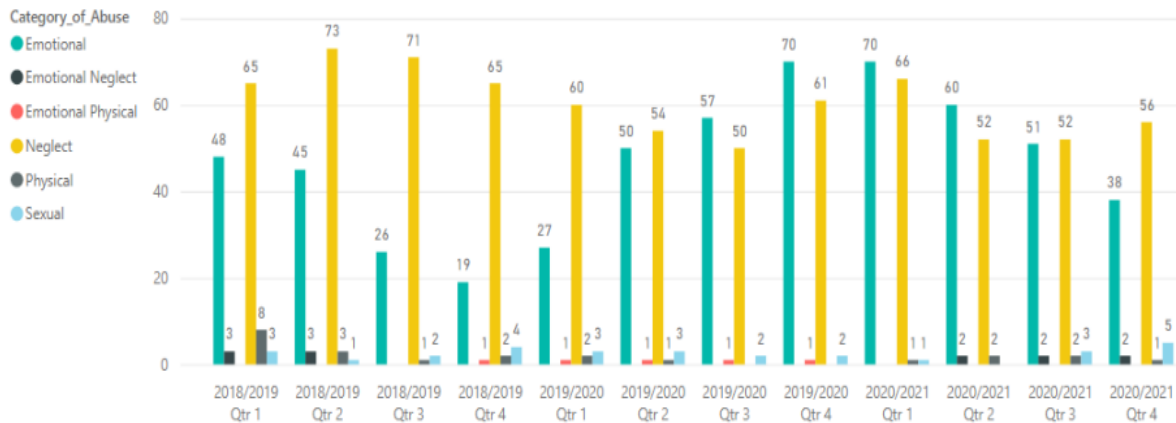
## Child Protection

**Fig.8 Plans open at quarter end (Jun 2018 – Mar 2021)**



Levels of CP have reduced slightly over the last three quarters, although rates remain comparatively low compared to similar areas. These rates are subject to significant variation due to the small population size in the CP cohort, so these levels may be broadly expected within the population of B&NES.

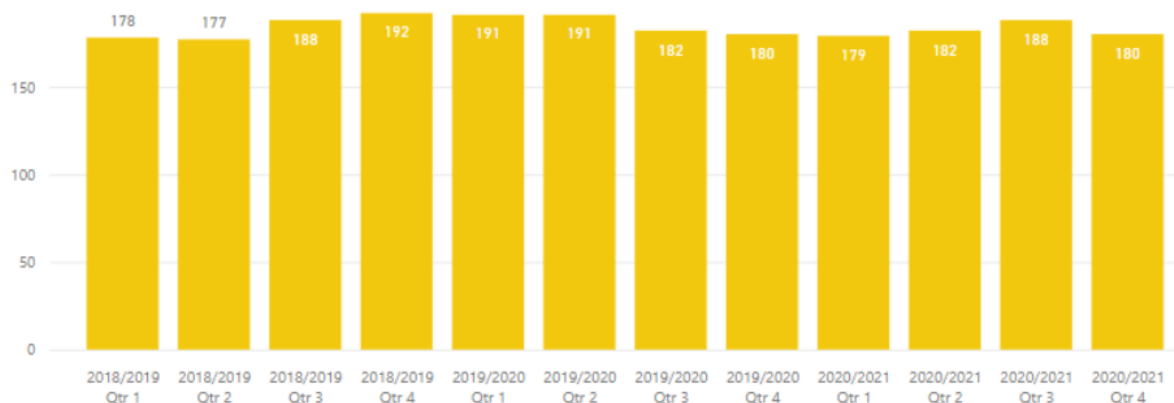
**Fig. 9 Categories of Need for open plans (Jun 2018- Mar 2021)**



Emotional abuse and neglect have remained consistently the most notable category of need for children on child protection plans. These trends are in line with those noted nationally and from comparable local authorities.

### Looked After Children

**Fig.10 Looked After Children at quarter end (June 2018 – Mar 2021)**



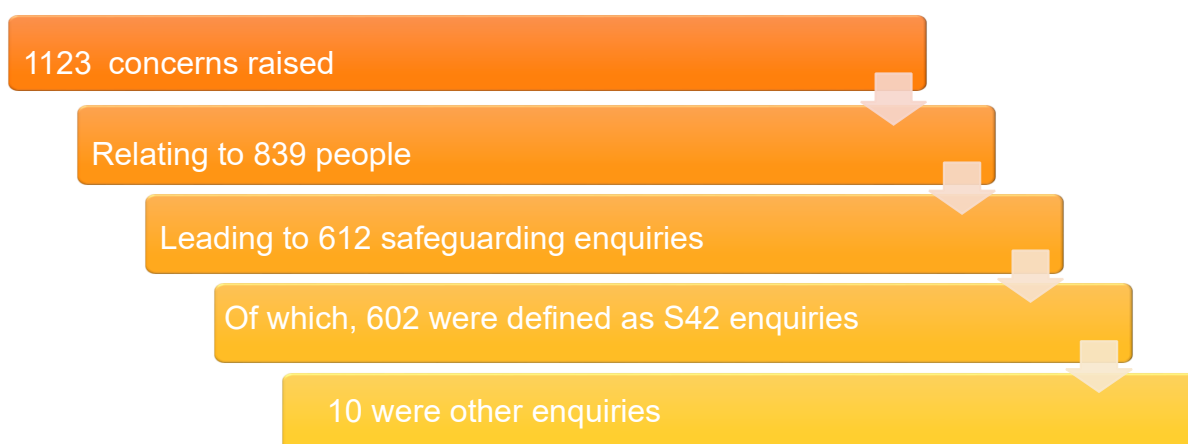
CLA numbers are consistent and have remained so over considerable time. the measure put in place to scrutinise requests for new episodes of care continue to be robust. Additional work was undertaken during lockdown in Q4 20/21 to avoid increased episodes in care. Placement stability remains consistently high.

## 10.2 Adult Social Care Data

The analysis undertaken in this section has used the information provided by B&NES Council for the Safeguarding Adults Collection (SAC) for 2020/21 together with local reporting done for the Partnership Board by B&NES Council. The Report also refers to the National Safeguarding Adults Collection data published by NHS Digital. The SAC data is collected directly from all local authorities. In November 2020, NHS Digital published Safeguarding Adults Collection for the period 1<sup>st</sup> April 2019 – 31<sup>st</sup> March 2020. The data is available as experimental statistics, as due to local and national variation in how safeguarding activity is defined and reported, there are limitations in the interpretation and usage of the data.

In July 2019 the Association of Directors of Adult Social services published 'A Framework For Making Decisions' on the Duty to Carry out Safeguarding Adults Enquiries. This report outlined how local authorities should be defining S42 enquiries and provided the framework for a reporting change in the SAC return for 2020/21.

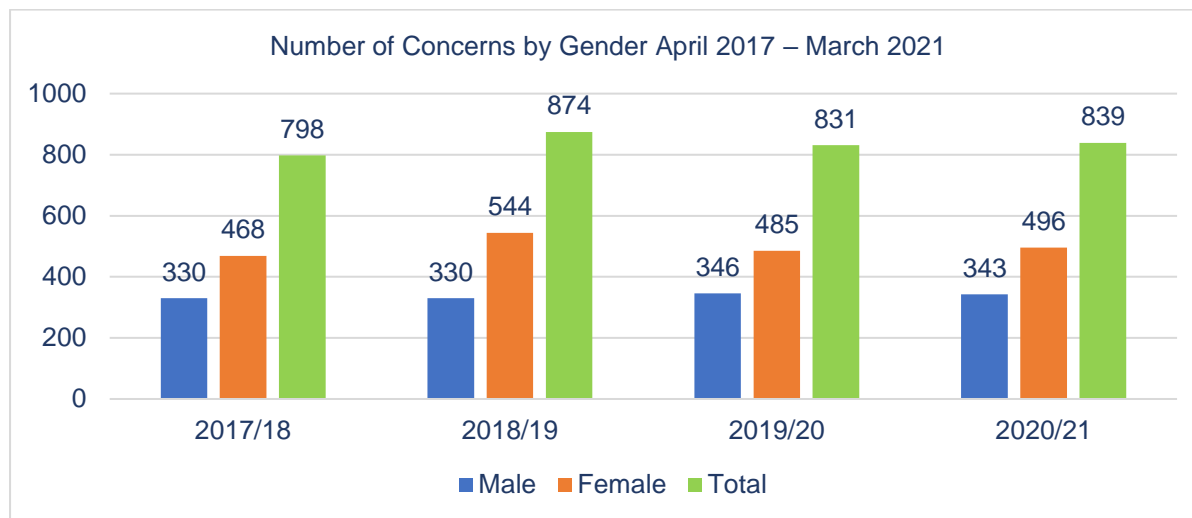
The definition used to identify a Safeguarding Enquiry in 2020/21 therefore differs from that used in previous years. For 2020/21 the reporting is based on the number of safeguarding concerns raised with B&NES Council that met the Care Act description of a safeguarding concern. These are then described as S42 (1) concerns and S42 (2) concerns. S42 refer to the Section of the Care Act that defines a safeguarding enquiry. S42 (1) concerns are concerns that fit the Care Act description, but alternative actions can be set that will address the concern being raised without a need for further enquiries. The actions are monitored by the Council Safeguarding Team and are not closed until confirmation is received that they have all been completed. A S42 (2) enquiry is an enquiry where further information and action is required. These enquiries normally lead to a Safeguarding Planning Meeting. A recording enquiry report and an action plan to reduce the risk to the person.



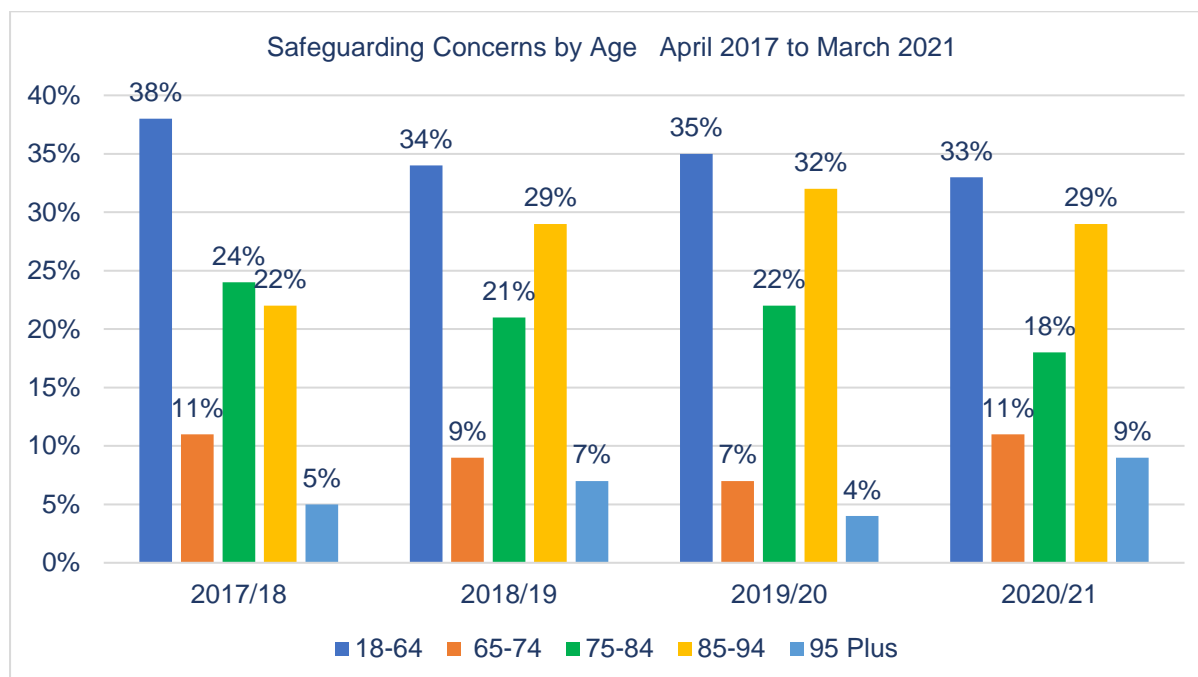
During the reporting period 2020/21 B&NES Council received 1123 safeguarding concerns relating to 839 people. This is a decrease of 1% on the referral levels for last year, but there is a level of consistency of reporting levels since 2017.

There were concerns raised nationally in April 2020 that Covid 19 would lead to a decrease in safeguarding concerns. This was because people were not seeing each other and visits to care settings were limited. Locally we did an initial decrease in referral levels in April and June 2020 but rates turned to their normal level in June.

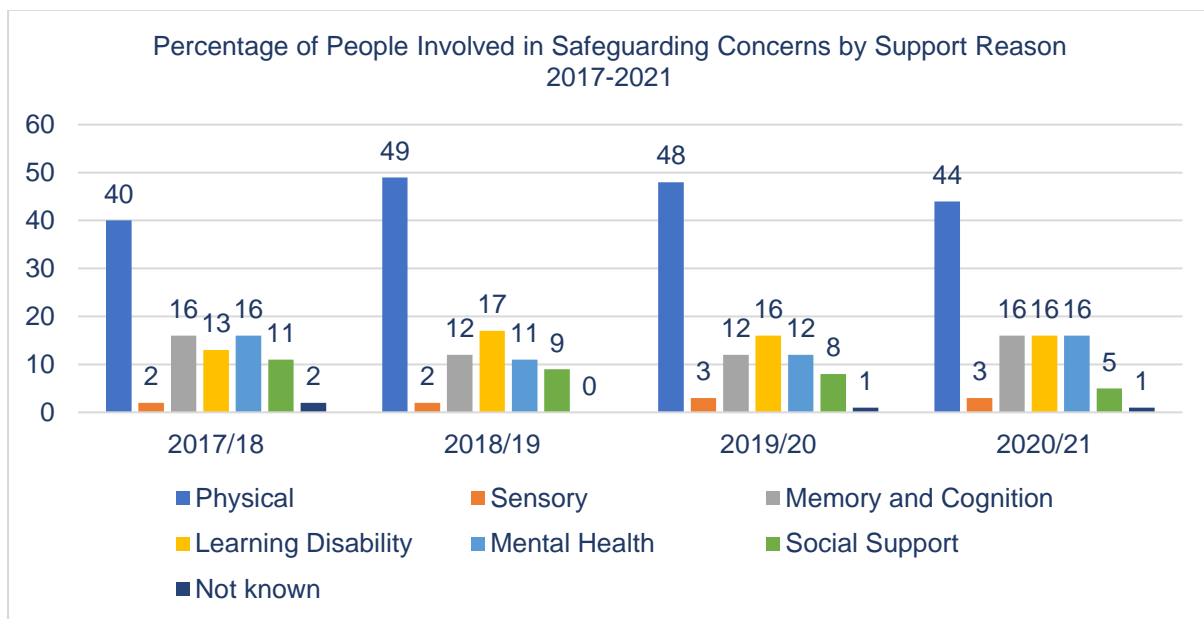
In comparison with last year's data, we have seen a small decrease in the number of concerns raised involving men. However overall, the data indicates that the referral levels for men have remained at around 40% of all concerns for the last four years.



This year we have seen an increase in concerns being raised in relation to people aged 95 plus. There has also been a decrease in the number of concerns relating to people aged 75-84. This may be linked to the number of concerns raised by Care Home's and the corresponding age of people living in those settings.

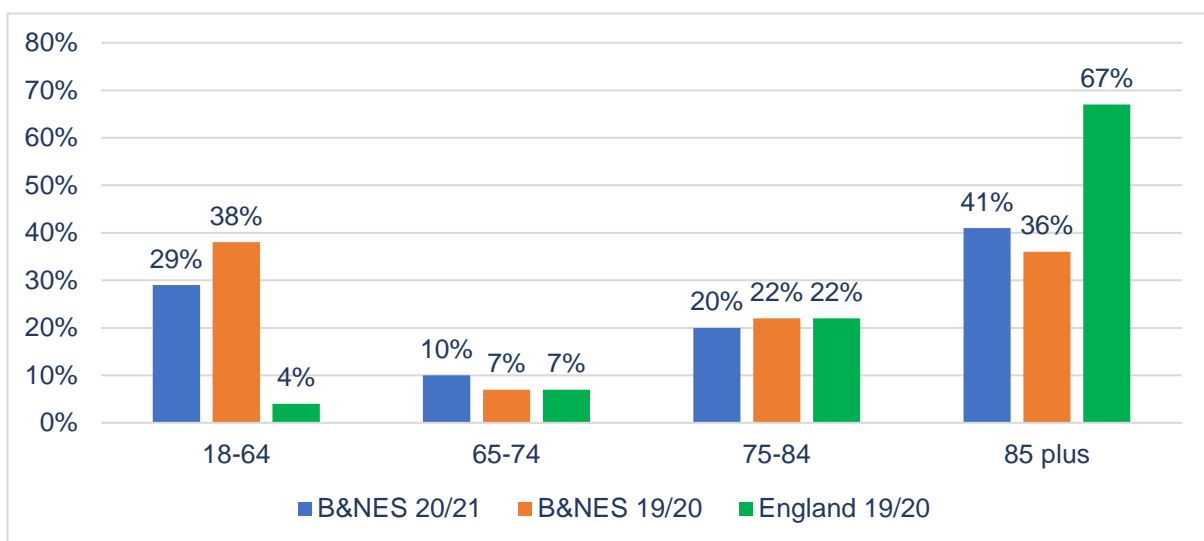


There has been an increase in the number of concerns raised in relation to people who have Mental Health or Memory and Cognition as their primary support reason. This increase may be a reflection of the Covid 19 lockdown impact on people with these support needs. The figures do also reflect the national data regarding the impact of the lockdown period on people's Mental Health and wellbeing.



