



LSCB

Bath & North East Somerset
Local Safeguarding Children Board

Annual Report 2014 – 2015

and

Business Plan 2015 - 2018



Chair's Foreword



I am delighted to present this, my second report as the Independent Chair of Bath and North East Somerset Local Safeguarding Children Board.

The year 2014 to 2015 has been one of significant change for the Board in the way that it operates and one of substantial challenge to our member agencies. The Board has undertaken an ambitious programme of improvement. Member agencies have continued to perform within a context of tightening financial pressure as well as the implementation of new legislation and guidance. I am pleased to report that the Board and its members have risen well to these challenges.

It needs to be said that children as well as those adults in need of care and support, will always be at risk from abuse, predation and neglect. Most of this abuse takes place behind closed doors and owing to the need for confidentiality, is rarely evident to communities. Historically, public awareness of safeguarding arrangements usually occurs on those occasions when something goes wrong, often resulting in a Public Inquiry. The reality is that here and elsewhere, an outstanding multi-agency team of professionals, work tirelessly to ensure that such tragedies are rare and that the lives of children blighted by abuse are turned around.

It is important to remember though, that protection always starts with somebody raising a concern in the first place. The “somebody” I refer to here might be a professional such as a health visitor or a school but could equally be a neighbour or a friend or relative. Safeguarding children and adults should be considered everybody’s business and not the select province of a handful of professionals. This is an important message and one which our Communications Sub Group endeavours to drive home at every opportunity.

Multi-agency safeguarding arrangements exist to coordinate our collective workforce in the early identification of such risks and to respond to them collaboratively and effectively. A large part of the process of doing so is founded in good information sharing between agencies and at the time of writing, we are working with partners to develop a Multi – Agency Information Sharing Hub in which we hope the process of information sharing will be conducted more effectively than ever before.

What is very clear to me is tangible evidence of improvement in preventative activity, which is delivering positive outcomes for those children in most need. The LSCB business plan is geared to support prevention through early help and support, as a priority and for the purpose of driving improvements effectively, has been extended to continue into 2018.

This year has seen the implementation of the Care Act 2014. The Act principally improves things for adults but it includes improvements for children, especially those with special educational needs and disability. In particular, the Care Act places the Safeguarding Adults Board on a similar legal footing to the LSCB. We believe that this legislative alignment now presents a unique opportunity to explore closer collaboration between both Boards. To that end we have held a joint Development Day and are now planning to implement some exciting new approaches. Closer collaboration across both Boards should at least strengthen the “Think Family” ethos in which professionals consider the wider implications of an individual’s needs in the context of risk implications for other members of their family.

The challenges facing the LSCB into 2015 to 2016 are outlined later in this report. On the basis of the achievement of an ambitious programme of change undertaken during the past year, I feel confident of our ability to squarely meet these challenges into the next. In particular, I would like to commend the members of B&NES LSCB, its sub groups and our thoroughly professional workforce for their continued efforts in keeping children and young people safe in B&NES.

Reg Pengelly
Independent Chair

Executive Summary

Context

B&NES LSCB is a statutory body established under the Children Act 2004 and the Local Safeguarding Children Board Regulations 2006. It is independently chaired and consists of senior representatives of all the principal stakeholders working together to safeguard children and young people across the area.

There are just over 180,000 residents in the B&NES area. The 2011 Census shows that 16.7% (29,577) of the population are 15 years or under, and that 6.3% (11,211) are 16 -19 year olds.

2014 - 15 has been a period of substantial legislative change and new guidance. This has taken place in the context of financial challenges for all of our member agencies.

Child Protection

There has been a 25% rise nationally in Child Protection (CP) activity over the past five years. In B&NES the increase from 2010 up to 2014 was over 56%. However during 2014 – 15 B&NES have seen a 13% reduction.

Over the past year there has been a reduction in the percentage of CP cases that are re-referred into the Authority within 12 months of a previous case closure. In April 2014 this rate of re-referral was 24.6% (against the statistical neighbour percentage of 24.5% and the national percentage of 24.9%). By December 2014 this percentage had reduced to 21%. The reduction in this percentage indicates that although the length of our Children In Need (CIN) interventions might be longer than that of other areas, the longer duration has allowed a better quality of intervention and assisted in a more sustained improvement for families.

Prevention and Safeguarding

There is evidence that the Early Help service, and the strengthening of links between Early Help and Social Work teams has had a positive impact on their ability to work with families at an earlier stage and to also work effectively with families when they are subject to a CP plan. This approach has led to a 13% reduction in plans since April 2014. (From 125 in April to 109 in March 2015).

The prioritisation of Early Help has contributed to a sustained reduction in the numbers of young people coming into care (Looked After Children), over the past 12 months. In April 2014 there were 145 young people in care. This figure has since reduced to the current figure of 131 (a reduction of just under 10%).

Within this cohort of Looked After Children, and in common with the national picture, there has been a considerable rise in the number of 10 -15 year old children and young people that were accommodated. This age group now comprises almost half (48%) of the Looked After population, which is significantly higher than both statistical neighbours (37.1%) and the national average (37%).

It is always a challenge to evidence the impact of assessment and subsequent planned intervention but from what has been returned to the Integrated Working Team, 69% of the information evidences improved outcomes to some extent.

Over the past two years we have seen a consistent figure of between 8 -10% of Common Assessment Frameworks appropriately progressing to a child in need or child protection assessment by the Children's Services Duty team. More tangible outcomes such as improved morning or bedtime routines have also been reported as positive outcomes.

The B&NES Connecting Families initiative (launched nationally as Troubled Families) completed the phase one targets in August 2014. This meant that the targets for reaching 215 families were met 7 months early and confirmed the local initiative as one of the best performing in the UK. This has led to an increased focus on the impact of worklessness and homelessness as issues that contribute to poor outcomes for young people.

The Work of the Board

The LSCB has undergone a significant programme of change in the past year. This includes a change to the format of Board meetings to allow a themed discussion of each of our key work-streams at each meeting and effective challenge between members. A review has been completed of the tasks and focus of all of the sub-groups, and two new groups, (CSE sub-group, and the Communications sub-group) have been established.

Links between the LSCB and the LSAB have been strengthened through the appointment of a joint Head of Safeguarding and Quality Assurance, a joint Independent Chair (from June 2015).

The LSCB continues to be an active and influential participant in the work of the Children's Trust and Health and Wellbeing Boards. It provides information and challenge throughout the year to influence the priorities and work of both Boards. This report provides evidence that the LSCB has prioritised its work according to local issues and demands and set clear improvement priorities that are incorporated into a delivery plan to improve outcomes

A Learning and Improvement Framework has been agreed. There is strong evidence in this report that opportunities for learning are effective and properly engage all partners. A culture of learning and continuous improvement appears to be embedded within key agencies. The delivery of training consistently meets high standards and work is underway to further strengthen the way that the Board evaluates the impact of training to support improved outcomes for children and families.

The LSCB and its members face a number of current and future challenges/areas for development. Resourcing and financing of the Board remains tight and pressured. The interface with schools requires improvement. To that end, the LSCB has recently recruited both a primary and secondary head teacher to join the LSCB and they will join in June 2015.

Business Plan

This year the LSCB have developed a three year business plan. The priorities for 2015 -16 are as follows:

- Receive progress reports on the development of Multi-agency Information Sharing Hub
- Monitor the delivery of the Child Sexual Exploitation and Missing Action Plan
- Monitor the implementation of Prevent and Channel responsibilities (radicalisation)
- Gather assurance on e-safety arrangements
- Continue to improve practice through multi-agency audits and agency audits
- Continue to ensure the voice of the child and parent / carer is heard
- Induct new lay members, school representatives and housing professionals to the LSCB

Progress against the actions is monitored routinely.

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Section 1: Local Context for B&NES 2014 - 15

- 1.1 Bath and North East Somerset (B&NES) is a Unitary Authority with just over 180,000 residents. The 2011 Census shows that 16.7% (29,577) of the population are 15 years or under, and that 6.3% (11,211) are 16 - 19 year olds.
- 1.2 The area has a predominantly White and White British ethnic population, with 93% defining themselves as such. The largest minority ethnic groups in the area are those who define themselves as mixed heritage (4%) and Black (2%).
- 1.3 Bath is the largest urban settlement in the area, acting as the commercial and recreational centre. It is home to approximately 50% of the population and is one of the few cities in the world to be named a UNESCO World Heritage Site. Keynsham lies to the west of Bath, a traditional market town with a population of almost 9% of the total population of B&NES. Midsomer Norton and Norton Radstock are small historic market towns, located in the south of the area with approximately 12% of the total population split between them. They both have a strong heritage of mining and industry stemming from the North Somerset Coalfield. The rest of the district consists of 69 diverse rural communities of varying sizes and characteristics, including a line of villages along the foothills of the Mendips, the Chew Valley and Cotswolds villages around Bath.
- 1.4 The area has a mix of affluent and deprived areas, with 5 small areas being in the most deprived 20% nationally according to the 2010 Indices of Deprivation. An estimated 12% of children live in poverty, compared to 17% in the UK. Rates vary significantly within local authority wards, with levels ranging from 5% to 34%.
- 1.5 The Department for Education (DfE) estimates that nationally around 7% of children have a disability as defined by the Equalities Act 2010. In B&NES we have an estimated 2,228 children, 6.2% of the total population of children and young people between the ages of 0 and 19 who are identified as disabled.
- 1.6 Whilst B&NES schools perform well overall, with a higher than average number of pupils locally attending good or outstanding schools and authority-wide attainment measures in the top quartile nationally, the poorer educational performance for children on Free School Meals means the attainment gap is significant and narrowing this gap is a shared local priority to improve the equality of life chances for our children and young people.

Section 2: Summary Statement: How Safe Are Children and Young People in B&NES

- 2.1 Nationally there has been a 25% rise in Child Protection (CP) case activity since 2010. Like many other Local Authorities (LAs), in B&NES we have also seen a rise in CP activity; the increase from 2010 up to 2014 was over 56% (71 children and young people on CP plan in 2010, 109 on a CP plan on 31st March 2015). However with the continued investment in Early Help and Connecting Families and the strengthening of links between our Early Help services and Social Work teams there has been a positive impact on our ability to work with families at an early stage and to also work effectively with families when they are subject to a CP plan. This approach has enabled us to make a 13% reduction in CP plans since April 2014. (From 125 in April 2014 to 109 in March 2015).
- 2.2 Over the past year we have also seen a reduction in the percentage of cases that are re-referred into the LA within 12 months of a previous case closure. In April 2014 this rate of re-referral was 24.6% (with the Statistical Neighbour figure of 24.5% and the

national figure of 24.9%) whilst in December 2014 we had reduced this figure to 21%. The reduction in this figure suggests that although the length of our Children In Need (CIN) interventions might be longer than other LAs, the longer duration has allowed a better quality of intervention and assisted in a more sustained improvement in the family situation.

- 2.3 The prioritisation of Early Help has also contributed to a sustained reduction in the numbers of young people coming into care over the past 12 months. In April 2014 we had 145 young people who were Looked After. Over the past year we have been able to gradually bring this figure down to the current figure of 131 (a reduction of just under 10%). The rate per 10,000 population, a figure which is commonly used for comparison purposes puts B&NES at 40.5 which is just below our statistical neighbour average (41.5). Within this cohort of Looked After children, and in common with the national picture, we have seen a considerable rise in the number of 10 - 15 year old children and young people that we accommodated. This age group now comprises almost half (48%) of our Looked After population, which is significantly higher than both our statistical neighbours (37.1%) and the national average (37%). It will be important that we continue to develop services such as our R2K (a respite service for foster carers) and our In Care Council to support this age group and ensure that outcomes for this group are monitored closely. In Care Council is a group of Children in Care facilitated by Off the Record, providing a voice for Looked After young people, it also provides some scrutiny of our services and the pledge to children in care.
- 2.4 B&NES LSCB has undergone considerable change over the past 2 years. The appointment of a new chair has allowed us to review the way the Board works and to ensure its work reflects the emerging priorities within Safeguarding as well as ensuring that the LSCB was able to develop closer working links with the adult safeguarding agenda and the LSAB. Of particular importance has been the development of a stronger multi-agency position in relation to Child Sexual Exploitation. In the last year, we have commissioned awareness raising training for all agencies, and developed and launched the LSCB Child Sexual Exploitation Strategy. This is now being developed further through the recruitment to a multi-agency "virtual" team of practitioners who have skills in engaging with hard to reach young people. These staff work alongside though independently of, the lead professional, offering advice and undertaking some of the key face-to-face work with the young person.
- 2.5 The LSCB has also:
- a) Changed the format of Board meetings to allow a themed discussion of each of our key work-streams at each meeting.
 - b) Reviewed the tasks and focus of all of the sub-groups, and established two new groups (CSE sub-group, and the Communications sub-group).
 - c) Further strengthened the links between the LSCB and the LSAB through the appointment of a joint Head of Safeguarding and Quality Assurance, a joint Independent Chair (from June 2015) and the continued work of the joint LSCB and LSAB Interface Group.
 - d) Appointed lay members to the LSCB; we recognise that maintaining a consistent and sustained contribution from lay members can be difficult and we are currently recruiting more lay members.
 - e) Undertaken a full section 11 audit of all contributing agencies looking at 2013 - 14 information. This audit demonstrated a good level of engagement from partners and a clear commitment to the safeguarding agenda. We have agreed four themed

mini audits with the sub regional LAs for 2014 - 15; these are in progress.