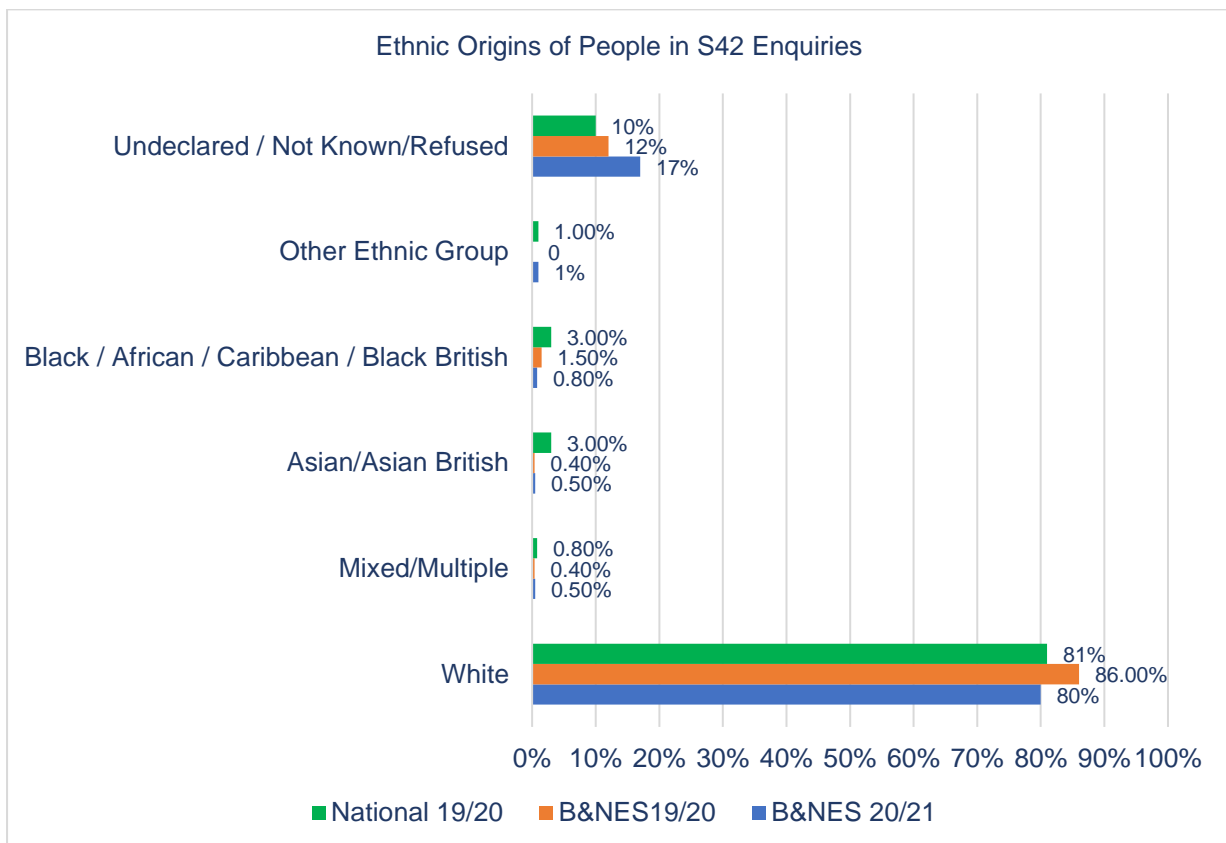
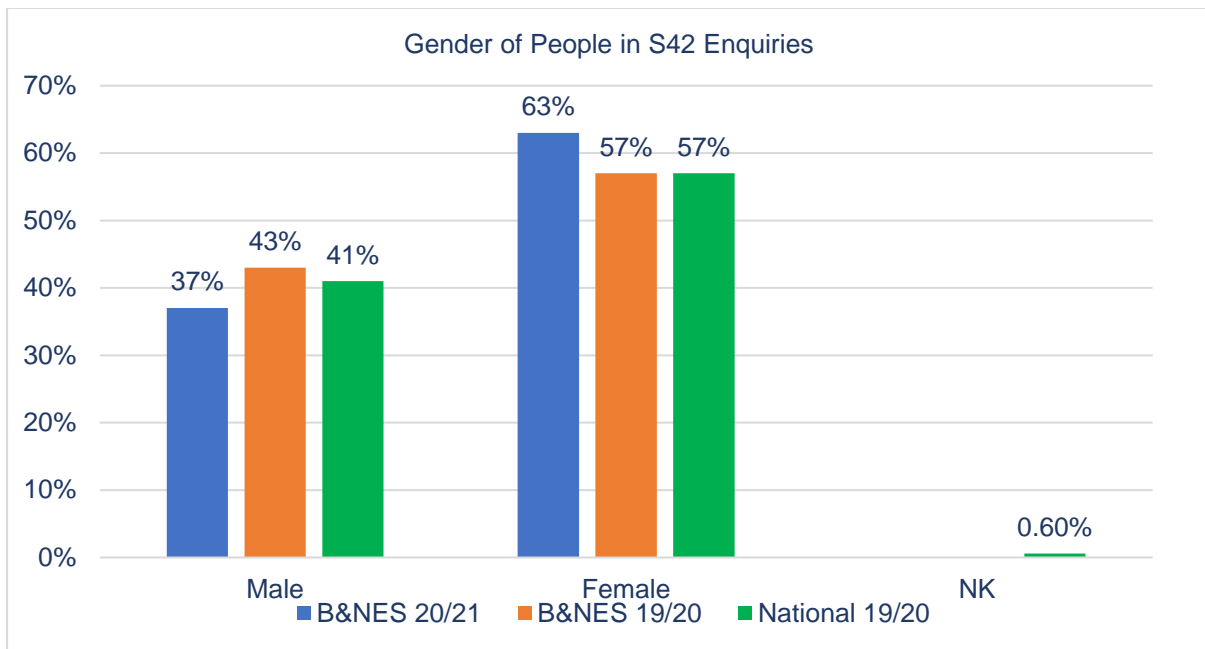
The following data relates to the 612 Safeguarding Enquiries undertaken in 2020/21. These enquiries supported 512 people. Some people are referred more than once during the year with different concerns being raised about their safety.

#### Age of Individuals Involved in S42 Enquiries



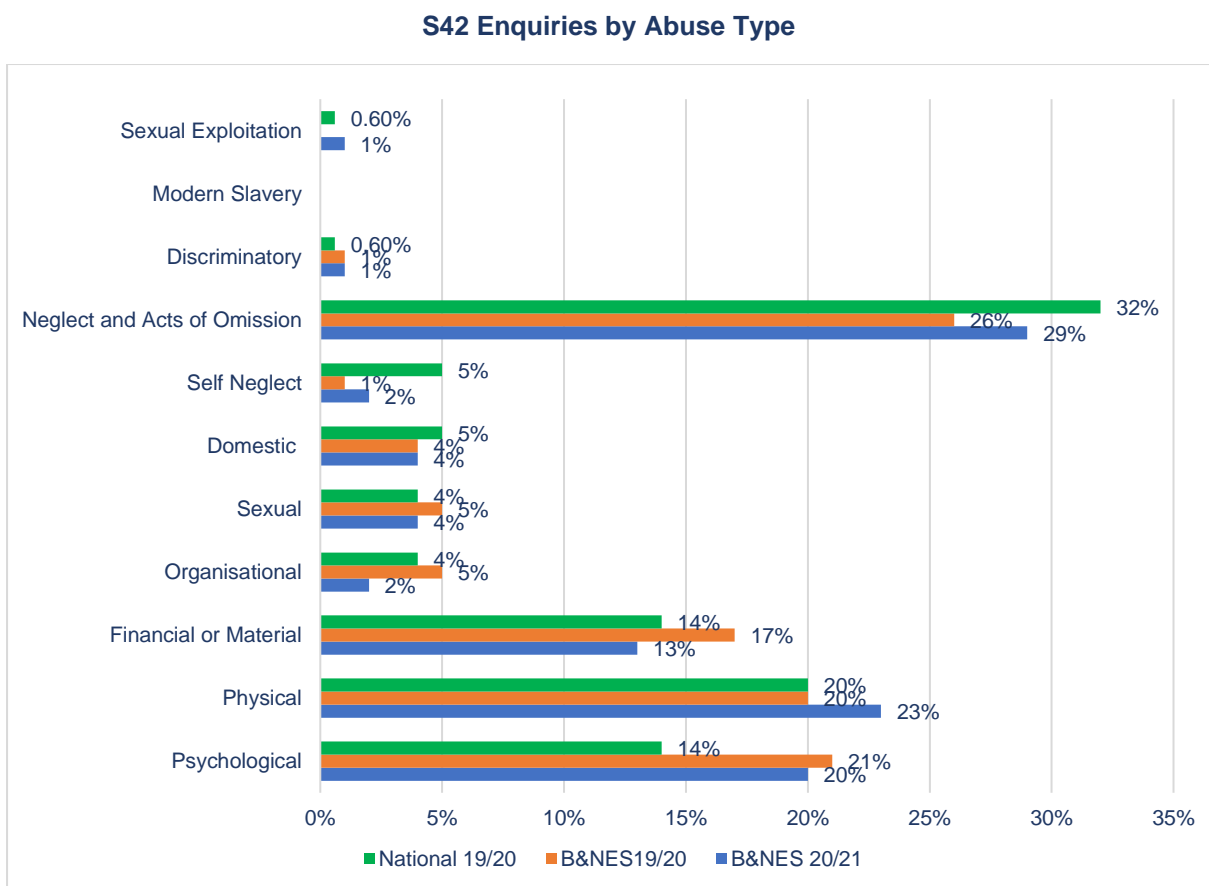
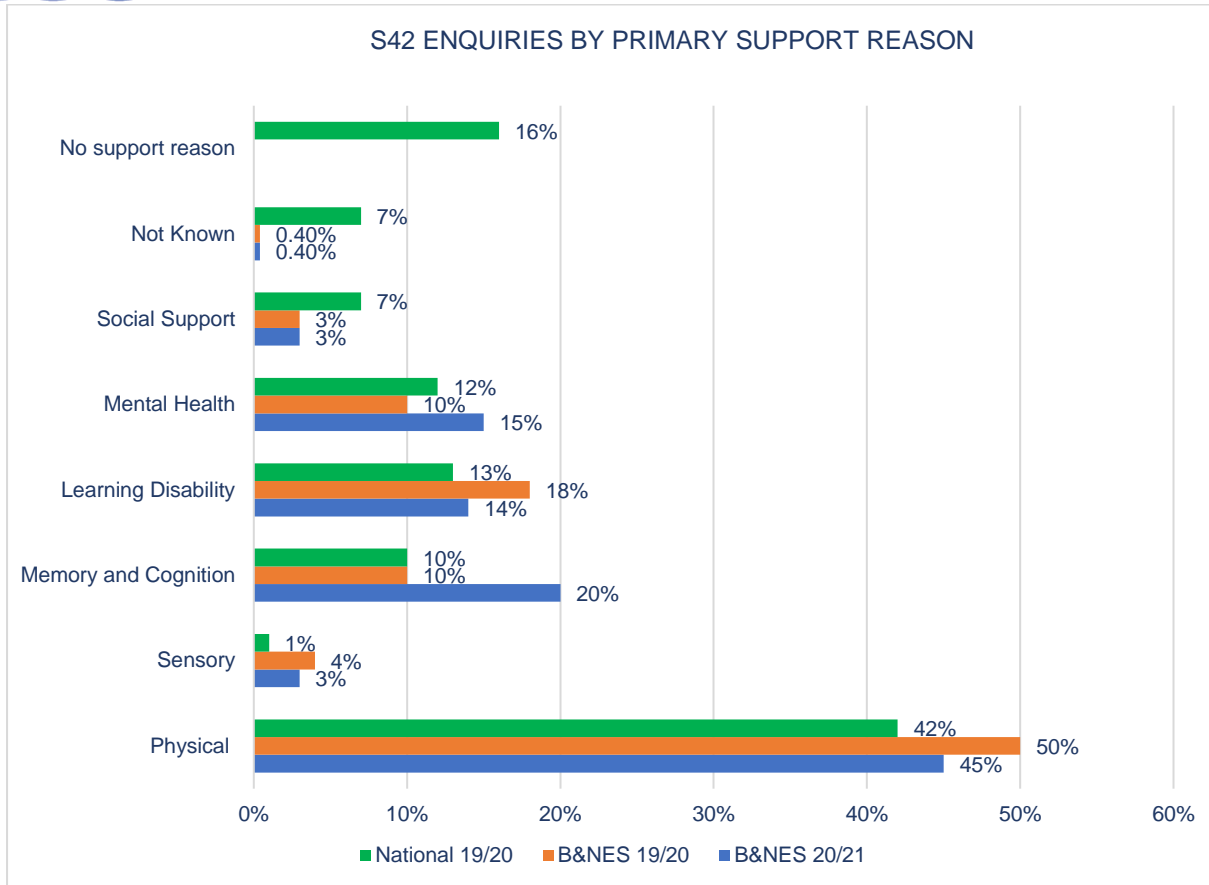
B&NES continues to see a higher number of referrals in relation to people aged 18-64 when compared with the 2019/20 England average. For those over 85 the England average is much higher than that seen in B&NES during both 2020/21 and 2019/20.





The Ethnicity of those supported through the safeguarding enquiry process continues to highlight the need for the BCSSP to make sure that the safeguarding message is reaching all the communities in B&NES. Work is also required to understand why there has been an increase in the level of enquiries where the ethnicity of the person involved is unknown, undeclared or the person has refused to provide this information.

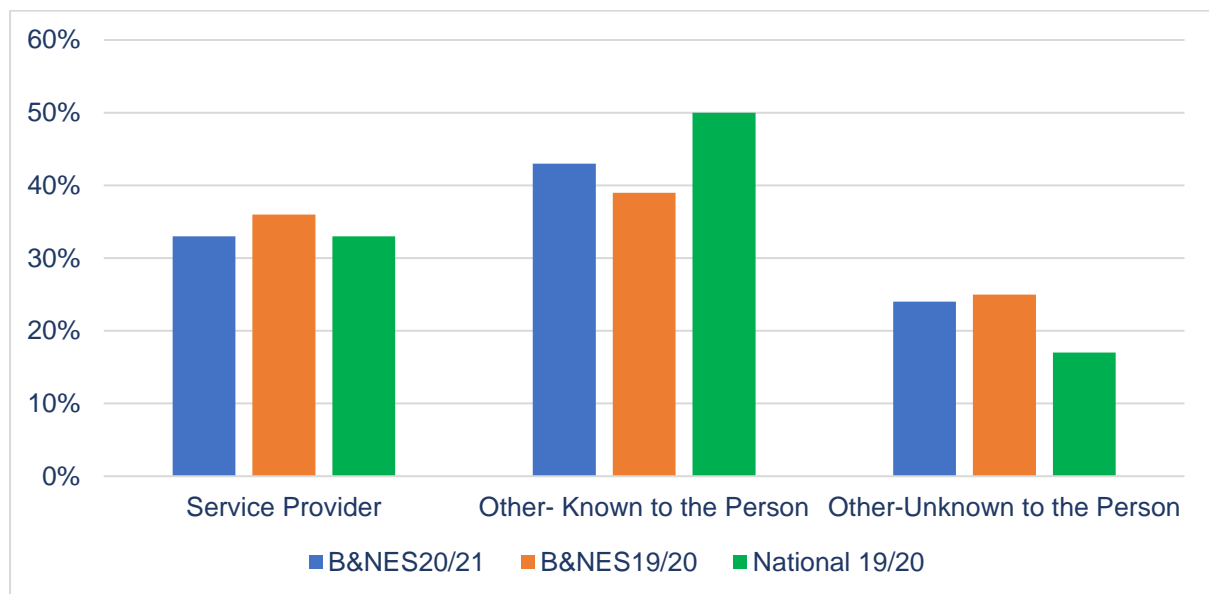




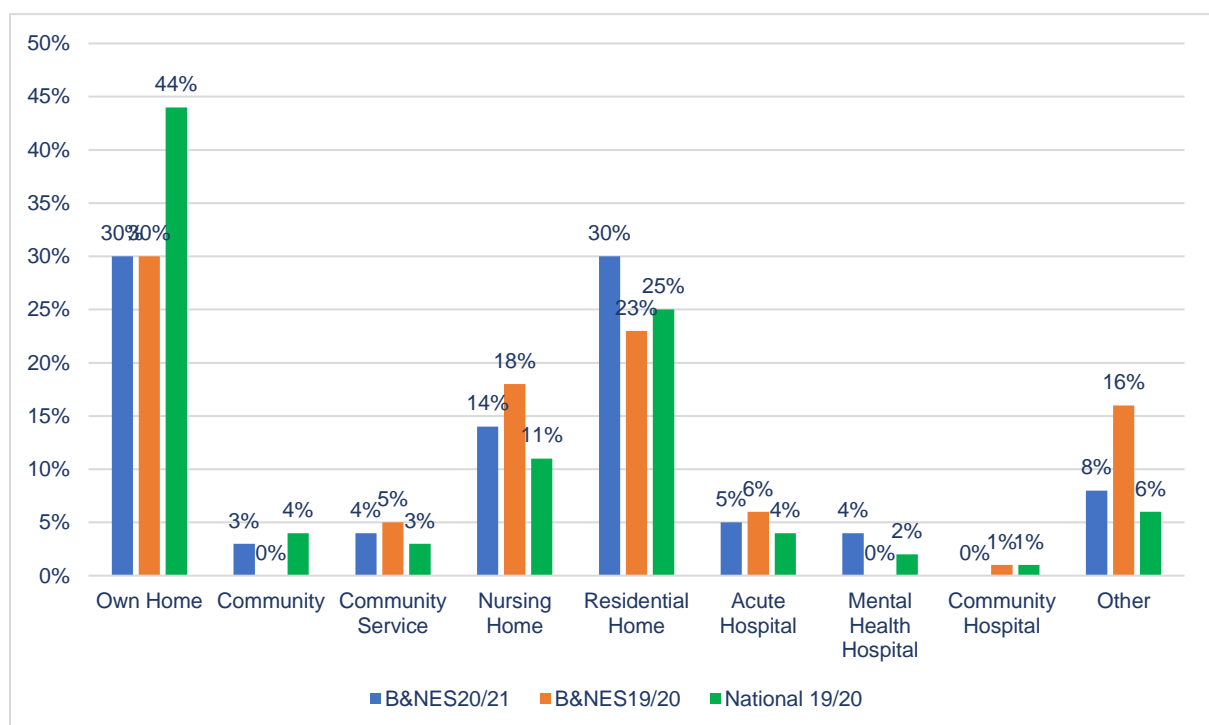
A rise in enquiries related to Physical Abuse and Neglect or Acts of Omission is shown in this year's data. There has also been an increase in the number of people who are self-neglecting who have been referred to the safeguarding process rather than being supported through the Multi Agency Self Neglect Policy.

The National Data comparison show that there is a higher reported level of Psychological abuse in B&NES and a lower level of concerns relating to Domestic Abuse. This reflects the National Insight Reporting that has been undertaken during 2020/21 to measure the impact of the Covid 19 lockdowns on safeguarding reporting level – where domestic abuse was highlighted as having an increased level of reporting at a national level which was not reflected in our local data.

#### S42 Enquiries by Source of Risk



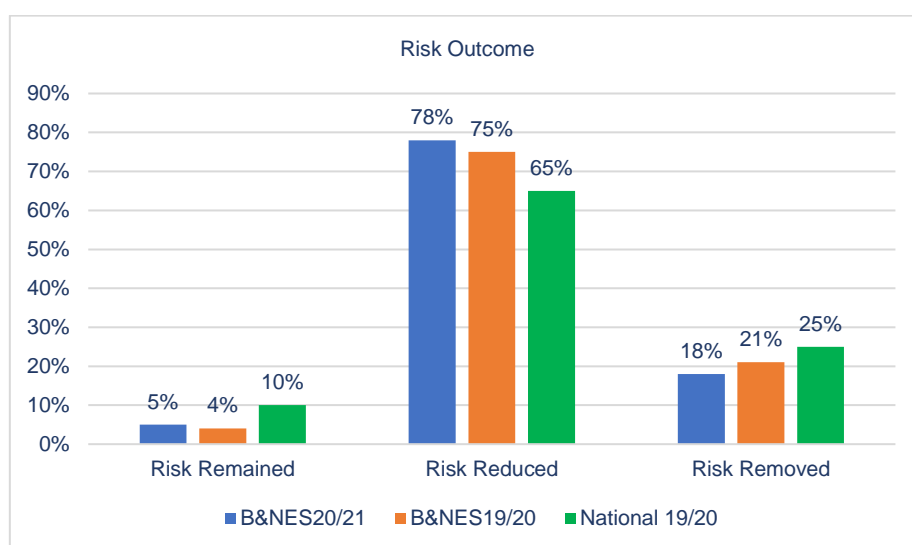
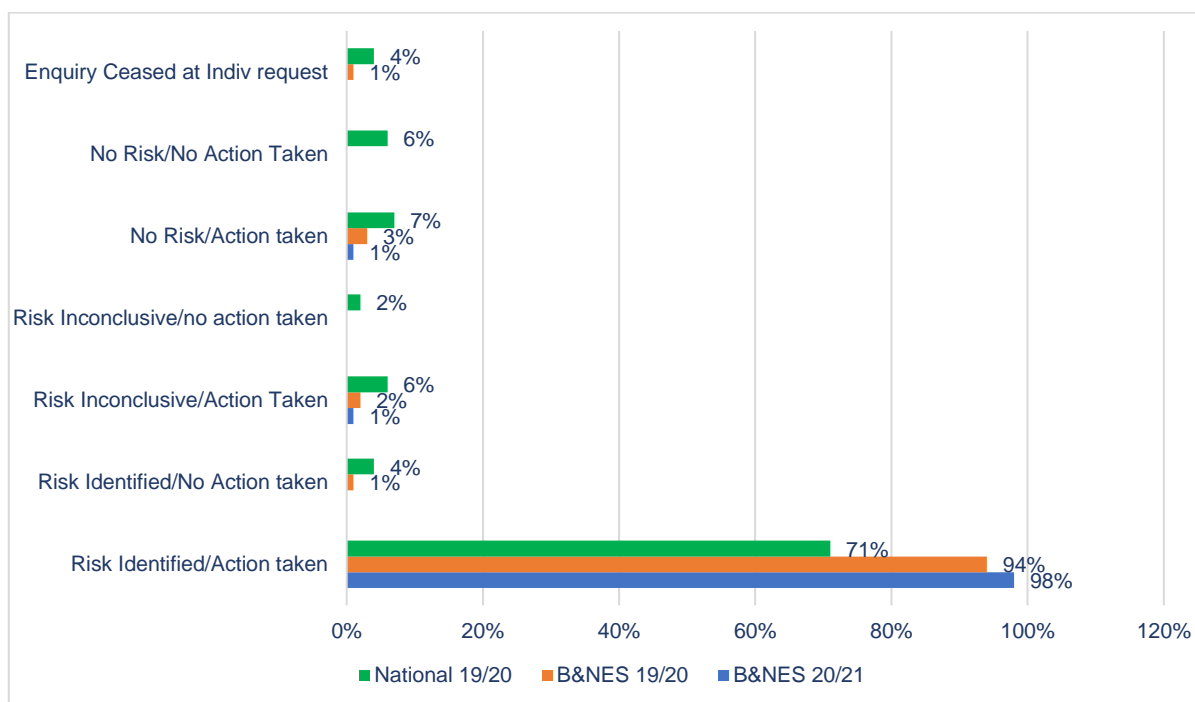
#### S42 Enquiries by Location of Risk



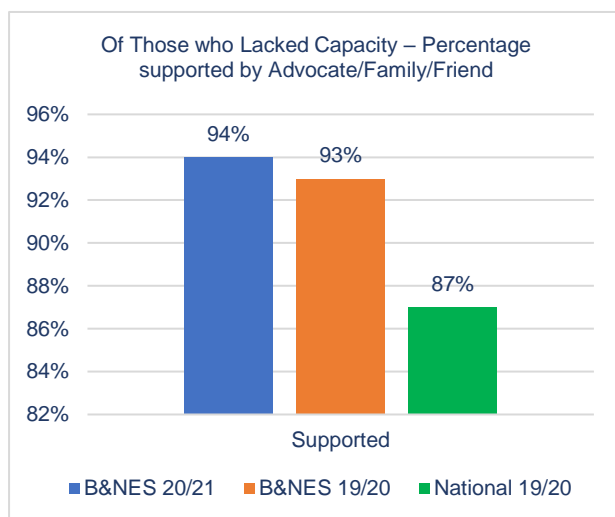
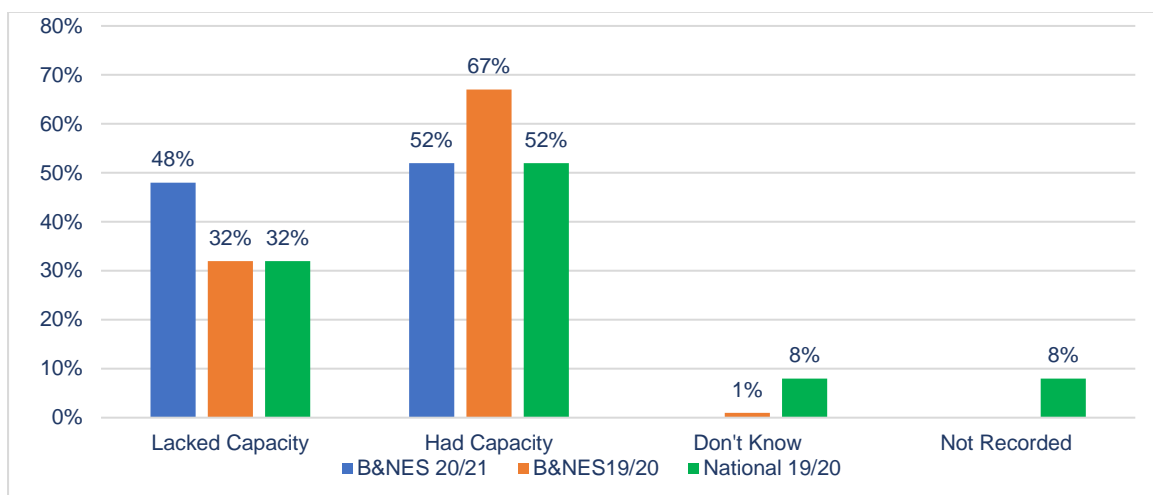
Risk from others – known to the person remains the highest source of risk in B&NES and in the national reporting. Concerns relating to people living in Residential and Nursing Homes has increased this year. Again, this may be a reflection of the impact of Covid 19 on safeguarding reporting, with concerns being raised by providers throughout the pandemic.

There were no enquiries undertaken where the location of risk was a Community Hospital. This is a notable variation from previous years and the national reporting data.

### Outcome of Safeguarding Enquiry



## Safeguarding Enquiries – Mental Capacity

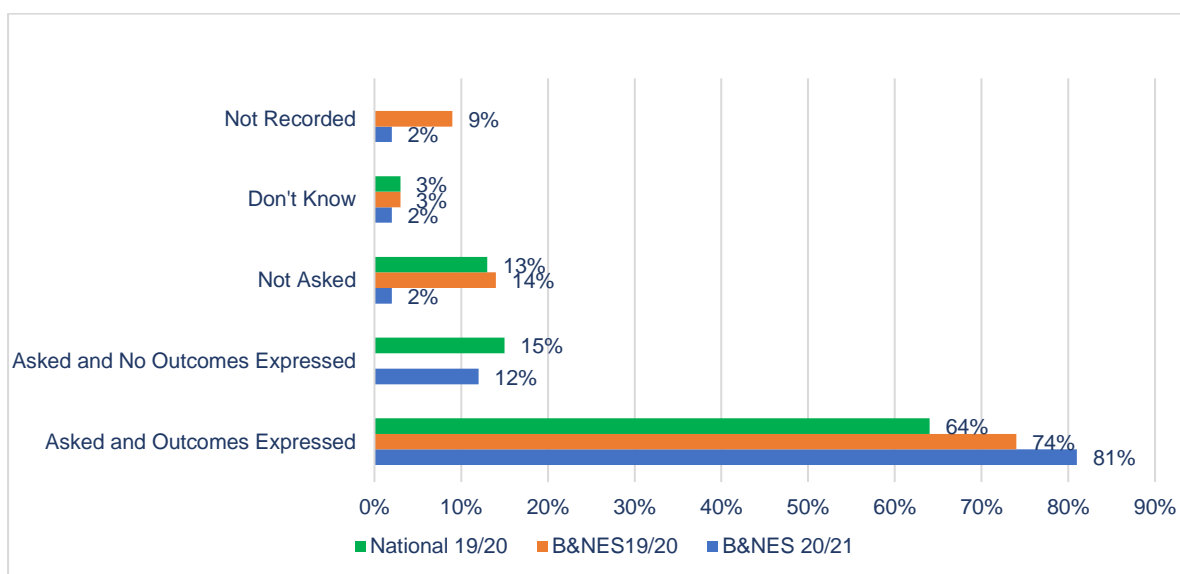


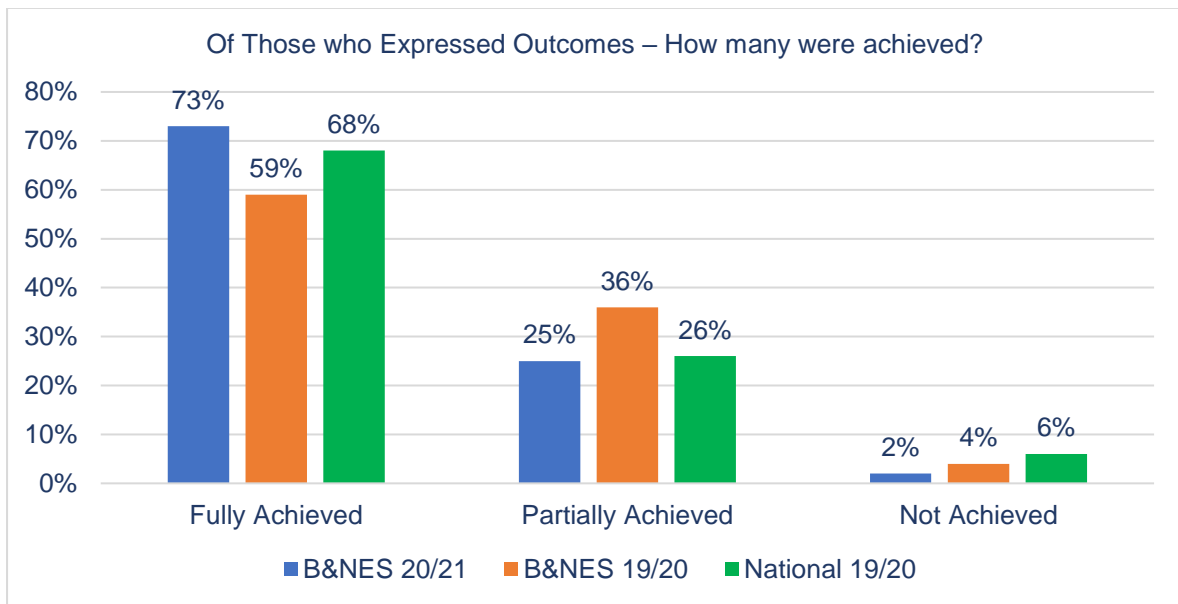
**Mental Capacity** – This year we have seen an increase in referrals relating to people that do not have capacity. This is linked with the reported increase in the number of enquiries relating to people whose primary support reason is Memory and Cognition.

Figures relating to the number of people without capacity who were supported through the safeguarding process remains high and is notably higher than the England average.