- f) Organised the annual stakeholder event in November 2014. The focus was on “The contribution of Early Help towards Safeguarding”. In addition to this we launched the CSE Strategy and the LSCB has continued to organise development workshops for all partners on a six monthly basis. We also held a “Vision Day” to allow partners to critically review the goals, values and objectives of the LSCB to ensure that all members remain in agreement about the measures of success for the LSCB. This has resulted in the development of a document that sets out the vision and goals of the LSCB.
- g) Developed a short document for all front-line professionals which sets out some of the key tasks undertaken by the LSCB. This has been completed by the Communications sub-group. This group intends to strengthen an already good level of engagement between the LSCB and partner agencies.
- h) Continued to undertake multi-agency audits. The Professional Practice sub-group now takes a themed focus and cases are debated by a range of agencies/ professionals. Learning is shared with managers and good practice is recognised through letters of appreciation to individuals who have contributed to positive outcomes. The Chair of this group is an independent consultant from Barnardos.
- i) Developed a stronger “challenge” culture, evidenced in the challenges set to the Children’s Trust Board which have involved discussion of how the following areas are being addressed by partners:
 - i) Early Help
 - ii) Provision of parenting support in addition to those services provided by the Connecting Families Team
 - iii) Raising staff awareness of Child Sexual Exploitation
 - iv) Transition arrangements for vulnerable adults
 - v) The development of resilience in young people
- j) Developed, launched and implemented a “Learning and Improvement Framework” for staff in accordance with the requirements of Working Together 2013.
- k) Re-launched the Threshold Document. Training on thresholds is now included in the LSCB induction training for all staff of LSCB agencies.
- l) Undertaken a detailed audit of Safeguarding arrangements in schools and colleges including those with independent and academy status. This was launched by the LSCB in October 2014, and the findings have been reported back to each establishment and an overview report is being presented to the LSCB in June 2015.
- m) Approved a 360 degree feedback system for the performance of the Independent Chair with an annual multi-agency ‘Challenge and Review’ Panel. This will be implemented in 2015 - 16.

2.6 The LSCB faces a number of current and future Challenges/Areas for Development:

- a) In accordance with other LSCBs the resourcing and financing of the Board remains tight and pressured. All partner agencies experience similar pressures on funding, and therefore it will be important to ensure that funding is proportionate and fair. In the last year we have reviewed and re-confirmed the pooled funding arrangements of the B&NES LSCB and how its historical carry-forward will be used.

- b) Along with six other LAs and in conjunction with the Avon and Somerset Police and the Police & Crime Commissioner we have successfully bid to the Home Office Innovation Fund to assist in the recruitment of two regional posts that will provide additional capacity to support the collation and sharing of key information and victim profiling. These posts will commence in June 2015 and are funded for two years.
- c) The engagement between the LSCB and schools requires improvement. We have recently recruited both a primary and secondary head teacher to join the LSCB and they will join in June 2015.
- d) We welcome the current Ofsted focus on the quality of LSCBs and their role in challenging partner agencies to work more closely when addressing Safeguarding issues. However the emergence of CSE and “Missing from Home/Care” as key areas of strategic and practice development bring with them considerable expectations and at present there appears to be little recognition that the investment in the development of responses to these issues will bear a significant cost, or divert resources away from other priorities.
- e) Governance arrangements and further alignment of the Childrens Trust Board, Health and Wellbeing Board and the Local Safeguarding Adults Board.

Section 3: Updates on the Legislative and Statutory Framework during 2014 - 15

- 3.1 Appendix 1 lists the relevant and most significant Acts, guidance and reports provided by Ofsted, Department of Health (DH) and the Department for Education (DfE) that shape our work in safeguarding children and young people. Section 3 sets out new guidance and reports published during the reporting period.
- 3.2 **The Children and Families Act 2014** received royal assent in March 2014. Although published just before this reporting period, it is relevant to note as it introduced new arrangements that came into force during 2014 and into 2015. Significant changes include:
 - Child Arrangements Orders (which amended section 8 of the Children Act 1989), replacing Contact and Residence Orders. The Court can decide whom the child is to live and spend time or have contact with and when this will take place. The residency element can be in place until a child reaches 18 years; the contact aspects (with whom) ceases to have effect when the child reaches 16 years unless the court says otherwise.
 - Enabling children and young people to stay with foster carers if they wish until 21 years.
 - The extension of support until the age of 25 for children with special educational needs and disabilities (SEND).
 - The requirement for Court proceedings for care and supervision applications to be completed within 26 weeks.

DfE produced a **Young Persons Guide to the Children and Families Act 2014** in September 2014.

- 3.3 **Public Law Outline: Guide to Case Management in Public Law Proceedings** came into effect on 22nd April 2014. It sets out streamlined case management procedures for dealing with public law children's cases and the aim is to identify and focus on the key issues for the child; making the best decisions for the child within the timetable set by the Court and avoiding the need for unnecessary evidence or hearings. It sets out the requirement to complete cases within 26 weeks.
- 3.4 The statutory inspection and regulatory framework changed during the period and the following was introduced - **Framework and evaluation schedule for the inspections of services for children in need of help and protection, children looked after and care leavers. Reviews of Local Safeguarding Children Boards** (Ofsted June 2014, various amendments made through-out the year). This document sets out the current single inspection framework. Inspections are conducted under section 136 of the **Education and Inspection Act 2006** and focus on the effectiveness of local authority services and arrangements for child protection, children that are 'looked after' and care leavers including permanency.
- 3.5 **What local authorities need to do to place a child under 13 in a secure children's home, and guidance on when it is appropriate to do so** (DfE February 2015) sets out step by step guidance about how to make such a placement and the criteria that need to be met.
- 3.6 **Young Carers' (Needs Assessment) Regulations** (March 2015) came into force on the 1st April 2015 and sets out what needs should be considered and the skills and experience of the person carrying out the assessment.
- 3.7 **Working Together to Safeguard Children: a guide to inter-agency working to safeguard and promote the welfare of children March 2015** – replaces the 2013 statutory guidance and sets out,

'...the legislative requirements and expectations on individual services to safeguard and promote the welfare of children; and

a clear framework for Local Safeguarding Children Boards (LSCBs) to monitor the effectiveness of local services.' (p6)

Early help has been emphasised in the guidance and LSCBs are encouraged to monitor training and ensure this is included. The guidance focuses on awareness raising, involvement of universal services, assessments and lead professional and commissioning responsibilities.

The guidance makes reference to the new **Young Carers' (Needs Assessment) Regulations 2015** which requires local authorities to look at the needs of the whole family when carrying out a young carer's needs assessment (p17). It also refers to the Local Authority's new duty to establish Channel panels (from 12th April 2015) as part of the **Counter-Terrorism and Security Act 2015** and in response to children (not least the recent case of three teenage girls from Bristol) being radicalised.

On page 22 of the guidance the assessment framework has been retained along with the focus on outcomes and timeliness, with assessments needing to be completed in no longer than 45 days. The CP process is also the same with the minimum requirement for Police, Health and Social Care to be involved in strategy discussions, for the initial case conference to take place within 15 working days, develop the CP plan, the core group to meet within 10 working days of the conference and the review conference to be convened within three months.

The document makes reference to the principles set out in **Freedom to Speak Up** report written by Francis (February 2015) and about the need to ensure cultures of openness and learning.

There is a new requirement for 'new to post' designated officers in the local authority coordinating allegations against staff or volunteers working with children and young people to be qualified social workers (p54). The term LADO is no longer specified.

The publication clarifies notifiable incidents involving the care of a child and defines 'serious harm' for the first time.

“Seriously harmed” ...includes, but is not limited to, cases where the child has sustained, as a result of abuse or neglect, any or all of the following:

- *a potentially life-threatening injury;*
- *serious and/or likely long-term impairment of physical or mental health or physical, intellectual, emotional, social or behavioural development.*

This definition is not exhaustive. In addition, even if a child recovers, this does not mean that serious harm cannot have occurred. LSCBs should ensure that their considerations on whether serious harm has occurred are informed by available research evidence.’ (p76)

- 3.8 **Young Person’s Guide to Working Together to Safeguard Children** (March 2015) sponsored by DfE but produced by the Office of the Children’s Rights Commissioner is a new guide for children and young people.
- 3.9 **Keeping children safe in education: schools and colleges** (March 2015) and **Keeping children safe in education: schools and colleges for staff (Part 1)** (March 2015) replaces 2014 guidance and sets out what schools and colleges must do to safeguard and promote the welfare of children and young people under the age of 18.
- 3.10 **Information Sharing: advice for practitioners providing safeguarding services to vulnerable children, young people, parents and carers** (March 2015) replaces previous guidance from 2008. New advice setting out the legal and professional guidance on information sharing and is intended to:
- ‘...support frontline practitioners, working in child or adult services, who have to make decisions about sharing personal information on a case by case basis.⁶ The advice includes the seven golden rules for sharing information effectively and can be used to supplement local guidance and encourage good practice in information sharing.’ (Working Together to Safeguard Children 2015 p13)*
- 3.11 **Promoting the health and well-being of looked-after children: Statutory guidance for local authorities, clinical commissioning groups and NHS England** (March 2015) published by DfE and DH sets out what each agency must do when supporting looked-after children. New arrangements are set out.
- 3.12 **Modern Slavery Act 2015** was passed in March. The Act applies to children and adults and sets out the circumstances in which it applies (including trafficking) and the range of responses and penalties. This issue has been on the political agenda for some time and the Government raised awareness and focus during the nationwide campaign it launched in July 2014.

Section 4: Non-statutory Guidance and Reports Which Influence and Inform Safeguarding Arrangements

- 4.1 The section outlines a number of non-statutory guidance reports published during the period to help practitioners, commissioners and LSCBs. It is not an exhaustive list. The LSCB await the outcome of the Government announcement in July 2014 regarding the Independent Inquiry into Child Sexual Abuse in England and Wales.
- 4.2 **Female genital mutilation: multi-agency practical guidelines** (DfE and Home Office July 2014 revised from 2011) – provides guidelines to support frontline staff including teachers, health and social care professionals and the Police in safeguarding children and adults from the abuse associated with this. This document along with those listed below is part of the Governments declaration on FGM.
- 4.3 **Estimating the Cost of Child Sexual Abuse in the UK** written by Aliya Saied-Tessier and published by the NSPCC in July 2014 reports the cost and impact of child sexual abuse.
- 4.4 **Independent Inquiry into Child Sexual Exploitation in Rotherham 1997 - 2013** written by Alexis Jay OBE was published in August 2014. The Inquiry estimated that approximately 1400 children were sexually exploited over the Inquiry period and in just over a third of the cases the children were previously known to services because of CP and neglect issues. The report described the

'...appalling nature of the abuse that child victims suffered. They were raped by multiple perpetrators, trafficked...abducted, beaten and intimidated....doused in petrol and threatened with being set alight, threatened with guns...Girls as young as 11 were raped by large numbers of male perpetrators.' (p1)

The Inquiry sets out the failings of the Police, Council, Councillors and other agencies to respond to information, which it describes as clear in its description of the situation in Rotherham. It highlights that the Safeguarding Childrens Board was weak as it rarely checked whether strategies, policies and procedures had been implemented and were working. Jay made 15 recommendations for improvement.

- 4.5 The Thematic Inspection of **The Sexual Exploitation of Children: It Couldn't Happen Here, Could It?** (Ofsted November 2014)

'The report draws on evidence from inspection and case examination in eight local authorities and from the views of children and young people, parents, carers, practitioners and managers. In addition, themes from the aligned inspections of 36 children's homes and the collation of findings from the 33 published inspections of services for children in need of help and protection, children looked after and care leavers and reviews of Local Safeguarding Children Boards contributed to the findings.' (P1)

It sets out a number of recommendations for LSCBs, Services and practitioners on how to improve the response.

- 4.6 **Safeguarding Pressures Phase 4** (November 2014) was published by the Association of Directors of Children's Services. This report sets out the current national position regarding safeguarding children showing an increase in child protection referrals but a decrease in the 'revolving door'.
- 4.7 **Serious Case Review into Child Sexual Exploitation in Oxfordshire: from the**

experiences of Children A, B, C, D, E, and F (Oxfordshire Safeguarding Children Board February 2015). This SCR report followed Operation Bullfinch. The SCR findings are that there was a lack of understanding of CSE. The review report identified approximately 330 victims and makes national and local recommendations.

- 4.8 **What to do if you're worried a child is being abused: advice for practitioners** (DfE March 2015) is a non-statutory advice document which sets out the different types of abuse and neglect. It helps practitioners recognise the types, explains what to do and what will potentially happen. It replaces the previous version of **What to do if you're worried a child is being abused**, published in 2006, and complements **Working Together to Safeguard Children** (March 2015) statutory guidance.
- 4.9 **Commissioning services to support women and girls with female genital mutilation** (DH March 2015) sets out what to consider in relation to FGM, the multi-agency response and what to commission in terms of effective support services. This document was published at the same time as **Female Genital Mutilation Risk and Safeguarding Guidance for Professionals**. The latter document replaces previous guidance.
- 4.10 **Deaf and Disabled Children Talking About Child Protection** written by Julie Taylor, Audrey Cameron, Christine Jones, Anita Franklin, Kirsten Stalker, Deborah Fry from the University of Edinburgh and published by the NSPCC in March 2015 sets out the findings from 10 in-depth interviews of children and young people who are deaf and disabled and their experience of child protection.

Section 5: Significant Local Events and Response

- 5.1 There have been two unexpected child deaths during the period which have tested the effectiveness of partnership working and multi-agency processes. For both deaths the Critical Incident Protocol was invoked and the Child Death Overview Panel has been informed in accordance with Working Together to Safeguard Children 2013.
- In the case of the secondary school aged boy who died in November 2014 the Serious Case Review sub-group considered whether a Serious Case Review (SCR) was required however following an initial review it was agreed by the LSCB Independent Chair that the situation did not meet the criteria.
 - In February 2015 there was the unexpected death of a four year old child and three adults following a tipper truck driver losing control of the vehicle. The incident is subject to a police investigation and the outcome is expected later in the year. Multi-agency partners provided swift support to the family, school and the community due to the wider impact of this traumatic event. The LSCB particularly want to commend the Weston All Saints Church of England Primary School and Snapdragons Nursery for their handling of the situation. The circumstances surrounding the death did not meet the criteria for a SCR however the partners have agreed to look at how the incident was managed to ensure any improvements can be identified. The outcome of this will be noted in the next report.