**Risk** – the majority of enquiries had a level of risk identified and action taken to reduce the risk.

## Safeguarding Enquiries – Making Safeguarding Personal – Person's Stated Outcomes





These are probably the most important figures in this activity section. It relates to the outcomes that people stated they wanted to achieve from the safeguarding process. In B&NES we have a very high number of people who express their outcomes and have them fully or partially met.

This indicates that the B&NES Safeguarding Enquiry process is achieving the central tenant of Safeguarding Adults – that the views of the person are at the heart of all safeguarding work and the focus is on achieving the person's outcomes not the outcomes wanted by professionals or others.

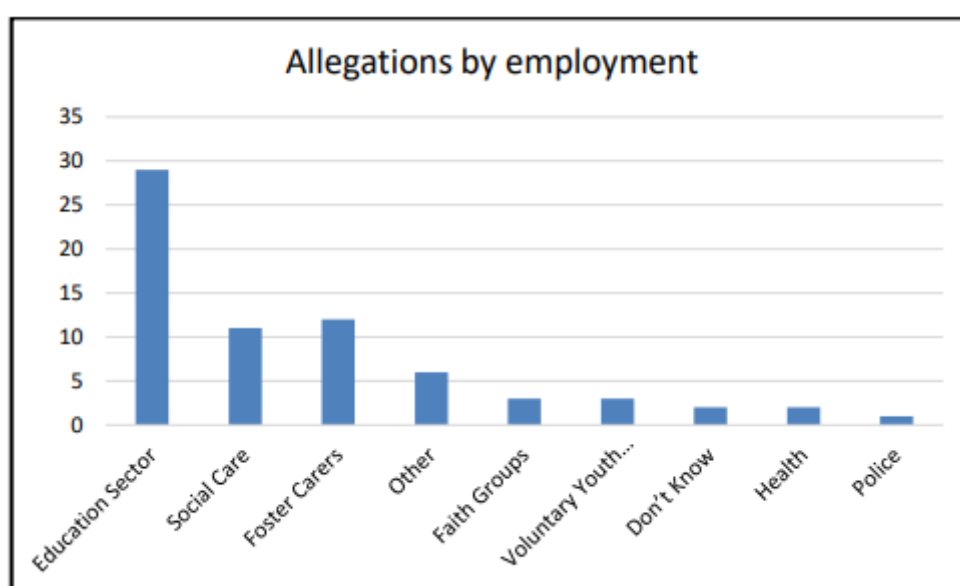
### 10.3 Work of the LADO

This year has seen a 25% decrease in the overall number of contacts made with the LADO compared to last year. This was highly anticipated given the impact of Covid-19 and the closure of many settings where children attend i.e. childminders, nurseries, schools, youth clubs, churches.

	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021
<b>TOTAL</b>	<b>198</b>	<b>152</b>	<b>141</b>	<b>264</b>	<b>200</b>

Of the 200 contacts made with the LADO's in Bath and North East Somerset this year:

- 88 did not meet threshold but resulted in advice and guidance being given to the Referrer / organisation.
- 66 met threshold for LADO involvement and required further investigation
- 25 would have fallen under the managing allegations protocol and required input from the LADO but the person worked outside of Bath and North East Somerset, in which case the referrer was signposted to the LADO for that area
- 12 did not fall under the managing allegations protocol, these included matters relating to a person's mental health, concerns relating to individuals who did not work directly with children, allegations around an individual's use of drugs but no supporting evidence, professional boundaries not being maintained and complaints about a school environment.
- 9 were matters surrounding issues of safeguarding within an organisation, these do not fall under the managing allegations protocol but are taken forward by the Deputy Lead for Safeguarding and Quality Assurance.



In this reporting period of the 66 referrals received by the LADO, 42% of these related to a person working within an educational setting which includes nursery settings, primary schools, secondary schools, and colleges. In the previous reporting period education and nursery settings accounted for 52% of the referrals to LADO and it is positive to see these organisations have continued to identify and respond to allegations despite the disruption and pressures these settings have faced as a result of Covid-19.

Foster carers featured as the second highest group of individuals working with children who were referred to the LADO due to allegations of harm, referrals can be in respect of supported lodging providers, foster carers for Bath and North East Somerset as well as those who live in the area but

foster for another Local Authority or Independent Fostering Agency. In this reporting period of the 11 referrals related to foster carers, nine were foster carers for the Local Authority, which is on par with last year.

Referrals received relating to social care staff include individuals who work within a residential setting, provide support to families within their home, are a social worker or therapist working with children. In this reporting period 16% of referrals that reached threshold were in relation to individuals working within the social care sector, with seven of the 11 referrals (63%) relating to a person working within a residential setting.

This year saw a significant decline in referrals relating to individuals that transport children, this is likely to correlate to school closures and therefore the reduction in children attending school.

There was one referral received in relation to a Police Officer in this reporting period, this is the first referral regarding someone working within Avon and Somerset Constabulary for the past five years. In general, across the south west region, there are a low number of referrals regarding Police Officers. The LADO is surprised that this is not an organisation that features more given the nature of Police work. The LADO's identify Avon and Somerset Constabulary as being an organisation where further awareness of the LADO role and managing allegations protocol is required so that referrals to LADO are considered but also criminal investigations involving a person in a position of trust (working with children) are brought to the attention of the LADO.



Of the 23 referrals to LADO regarding allegations against individuals where their behaviour raised concerns about their suitability to work with children, eight were in relation to an individual working within a school setting, nine were related to those working within the social care sector, one was a foster carer and five fell into the category of other. The development of data reporting within PBI has highlighted that the category of Other is being used inconsistently across the LADO service and further scrutiny of the data reveals that there were three individuals whose employment was classed as Other when in fact they should have been reported as working in the social care sector. The remaining two individuals classed as 'Other' were in roles related to transport and childcare.

Eight referrals (35%) received by the LADO after further discussion and exploration were not deemed to meet LADO threshold. In all but two of the referrals received, the issues that arose were about incidents that had taken place outside of the individual's role but raised concerns about their conduct and performance. It was agreed by the LADO that the employer would address these issues internally in line with their HR policy and procedures.

Eight individuals (35%) displayed behaviour which resulted in there being a need for a managing allegation strategy meeting to be convened. Strategy meetings in these instances were deemed necessary due to the seriousness of the allegations which included concerns about grooming, being arrested for possession of drugs, actions of the individual possibly contributing towards significant harm of a child and sexual offences against an adult.

Four referrals did not require a strategy meeting as the issues did not meet a threshold for Police involvement and the presenting concerns were appropriate for the employer to investigate in line with their disciplinary procedures. In these instances, there was no direct allegation, but the individuals conduct was of concern and required exploration to determine what if any further action was required by the employer.



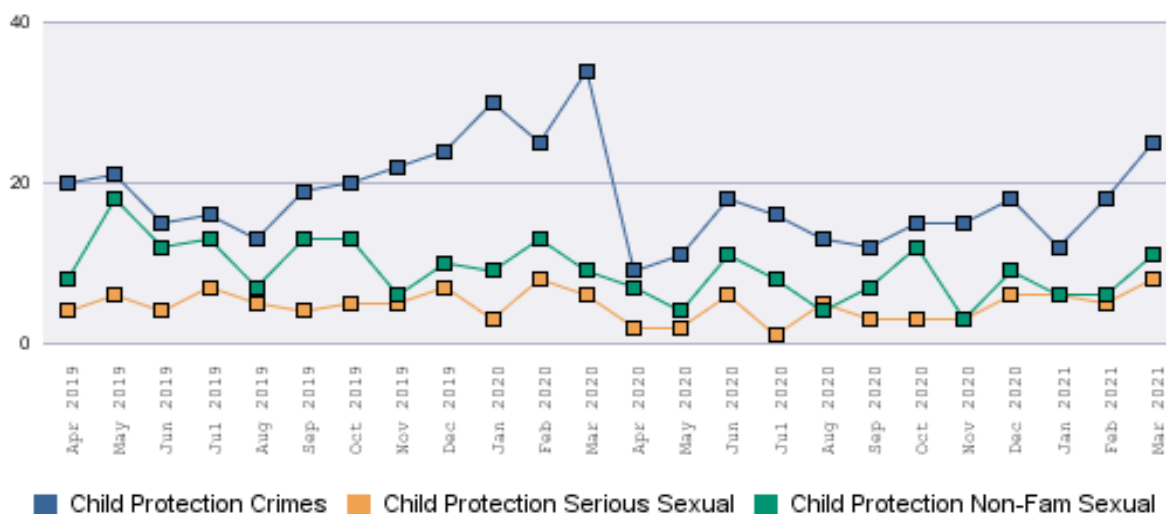
## 10.4 Avon & Somerset Constabulary Data

### Child Protection

“Child Protection Crimes (excluding Domestic Abuse Crimes)” in Fig.1 are recorded crimes where there are child protection concerns (Child Abuse, Child Sexual Exploitation, Child Safeguarding), with this particular measure excluding Domestic Abuse Crimes where there are child protection concerns. This is a useful headline measure and includes crimes where the victim is a child, crimes where the suspect is a child and crimes where the child is an involved party. The measure also includes peer-on-peer crimes where both the victim and suspect are children. The measure includes non-recent child abuse allegations, regardless of whether the victim was a child or adult at the time of reporting.

The volume of recorded Child Protection crimes in Bath and North East Somerset fell by 29.7%, or 77 crimes, in 2020/21 compared with 2019/20, to 182 crimes. The 29.7% fall in Bath and North East Somerset is significantly greater the 10.4% fall experienced across the force area as a whole. By March 2021, the volume of recorded Child Protection crimes in Bath and North East Somerset had reached its highest level since the introduction of measures to slow the spread of COVID-19 within the population in mid-March 2020, and was at a level similar to that recorded in several of the months leading up to the introduction of those measures.

**Fig.1 Child Protection Crimes (Excluding Domestic Abuse) in B&NES April 2019 – March 2021**



There were also significant percentage falls in recorded offences in Bath and North East Somerset in 2020/21, compared with 2019/20, for the following offence groups: non-familial sexual offences against children (by 32.8% or 43 crimes), child neglect offences (by 23.1% or 15 crimes) and Child Protection Serious Sexual Offences (by 21.9% or 14 crimes). It should be noted that in the latter two cases the numbers involved are relatively small. In each case, these percentage falls were greater than those recorded across the force area as a whole.

The number of Child Sexual Exploitation tagged offences in Bath and North East Somerset also fell in 2020/21, compared with 2019/20, by 71.4% or by 20 crimes to just 8 crimes in total. This compares with a 13.0% fall in Child Sexual Exploitation tagged offences across the force area as a whole.

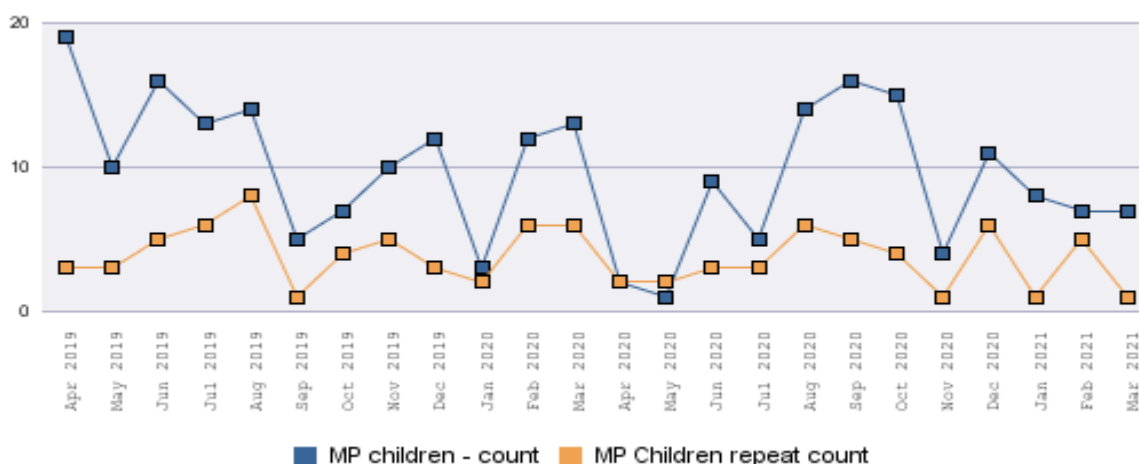
The number of recorded Domestic Abuse Crimes with a victim aged 16 or 17 in Bath and North East Somerset fell by 8 crimes to 37 crimes in 2020/21. This represents a greater percentage fall (17.8%) than that recorded across the force area as a whole (10.4%). The overall number of child victims of crimes in Bath and North East Somerset fell by 113 victims to 515 victims in 2020/21, or by 18.0% compared with 2019/20. This is in line with the 20.5% fall across the force area as a whole. The number of child suspects of crimes in Bath and North East Somerset in 2020/21, compared with

2019/20, fell by 140 to 336 child suspects, or by 29.4%. This fall is greater than the 18.5% fall experienced across the force area as a whole.

### Missing Children

In Bath and North East Somerset there have been reductions in the number of reported missing children in 2020/21 compared with 2019/20 (falling by 19.1%), number of reported missing children' episodes (falling by 17.2%) and the number of children reported missing repeatedly (falling by 44.6%). Missing children and repeat missing children' monthly volumes in Bath and North East Somerset (Fig. 2) show far greater volatility than across the force area as a whole. Whilst the dramatic fall in the number of missing children in April 2020 might be attributable, or attributable in part, to the introduction of measures to slow the spread of COVID-19 within the population, the peaks and troughs through 2020/21 do not entirely coincide with the easing and reintroduction of such measures.

**Fig.2 Missing Children and Repeat Missing Children in B&NES April 2019- March 2021**



The number of children going missing from care in 2020/21, and number of children repeatedly going missing from care in that year, both remain low at 5 children and 1 child respectively.

### Initial Child Protection Conferences

The Police were invited to 12 Initial Child Protection Conferences (ICPCs) in Bath and North East Somerset in the fourth quarter of 2020/21 and attended all 12. The Police attendance rate at ICPCs across 2020/21 was 98.4%, with just one ICPC not attended in May 2020.

### Use of Police Protection Powers

Across the force area as a whole, the Constabulary used police protection powers under Section 46 of the Children Act 1989 on 111 occasions in 2020/21, compared with 133 occasions in 2019/20. The reporting of the use of police protection powers at local authority area level is subject to data quality issues, whereby 1 record in 2020/21, and 13 records in 2019/20, were not linked to a beat code. There is 1 record of the use of these powers linked to beat codes in Bath and North East Somerset in 2020/21, compared with 4 records in 2019/20.

### Children in Custody

In 2020/21 33 children and young people aged under 18, whose latest recorded address is in Bath and North East Somerset, were arrested and brought into custody, 2 of whom were charged and detained. Of these 33 children and young people, 1 was arrested and brought into custody in the last quarter ending March 2021 and was charged and detained.