Section 6: The Interface with Other Boards and Committees

6.1 The work of the LSCB is complementary to and coordinated alongside those of other bodies within the responsibility of B&NES Council including the following:

- Children's Trust Board
- Health and Wellbeing Board
- Local Safeguarding Adults Board
- Responsible Authorities Group (Community Safety Partnership)

In addition to this the LSCB and Council present papers to the Councils Early Years, Children and Young People Scrutiny Panel.

6.2 The **Children's Trust Board** (CTB) is responsible for delivering outcomes for children and young people as outlined in the Children and Young People's Plan 2014 - 2017 (www.bathnes.gov.uk/cypp)

As part of their complementary work to drive improvements in the safeguarding of children and young people, the LSCB issued a set of ten challenges to the CTB for 2014-2015, including:

- To identify Early Help priorities and launch of the Early Help Strategy;
- The provision of appropriate parenting support, including but not limited to that offered through the Connecting Families Service;
- The effective co-ordination of planning for the safeguarding of vulnerable individuals, particularly at times of transition, including the transition from childhood to adulthood;
- Evidencing progress in reducing the inequality in life chances of more vulnerable groups of children;
- To further develop the positive wellbeing and resilience of children and young people so that they recognise, value and meet their physical, emotional health and wellbeing needs.

The CTB has been able to evidence progress on all of the challenges. Most are ongoing priorities which will continue to be reviewed as part of the mutual challenge process between the two boards.

6.3 The LSCB works in partnership with the **Health and Wellbeing Board** and Local Safeguarding Adults Board (LSAB) to make sure that vulnerable children, young people and adults at risk of harm are protected and kept safe.

Both the LSCB and LSAB share their annual reports and business plans with the Health and Wellbeing Board. There is also shared membership amongst the Boards which ensures a joint and seamless approach to delivering health and wellbeing and safeguarding priorities.

The current Health and Wellbeing Strategy is being refreshed and will be published later this year and the LSCB is seeking to influence this. The existing strategy is available here - <http://www.bathnes.gov.uk/services/neighbourhoods-and-community-safety/working-partnership/health-and-wellbeing-board>

- 6.4 The LSCB has continued during the year to develop and strengthen its relationship with the **Local Safeguarding Adults Board** (LSAB), please see <http://www.bathnes.gov.uk/services/adult-social-care-and-health/safeguarding-adults-risk-abuse>

The Independent Chairs of the LSCB and LSAB have met regularly throughout the year and in December 2014 presented a scoping paper to each Board which moves the collaboration further. The paper set out the following:

... to propose the implementation of a number of opportunities for joint working between the Bath and North East Somerset (B&NES) Local Safeguarding Children and Adults Boards. During the early months of 2014, the Independent Chairs of both Boards have met on several occasions to identify these opportunities and subsequently, a framework for future working has been shared with Sub Group Chairs and Business Managers who have suggested several refinements.
(Reg Pengelly and Robin Cowen, December 2014)

The areas identified and approved for collaboration included:

- Communications
- Quality Assurance
- Training
- Policies and Procedures
- Exchanging Information

The LSCB at its Development Day in February 2015 started to develop shared vision and values in preparation for its joint development session planned with the LSAB in April 2015 (this will be reported in the 2015-16 Annual Report).

The LSAB continues to receive routine updates on the work of the LSCB as a standing item on its agenda and hears reports on the progress of the Multi-agency Information Sharing Hub project. The scope of this has been approved by both Boards and the Responsible Authorities Group and includes developing an information sharing hub for low and moderate safeguarding and domestic abuse concerns for children, young people and adults.

Of significant note is that in October 2014 the LSAB interviewed and approved the appointment of Reg Pengelly to become the LSAB Independent Chair in June 2015. Having the same Chair for both Boards will facilitate the development of the shared agenda.

- 6.5 Links between safeguarding, community safety (overseen by the **Responsible Authorities Group**) and the Council's wider preventative agenda have again been strengthened this year. The work of the RAG can be found here - <http://www.bathnes.gov.uk/services/neighbourhoods-and-community-safety/crime-prevention-and-community-safety>

The Council's Head of Safeguarding and Quality Assurance and the Divisional Director for Children's Specialist Services have played a key role in this through attendance at the RAG Group (Community Safety Partnership) and impacts on working groups such as the Interpersonal Violence and Abuse Strategic Partnership (IVASP) and its sub-groups; the Partnership Against Hate Crime (PAHC); the MARAC Steering Group; and the Prevent Steering Group.

These relationships have built on existing projects and have developed more integrated

and effective services. Service redesign workshops have mapped the process of tackling domestic abuse, with a view to ensuring more focused services for victims. Our Public Services Board received a Draft Business Case based on this work which focuses on earlier intervention and better data sharing. This has led to the following:

- The commissioning and delivery of the “IRIS” programme to create a clear referral pathway for domestic violence for GP surgeries. Initial costs have been jointly funded by the Police and Crime Commissioner and Clinical Commissioning Group.
- Joint working on the Multi-agency Information Sharing Hub (MISH) project to explore new ways of working, and information sharing, drawing on the experience of the Information Sharing Centre of Excellence. Our Community Safety Partnership has received regular updates on the work of this project and is represented on the MISH Project Board.
- Widening of the Independent Domestic Violence Advisor (IDVA) roles to include “medium” and “low” risk victims and exploring co-location of IDVAs with Avon and Somerset Constabulary and Curo Group.

Of particular note over the past year has been the role of the RAG in identifying key emerging issues and ensuring that systems and processes are in place for delivery. As well as being kept updated on our CSE Strategy, the RAG has received a report from the Anti-Slavery Partnership. B&NES has actively participated in the work of this Partnership, shaping both future direction and operational projects such as problem-profiling. The RAG has also worked with a wide range of Council services to highlight the new statutory duty relating to Prevent. As a result, a “smart” approach to engagement with key professionals on this agenda has been adopted. Opportunities for sharing training and development on this and related agendas across partners and with neighbouring partnerships have also been explored.

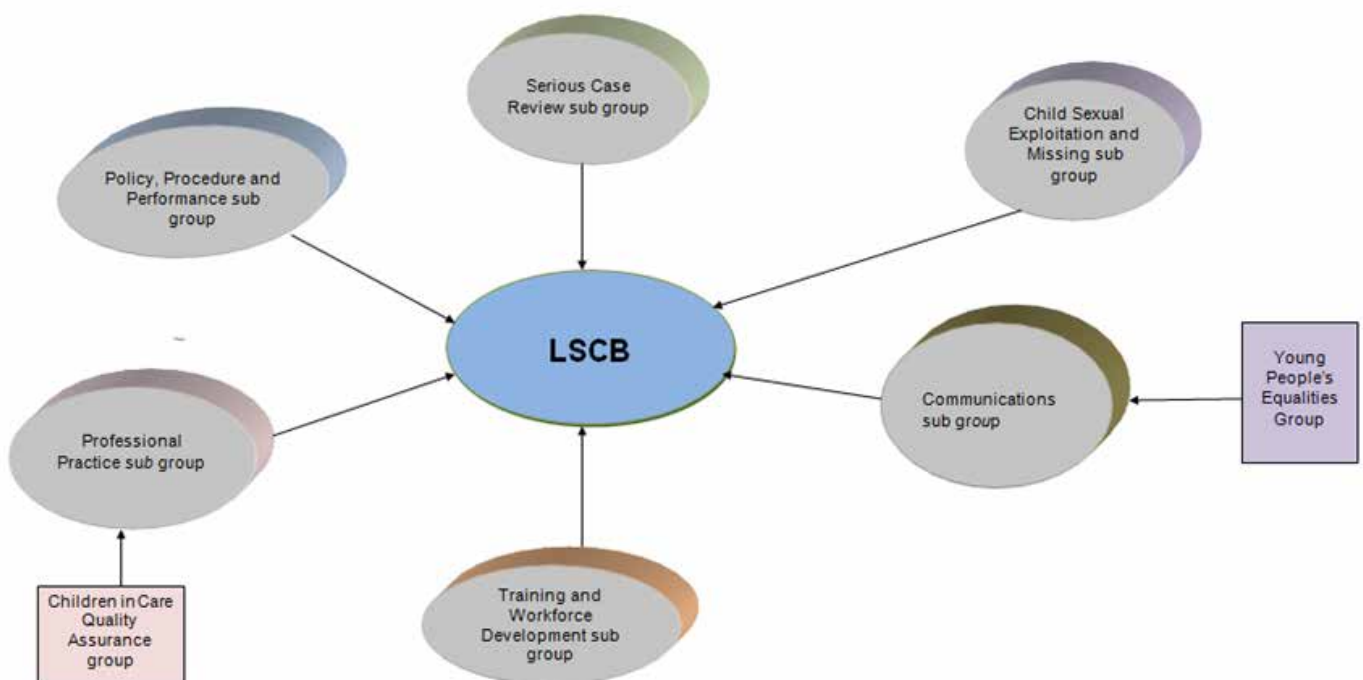
In relation to the wider Health and Wellbeing agenda, the Health and Wellbeing Board established a task-and-finish group to further progress its priority relating to loneliness and isolation. The Campaign to End Loneliness has awarded B&NES its “Gold” standard for this theme and the Village Agents project and now operates in 20 parishes and undertakes “Roadshows” at local village halls as well as home visits. The task-and-finish group involves health and social care commissioners as well as local groups and is considering how best to further develop this work including use of new technology and local volunteering.

6.6 Presentations made to **Early Years Children and Young People Scrutiny Panel:** safeguarding issues have been regularly scrutinised by the panel during 2014 - 15. Over the past year officers have needed to present reports to members on the following Safeguarding issues:

- Update of the re-structuring of Children’s Centres and Early Years services (April 14 and June 14)
- Update on Children in Care (June 14)
- Update on progress with Child Sexual Exploitation Strategy and local action plan (November 14 and March 15),
- The regional Peer Challenge process (January 15)
- Safeguarding and Schools – outlining the work that is taking place across the area (January 15)

Section 7: Governance and Accountability

- 7.1 B&NES LSCB is a statutory body established under the Children Act 2004 (Section 13) and the Local Safeguarding Children Board Regulations 2006. It is independently chaired and consists of senior representatives of all the principle stakeholders working together to safeguard children and young people across the area. The Terms of Reference are set out in Appendix 2 and are due for review in 2015 – 16. The membership for the LSCB and sub-groups during 2014 - 15 is set out in Appendix 3.
- 7.2 B&NES Council is responsible for establishing the LSCB; the LSCB Independent Chair meets the Chief Executive of the Council on a quarterly basis to discuss the work of the Board and to raise any concerns on the Board's behalf. The Strategic Director for People and Communities along with the Lead Member for Children & Young People are the key points of professional and political accountability and are joint responsibility for ensuring the effectiveness of the Board and are members.
- 7.3 The Board's statutory objectives as set out in the Children Act 2004 (Section 14) are:
- To co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area;
 - To ensure the effectiveness of what is done by each person or body for those purposes.
- 7.4 The functions in relation to the above objectives are described in Regulation 5 of the Local Safeguarding Board Regulations 2006, set out in Appendix 4
<http://www.legislation.gov.uk/ukxi/2006/90/contents/made>
- 7.5 The LSCB structure is set out below and the work of the sub-groups is articulated in Section 8 of the report.



- 7.6 The LSCB have not undertaken any SCRs during the period; however the Chair has considered recommendations from the SCR sub-group for two cases it believed did not meet the SCR criteria.

- 7.7 In line with the statutory requirement, the LSCB has in place a Learning and Improvement Framework. This framework is intended to facilitate how the learning from reviews takes place and is embedded into practice which in turn should lead to improved outcomes for children and young people.
- 7.8 During the period covered by this report, the LSCB was fortunate to have two very able and committed lay members, each with a unique and valuable perspective on safeguarding children. Their work positively influenced decisions of the Board. Membership as a Lay Member is a significant commitment and regrettably owing to changes in personal circumstances both were obliged to resign during the course of 2014. The Board is in the process of recruiting new lay members at the time of this report with interviews scheduled in early May 2015.
- 7.9 The LSCB budget is monitored throughout the year and presented in the Annual Report in Appendix 5. The allocation of the budget was reviewed in September 2014; this revision was implemented in January 2015.

Section 8: LSCB Sub Group Achievements and Priorities

- 8.1 The LSCB has six sub-groups as set out in section 7.5 above. The Terms of Reference for each of the sub-groups is available on the LSCB web page; see <http://www.bathnes.gov.uk/services/children-young-people-and-families/child-protection/local-safeguarding-children-board>. Each sub group reports progress on the Board's Business Plan on a quarterly basis and contributes to the Chair's Agenda Setting meeting. Each sub-group has a duty to challenge practice within the partnership where it identifies issues of concern.

Child Sexual Exploitation (CSE) and Missing sub-group

The CSE and Missing sub-group was established in June 2014 and was tasked with drafting a CSE Strategy and Protocol on behalf of the LSCB. Since this time the sub-group has met on eight occasions to drive forward the work. The CSE Strategy was brought to the Board in September 2014 for sign-off. The LSCB Missing from Home and Care Protocol was also presented and agreed at the same Board meeting. The sub-group has good multi-agency attendance and includes GP and schools representation as well as other key partners.

Key achievements

- a) The drafting of the B&NES CSE Strategy, which was launched at a multi-agency event in early November 14. Please see http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Children-and-Young-People/ChildProtection/final_banes_cse_strategy.pdf
- b) The sub-group has also drafted and distributed the CSE Protocol and workflow documents (January 2015) as well as drawing up and agreeing an Action Plan for the sub-group that covers the next 18 months
- c) The sub-group has played a key role in the development and setting up of the 'Willow Project', a multi-agency group of practitioners who have key skills in engaging with young people at risk of CSE and Missing. These workers will be assigned to work with young people identified as being at risk of CSE as well undertaking 'Return Home' interviews
- d) The sub-group has also been instrumental in re-focusing the previous Risk Management Panel into the CSE MARAC which should ensure a sharper focus

on CSE and Missing cases and allow for the co-ordination of resources and interventions

Outcomes – What difference have achievements made in relation to outcomes?

- a) The work of the sub-group on re-launching the CSE MARAC and defining its Terms of Reference has enabled the collation of accurate data on CSE referrals and data on Missing children
- b) Commissioning arrangements with Barnardos have enabled swift referrals for therapeutic interventions for vulnerable young people
- c) The launch of the 'Willow Project' is ensuring that young people are being seen promptly when they have been missing and we are beginning to engage with young people at risk of CSE to establish meaningful relationships and provide support

Challenges Faced in Delivering the Agenda

- a) The key challenge in this area of work over the coming year will be to ensure that the progress that we have made over the previous 12 months and the protocols that we have put into place continue to take root within the practice of all agencies
- b) One key element in this process of embedding awareness of CSE in all of our practice will be the accurate recognition and identification of what constitutes a concern in this area and who to contact in regard to this

Priorities for CSE and Missing sub-group

- a) Further recruitment to the pool of workers for the 'Willow Project', and to review the effectiveness of interventions
- b) To re-launch the CSE Protocol, following some amendments and additions to the workflow of referrals
- c) Continued training for all agencies and newly recruited staff
- d) Strengthen the strategic links with key partners and initiatives such as Schools, and with the Sexual Health agenda
- e) Deliver the action plan

Professional Practice Group (PPG)

The PPG is a quality assurance group; it meets nine times a year and audits the records of at least four children at each meeting. PPG has looked at the functioning of child protection conferences as well as focussing on the following themes:

- a) Cases that moved between Early Help and Social Care
- b) Disabled children in Safeguarding processes
- c) Voice of the Child in Safeguarding processes

Key achievements

PPG saw good progress in the following areas:

- a) Cases that moved between Early Help and Children's Specialist Services showed good use of step up processes from Common Assessment Framework when concerns about a child's safety increased

- b) Voice of the Child in safeguarding processes. PPG looked at this twice during the year and saw good improvements, particularly increased use of advocacy in child protection conferences, better use of observations of young children to understand what their lives are like and recognition of children as individuals as well as being part of a sibling group

Outcomes – What difference have achievements made in relation to outcomes?

PPG has seen ongoing improvements in the way that Child Protection Conferences work. Social Work and other agency reports have improved

Listening to and responding to the voice of the child has a crucial impact on the safety of children in child protection processes. The improvements that PPG has seen will support these improvements

Challenges faced in delivering the agenda

- a) Ensuring full engagement from all schools in B&NES in child protection processes
- b) Ensuring full participation from GPs in child protection processes
- c) Recognising that some families make positive improvements for their children but then support ends without confidence that those changes will be sustained. There is a need for community based, lower level but ongoing support

Priorities for Professional Practice Group

- a) Ensuring the correct category of abuse is used in child protection conferences
- b) Oversight of responses to young people affected by child sexual exploitation
- c) Auditing themes from LSCB Business Programme

Communications sub-group

The Communications sub-group was set up in March 2014 to ensure that key messages that needed to reach staff of all partner agencies were disseminated effectively and in a co-ordinated manner, preventing repetition and duplication. Since this time, the group has met regularly and has produced a number of documents and guidance for staff across the LSCB.

Key achievements

- a) The sub group has drafted and agreed a Terms of Reference which sets out key tasks and goals
- b) It has commissioned the design of the new LSCB logo
- c) The group has drafted and disseminated the '10 things' document that sets out in an easy to read format what the LSCB does on behalf of partner agencies
- d) We have also adapted the '10 things' document into a handy book-mark that will be distributed to staff
- e) The group has begun the process of developing a new web-site that will be easier to access and will link with the B&NES LSAB. This should be concluded towards the end of 2015

Outcomes – What difference have achievements made in relation to outcomes?

- a) The group has produced the LSCB Members hand-book that forms part of the induction pack/process for all new members of the LSCB

- b) The distribution of the book-marks promotes the awareness of the role and function of the LSCB

Challenges in Delivering the Agenda

With the prospect of closer working relationships with the LSAB it will be vital that the LSCB Communications group links closely with its counterpart in the adult world to ensure that where possible key messages are delivered with one voice and at the same time.

Priorities for Communications sub-group

- a) The completion and launch of the new web-site
- b) Improved engagement and links with the B&NES 'e-teams' (groups of young people that have a focus on equalities issues) who can work with the group to ensure that the materials we produce are written clearly and make sense to young people
- c) To strengthen the links with the Communications group of the LSAB to ensure key messages about safeguarding, such as the 'Think Family' approach are communicated jointly and with maximum impact
- d) Dissemination of Working Together 2015 to all agencies and children and young people where relevant

Training and Workforce Development sub-group

This sub-group is responsible for ensuring that single agency and inter agency training on safeguarding and promoting the welfare of children is provided in order to meet local needs. The group will also examine safeguarding workforce development issues across agencies.

Key Achievements

- a) Substantial inter-agency training programme offered to the workforce, responding to local need and national and local agenda
 - ✓ 59 Inter-agency training courses offered
 - ✓ 1161 inter-agency training places made available
 - ✓ 1028 inter-agency training places filled
 - ✓ 1199 days of inter-agency training attended
 - ✓ 781 professionals trained
- b) A 3 year training strategy has been produced to provide a strategic and dynamic framework for training and development and this has been adopted by LSCB. The strategy includes a framework for members of LSCB to identify gaps in workforce knowledge and skills and to propose new training to address these gaps and also includes the learning outcomes expected in single agency training
- c) The sub group is responsible for evaluating the training which it provides in order to ensure that it meets the LSCB's statutory duties and to respond to national and local issues. All inter-agency courses advertise the learning outcomes and pre and post scales are used to measure confidence (see Appendix 6)

Outcomes – What difference have achievements made in relation to outcomes?

- a) The strategy provides a robust framework for how we ensure that the workforce is provided with the relevant training to safeguard children and young people
- b) Feedback from course attendance is used to inform future training

Challenges faced in delivering the Agenda

- a) Incomplete training needs analysis from section 11
- b) Issues around representation, continuity of attendance and capacity of sub group members to undertake tasks

Priorities for the Training and Workforce sub-group

- a) Develop the quality assurance of single agency training & provide train the trainer training and support
- b) Develop communication within LSCB and sub groups to ensure that training programme is informed by workforce issues and needs analysis
- c) Develop processes to measure transfer of learning to be used by member organisations of LSCB
- d) Develop standardised tool to evaluate competency
- e) Further develop the potential of the electronic booking system, to provide data for deeper analysis
- f) Explore alternative methods of teaching and learning
- g) Contribute to the standardisation of domestic violence and abuse training across B&NES
- h) Review terms of reference for sub group
- i) Explore opportunities to work with LSAB training sub group to share and learn

Serious Case Review sub-group

The Serious Case Review sub group was set up in August 2013 and has met four times during the period. Terms of Reference were approved in June 2014. The group is responsible for:

- a) Considering cases which may meet the threshold for a SCR
- b) Overseeing reviews of cases which do not meet this threshold and ensuring a proportionate response is adopted whilst enabling lessons to be learned and shared
- c) Monitoring SCR or other review action plans
- d) Linking with the Child Death Overview Panel as required

Key achievements

During the period the sub-group has:

- a) Monitored the multi-agency SCR action plan and reported progress against this. The plan is now signed off with the exception of one item which the group is progressing
- b) Monitored the single-agency SCR action plans to ensure agencies are delivering their improvement and lessons learned actions
- c) Considered two SCR applications and recommended to the Chair that they do not meet the SCR threshold
- d) Kept abreast of Operation Brook in Bristol

- e) Written the SCR process which was approved by the LSCB

Outcomes – What difference have achievements made in relation to outcomes?

- a) Assurance to the LSCB that SCR actions have been progressed and changes made to service delivery
- b) Assurance to the LSCB and partners that cases have been appropriately considered in terms of meeting the SCR threshold

Challenges in Delivering the Agenda

- a) The group has had three different Chairs since it was established, this has affected the progress of the group; it has also had mixed attendance
- b) One outstanding action from the SCR action plan remains; it was hoped this would be completed in February 2015 however further work is needed and the support of the Multi-agency Self Harm and Suicide group required before this is achievable

Priorities for Serious Case Review sub-group

- a) Ensure the SCR final action is completed and signed off by the LSCB and Multi-agency Self Harm and Suicide group
- b) Three cases have been identified for review at the time of the report; the group will ensure the Learning and Development Framework is used to progress these
- c) Reinvigorate the group, review the Terms of Reference, develop a set agenda which includes partners identifying SCRs or other reviews for consideration

Policy, Procedure and Performance sub-group (PPPG)

This sub-group has the responsibility for reviewing policies and procedures operated by LSCB and South West Child Protection Procedures and monitoring their effectiveness and ensuring agency compliance with them. The sub-group also develops and monitors performance indicators relevant to LSCB business focusing on analysing data that will inform improving performance.

Key achievements

- a) Further developed data and performance reporting and scrutiny, to support the identification of children and young people who may be at risk of specific harm and to evidence the LSCB's impact and pro-activity
- b) The group now routinely reviews Police data alongside LA data, to ensure triangulation where appropriate
- c) Improved section 11 format and mechanisms, introduced themed audits
- d) Approved a range of policies and procedures, including Learning and Improvement Framework, SCR Process, Missing from Home and Care Protocol, CP Conference Complaints Procedure, Unborn Baby Protocol, Managing Allegations Protocol, Forms for reports to CP conferences, CP policies for schools and community groups, Single Assessment Protocol

Outcomes – What difference have achievements made in relation to outcomes?

- a) Ensured clearer arrangements for following up Missing Children and thereby

helped to ensure relevant risks are assessed and managed

- b) Numbers of unborn babies on CP plans has increased, suggesting the protocol is being effective and that unborn babies at risk are better safeguarded
- c) SCR Process followed when considering potential SCR cases – providing sound audit trail to demonstrate LSCB’s effective decision-making
- d) Data challenge on CP Plan categories leading to audit and action plan which has, for example, improved the focus of CP plans by ensuring the appropriate category is used

Challenges faced in delivering the agenda

- a) Availability of further data, e.g., workforce data, of suitable quality and timeliness to be of value
- b) Capacity of sub-group members to undertake tasks
- c) Section 11 audits – co-ordinating approach across multiple LAs
- d) Section 11 audits – compliance of agencies in responding

Priorities for PPPG

- a) Develop more systematic approach to review of policies and procedures and monitoring effectiveness/compliance
- b) Development of workforce data/reporting
- c) Exploration of joint working with equivalent LSAB sub-group(s) and opportunities to learn from them and/or share expertise and capacity

Section 9: Other Relevant Work and Achievements

9.1 **Engagement with Children and Young People:** The Communications sub-group currently provides a link with the Young People’s Equalities Group (YPEG). Safeguarding is a standing item on their agenda for meetings. Its membership is wide ranging and includes young people who are care leavers, disabled, LGBT, CAMHS users, young carers, from Black and minority ethnic communities and / or representatives from School Equalities teams. The B&NES Strategic Participation Officer oversees this group and is also a member of the Communications sub-group. This ensures young people’s views on safeguarding inform the work of the LSCB. Children and young people have been actively engaged with the recruitment of the Chair, lay members and the Business Manager roles. Two young people also spoke at the November 2014 stakeholder event.

In early 2014 the then Principal Social Worker undertook a significant piece of research which looked at the engagement and participation of Looked After children and young people in their reviews. The research highlighted a number of areas of good practice by Social Workers in terms of how they ensure the best possible engagement with young people in care. The research also highlighted areas for development such as direct work tools that Social Workers might use with young people to improve engagement even further. The findings were discussed at the June LSCB meeting and the paper was also published in a national journal.

9.2 **Child Death Overview Panel (CDOP):** throughout 2014 - 15 B&NES has held the Chair of the West of England CDOP. The number of child and infant deaths has dropped slightly in this calendar year, the first reduction for three years. Emerging themes from the monthly meetings have been:

- The need to ensure good interpreting support for families during emergency hospital admissions. This also reflects the growing diversity of families across the West of England.
- The need to continue to provide families with clear advice about the dangers of co-sleeping with very young babies in bed. In particular, the dangers of this increase considerably when one or both parents has taken alcohol. This continues to be a significant and all too common theme in a proportion of child deaths that are brought to the panel.
- There is also an emerging correlation between the number of families in poor housing accommodation, of migrant backgrounds and child deaths. A high and dis-proportionate number of the child deaths seen at the CDOP come from families in over-crowded, rented accommodation with poor heating.

The LSCB is assured that all child deaths are reported as required.

The CDOP reports annually to the LSCB on its findings and actions taken as a result.

9.3 **Private Fostering:** this has been an area which the LSCB has sought to highlight and develop in 2014 - 15. We have produced new guidance and advertising materials for distribution to key establishments such as GP surgeries and nurseries. These materials had been in need of a re-refresh and the profile of Private Fostering across the area has needed to be raised. During this year the Strategic Director for People and Communities (holding the DCS role) has also written to all independent and Language Schools in the area to remind them of their responsibilities to self-report any arrangements that might constitute Private Fostering with 'host' families.