## 11. Glossary

Term	Meaning
ACEs	Adverse Childhood Experiences – traumatic events occurring before age 18. Includes all type of abuse and neglect, as well as parental mental illness, substance misuse, domestic violence.
ADASS	Association of Directors and Adult Social Services – a charity representing Directors and a leading body on social care issues.
AMHP	Approved Mental Health Professional – approved to carry out certain duties under the Mental Health Act
ASSSP	Avon and Somerset Strategic Safeguarding Partnership – Avon area multi-agency group focussed on children's safeguarding
B&NES	Bath & North East Somerset
BCSSP	B&NES Community Safety & Safeguarding Partnership
BIA	Best Interest Assessor – ensure that decisions about patients/service users which affect their liberty are taken with reference to their human rights
BSW	B&NES, Swindon Wiltshire area
CAMHS	Child and Adolescent Mental Health Services
Care Act 2014	Sets out the duties of the local authority in relation to services that prevent people developing needs for care and support or delay people deteriorating such that they would need ongoing care and support.
Community Triggers	This is related to anti-social behaviour. Where anti-social behaviour has been reported and it is felt not enough action has been taken, a community trigger can be used, which means the case will be reviewed by those agencies involved.
Contextualised Safeguarding	An approach to understanding and responding to, young peoples 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.
CP	Child Protection
CSE	Child Sexual Exploitation – a type of sexual abuse. When a child is exploited, they are given things like gifts, money, drugs, status in exchange for performing sexual activities

Term	Meaning
CSPR	Child Safeguarding Practice Review – should be considered for serious child safeguarding cases where abuse or neglect is known or suspected and the child has died or been seriously injured.
CQC	Care Quality Commission – regulates all health and social care services in England
Cuckooing	The practice of taking over the home of a vulnerable person in order to establish a base for illegal drug dealing, typically as part of a County Lines operation.
Dark Web	Is part of the Internet that isn't visible to search engines. It is used for keeping internet activity anonymous
DHR	Domestic Homicide Review – is conducted when someone aged 16 or over dies as a result of violence, abuse or neglect by a relative, household member or someone they have been in an intimate relationship with.
Discharge to Assess (D2A)	Where people do not require an acute hospital bed but may still require care services are provided with short term, funded support to be discharged to their own home or another community setting. Assessment for longer term care and support needs is then undertaken in the most appropriate setting and at the right time for the person.
Disrupt	Work to disrupt serious organised crime
DoLS	Deprivation of Liberty Safeguards – ensures people who cannot consent to their care arrangements in a care home or a hospital are protected if those arrangements deprive them of their liberty
IDVA	Independent Domestic Violence Advocate – specialist professional who works with victims of domestic abuse
JTAI	Joint Targeted Area Inspection – of services for vulnerable children and young people
LADO	Local Authority Designated Officer – responsible for managing child protection allegations made against staff and volunteers who work with children and young people
LPS	Liberty Protection Safeguards – set to replace Deprivation of Liberty Safeguards

Term	Meaning
Local Safeguarding Adult Board	Assures itself that safeguarding practice is person centred and outcome focussed, working collaboratively to prevent abuse and neglect. Now part of the BCSSP
Local Safeguarding Children's Board	Assure itself that local work to safeguard and promote the welfare of children is effective and ensures the effectiveness of what member organisations do individually and together. Now part of the BCSSP
MARMM	Multi-agency Risk Management Meeting – convened regarding self-neglect and hoarding concerns
MARAC	Multi Agency Risk Assessment Conference – a victim focussed information sharing and risk management meeting attended by all key agencies
MASH	Multi Agency Safeguarding Hub – Information sharing where decision can be made more rapidly about whether a safeguarding intervention is required
MCA	Mental Capacity Act – designed to protect and empower people who may lack the mental capacity to make their own decisions about their care
Ofsted	Office for Standards in Education, Children's Services and Skills.
Prevent	Prevent is about safeguarding and supporting those vulnerable to radicalisation. It aims to stop people becoming terrorists or supporting terrorism
RAG	Responsible Authorities Group – the local strategic partnership delivery arm for community safety in B&NES, now part of the BCSSP
SAC Data	Safeguarding Adults Collection Data – NHS digital collate data nationally
SAR	Safeguarding Adult Review – may be carried out when an adult' dies or is seriously harmed as a result of abuse and/or neglect and there is concern that agencies could have worked together more effectively to protect the adult
SARI	Charitable organisation – Stand Against Racial Inequality – which provides training and advocacy services
SCR	Serious Case Review now replaced by Child Safeguarding Practice Review
SHEU	School Health Education Unit

Term	Meaning
SICC	Senior In Care Council – empowered to undertake projects to make the changes they want to see to improve the experiences of young people in care
Section 11 Audit (statutory)	A self-assessment audit designed to seek assurance that key people and agencies make arrangements to ensure their functions to safeguard and promote the welfare of children
Section 175 Audit (statutory)	A self-assessment audit that seeks assurance that education establishments make arrangements to ensure their functions are carried out with a view to safeguarding and promoting the welfare of children
VAWG	Violence Against Women and Children (funded) project
VRU	Violence Reduction Unit – provides a local response to serious violence
WRAP	Workshop to Raise Awareness of Prevent

Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Children’s Health and Wellbeing Policy Development and Scrutiny Panel	
MEETING/ DECISION DATE:	09 November 2021	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	Independent Reviewing Officer (IRO) Annual Report 2020-2021	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
Independent Reviewing Officer (IRO) Annual Report 2020 -2021		

## 1 THE ISSUE

- 1.1 An annual report of the Independent Reviewing (IRO) Service for Looked After Children is required in accordance with the Children and Young Person's Act 2008 and subsequent statutory guidance published by the Department for Education. The report is produced in order to provide the Director for Children's Services, the Lead Member for Children and the Corporate Parenting Board with information pertaining to the work of the Independent Reviewing Service (IRS) which is responsible for monitoring and reviewing the care provided to children and young people for whom the Local Authority are corporate parents.
- 1.2 The Children's Health and Wellbeing Panel review the annual report so as to ensure members are appraised on the care provided to children for whom the Local Authority are responsible.

## 2 RECOMMENDATION

**The Panel is asked to;**

- 2.1 Note the continued work and commitment of the Independent Reviewing Service within Bath and North East Somerset during a national pandemic. IRO's have maintained contact with all children in care and their carers despite significant changes in working practices, 94% of child in care reviews have been held within statutory timescales and IRO's have scrutinised and where necessary challenged care plans when these have been identified as not being in the child's best interest.
- 2.2 Note that 70% of children in the care of Bath and North East Somerset are placed 20+ miles from their family home or from the local authority boundary. In order for IRO's to maintain direct contact with these children and continue to



have close oversight and review of their care plans, the IRO service needs to have all vacancies filled so that the number of children allocated to an IRO remains within the 50-70 range.

### 2.3 Note the input of the IRO service in:

- Working with children's social care to develop a reunification policy,
- Ensuring children are appropriately matched to carers who can meet their identified long-term needs.
- Identifying and considering the needs and experiences of unaccompanied, asylum seeking and trafficked children
- Reviewing children placed in all unregulated placements, including those placed in Reg 24 ADM approved placements, children placed with their parents and children in accommodation with support (including supported lodgings)
- Supporting children to participate in the 'Your Life, Your Care'

### 2.4 Acknowledge the progress in the areas for development/ improvement identified for 2020-2021 despite the significant challenges brought about by Covid-19.

## **3 THE REPORT**

### 3.1 Please see attached the Independent Reviewing Officer (IRO) annual report for 2020-2021 which sets out how the IRO Service continues to ensure that Bath and North East Somerset Council are meeting the needs of the children and young people for whom it is corporate parent.

## **4 STATUTORY CONSIDERATIONS**

### 4.1 The appointment of an Independent Reviewing Officer (IRO) for a child or young person in the care of the Local Authority is a legal requirement under section 118 of the Adoption and Children Act 2002. Since 2004 all local authorities have been required to appoint an IRO to protect children's interests throughout the care planning process.

### 4.2 The IRO Handbook was introduced in 2010 providing statutory guidance for IRO's and setting out the functions of the local authority in terms of case management and review for looked after children.

### 4.3 The Care Planning, Placement and Case Review (England) Regulation 2010 apply specifically to children who are looked after by a local authority. The objective of these Regulations is to improve outcomes for children in care by improving the quality of the care planning processes.

### 4.4 IROs are required to oversee and scrutinise the Care Plan devised for every child or young person placed in the care of the Local Authority. The IRO will ensure that everyone who is involved in the child or young person's life fulfils the responsibilities placed upon them.

### 4.5 IRO's are expected to ensure that;

- Review meetings are held for all children and young people who are being cared for by the Local Authority,

- The views and wishes of children and young people in care are heard and considered when decisions are being made about them,
- Children and young people understand their care plan and any changes to this,
- The Local Authority is a good corporate parent to all children and young people in care by ensuring they get the same opportunities, support, love and care that other children living within their families receive.

## **5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)**

5.1 No request is being made for additional resources.

## **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 EQUALITIES**

7.1 An Equality Impact Assessment was completed in October 2020 and can be found on the Children's Services Equality Impact Assessment Web Page- [Children's Services Equality Impact Assessment Web pages](#)

## **8 CLIMATE CHANGE**

8.1 The Independent Reviewing Service uses various methods of travel which will contribute towards reducing the services carbon footprint. Over the last 12 months the service has encouraged the use of email to share documents reducing the need to print documents.

## **9 OTHER OPTIONS CONSIDERED**

9.1 None

## **10 CONSULTATION**

10.1 This report has been reviewed and endorsed by all Independent Reviewing Officers within Bath and North East Somerset Council.

The report was shared with the Director for Education and Safeguarding and approved on 20<sup>th</sup> October 2021.

<b>Contact person</b>	Sarah Hogan - Deputy Lead for Safeguarding and Quality Assurance (Children and Young People) Telephone: 01225 396810
<b>Background papers</b>	None
<b>Please contact the report author if you need to access this report in an alternative format</b>	

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# Bath & North East Somerset Council

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## **Independent Reviewing Officer (IRO) ANNUAL REPORT 2020-2021**

**Author:**

**Sarah Hogan,  
Deputy Lead for Safeguarding and Quality  
Assurance: Children and Young people.**

**Date: October 2021**

<b>Contents</b>	<b>Page</b>
1. Introduction and purpose of the annual report	3
2. Reporting period	3
3. Legal, statutory and national context of the IRO role	3
4. Bath and North East Somerset as Corporate Parent	4
5. Bath and North East Somerset Council IRO Service	5
6. IRO service during Covid-19	6
7. South West Regional IRO group	7
8. IRO caseloads and service performance	8
9. Profile of children and young people in care	11
10. Children placed at distance from Bath	15
11. Unaccompanied, Asylum Seeking and Trafficked Children	19
12. Child focused reviews, participation and feedback	20
13. Children and Young Peoples Feedback	21
14. Dispute resolution and escalation	22
15. Impact of IRO's	24
16. Quality Assurance by IRO	25
17. Areas for development within IRO service	25
18. Areas of focus for 2021-2022	26

## **1. Introduction and Purpose of the Annual Report**

- 1.1 This report is produced to provide the Director for Children's Services, the Lead Member for Children and the Corporate Parenting Board with information pertaining to the children and young people that are currently placed in the care of the Local Authority.
- 1.2 The Independent Reviewing Officers (IRO) Handbook (2010) provides statutory guidance to all Local Authorities regarding children that are placed in the care of a Local Authority. The guidance seeks to ensure improved outcomes for children in care in order that they can reach their full potential. Section 7, paragraph 11 sets out that the manager of the IRO Service must provide an annual report on the delivery of the IRO Service which can then be scrutinised by members of the Corporate Parenting Board.
- 1.3 This annual report will provide information as to;
- the profile of the Local Authorities Looked After Children,
  - the IRO service structure and development,
  - the inclusion and participation of children, young people and their parents
  - use of the issue's resolution protocol,
  - areas for development over the course of 2021-2022.
- 1.4 Following presentation to the Health and Wellbeing Board, this report will be placed on the Council website as a publicly accessible document.

## **2. Reporting Period**

- 2.1 This report covers the period from 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021. Some of the data sets may vary slightly from those published by Council Children's Services due to minor variations in the timeframe for data capture, and the uploading of data onto various systems.

## **3. The Legal, Statutory and National Context of the IRO Role**

- 3.1 The appointment of an Independent Reviewing Officer (IRO) for a child or young person in the care of the Local Authority is a legal requirement under section 118 of the Adoption and Children Act 2002. Since 2004 all local authorities have been required to appoint an IRO to protect children's interests throughout the care planning process.
- 3.2 The IRO Handbook was introduced in 2010 providing statutory guidance for IRO's and setting out the functions of the local authority in terms of case management and review for children in care.
- 3.3 The Care Planning, Placement and Care Review (England) Regulation 2010 apply specifically to children who are in the care of a local authority. The objective of these Regulations is to improve outcomes for children in care by improving the quality of the care planning processes.

3.4 IROs are required to oversee and scrutinise the Care Plan devised for every child or young person placed in the care of the Local Authority. The IRO will ensure that everyone who is involved in the child or young person's life fulfils the responsibilities placed upon them.

3.5 IRO's are expected to ensure:

- Review meetings are held for all children and young people who are being cared for by the Local Authority,
- The views and wishes of children and young people in care are heard and considered when decisions are being made about them,
- Children and young people understand their care plan and any changes to this,
- The Local Authority is a good corporate parent to all children and young people in care by ensuring they get the same opportunities, support, love, and care that other children living within their families receive.

#### **4. Bath and North East Somerset Council as Corporate Parent**

4.1 All Officers and Councillors of Bath and North East Somerset have a duty to ensure that the needs of children in care are being met and that children grow up feeling loved, cared for, feel safe and have the same opportunities as their peers. There should be a commitment from all members of the council to advocate for the needs of children in care, promote and provide opportunities that allow children to develop and grow and to overcome the adverse experiences they may have experienced in their life before coming into care. *Local Authorities that have a strong corporate parenting ethos recognise that the care system is not just about keeping children safe, but also to promote their recovery, resilience, and wellbeing* (Applying corporate parenting principles to looked-after children and care leavers, Feb 2018).

4.2 The Children and Social Work Act 2017 Section (1) (1-4) and (2) (1-2) defined for the first time in law the responsibility of Corporate Parents, seeking to ensure that as far as possible, Local Authorities provide secure, nurturing, and positive experiences for looked after children, young people, and care leavers. The Act sets out that a Local Authority must in relation to children who are looked after, and care experienced (relevant and former relevant).

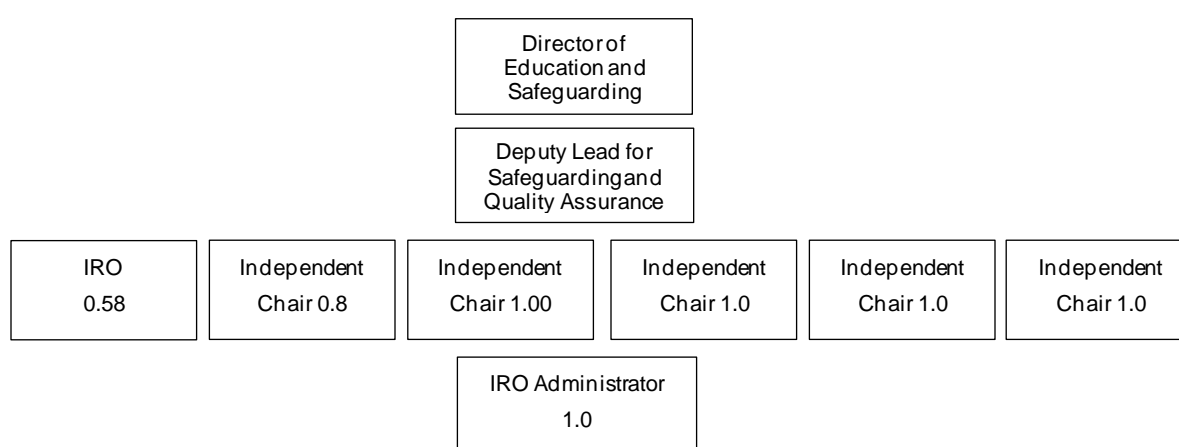
- a) Act in the best interests, and promote their physical and mental health and well-being,
- b) Encourage them to express their views, wishes and feelings,
- c) Consider the views, wishes and feelings
- d) Help these children gain access to, and make best use of services provided by the local authority and its relevant partners
- e) Have high aspirations, and seek to secure the best outcomes,
- f) Ensure children are safe, have stability within their home, relationships, education, or work,
- g) Prepare children for adulthood and independence.



4.3 In Bath and North East Somerset, the Corporate Parenting Group (CPG) is open to all Councillors, as upon election they take on the role of Corporate Parent. Councillors have a duty to take an interest in the wellbeing and development of children in care and children with care experience and have the same aspirations for these children as they would for their own. The CPG must ensure they have a comprehensive overview as to the progress of children in the care of the Local Authority, scrutinising the quality, effectiveness and performance of the services provided. The manager of the IRO service and Director for Education and Safeguarding attend CPG and provide updates on matters related to children in care.

## 5. The Bath and North East Somerset Council IRO Service

### 5.1 IRO Service Structure:



5.2 The IRO service continues to sit under the Director for Education and Safeguarding, who reports to the Director of Children's Services and Education (DCS). The position of the IRO Service within the Council Structure enables there to be a high level of independence, with no IRO having had any involvement in the production and preparation of plans for children placed in the care of the local authority, including no management responsibility of the child / young person's case as well as no control over the resources allocated to a child, young person or their family. The IRO service remains part of the Safeguarding and Quality Assurance Service which is responsible for the delivery of Child Protection Conferences and the Management of Allegations against a person in a position of trust.

5.3 In December 2020 a permanent IRO left the service, recruiting to this vacancy has been a significant challenge and as of 31<sup>st</sup> March 2021 there had been no successful appointment, it is not entirely clear as to the reason for the difficulties with recruitment. It is imperative that the IRO service has sufficient capacity to ensure robust oversight and review of children in care and the service could not carry a vacancy and meet its functions and responsibilities, fortunately interim arrangements have been possible whilst permanent recruitment continues.