9.4 **Children Placed 'At Distance':** The LSCB has defined children placed 'at distance' to constitute those young people who are in foster placements or residential establishments that are more than 20 miles away from the B&NES boundary. The March 2015 LSCB highlighted the needs of young people placed 'at distance' within its discussion of young people in special circumstances and used the opportunity to discuss and highlight the importance of good communication and the co-ordination of such support services as Health Visiting and CAMHS for many of these young people. The LSCB also receives the Independent Reviewing Service's Annual Report which identifies actions to ensure this cohort of children and young people are kept safe. Further supporting information is set out in section 11.

9.5 **Connecting Families:** the B&NES Troubled Families initiative (known as Connecting Families) completed the phase one targets in August 2014. This meant the targets for reaching 215 families were met 7 months early and confirmed the initiative as one of the best performing in the UK. As a consequence of this, the team was asked to become an 'early adopter' of the phase two initiative. This has led to an increased focus on the impact of workless-ness and homelessness as issues that contribute to poor outcomes for young people and some interesting and potentially productive links with other parts of the Council and the voluntary sector.

9.6 The LSCB has had a number of guest speakers during the year including:

- CAF/CASS – setting out its work and areas of focus

- South West Ambulance Trust – outlining its commitment to safeguarding and the welfare of children
- Counter Terrorism Intelligence Unit – raising awareness of Prevent
- iHop Service – regarding its service to children and families of offenders
- CAMHS research into suicide and young people

Presentations have been informative and led to further actions such as considering how to raise awareness of the risks of low level ligatures, this is being discussed with the Suicide and Self Harm group and the scoping of a task and finish group to consider how B&NES can improve support to families of offenders

9.7 Since December 2014, the LSCB has allotted a significant portion of its meeting time to a more focused review of particular themes in safeguarding – **Thematic Reviews**. This allows for a more in – depth analysis and debate about the provision and coordination of services, more effective challenge between partner agencies and offers the potential to identify improvements.

- At the December meeting we examined the multi – agency child protection process and learned much about the categorisation of abuse, the work of conference chairs and the level of commitment to these important activities from professionals. It is clear that every member of the Board learned a great deal about the overall process as well as how they might improve upon the activities of their own agencies.
- At the March 2015 meeting, we took up the theme of children with particular care needs such as those in the lawful care of the Local Authority, Foster Children and children subject to Private Fostering arrangements. We considered the particular risks pertaining to children placed outside of the Authority’s geographical remit and how these were managed. We also considered the means by which such children’s healthcare needs were met.

9.8 The LSCB has received the annual reports from the Child Protection Chairs and the Independent Reviewing Service and identified a number of actions and priorities. These are monitored through the following years report. Some of the activity information is also presented later in the report.

9.9 The Local Authority Designated Officer reported on activity during 2013 - 14 and the first half of 2014 - 15 during this period as well. The full year 2014 - 15 report will be considered in June 2015. There has been a sharp increase in enquiries and referrals from 49 in the whole of 2013 - 14 to 44 for the six months from April to end of September 2014. Police were involved in 11 cases during 2013 - 14. Physical abuse is the main category of allegation. A significant number of enquiries and referrals are from schools and the Deputy Safeguarding Lead (who undertakes the role of LADO) provides support and advice to LA schools, Academies and the independent education sector. The report highlights a lack of referrals from health care providers, the Acute Trust and Avon and Somerset Constabulary and the LADO has followed this up with the relevant agencies.

9.10 The analysis of the 2013 - 14 Section 11 Audits was presented to the LSCB in June 2014. The report highlighted that undertaking the audit generates a significant amount of work for agencies, therefore it was recommended to the LSCB that the next Section 11, for 2014 - 15, should be a ‘mini’ audit focusing on four themes highlighted in the report as needing additional progress. These themes were identified as training, safer recruitment, CSE and Missing, and the voice of the child. The first themed audit ‘training’ was

circulated to members in Spring 2015. It was agreed that the next full Section 11 audit would be undertaken in 2016, in partnership with North Somerset, Somerset, Bristol and South Gloucestershire. This will allow for a more 'joined up' approach and for more work to be developed with our neighbouring authorities in relation to the Section 11 process. (This will be of particular benefit to agencies who work in a co-terminus capacity across those areas).

- 9.11 A school safeguarding audit was also undertaken in October 2014, initial feedback was reported to the Board in March 2015 and a full report is being presented in June 2015. Early analysis of the self assessments indicates that most schools are compliant with safeguarding requirements as detailed in Keeping Children Safe in Education (April 2014) <https://www.gov.uk/government/publications/keeping-children-safe-in-education>. However it is important that schools continue to: prioritise early interventions and follow through with the CAF process; make referrals to the Council; and prioritise multi-agency training for staff.
- 9.12 The Board has also monitored the way safeguarding is considered as part of the transition process from children's to adult services. A number of actions have been identified and these are monitored.
- 9.13 The LSCB has received regular update reports on the progress of the Multi-agency Information Sharing Hub (B&NES are scoping this model rather than a MASH). A multi-agency task and finish Board has been established and reports into the LSCB, LSAB, RAG and the overarching Programme Board which is coordinated by Avon and Somerset Constabulary.
- 9.14 The LSCB holds two Development Days every year. The purpose of these half-day events is to explore the mechanisms by which the Board undertakes its business and to identify improvements to our effectiveness. In 2014, the first Development Day was held in April. The purpose was to consider a proposal to redesign the way that our Board Meetings are conducted so that at each meeting, a significant proportion of time is focused on a particular theme relevant to delivery of the Board's priorities. A number of important principles were agreed and the first of these themed LSCB meetings took place in December at which multi-agency child protection processes and outcomes were explored in some detail (as described above). At the October Development Day, members of the Board reviewed the mission, vision and values of the LSCB as well as opportunities for collaboration with the LSAB. Importantly, there was consensus over the need for defined agency commitment to the work of the Board and further work is underway to develop a process of formal agreement across all agencies.
- 9.15 The LSCB identified a common theme for a number of member agencies who were having difficulties in accessing interpreting and translation services. Following work to ascertain the levels of demand across agencies, a tender process was undertaken to jointly commission a **Translation, Interpretation and British Sign Language Interpretation Service** for employees dealing with residents and workers in Bath & North East Somerset and a 3 year spot purchase framework contract was put in place in December 2014 with Language Empire Ltd on behalf of Bath & North East Somerset Council, NHS Bath & North East Somerset Clinical Commissioning Group, Royal United Hospital, Sirona Care & Health and Avon & Wiltshire Partnership Mental Health Trust.
- 9.16 Awareness in relation to **safe restraint** of young people: this is an issue that continues to be of high importance and one on which we must remain vigilant. During the course of 2014 - 15 there were a small number of incidents where young people's behaviour became dangerous to themselves and those around them. These incidents were dealt with calmly and with the use of proportionate response. However it will be vital to ensure

that all staff at all levels have an understanding of how to deal with aggressive behaviour and have sufficient training with which to deal with this confidently.

- 9.17 The activity of the Youth Offending Team and the Youth Justice Board are reported to the LSCB on an annual basis.

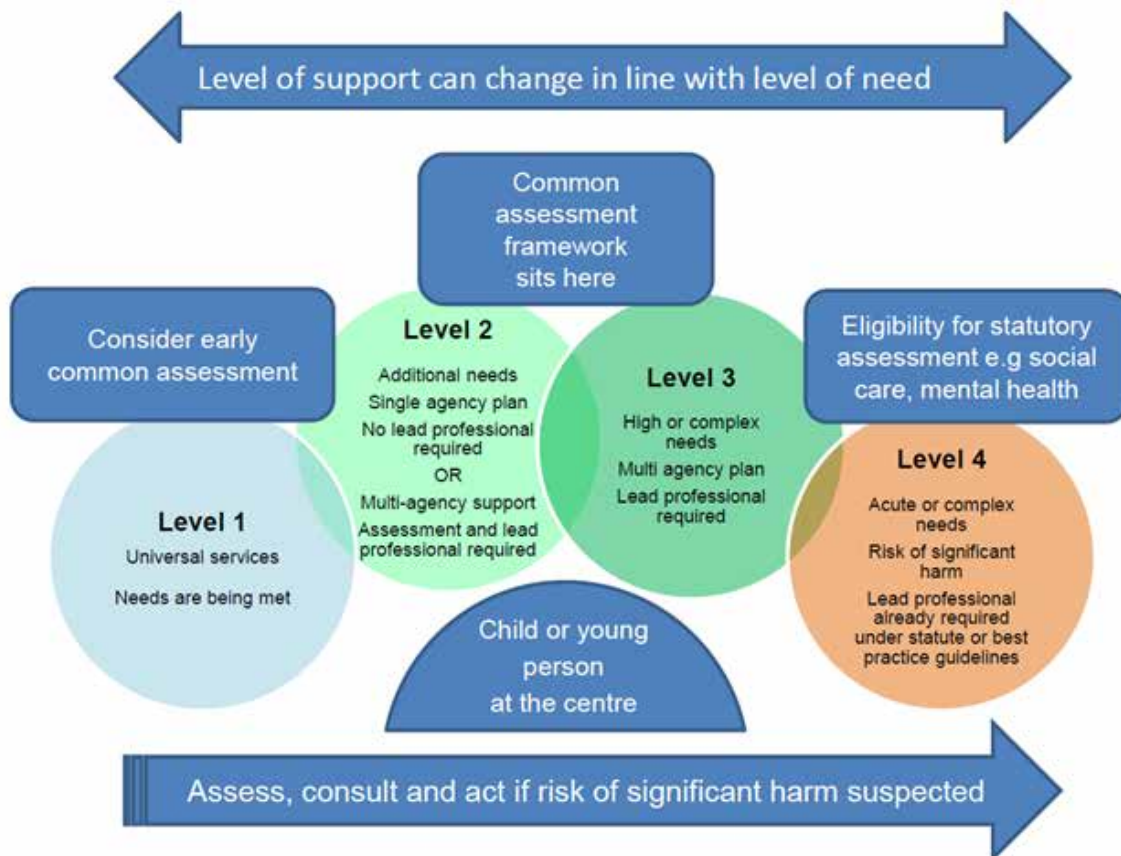
Section 10: Local Arrangements

- 10.1 Local arrangements fulfil the requirements set out in Working Together to Safeguard Children 2013 and will be reviewed during 2015 - 16 in light of the 2015 update.
- 10.2 B&NES LSCB is one of the 13 members of the South West Safeguarding Child Protection Procedures group and uses these procedures to direct its safeguarding duties
- www.swcpp.org.uk
- 10.3 All multi-agency policies and procedures the LSCB approves are placed on the public website. We are aware that we need to ensure these are disseminated in a wide and timely way and are implemented and this will be an area of focus in the new business plan. We are mindful that poor oversight and assurance of implementation was a failing in the Rotherham Inquiry.
- 10.4 The Council delivers its statutory duty through its Children's Specialist Service and Children and Young People Strategy and Commissioning Service. The Child Protection Chairs and Independent Review Service sit within the commissioning side of the Directorate whilst operational teams such as the Children and Families Assessment and Intervention Team, who provide the first point of contact for anyone wishing to talk about a child or young person, sit within the Children's Specialist Service area. If a child is disabled the Disabled Children Team located at the Royal United Hospital provides contact, referral and initial response services for the hospital and for disabled children.



Section 11: Summary of Activity in Relation to the Support and Interventions Provided for Children and Young People

11.1 All partners have a responsibility to act when they identify that a child, young person and / or their family needs support. The following diagram sets out changing needs and how the level of multi-agency support and assessments corresponds to this.

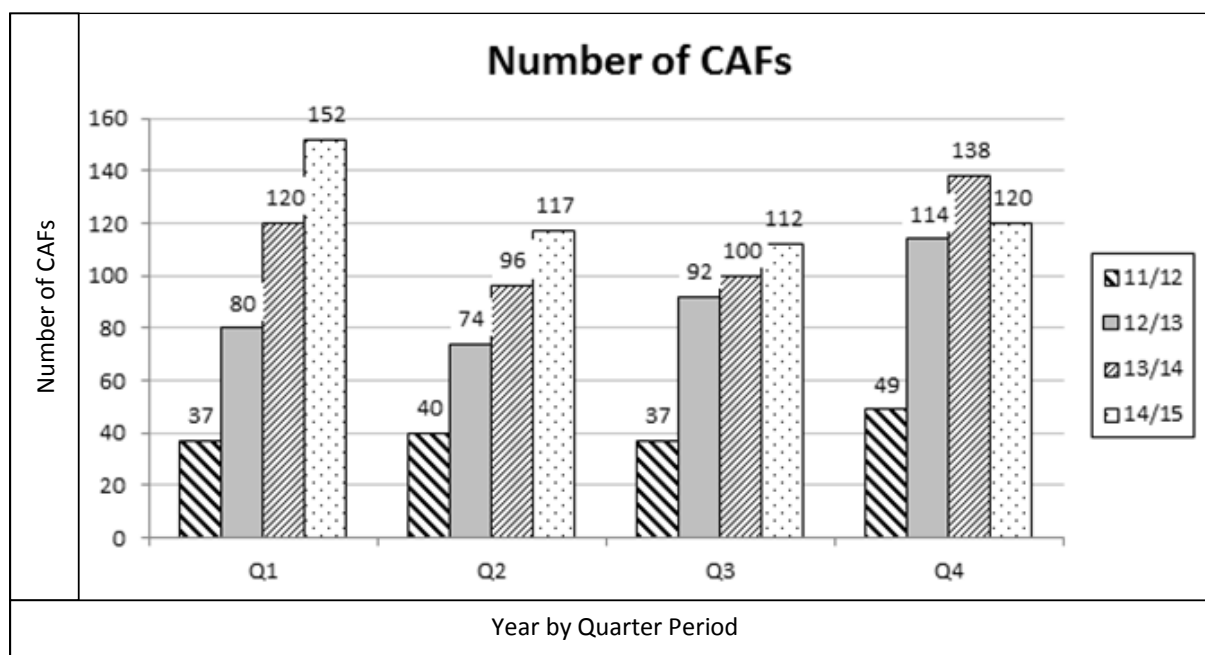


11.2 The information provided in this section of the Annual Report details the activity that has taken place during the reporting period to support children and young people identified in need. It starts with the offer of 'early help' and the Common Assessment Framework (CAF) (level 2 and 3 above); this is what we do collectively to prevent and reduce problems escalating and moves through Level 4, providing details on the number of children and young people we are supporting through child protection arrangements and the number of children the Local Authority brings into the care to protect and keep them safe. Note through-out this section percentages have been rounded to the nearest whole number.