5.4 As shown above, the IRO service includes five Independent Chairs, this role has been in place since 2017 and incorporates the role of IRO, CP chair and

Local Authority Designated Officer (LADO). The Independent Chairs role was created to ensure sufficient capacity across the entire service whilst also allowing for greater continuity i.e. children subject to a child protection plan who are placed in care can remain allocated to the same Independent Chair, meaning children and their families are not having to retell their story and experiences. The current vacancy of IRO was changed to role of Independent Chair and following review was increased from 22.5 hours to a 30-hour post to create much needed capacity within the service.

5.5 The IRO service continues to have excellent administrative support which is a fundamental aspect to service delivery and development.

## **6. IRO Service during Covid-19**

6.1 This has been an extraordinary year because of Covid-19. IRO's have successfully maintained contact with children, young people, their carers, and family throughout this reporting period although this has for the most part been by zoom, text message, WhatsApp, email, and telephone calls. In March 2020, the IRO Service had to consider how it would continue to meet its statutory duties and responsibilities whilst abiding by national restrictions.

6.2 Overview of service delivery between March 2020 – April 2021:

### March 2020:

Child in care reviews held by conference call or telephone discussions where it was not deemed safe or appropriate to hold in person at the child's placement. The decision as to how a child's review was held was agreed jointly by IRO and child's social worker. IRO's continued to have contact with all children allocated to them using skype, telephone calls, email, text messages and letter. IRO's maintained robust oversight of children identified as particularly vulnerable given their level of need, location of placement and placement setting and IRO's were asked to consider holding more frequent reviews for these children. It was agreed IRO's would be able to visit children in person at their discretion.

Manager of IRO Service and Heads of Service for Safeguarding Outcomes and Care Outcomes agreed to meet weekly to consider the impact of Covid-19 restrictions on service delivery, to review necessary processes and protocols for children in care, identify and detail any incidents where changes may be required to processes and highlight children identified as more vulnerable or at risk.

### April 2020:

The Adoption and Children (Coronavirus) (Amendment) Regulations 2020 came into effect as of 24<sup>th</sup> April 2020. This set out provisions for local authorities to make changes to some of their statutory duties were deemed necessary. Within Bath and North East Somerset, it was agreed there would be no changes to the frequency of reviews or visits to children in care unless necessary. Inevitably however, with the significant risks associated with

Covid-19 it was agreed that IRO's would not visit children in person but would maintain contact and hold reviews virtually.

The IRO service introduced weekly team meetings to provide opportunity to consider needs of children in care and how these were continuing to be met given impact of Covid-19. Team meetings allowed for identification of any themes or concerns related to children in care which in turn could be fed back to children's social care by the manager of the IRO service.

#### June 2020

Weekly meetings between Manager of IRO Service and Heads of Service for Safeguarding Outcomes and Care Outcomes ceased and replaced by Multi-Agency Meetings led by Children's Social Care. These considered service delivery by statutory partners and third sector providing opportunity to consider needs of community and any specific areas of concern and the impact of these on children, young people, and their families.

IRO team meetings moved to fortnightly.

#### July 2020:

With the easing of government restrictions (04/07/2020) IRO's given agreement to resume direct contact with children in care where it was deemed necessary, the overall decision for this being led by the allocated IRO but influenced by the child's age, their wishes and feelings, level of need and stability of where they lived. IRO's undertook a risk assessment prior to all visits to promote the safety of all involved. Guidance issued to all IRO's and shared with children's social care.

#### October 2020:

IRO's issued with iphones to support greater communication with children in care.

#### November 2020:

With increasing rates of Covid-19 and further national restrictions the IRO service resumed virtual contact with children, young people, their carers, and family unless it was entirely necessary to visit in person. IRO manager was informed where direct visits or meetings were necessary.

#### January – March 2021

With further national restrictions and increasing rates of Covid-19, all child in care reviews and visits to children continued to be held virtually.

## **7.South West Regional IRO group**

7.1 The south west regional group has continued throughout Covid-19 with all meetings being held virtually. It was agreed in May 2020 that these meetings would be held at a higher frequency so there could be opportunity to consider how IRO services across the region were delivering services and to provide support across the region at what has been an incredibly challenging time.

7.2 On the 3<sup>rd</sup> December 2020 the first South West Regional IRO Practitioners Group (SWIRO) was held virtually, the decision was made to proceed with this event despite the pandemic as it was recognised that IRO's would benefit from having an opportunity to come together to reflect on the past nine months and to share knowledge and learning from across the region. The event was deemed to have been a success with all IRO's from Bath and North East Somerset attending. The intention is for two practitioner events to be held every year with the next planned for September 2021.

## 8. IRO Caseloads and Services Performance

Table 1: Total Number of Children in Care over five-year period

	March 2021	March 2020	March 2019	March 2018	March 2017
No. Children In Care	<b>181</b>	181	192	168	160
Average IRO Caseload for FTE	<b>53</b>	53	47	62	60
CLA start	<b>52</b>	75	96	73	85
CLA end	<b>53</b>	86	81	62	68
% increase of children in care from previous year	<b>0%</b>	-5.8%	+14.2%	+5%	+1.2%

*Figures taken from Children's Social Care data and IRO Service Case Tracker*

8.1 As the above data shows, the number of children and young people in care in this reporting period has remained the same as last year, of the 53 children leaving care, the reasons were reaching the age of 18 (18), returning to live with parent/s (9 – although two of these children returned to care), being placed with relative or other person under Special Guardianship Order (10) and being placed for adoption (16).

Table 2: Reason for leaving care

Reason for leaving care	20/21	19/20
Turned 18	34%	31%
Returned to parent/s	17%	33%
Placed under SGO	19%	17%
Adoption	30%	15%
Other	0%	4%

8.2 The number of children leaving care to return living with their parent/s has decreased by 16% in this reporting period. The manager of the IRO service has been part of a working group looking at the introduction of the NSPCC's reunification framework in Bath and North East Somerset as to date there has been no defined process around reunification within the local authority. Research highlights that when children leave care in an unplanned way this can result in further breakdowns and disruption for the child and their family. Whilst the IRO service do not want to see children in care experience uncertainty as to what their future care arrangement involves, it is important that reunification is considered for children who can be safely brought up by their family and where children express this is their wish. The IRO service will play a significant role in reviewing any plans for reunification and will ensure changes in care are informed by assessment and in line with the child and their families wishes and feelings.

8.3 Whilst there appears to have been a significant increase in the percentage of children placed for adoption in this reporting period a number of these children will have been placed with their adopters in the last reporting period with the Adoption Order then being granted in 2020-2021. The IRO service have seen an increase in the amount of time children are with their adopters before an application is made for the Adoption Order, this is often related to the complexity of the child's needs and everyone involved needing to be confident that the time is right to pursue an Adoption Order. IRO's continually review the plans for children until the Adoption Order is granted.

Table 3: No. of children and young people allocated to an IRO during 2020/2021.

	Q1	Q2	Q3	Q4
Average IRO Caseload for FTE	54	55	54	54

*Figures taken from IRO Service Case Tracker*

8.4 The IRO handbook states that a full-time IRO should aim to have between 50-70 children allocated at any one time, within the IRO service the IRO manager seeks to ensure IRO's have children allocated to them that reflects their expertise and capacity. Whilst the average number of children allocated remains well within that defined by the IRO handbook, this does not take into consideration the needs of the child, the size of sibling groups, where the child lives and the extent to which an IRO may need to be involved with a child.

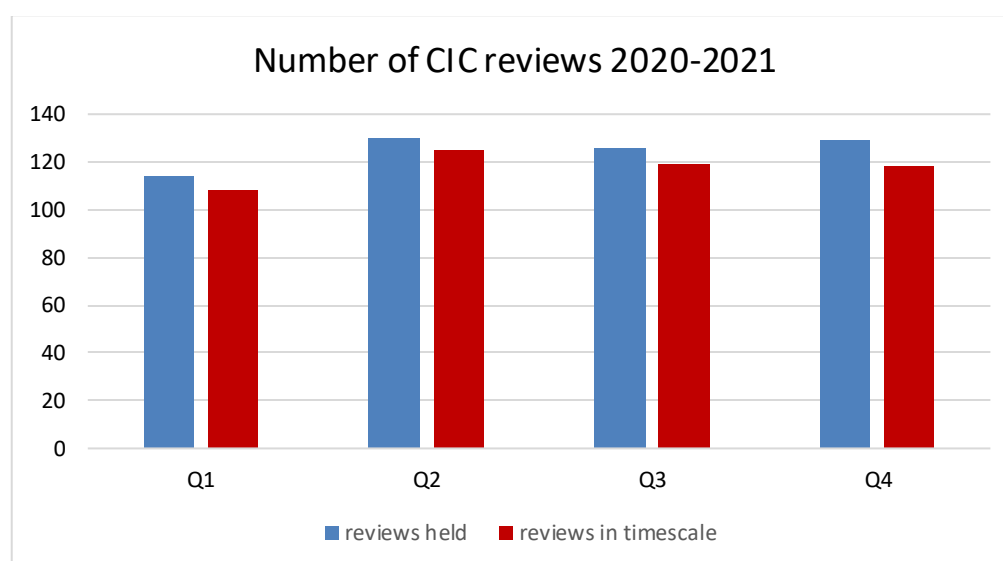
Table 4: Number of Child in Care Reviews over five-year period

	March 2021	March 2020	March 2019	March 2018	March 2017
Children In Care allocated to IRO	181	181	192	168	160
Total Reviews held	501	528	454	461	404

Figures taken from Children's Services data

8.5 The IRO Service chaired a total of 502 child in care review meetings in 2020-2021, a decrease of 27 reviews from the previous year, this is despite the number of children in care remaining the same. The number of reviews held in a year is dependent on how many children entered care in a 12 month period and remained in care, the complexity of a child's needs, how swiftly permanence is achieved and whether a child's placement is stable.

Graph 1: Timeliness of child in care reviews



Figures taken from Children's Social Care data

8.6 Between the 1<sup>st</sup> April 2020 and the 31<sup>st</sup> March 2021 of the 501 reviews held only 29 (6%) were out of statutory timescale. The IRO service has shown consistently high performance in this area of practice year upon year. Where a child's review is not held within timescale this can be due to availability of carer, child, IRO or changes in placement meaning the review is postponed and held once child has moved. In instances where a review cannot be held in time, the IRO will have reviewed the child's record and had some contact with the allocated social worker.

8.7 The table below shows an overview of the number of children in care in three local authorities that are statistical neighbours of Bath and North East Somerset, this confirms that the performance of the IRO service in terms of review timeliness is strong.

	Bath & North East Somerset	Gloucestershire	South Gloucestershire	Devon
Total CIC population	181	789	223	812
No of CIC reviews	499	2225	636	2125
Timeliness of CIC reviews	94%	100%	93%	76%

8.8 The IRO handbook sets out that *‘the full written record of the review, including the decisions, should be distributed within 20 working days of the completion of the review’* (Para. 3.69). At the start of Q3 the IRO manager began to track the timeliness in which records of reviews were completed by the IRO in order to monitor performance in this area. In Q3 only 46% of reviews were sent within 20 working days, with 29% taking 31+ days, the IRO manager having identified the need for improvement in this area of practice set IRO’s a target to reduce the number of reviews being sent over a 31-day period and increase the overall number of records sent in time. At the end of Q4, 57% of review records were sent within 20 working days and the number of records sent beyond 30 working days had fallen to 15%. The IRO manager would like to see at least 85% of review records being sent within the statutory timescale in the coming year.

## 9. Profile of Children and Young People in Care in Bath and North East Somerset:

### Gender:

9.1 In December 2020 the Government produced its annual statistics of looked after children in England up to the period ending 31/03/2020. This showed that across England 56% of children in care were male and 44% female, this was the same as the year ending 2020. The gender breakdown in Bath and North East Somerset has again remained in line with previous years, with 51% of children in care being male and 49% female.

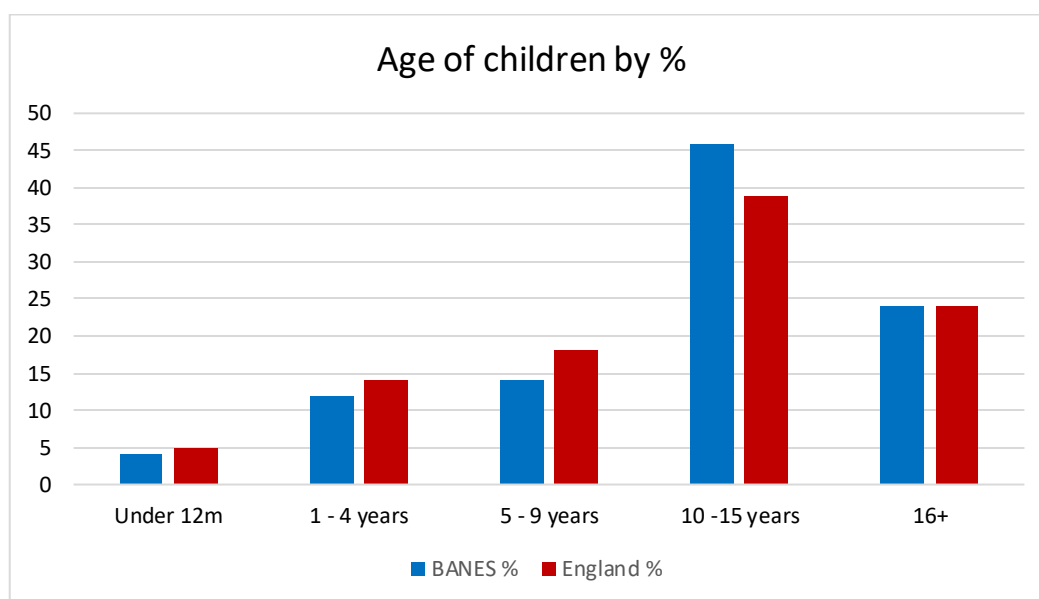


	Bath & North East Somerset	Gloucestershire	South Gloucestershire	Devon
Gender of CIC	92 M (51%) 89 F (49%)	433 M (55%) 356 F (45%)	97 M (43%) 126 F (57%)	465 M (57%) 347 F (43%)
England	56% Male 44% Female			

9.2 As the above data shows the gender breakdown of children in care within Bath and North East Somerset is on par with three of the five statistical neighbours.

#### Graph 2: Children by age as of 31st March 2021

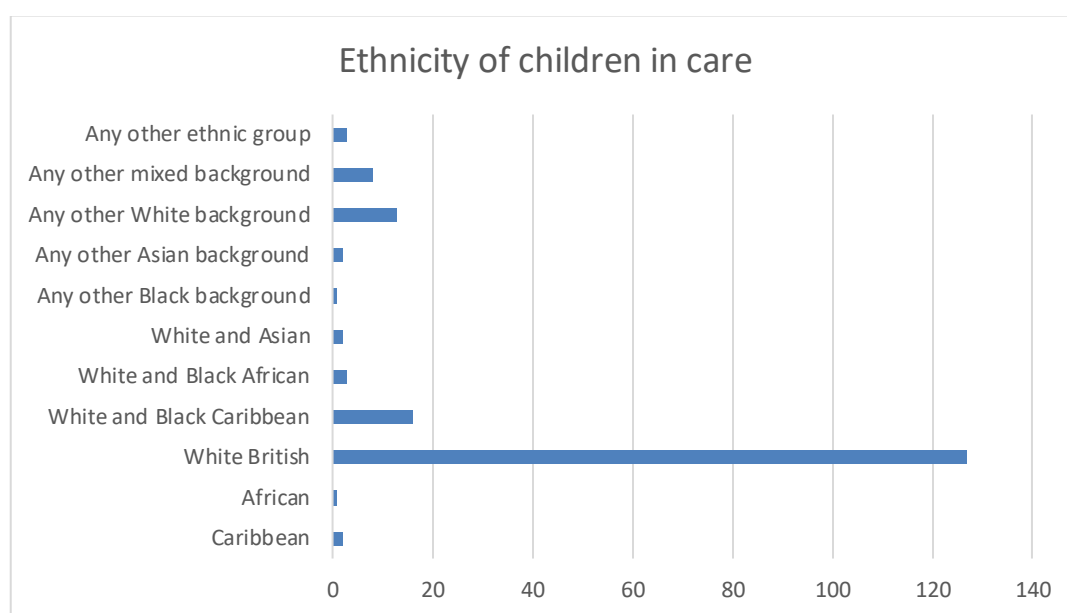
9.3 As of the 31/03/2021 there were seven children in care under the age of 12 months, 21 children aged between 1 and 4, 26 children aged between 5-9, 83 children aged between 10-15 and 44 children 16 years or over. The IRO service would expect to see children under five having a final care plan that allows them to remain within their family or being given the opportunity to become part of another family through adoption.