11.3 **Early Help** - In order to meet its duty to safeguard and promote the welfare of children in need, as set out in the Childrens Act 1989, B&NES Council works closely with local agencies to ensure that help is offered at the earliest point where children and young people's additional needs are emerging. In many cases, the common assessment (CAF) is the multi-agency assessment tool which is used; 501 CAFs were completed in 2014 - 15. There is a wide spread of agencies and services initiating common assessments across B&NES including health, early years services/setting and schools initiating the majority of assessments. There is also strong engagement from the voluntary sector and commissioned services.

Early help is also offered via family assessments completed by the Connecting Families team (Troubled Families initiative) and through Youth Connect 'One' assessments.

11.4 Diagram 1: Number of Common Assessments (CAFs) by Year and Quarter



As indicated in the diagram above in the table below there has been a year on year increase in the number of assessments undertaken.

11.5 Table 1: CAFs undertaken 2011 - 15:

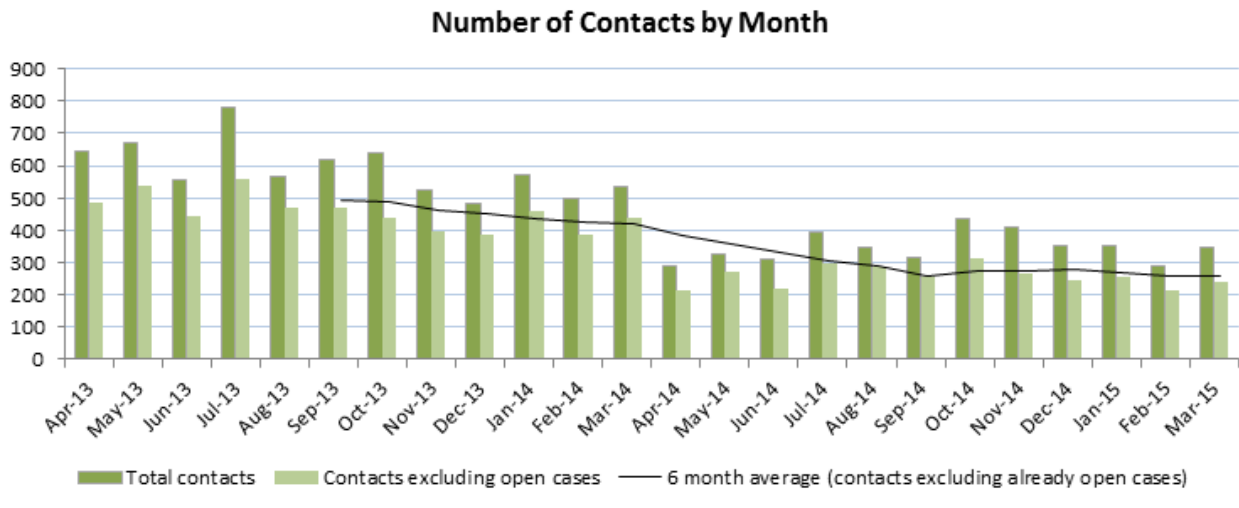
Year	CAFs undertaken	% increase
2011 - 12	163	n/a
2012 - 13	360	121%
2013 - 14	454	26%
2014 - 15	501	10%

- 11.6 Overall, early years services, health visitors and schools continue to initiate the greatest numbers of common assessments, and there is a growing trend for jointly completed assessments giving a holistic view of a child's strengths and needs. The need for parenting support, along with parental mental health needs which impact on children, feature most strongly as reasons for initiating the common assessment.
- 11.7 It remains a challenge to evidence the impact of assessment and subsequent planned intervention but from what has been returned to the Integrated Working Team, 69% of the information evidences improved outcomes. However educational outcomes feature strongly such as improved behaviour at school, improved attendance and punctuality, smooth transitions between stages or schools, and improved attainment. Over the past two years we have seen a consistent figure of between 8 -10% of CAF's appropriately progressing to a CIN or CP assessment by the Children's services Duty team. More tangible outcomes such as improved morning or bedtime routines have also been reported as positive outcomes.
- 11.8 It isn't possible at the current time to compare the number of children we support through the CAF with other areas as this data is not collected by the DfE however ADCS are looking into this and are considering how they can collect and share it. Some data has already been shared between the ADCS but it is not for this period. Early help continues

to remain a focus with the development of the Multi-agency Early Help Strategy.

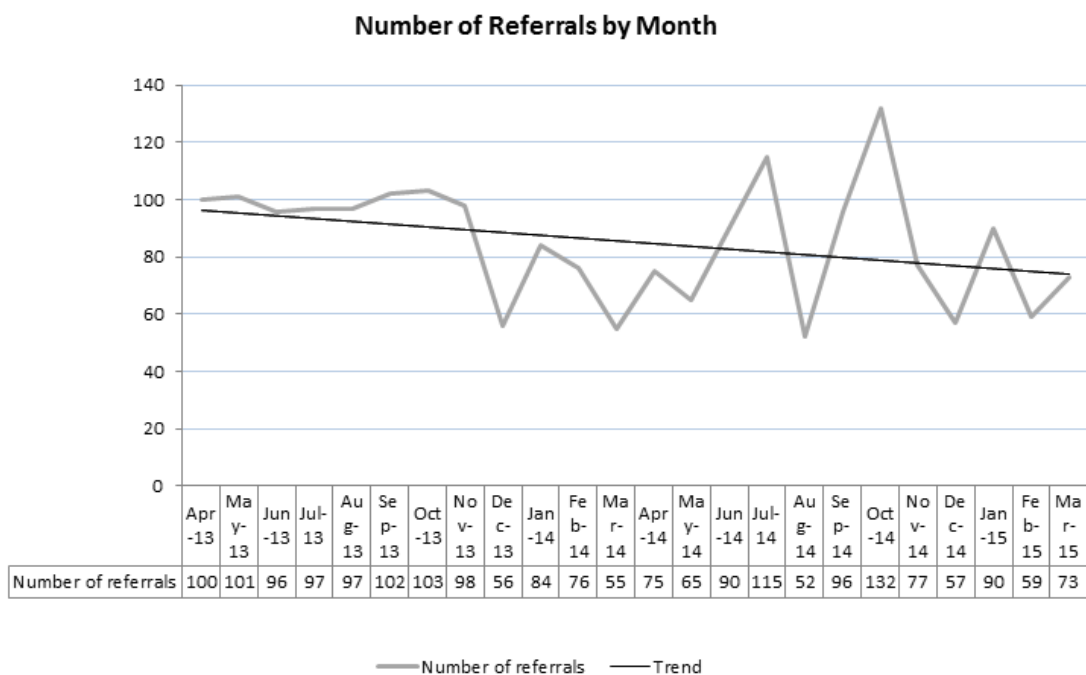
11.9 Contacts and Referrals to B&NES Council Childrens Specialist Services – This Service is responsible for receiving and processing contacts when there is a concern about a child or young person. They assess the information according to the threshold matrix and decide whether the contact reaches the threshold for a referral into Childrens Specialist Services for action. The diagram below sets out the activity per month.

11.10 Diagram 2: Number of Contacts per Month 2013 – 15



11.11 It will be important to note the change in the total numbers of contacts that begins in April 2014, with an apparent drop in numbers of contacts. This results from changes in the manner in which contacts and referrals were being counted. Prior to this time any number of contacts from agencies in relation to the same incident were being counted separately, rather than as different information on the same incident. Whilst direct comparison between the different methods of counting is difficult, work has been undertaken with Police colleagues to compare numbers of contacts and referrals over the period, and these have remained steady.

Diagram 3: Number of Referrals per Month (contacts which progress to single assessment)

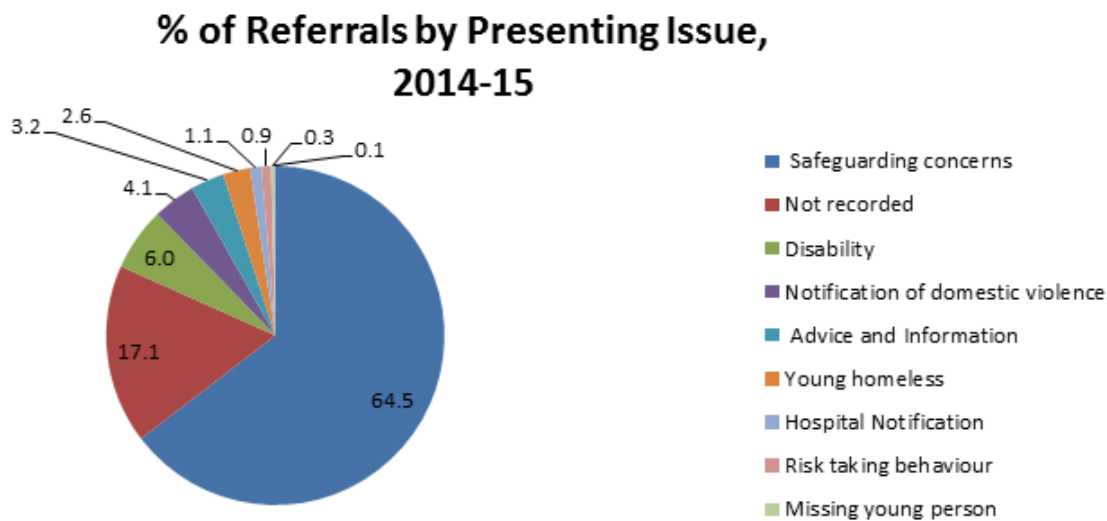


11.12 The recording of referrals was also changed in April 2014. Prior to this date, new information or incidents on some already open cases were often being recorded as referrals. This was felt to be distorting figures and also creating considerable, additional work for the duty team. Therefore, from this date any new information on already open/ allocated cases was recorded straight to the file and passed to the allocated Social Worker. The two spikes in referrals seen in July and then again in October could be linked with schools passing on information about young people prior to the school summer holidays, and then picking up on emerging issues once the schools had re-started in the autumn. The steady increase in the use of CAF's and promotion of early help will also have impacted on the overall numbers of referrals. Childrens Specialist Services and the Children and Young People Strategy and Commissioning team of the Council are monitoring this and have undertaken an audit of threshold in regard to section 47 enquiries this is being reported to the Policy, Procedures and Performance sub-group in May 2015.

11.13 Data for the preceding year (2013/14) allows us to make a rough comparison on the numbers of referrals we undertake, in comparison with both statistical neighbours and the national average. In 2013 - 14, B&NES undertook 319.6 referrals per 10,000 of the population. The statistical neighbour figure is 422.5 per 10,000, and the national figure is 573 per 10,000.

11.14 During the period 64.5% of the referrals gave safeguarding concerns as the presenting issue. The diagram below described the % of referrals by presenting issue.

Diagram 4: Percentage of Referrals by Presenting Issue



This indicates that the community and partners are raising safeguarding concerns appropriately. This figure has been consistently at around this figure for the majority of 2014-15, and does indicate that thresholds are understood by partners. Of note however is that just over 17% of records at the time of this information being provided is not available, however this problem was identified earlier in the year and since quarter 4 it has become a mandatory field. Quarter 4 data shows that just over 80% of presenting issues are recorded as safeguarding concerns.

11.15 Given the changes in the way in which contacts and referrals have been recorded the Policy, Procedures and Performance sub-group has been monitoring who has made referrals and compared this year's information with last years. There has been a slight reduction in referrals from Schools, Avon and Somerset Constabulary, other Social Care teams, other education settings and the acute hospital which are consistent with

the decrease generally; however there has been a more marked reduction from family members and carers which again may be as a result of being engaged at an earlier stage through the CAF and from GPs. Conversely however there has been an increase in referrals from external social care agencies (none Council services) and from housing providers and primary care such as Health Visitors (albeit these were small) which is encouraging.

11.16 During the period Childrens Specialist Services has managed to reduce the percentage of cases that are re-referred within 12 months of closure. In 2013 - 14 this stood at 24.6%. Over the past year, this has reduced to an average of 21.8%. A report from Ofsted setting out 2013 - 14 data identifies the re-referral rate as 23% nationally and our statistical neighbours is 22.3%. The re-referral rate will continue to be monitored carefully as this will be an important measure of the quality of our interventions with vulnerable families.

11.17 **Children in Need and Child Protection Interventions** - the number of Children in Need (CIN) that are open to Children’s Specialist Services is between 480 and 550 at any one time.