*Figures taken from Children's Social Care data and Gov.UK*

9.4 The above graph shows the percentage of children per age group in the care of Bath and North East Somerset compared with the age of children across England as of 31/03/2020. The number of children in care aged between 10-15 is higher in Bath and North East Somerset when compared to the rates across England. In reviewing the 83 children in care aged between 10-15 at the end of this reporting period only 11 of these children entered care in the preceding 12 months.

**Graph 3: Ethnicity of children and young people in care**



Figures taken from Children's Services Data

9.5 70% of children in care are White British, which is in line with England at 74. The cultural needs of children in care is an area that the IRO service carefully considers, seeking assurances that children can continue to observe and participate in their traditional celebrations, that they have opportunity to converse in their first language / mother tongue, are placed in communities where they feel connected and have primary care givers who are proactive in promoting and supporting the child's cultural needs.

9.6 The IRO service has identified that whilst consideration of a child's cultural needs is considered when assessments are undertaken and placements are being explored, this area of need for a child could be further strengthened by those in children's social care going beyond just thinking about a child's race and what they or their family celebrate as part of their culture.

**Table 5: Legal status of Children and Young People in Care**

Age category at report start date	Interim Care Order	Full Care Order	Placement order granted	Single period of accommodation under Section 20	Total
Under 12m	6	0	0	1	7
1- 4 years	7	3	9	2	21
5 - 9 years	6	19	1	0	26
10 - 15 years	10	62	0	11	83
16+ years	0	18	0	26	44
<b>Total</b>	<b>29</b>	<b>102</b>	<b>10</b>	<b>40</b>	<b>181</b>

Figures taken from Children's Social Care Data

- 9.7 Of the 181 children in care in this reporting period, 56% (102) were subject to a full Care Order of which 8% (8) were placed with their parent/s at home. The making of a Care Order on the basis that a child remains in the care of their parents should only be made in exceptional circumstances. IRO's are expected to scrutinise and keep care plans for children subject to a Care Order and placed with parents under close review, should an IRO have concerns about plans for children placed at home drifting they are expected to raise these with the social work team and consider use of the dispute resolution protocol where concerns remain. All children placed with their parents must comply with the statutory regulations for placement at home and IRO's are responsible for ensuring such compliance. In this reporting period there was no use of the dispute resolution protocol related to children placed with their parents, although IRO's have been heavily involved in reviewing the care plans for these children.
- 9.8 There has been much scrutiny and judicial guidance around the use of Section 20 for children in care after a number of critical judgements against local authorities' misuse of section 20, following instances where children were in care for long periods without the local authority seeking to instigate care proceedings. Whilst there is no defined timeframe in which a child can be in the care of a local authority under section 20, local authorities are required to ensure its use does not breach the rights of the child or their parents under article 8 of the European Convention of Human Rights (ECHR). In March 2021 the Public Law Working Group (PLWG) issued best practice guidance around the use of section 20, which includes the need for greater oversight and scrutiny by senior managers within local authorities and regular review as to the use of section 20 within the child in care review process. Within Bath and North East Somerset, IRO's will consider at every child in care review the current and proposed care plan for a child, where a child is accommodated with agreement of their parents, the IRO will seek to ensure the parents understand the legality of such arrangement and their rights to revoke this at any time. In this reporting period there have been no formal escalations about the use of Section 20, albeit some instances where IRO's have maintained close review as to how plans for these children have progressed. The use of section 20 for young children is unusual and rarely used, the above data shows in this reporting period there was one child aged under 12 months old accommodated, the local authority did however instigate care proceedings in respect of this child, but records do not appear to have been appropriately updated.
- 9.9 At the end of this reporting period, 6% (10) of children in care were subject to a Placement Order, a 9% decrease from last year. However, the number of children under the age of four where decisions about their long-term care plan remained undetermined was higher at 7% compared to last year where only 4% of children were subject to an Interim Care Order and of an age where adoption may have been the final care plan for them.

**Table 6: Children placed in care with a disability**

Age category at report start date	Interim Care Order	Full Care Order	Placement order granted	Single period of accommodation under Section 20	Total
Under 12m	0	0	0	0	<b>0</b>
1- 4 years	0	1	0	0	<b>1</b>
5 - 9 years	0	3	0	0	<b>3</b>
10 - 15 years	0	14	0	7	<b>21</b>
16+ years	0	3	0	10	<b>13</b>
<b>Total</b>	<b>0</b>	<b>21</b>	<b>0</b>	<b>17</b>	<b>38</b>

9.10 Of the 181 children in care, 38 (21%) children have a disability. Within Bath and North East Somerset when a child comes to the attention of children's social care due to the areas of need and support a family have for a child with a disability, they will be referred to the Disabled Children's Team (DCT) who offer support to children who have a diagnosed substantial and long lasting/permanent impairment. For children with a disability where the presenting concern relates to issues of safeguarding, these children and their families will be allocated within the Family Support Team (s) and transfer to the child in care team should their long-term care plan be that of local authority care. 50% (19) of children in care with a disability are allocated within DCT, with 37% (7) subject to a full Care Order and the remaining children (12 / 63%) accommodated under Section 20.

## **10. Children placed at distance from Bath**

10.1 Local authorities are expected to place children in accommodation that meets their needs and allows them to live near their family home. Securing sufficient accommodation that meets the needs of looked after children is a vital step in delivering improved outcomes for children, with children needing access to care in the right place and at the right time. There continue to be significant challenges as to the distance in which a child in Bath and North East Somerset is placed either from their family home or from the local authority boundary, with this year seeing 126 (70%) children being placed outside of a 20 mile radius.

**Table 7: Type of placement beyond 20 miles**

Type of placement	No of Children	%
Family	10	8
Foster Care	73	58
Residential / Children's home	26	21
Residential School	2	1
Mother and Baby	1	1
16+	7	5
Other	2	1
Adoption	5	4

10.2 As the above table shows, 58% of children placed outside of Bath and North East Somerset are placed with foster carers, these carers include carers approved by the local authority as well as carers from independent fostering agencies. The IRO service is aware that there are plans to review the fees and allowances of carers who foster for the local authority, moving to a skills-based fee structure as opposed to fees being based on a child's age. The IRO service welcomes this approach as deems this will bring the local authority more in line with other councils and fostering agencies which in turn it is hoped will contribute to greater recruitment of foster carers.

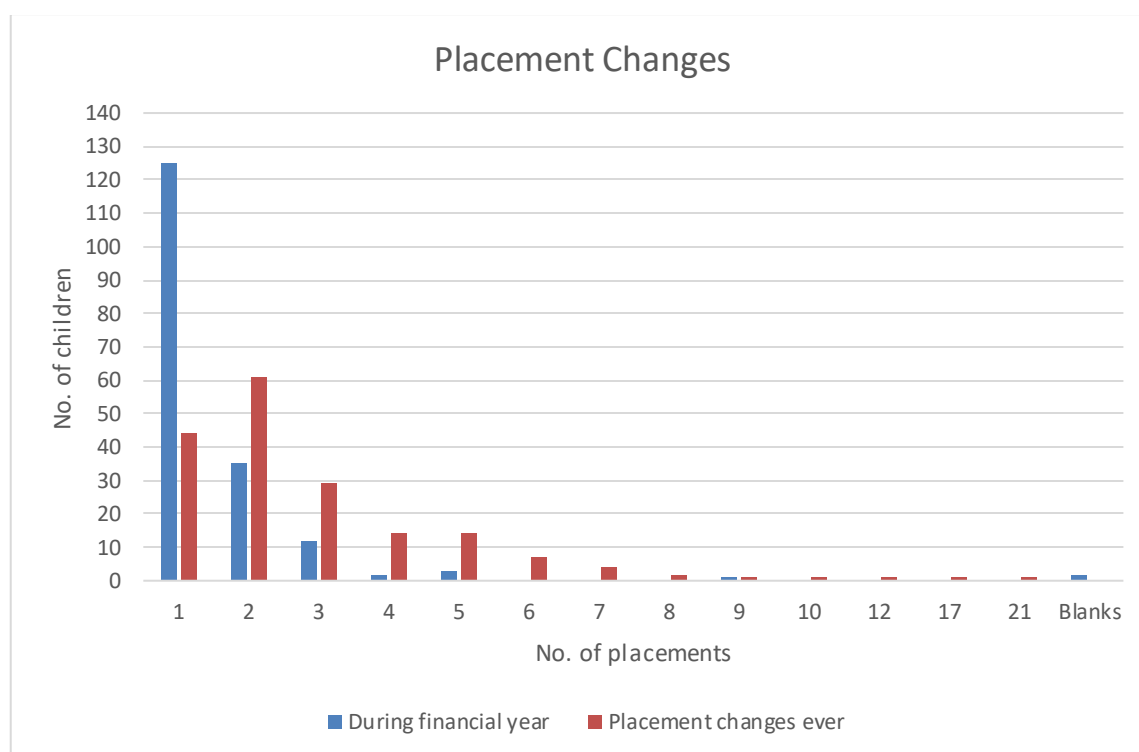
10.3 In April 2020, the IRO manager and Head of Service for Care Outcomes introduced a bi-monthly meeting to review and monitor the use of all unregulated placements, which includes children subject to Reg 24 ADM approval, placements of children with their parents and all children placed in 16+ accommodation with support (including supported lodgings). The meeting considers the current and long-term plans surrounding the child's placement and allows greater assurance that policies and procedures are being followed. The meetings allow opportunity to discuss placement provisions for children and identify any areas that may require further review or consideration. Where issues arise for specific children these will be highlighted with the social work team and the appointed IRO. In this reporting period, nine children were placed in accommodation where they received support, the care plan for these children remained under close review and scrutiny of the IRO as well as being discussed at the bi-monthly meetings.

10.4 The IRO service continue to see an increase in the number of children being placed in residential settings, which is too often linked to the lack of foster placements alongside the needs of children in care increasing in complexity. The IRO service recognise that most often, children placed in residential settings are children who have experienced significant adverse childhood experiences which make it difficult for them to adapt to life with foster carers. Whilst this can often be the most suitable arrangement for a child it is important that this remains under review and where there is evidence to suggest a child has begun to

overcome some of the trauma they have experienced, the IRO service would wish to see an assessment undertaken to inform whether the child's needs could once again be met within a foster family.

10.5 The separation of a baby from their mother should only occur when the child's immediate safety requires it, when assessments have identified significant risks to a baby the care plan will often be for a mother/father and baby to enter a residential setting which promotes the child's safety whilst further assessment is undertaken. Residential settings are usually outside of Bath and North East Somerset and means families are in areas unfamiliar to them and at a distance from the professional network who will have provided intervention and support during pregnancy and the early stages of the baby's life. IRO's believe it would be of significant benefit to families and the local authority if there were in-house parent and baby placements available, this would keep families in their local area, connected to services they are familiar with and allow greater support and oversight by children's social care.

Graph 4: Placement stability



Figures taken from Children's Services Data

10.6 Between 01/04/2020 – 31/03/2021, of the 181 children in care, 69% (125) had one placement, 19% (35) had two, 7% (12) had three and 3% (6) experienced between four and nine placement moves. There are three children where placement data has not been available.

10.7 The child's IRO should be kept informed of any possible disruptions within a child's placement, IRO's would expect to see children's social care convening stability meetings (aka disruption meetings) where there was a risk of placement breakdown. Stability meetings are a source of intervention designed to prevent

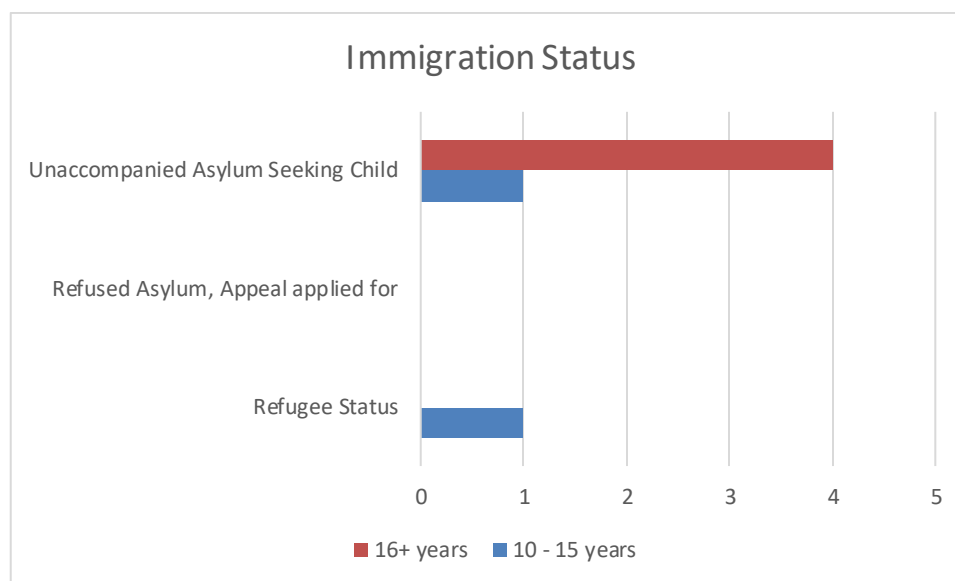
placement breakdown by identifying the difficulties that have arisen and to see whether additional support or action can be taken to remedy the presenting issues. Stability meetings should be chaired by the manager of the family placement team when children are placed with in house carers or the team manager / line manager of the child's social worker where a child is placed with an independent agency foster carer or in a residential setting. IRO's should be invited to attend or contribute to stability meetings. For the majority of children who have faced placement instability in this reporting period the allocated IRO has been kept informed as to the presenting issues and the plans for these children. IRO's have often been a consistent person in a child's life since coming into care and are therefore able to share their knowledge of the child, how they may have experienced previous placement breakdowns and what may strengthen the placement further. The IRO service wish to see more consistent communication by social workers with IRO's where children are at risk of experiencing changes in their care arrangement. There have in this reporting period been instances when children have moved placement without the IRO having been informed that carers have given notice or that a more suitable care arrangement has been found.

10.8 IRO's will seek to hold a child in care review for all children when there are changes in placement, especially where these are unplanned. For some children who have experienced frequent changes in placement the IRO has held reviews at a higher frequency to ensure plans are addressing the child's needs and that sufficient support is being provided to those caring for the child.

10.9 In this reporting period, children's social care introduced a long-term matching panel where children whose care plans involve long term care will be discussed and their placement reviewed. The IRO service was extremely pleased to see the introduction of a process that seeks to provide greater oversight and scrutiny of a child's placement by senior managers. As part of the matching panel the allocated IRO will be asked to provide their view as to the child's needs and suitability of the placement so that these are known and taken into consideration when the panel meet to endorse the placement as being a long-term match.

## 11. Unaccompanied, Asylum Seeking and Trafficked Children:

Graph 5: Immigration status



11.1 The number of young people in the care of Bath and North East Somerset who are unaccompanied and seeking asylum continues to be low accounting for only 3% (6) of the child in care population (1% decrease on last year). Of the six children in care, five are male and their ages range from 14 – 17 years old.

	Bath & North East Somerset	Gloucestershire	South Gloucestershire	Devon
No of UASC	6 (3%)	17 (2%)	6 (2%)	15 (2%)

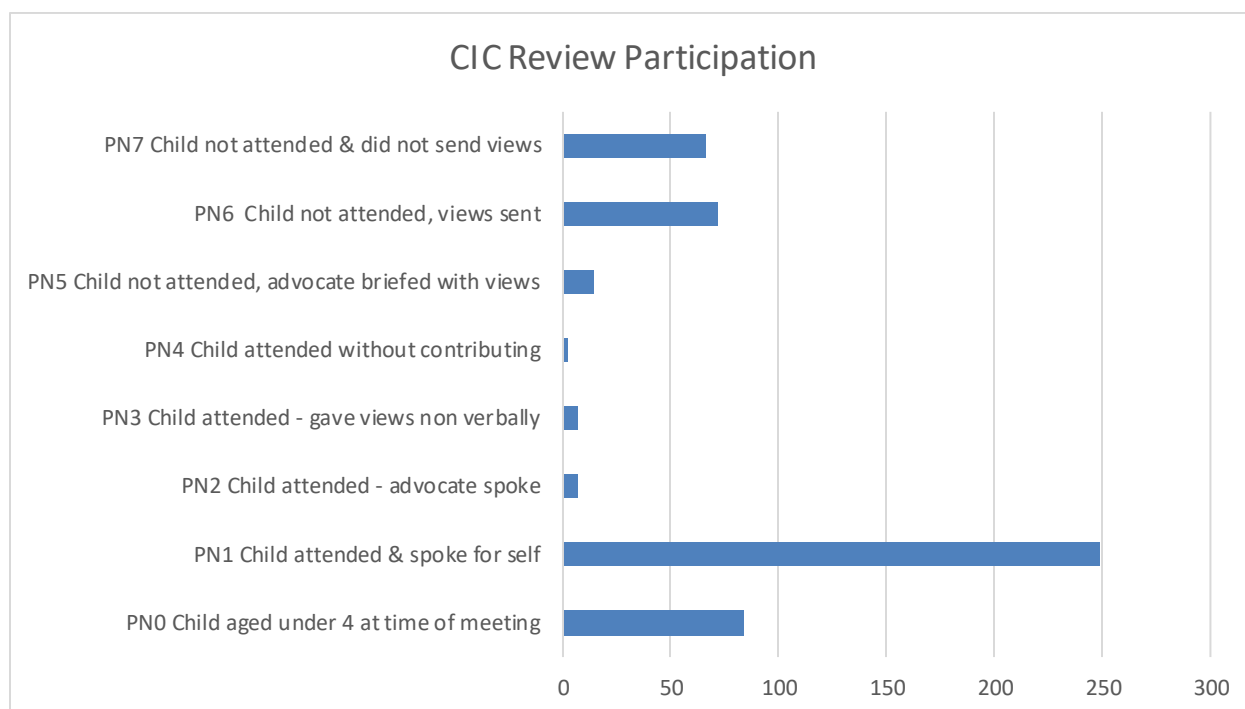
11.2 Whilst the number of children in care who are unaccompanied or trafficked are significantly small, their needs are not, nor are the experiences the children will have had travelling to this country. Each child requires the professionals working with them and offering support to be sensitive to their experiences and carefully consider their current and long-term needs.

11.3 Within the IRO service, an IRO has become part of a quarterly meeting with children's social care which specifically considers the needs of unaccompanied and trafficked children, taking into consideration their experiences of services from the moment they become known to the Local Authority until they turn 18 and become a care leaver. Having a representative of the IRO service as part of this group enables the IRO service to highlight any identified themes or areas within social work practice that require further development.



## 12. Child focused reviews, participation and feedback

Graph 6: Children and Young People's participation in their review



Figures taken from Children's Services Data (NI66 Local)

12.1 Despite the challenges of Covid-19 and changes in how child in care reviews have been held in this reporting period, the above data shows that children have continued to be supported to participate in their review. Of the 501 reviews held in this reporting period, 84 were in relation to children aged four years and under, nationally the participation of children that fall into this age group is not recorded. Of the remaining 417 reviews, 249 (59%) reviews saw the child in attendance and able to speak for themselves, 21 (5%) reviews involved the child's advocate who attended and spoke on behalf of the child at the child's request, 79 (19%) reviews the child chose not to attend but their views were obtained and shared at the meeting. There were 66 (15%) reviews held where the child chose not to attend, and their views were not known. In further exploring these reviews there are several reasons for a child's non-attendance, related to their level of need such as communication style, what is happening for the child at the time, the value the child places on the review process and whether they were supported to participate in a way that felt comfortable.

### Participation:

12.2 Despite the changes in practice and the challenges brought by Covid-19 the IRO service have worked closely with social workers and carers to ensure that children have continued to be able to participate in their review. With most reviews having been held virtually IRO's have had to think creatively about how to engage children in their review process, ensuring the child remains involved and central to the meeting. Examples of how IRO's have done this include:

- Children agreed with their IRO they would do a joint quiz, the IRO had some questions to ask as did the children, the social worker and child's advocate were also included. The children's questions were surprisingly harder than the IRO's although this brought laughter and enjoyment for the children and those in attendance. This approach enabled the IRO to ask other questions which contributed to the review process.
- Visiting the child separate to the review, holding the review virtually by video call. Virtual reviews have allowed some parents and key individuals for the child to attend and participate who previously may have found this difficult e.g. Due to employment.
- IRO developed a Harry Potter quiz for a child who is a huge fan, this was undertaken on Zoom and brought fun to the start of the review, helping the child to feel relaxed and more able to engage.
- IRO played a board game using soft toys at start of review, enabled children to engage as they had when review held in person. This approach enabled children to give their view of family time which was an area for consideration at the time.
- IRO's have held scavenger hunts, taking part themselves, this is felt to have brought enjoyment to the child, making them feel central to the purpose of the virtual review and enabling them to feel more at ease and therefore able to participate.

12.3 The IRO service have continued to send consultation forms out to carers, parents, family members and other significant persons ahead of a child's review, these allow the views of those involved in the child's life to be known and subsequently considered as part of the review process.

#### Contact with IRO

12.4 With the risks associated by Covid-19 the IRO service took the decision to significantly reduce direct contact with children, their carers and family as felt that it was more important for children in care to see their social worker and other professionals that offer support and intervention. IRO's however have maintained regular contact with children in care and used alternative ways to communicate with the child and gain their views. IRO's have written letters to children, spoken to them on zoom and facetime, sent text messages and had telephone calls, met up for walks in community spaces near to where the child lives and tried to make the review for the child comfortable and engaging. The IRO manager was able to get agreement for all IRO's to be issued iphones in this reporting period and this has undoubtedly improved communication and contact between children and their IRO.

### **13. Children and Young Peoples Feedback:**

13.1 The IRO service has faced significant challenges in recent years obtaining feedback from children, their carers and family. This year with the challenges brought about by Covid-19 and especially the disruption and uncertainty children have faced because of the pandemic the service has not sought to obtain feedback from children in care about their IRO and the IRO service. However, whilst feedback about the IRO service has not been undertaken, the IRO service

has played a significant role in supporting children to participate in the Bright Spots 'Your life, Your Care' survey led by Coram Voice. IRO's as a trusted adult were fundamental in supporting children aged between 4 – 18 years to complete the survey. The results of the survey will be circulated in October 2021 and the IRO service are keen to understand how children experience being in care, what is going well and what areas they feel need to improve. The IRO manager will work alongside children's social care colleagues to develop a plan in response to the feedback from children in care.

- 13.2 Feedback from children and young people is a priority area for the IRO service in 2021-2022. The IRO service recognises the need for there to be a clear strategy that sets out how feedback from children, their carers, families, and other professionals will be routinely sought and in turn contribute to the delivery of the IRO service. The service recognises the need to implement systems that allow children to provide feedback using various methods such as online, by text, email, paper or in person. The development and success of a feedback strategy is however dependent on there being a commitment from the Council and all Corporate Parents to provide the funding and technology required to support this area of work.

#### **14. Dispute resolution and escalation:**

- 14.1 The IRO Handbook (March 2010) sets out that one of the key functions of the IRO is to resolve problems arising out of the care planning process (Para 6.1). Whilst IRO's are expected to establish positive working relationships with social workers of the children for whom they are responsible this should not prevent the IRO from addressing any concerns they may identify for a child in respect of their placement, care plan, resources available and poor performance. In working with a child or young person the IRO will need to be satisfied that their care plan reflects their needs and that the actions within it are consistent with the Local Authority's legal responsibilities towards them as children or young people in care.

- 14.2 Within Bath and North East Somerset, IRO's aim to work co-operatively with colleagues in order to achieve the best outcomes for children in care. Where an IRO identifies issues that could compromise the outcomes for a child then it is expected that they will address these directly with the social worker and / or their manager and seek to find a resolution that the IRO agrees with (informal resolution). Where the matter cannot be resolved and is deemed to be sufficiently serious and impacts on the care planning or safeguarding of a child the IRO is expected to utilise the formal issues stage of the Issues Resolution Protocol (2016), informing the IRO manager of the concerns who in turn will seek assurance from the relevant Head of Service. In instances where the formal issues protocol has been unsuccessful, the matter will be escalated to the Director of Children's Services, for their review and final decision.

- 14.3 As identified in the IRO annual report 2019-2020, understanding the use of the issue's resolution protocol has been an area that has required improvement across the IRO service. In this reporting period the IRO service made changes

to the recording of the Quality Assurance activity that IRO's undertake for all children in which they are allocated. Following work with a senior analyst the IRO manager has been able to develop a data reporting suite launched in October 2020 and which provides an overview as to the number of informal and formal escalations made in a particular period. The data allows for identification as to which child the escalation was regarding and in turn allows the IRO manager to consider any themes. This information is reported to the Specialist Services Contract Monitoring Meeting via a quarterly report.

14.4 In this reporting period there were 75 informal issues raised by IRO's these include:

- *Completion of Social Work report for child's review:* The IRO handbook (Para. 3.9) states that the IRO should be provided with the social workers report *at least three working days before the commencement of the review*. In Bath and North East Somerset, the IRO service expect the report to be completed and made available to the IRO within 48 hours of the review. an IRO's role is compromised when review reports are not completed ahead of the meeting. Unfortunately, in this reporting period the timescales for social work reports being completed has declined. Children's Social Care are currently revising the Quality Standards and Practice Guidance for reports for child in care reviews and the timeliness of these.
- *Care planning:* Should an IRO have concerns about the care planning for a child in care which they have not been able to resolve with the social worker they will seek to address informally. Concerns about care planning can relate to drift and delay, matching of placement to child's need, progress of assessments, transition planning and plans for independence.
- *Passports for children in care:* Whilst travel has been restricted in this reporting period, the IRO service would expect all children in care to have a passport, where a passport application hasn't been made, the IRO has raised this informally with the social work team. Children's Social Care have agreed to produce a policy about the issuing of passports to children in care.
- *Pathway plans:* It is a requirement that all children in care have a needs assessment which informs their pathway plan. The child having a finalised pathway plan within three months of becoming 16. Children who remain in care beyond their 16<sup>th</sup> birthday should have a care plan that incorporates their Pathway Plan. The completion of pathway plans for children in care remains a specific area of focus for the IRO service.
- *Assessments:* This could relate to the progression of a need's assessment, assessments of parents and family members, health assessment, speech and language assessment, assessment to consider provision of short breaks or support for carer.

- *Supervision:* IRO's monitor the frequency of supervision between an allocated social worker and their manager as this provides some assurance that the care plans for children in care are being discussed and scrutinised, and that issues arising are being taken into consideration and actions agreed. Where IRO's identify a lack of evidence of supervision this will be informally raised and documented on the child's record.

14.5 IRO's always seek to resolve issues at the informal stage of the Issues Resolution Protocol, however there are occasions where despite effort the IRO has not been able to find a resolution and they will escalate to the IRO manager in line with the Issues Resolution Protocol. In this reporting period there were only two instances where this was necessary, both of these were resolved and the IRO's position was upheld and informed the plans taken forward by children's social care.

## 15. Impact of IRO's

15.1 IRO's seek to ensure that care planning for children in care is robust, with children's needs being central to decision making and their voices heard. The stability of the IRO service in Bath and North East Somerset means that for many children they have experienced only one IRO who know them, their carers and families well. Children in care often have large professional networks around them that can routinely change resulting in the loss of significant relationships and a part of the child's journey. The consistency and longevity of the IRO role is therefore invaluable to children, their carers and family.

Examples where IRO's have made a difference:

- In the throes of the pandemic IRO concerned about placement not enticing young person to be there. IRO highlighted vulnerabilities and importance of young person having access to things that interest them. IRO having been appointed for a significant period had a good sense of what was needed if child was going to utilise the placement on offer. IRO's suggestions taken forward and this offered greater stability for the young person.
- IRO for a child experiencing significantly high number of placements over very short period of time was able to advocate what they felt the child needed from their next placement and was able to intervene to prevent an inappropriate matching of foster placement. For this child, the IRO had a greater sense of the child's needs and experiences as the social worker had only recently become allocated.
- IRO raised concerns about competing needs of two children placed together. This raised important issues as to how needs of children placed by Bath and North East Somerset can continue to be prioritised when carers change agency and another local authority wish to place other children alongside.
- Young person was resistant to coming into care, IRO was able to provide a view that promoted alternative plan which allowed young person to remain with family friends.
- Child's engagement in meetings identified by IRO, IRO met them ahead of meeting in community, able to talk openly about what matters to them, gain

their understanding as to what child wanted. IRO in turn made recommendations that promoted child's wishes and feelings.

- IRO successfully advocated need for funding to support child in care gaining access to social activity.
- Child in care remained uncertain as to why they could not have remained with their family, IRO managed to get a senior manager to agree to visit child to talk through decisions made and reasons for these. This will undoubtedly assist the child in moving forward.
- Children not attending school due to Covid placing additional pressure on carers, IRO able to advocate impact on placement stability if situation continued, plans made for children to access school part-time. Foster carer sent thanks to IRO.

## 16. Quality Assurance by the IRO

16.1 IRO's are required to maintain close oversight of the care planning for children and young people in care, this means that they must keep oversight of the progress for children in care in between their reviews. Social Workers have a duty to inform a child's IRO of significant changes / events in the child's life and any proposed changes in care plan should be discussed with the IRO before being implemented.

16.2 The manager of the IRO service continues to provide a quarterly report to Senior Managers in Children's Social Care and the Specialist Services Contract Monitoring Meeting which provides information as to the delivery of child in care reviews, summary of themes identified by IRO's, recommendations made for children in care at their review and an overview of the escalations / challenges made by IROs. Where practice issues are identified, these form part of Children's Services Improvement Plan.

## 17. Areas for development within IRO service

17.1 Each year the IRO service identifies areas of practice that require further development or improvement, updates to the progress of these are set out below.

Area for development/ improvement	Update
Feedback from children, young people, their families, and carers. (outstanding from 2019 – 2021)	This remains an area of focus for development in 2021 – 2022 as was not deemed to be an area of focus for the service because of the challenges brought about by Covid-19. The IRO service would require some commitment from the Council and Corporate Parenting Group to provide some funding and technology to support the development of this area of work.
Children in care will have access to life story work	In October 2020 the IRO Service submitted a report to children's social care with

delivered in an age-appropriate way. (outstanding from 2019 – 2021)	recommendations as to how life story work for children in care within Bath and North East Somerset could be implemented and become embedded in practice. Children's Social Care continue to work on a policy around the delivery of life story work.
Develop data reports that will enable greater scrutiny of the IRO services performance, use of dispute resolution protocol and identification of any issues and theme affecting children in care.	Completed – the IRO service now has a data set within PowerBi that provides information on Quality Assurance activity and the use of the dispute resolution protocol. A quarterly report is provided to the Director of Children's Services and Education and the Specialist Services Contract Monitoring Meeting. Recommendations form part of the Service Improvement Plan for Children's Services.
Ensure children and young people have access to information about their rights and entitlements and what it means to be in care	The IRO service led a working group looking at the information all children in care should have access to consulting with the In Care Council. A report was produced by the IRO service and presented to children's social care setting out the information children should receive, when they receive it and how, this formed the framework for children's social care to create a policy about Information Packs for children in care.
Ensure children and young people are actively encouraged to participate in their review.	With the changes in the delivery of child in care reviews, IRO's have needed to be creative with engaging children in this process. IRO's will continue to ensure children feel able to participate in their review and share their views, wishes and feelings.

## 18. Areas of focus for IRO Service

### 18.1 The areas of focus for 2021 – 2022 include;

- Improving the number of child in care review records that are sent within 20 working days of the child's review, achieving at least an 85% compliance in this area.
- Development and implementation of a feedback strategy for children, their families and carers which considers the child's experience as a child in care and the input of their IRO.
- IRO's to have input and oversight of any plans for reunification, consideration of learning where reunification has been successful and unsuccessful.
- Themed audits to be undertaken with these being identified by the themes emerging from the quality assurance activity within the service and the data reports.
- Children with disabilities, greater focus on how children are supported to participate in their review.

## CHILDREN, ADULTS, 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.*



Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
<b>9TH NOVEMBER 2021</b>				
9 Nov 2021	<b>Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel</b>	<b>Regional Schools Commissioner Presentation</b>	Christopher Wilford Tel: 01225 477109	Director of Children and Education
9 Nov 2021	<b>Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel</b>	<b>Virgin Care Contract - Options Appraisal</b>	Suzanne Westhead	Director of Adult Social Care
9 Nov 2021	<b>Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel</b>	<b>B&amp;NES Community Safety and Safeguarding Partnership Annual Report</b>	Sian Walker-McAllister	Director of Children and Education
9 Nov 2021	<b>Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel</b>	<b>Independent Reviewing Officer (IRO) Annual Report</b>	Sarah Hogan Tel: 01225 39 6810	Director of Children and Education

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
The Forward Plan is administered by <b>DEMOCRATIC SERVICES:</b> Democratic_Services@bathnes.gov.uk				

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