Compared to other Local authorities B&NES does appear to keep more CIN cases open during the initial months of intervention, than occurs with both our statistical neighbours and the national average. The percentage of CIN cases that are closed at the 0-3 month, 3-6 month and 6-12 month period are significantly lower than our statistical neighbours and the national average. However, given the drop in our rate of re-referrals, CP numbers and children being accommodated, it possible to see a correlation between the quality of interventions, planning and duration of intervention and a reduction in re-emerging concerns.

11.18 **Strategy Discussions**- the table below sets out the number of strategy discussions that were held during the year and the length of time before an Initial Child Protection Conference was convened. The South West Child Protection Procedures (and Working Together to Safeguarding Children 2015) state that the Conference should be convened within 15 working days of the strategy discussion taking place.

11.19 Table 2: Timescale from Strategy Discussion to Initial Child Protection Conference (2014 - 15)

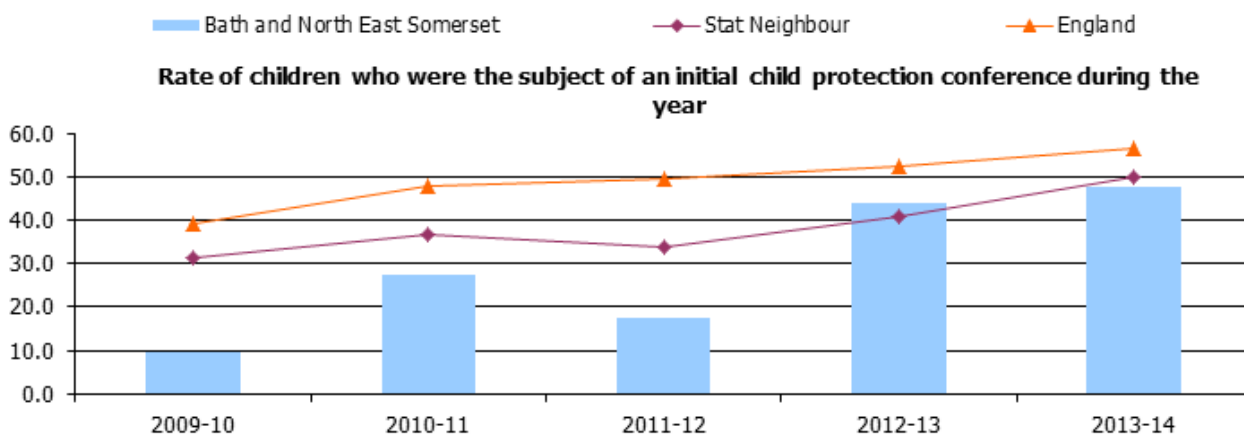
Timescale (working days)	0-7	8-15	16-22	23-30	31+
Number of ICPCs	6	97	23	0	11
% of Total	4.4%	70.8%	16.8%	0%	8.0%

11.20 As the data indicates above 75.2% of cases were convened in accordance with the procedures however just under 25% weren’t. The Child Protection Chairs and the Duty and Assessment team routinely look at the reason for the delay. The most common reason for these delays is due to difficulties in obtaining information that is felt to be central to the decision making process. However there are also occasions when staff sickness or annual leave has also impacted on this process. As all section 47’s continue to have good management oversight the safety of children within an investigation is continually monitored and risk is continually assessed.

11.21 Initial Child Protection Conferences - there have been a total of 117 Initial Child Protection Conferences during 2014 – 15. This is a decrease from 164 in the previous

period; a 29% decrease. This trajectory is in line with the decrease in contacts and referrals however a threshold of section 47 audit has been undertaken in order to provide the assurance required to ensure cases are not being missed.

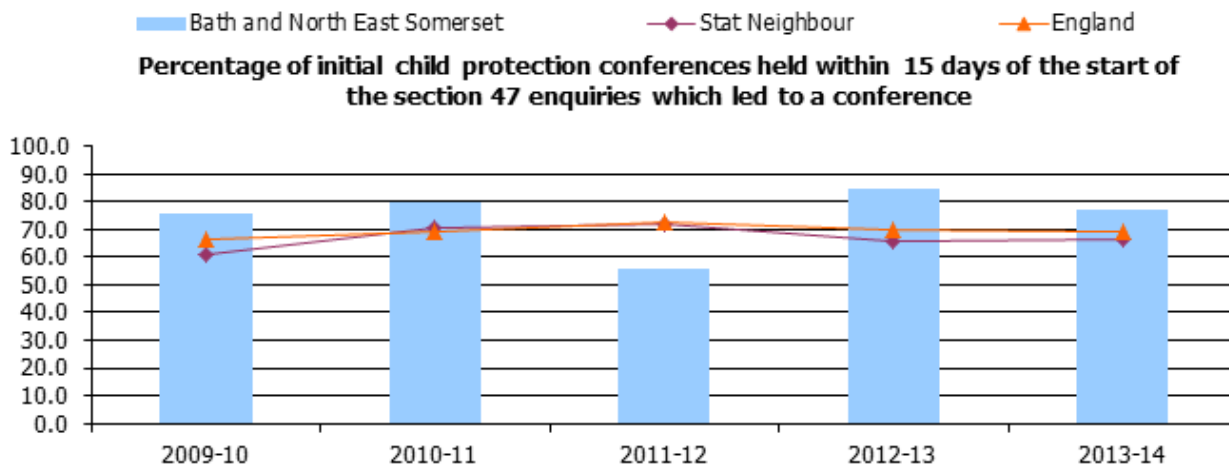
11.22 Diagram 5: Rates of Children Subject to an Initial Child Protection Conference by Year, Statistical Neighbour and England Averages



(Source: DfE information provided by Ofsted May 2015)

11.23 Diagram 6 below demonstrates that in B&NES there is a higher rate of section 47 enquiries which lead to a conference than statistical neighbours or the England average. This provides the LSCB with assurance that once appropriate cases are being referred.

Diagram 6: Percentage of initial child protection conferences held within 15 days of the start of the section 47 enquiries which led to a conference



(Source: DfE information provided by Ofsted May 2015)

11.24 Unborn Babies, Children and Young People on a Child Protection Plan - the number subject to a child protection plan has decreased in line with the above during the period. During the year there have been 102 new child protection plans started.

11.25 Table 3: Number of Children Subject to a Child Protection Plan on 31st March by Year

Year	2012 - 13	2013 - 14	2014 - 15
Number subject to a CP plan in B&NES from last year's Annual Report	125	123	109

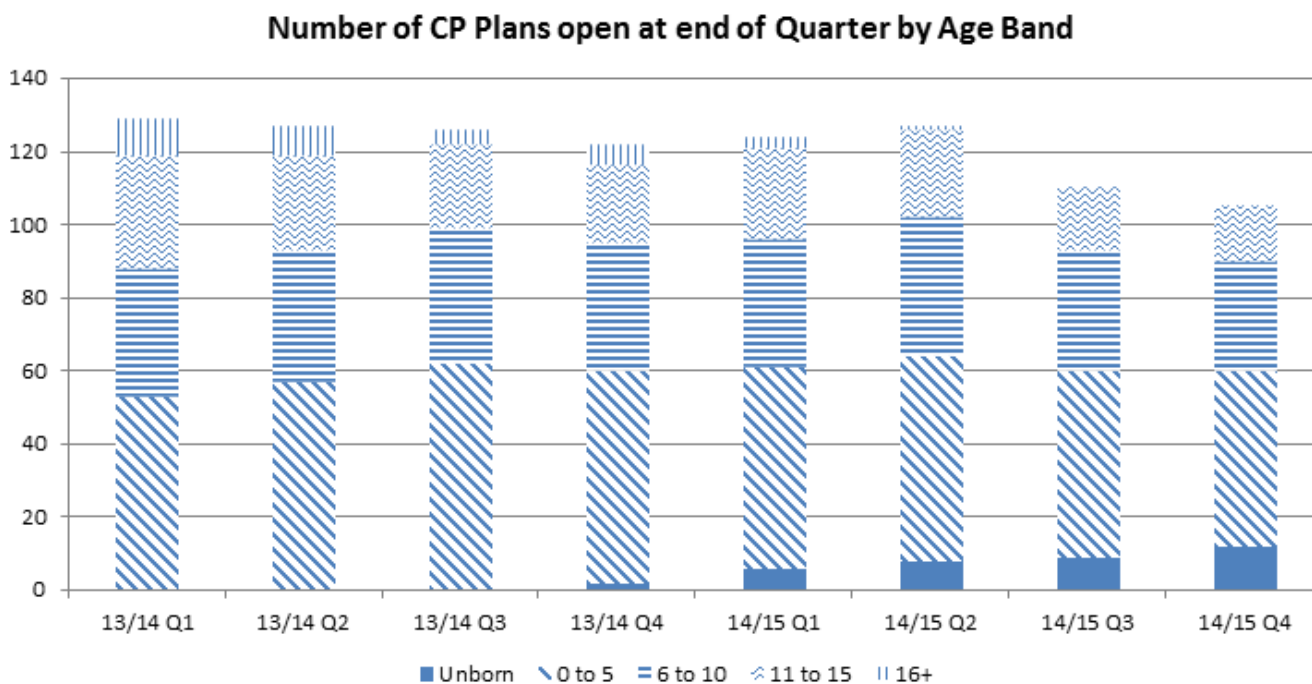
11.26 In comparison to England and B&NES statistical neighbours at the time of data collection the following table demonstrates those subject to a plan per 10,000 population aged under 18 years.

Table 4: Rate of Children Subject to a Child Protection Plan Per 10,000 Population in Comparison to Other Areas (at the end of the period)

Year	2012 - 13	2013 - 14	2014 - 15
B&NES rate	36.3	36.1	32.0
Statistical Neighbour rate (average)	29.3	33.2	Not available
England rate	37.9	42.1	Not available

11.27 The information would indicate that the continued development of early help services is having a positive impact on our ability to identify risk at an earlier stage and provide co-ordinated support via the CAF process or within a CIN plan. The diagram below also indicates that the cohort of young people that are subject to a Child Protection plan are becoming younger. This is felt to be a positive change, as it is suggestive of a move to being able to identify risk and concern at a young age/earlier stage.

11.28 Diagram 7: Number of Children and Young People on a Child Protection Plan by Age and Period



11.29 As expected in line with the reduction in number of children subject of an initial conference the number of child and young people in receipt of a plan has also fallen, most significantly seen by the reduction over the last half of the period. Of note is the increase in the number of unborn children and reduction in the number of young people over the age of 16 years and above. The identification of risk prior to birth is positive and demonstrates agencies are addressing this at the earliest possible stage. The growth in the number of children made subject to a Child Protection plan prior to birth is very positive as it demonstrates our ability to begin planning prior to the birth of the child and work with parents to reduce risks at the earliest point. The reduction in children over the age of 16 years of age demonstrates that Children's Specialist Services and partners are finding different ways to manage the risk which is also viewed as positive.

Comparator information from DfE supplied by Ofsted for 2013 - 14 shows that B&NES had fewer children under the age of 5 years subject to a Child Protection Plan, a slightly higher number of children aged 5 to 15 years and a lower number of those aged 16 plus however the numbers are broadly similar. In 2013 - 14 the lack of unborn babies identified was a potential issue however given the number in 2014 - 15 the LSCB is assured these are not being missed.

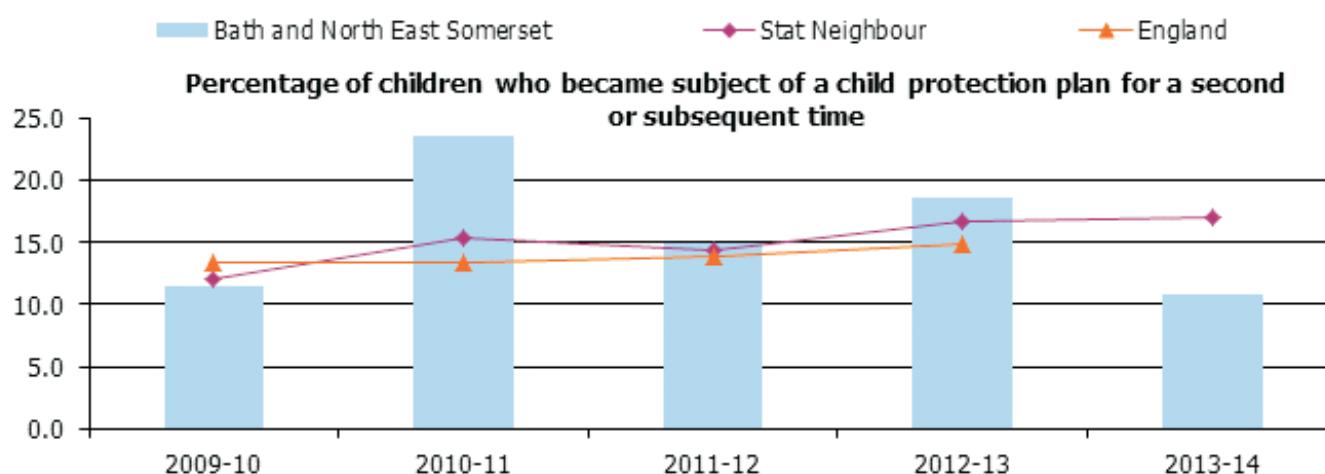
11.30 Table 5: Lengths of Time Children are Subject to a Child Protection Plan

Length of Period	Children on a Plan 2014 - 15	Children on a Plan 2013 - 14
Lasted less than 3 months	19%	24%
Lasting 3-6 months	4%	6%
Lasting 6-12 months	45%	53%
Lasting 12-24 months	30%	42%
Lasting more than 24 months	1%	3%

(Note figures are rounded to the nearest whole)

11.31 The activity demonstrates that less than 1% (0.87) of children and young people are subject to a plan that lasts longer than two years. This is a reduction on the previous year which is positive as is the reduction in the length of plans overall in all areas in comparison to the previous year. At the end of the 2014 - 15 period there had been just under 7% (6.7) of children who have been subject to a Child Protection Plan for a second or subsequent time within two years of their previous plan. This figure is slightly down in comparison to 2013 - 14 when the figure was 6.9%. The diagram below sets out how B&NES compares to other areas and demonstrates that we are effective in our intervention and reduce the need for a repeat plan.

11.32 Diagram 8: Percentage of Children Subject to Child protection Plan for a Second or Subsequent Time



(Source: DfE data provided by Ofsted May 2015)

11.33 When looking at the categories of abuse recorded for children on Plans the following information is recorded.

11.34 Table 6: Recorded Categories of Abuse at Initial and Latest Child Protection Plan 2014 - 15

Need / Abuse Category	B&NES Open CPPs by Initial Need Category 2014 - 15	B&NES Open CPPs by Latest Need Category 2014 - 15	Open CPPs by Latest Need Category 2013 - 14		
			B&NES	Statistical Neighbour	England
Emotional	36%	37%	45%	36%	35%
Neglect	49%	53%	43%	43%	41%
Physical	13%	7%	8%	10%	10%
Sexual	2%	2%	5%	6%	5%
Multiple	1%	1%	0%	6%	9%
Total	101%	100%	101%	101%	100%

Note: figures have been rounded to the nearest whole

11.35 The LSCB has been monitoring the categories of abuse and noted during the period that the number of children categorised as subject to sexual abuse had fallen from the previous year and those categorised as neglect had increased. The LSCB PPP sub-group were concerned about the decrease in the number of emotional abuse cases in comparison to the previous period; having now received the comparator data and the difference this was a correct concern to be looked into. An audit of cases made subject to a plan under the category of emotional harm was reported to the LSCB in December 2014 as part of the themed review and a number of recommendations were made. The audit looked at 90% of cases categorised as emotional abuse at the end of quarter 1. Seven recommendations were made as a result of the audit – the LSCB concentrated on the following areas:

- the differences between agencies over the perception of risk when assessing whether a child was at risk of significant harm or was a cause for concern.
- inconsistency in how the assessment of initial risk is categorised into different kinds of abuse. This decision has to be correct for the action plan to work.
- lack of evidence of challenge concerning the above.
- queries about how well staff communicate with parents about their assessment and how the risk issues are explained.

In addition to identifying issues with categorisation of cases a number of other practice concerns were identified which are being addressed and are being monitored by the PPPG.

11.36 In addition to this the PPP sub-group have been monitoring the number of sexual abuse cases and have sought assurance that cases have not been missed. They are currently in the process of triangulating Council and Avon and Somerset Constabulary data; findings will be shared with the LSCB during 2015 - 16 as necessary for assurance purposes. The number of cases initially categorised as physical abuse has dropped in comparison to the latest categorisation by 6%. The PPP sub-group will consider whether there is a need to look into this.

11.37 The Child Protection Chairs provide an annual report to the LSCB which captures the participation of families at conferences and is of particular interest to the LSCB. We await the 2014 - 15 report, however information from the 2013 - 14 report stated:

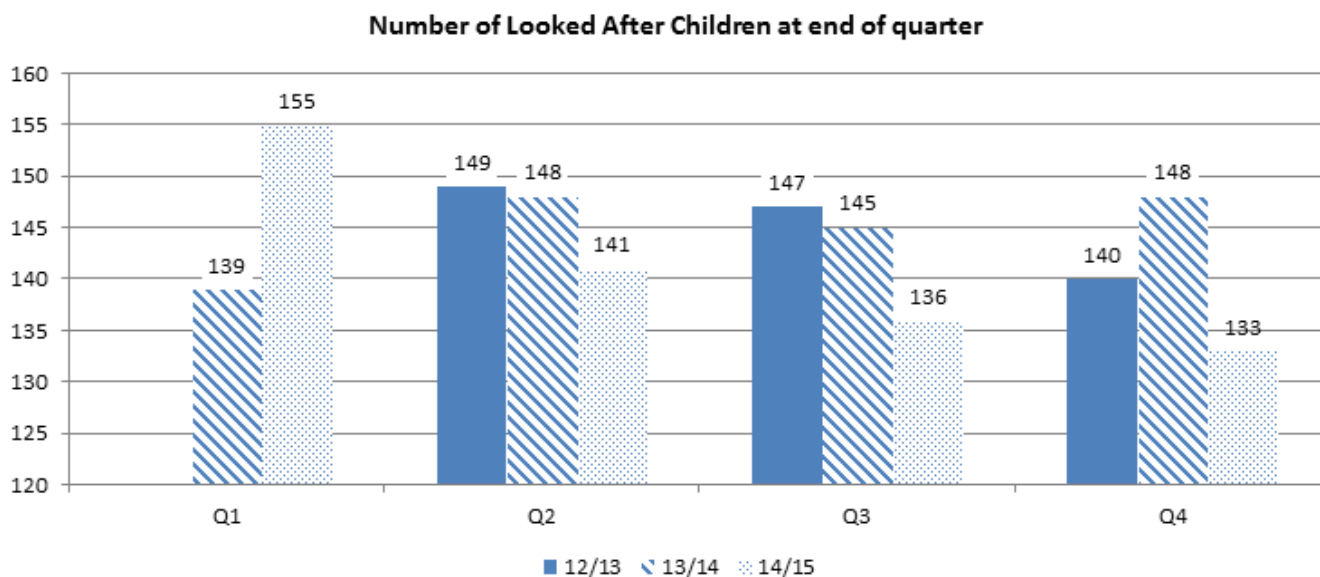
'Attendance remains high, at 98% of the conferences attended by at least one or other parent, in only 6 out of 264 conferences did no family member attend. This is an improvement on 2012/13 figure of 96%. This is a good level of attendance and we need to continue enabling participation of family members.' (Child Protection Chairs Annual Report 2013-14 p4)

In relation to participation of children in conferences the following is written:

'Child Protection Chairs spend time with the young person before a Conference to agree how best to share their views, ensuring that their involvement will be meaningful and they are protected from any distress. It is positive that young people's participation has increased this year. In 2013 - 14 children over 11 years and their siblings were automatically offered the services of an independent Advocacy Service, provided by Shout Out. There were 167 Child Protection Conferences where this service was offered and the Advocacy Service was used in 90 of these Conferences meaning that 54% of the young people offered the service used it.' (p6)

11.38 **Looked After Children** - On the 31st March 2015 there were 131 Looked After Children in B&NES and there are 142 on average during the year. The table below outlines the number of children and young people whom are Looked After each quarter. It demonstrates a decreasing number during the period which is consistent with the overall trajectory for 2012 - 13 and 2013 - 14 with the one quarters outlier in 2013 - 14. This is thought to have been caused by a number of developments. Firstly, the effectiveness of the early help interventions are beginning to positively impact or our ability to offer support to families at an earlier stage, particularly for families with younger children. Secondly, changes made within the Children's Specialist Services procedures for the planning for placements has seen a reduction in the number of requests for emergency or un-planned admissions to care.

11.39 Diagram 9: Number of Looked After Children at End of Quarter



11.40 B&NES has a lower number of Looked After children and young people than the England average as expected and is largely similar to its statistical neighbours. The table below sets out how it compares.

11.41 Table 7: Rate Per 10,000 Population of Looked After Children

Comparator Areas	2012 - 13	2013 - 14	2014 - 15
B&NES	41.6	44.7	41.3
Statistical neighbours	43.3	42.6	Not available
England	60	60	Not available

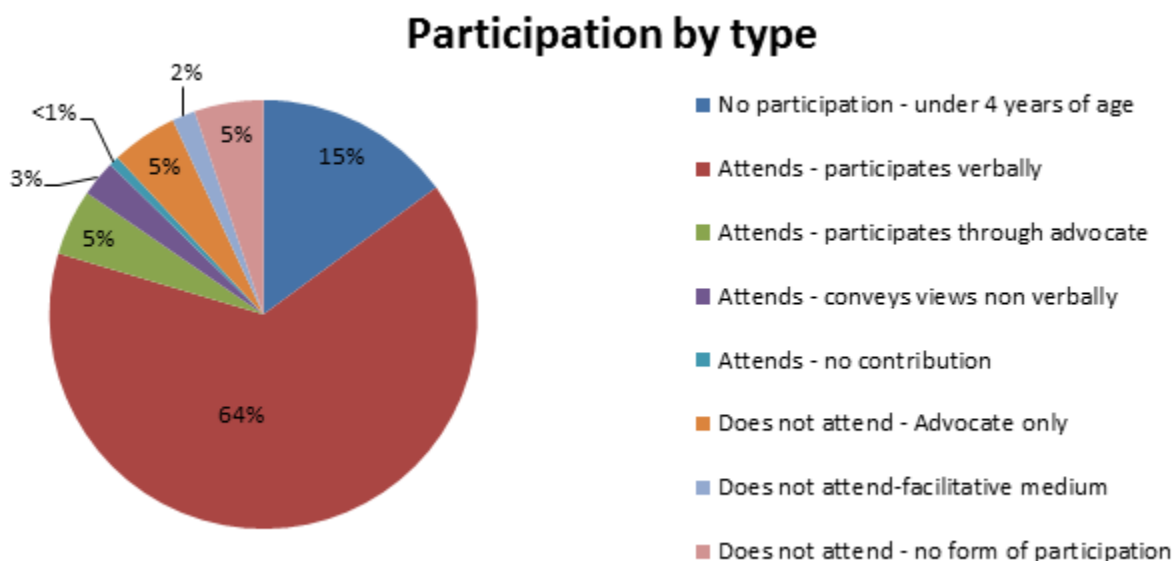
(Source: DfE data provided by Ofsted Dec 2014)

11.42 The per 10,000 data would appear to confirm the positive picture of B&NES being able to reduce the number of young people being accommodated so that it is now slightly below our statistical neighbour comparators, but not so far that we are an outlier. This again underlines that thresholds and decision making are in line with other areas. Our challenge for the next few years will be to seek to reduce the number of 13-16 year olds that come into care. Although the services and support to young parents appears to be becoming more effective, there is a continuing need to develop more effective services to teenagers, so that we can reduce the rate of family break-downs due to pressures within this age group. Children Specialist Services and Independent Reviewing Services work together to ensure placements remain as stable as possible. In 2014 - 15, 73% of placements had lasted more than two years. This is in comparison to the statistical neighbour figure of 65% and the national figure of 67%. This demonstrates ‘...accurate assessments of need, good ‘matching’ process and ongoing support to both carers and children.’ (Children Specialist Services Care Service Manger May 2015).

11.43 The Independent Reviewing Service has ensured reviews are carried out in a timely way and 96% have been carried out on time. The location and time of the reviews has changed in accordance with Children and Young Peoples wants.

11.44 403 reviews were carried out during the year; children and young people are encouraged to participate in these and in 93% of cases this occurred. Note good practice recommends not to include children under the age of four in such reviews.

11.45 Diagram 10: Children and Young People Participation in Reviews



11.46 The Independent Reviewing Officers have raised concerns about the timeliness of social work reports in preparation for reviews and this has been escalated.

11.47 **Outcomes for Looked After Children**

- During the period 90.9% of young people leaving care have suitable and stable accommodation; this compares to 90.4% in 2013-14 and continues to demonstrate good outcomes for care leavers. 90.8% of care leavers (aged 19, 20 and 21) at the end of March 14 were in suitable accommodation in comparison to 76.5% for statistical neighbours and 77.8% England average (source DfE)
- 61% of young people leaving care are in employment, education or training, this figure has reduced in comparison to last year which was 78.6%. We believe there has been a reduction nationally as the DfE has changed the age range being collected which is likely to cause the variation, that said, we need to understand the position locally and will be looking into this.

11.48 Private Fostering arrangements: there have been four Private Fostering notifications during 2014 - 15 and two Private Fostering arrangements ended during 2014 - 15.

11.49 During the year there has been an increased focus on children missing from school, education and home data and the CSE sub-group will look at triangulating this for assurance purposes in the 2015 - 16 business plan. Police notifications are routinely received and recorded

Section 12: External Assessments

- 12.1 The LSCB has not been subject to any external assessments itself during the period however a peer review of the Local Authority response to CSE was undertaken by another Local Authority. The findings were largely positive, the peer challenge confirmed progress in the areas of development that we are already working on and highlighted the importance of stronger information sharing arrangements particularly in relation to the Police.
- 12.2 A peer review of safeguarding adults assurance mechanisms has taken place and this review commented upon the opportunity to collaborate with the LSCB.
- 12.3 The HMIP Thematic Inspection of safeguarding practice within the Youth Offending Service was published. This was a national review which included a visit to B&NES and findings were discussed by the LSCB. As it is a thematic review no specific recommendations are made for any of the participating authorities, although the YOS has been following up on specific local feedback from the review team.
- 12.4 The LSCB was made aware of the National Child Protection Inspection Report and subsequent action plan produced by Avon and Somerset Constabulary and have asked for progress reports on this.

Section 13: Priorities for 2015 - 16 and Beyond

13.1 The report has identified a number of areas which the LSCB intend to explore further. These are articulated in the list below and have been added to other areas the LSCB want to explore; all are being included in the 2015 - 18 Business Plan and the ones in bold have been prioritised for work to commence in 2015 - 16. Not all the work associated with these areas will have been completed by March 2016 but progress will have been made. The format of the Business Plan is set out in Appendix 10; the LSCB intend to sign off the populated three year plan in September 2015.

Key Priority 1 - The LSCB will co-ordinate a multi-agency approach to reducing harm to vulnerable Children and Young People. This will particularly focus on children and young people associated with the issues of:

- Physical Abuse
- Neglect
- Sexual Abuse
- Child Sexual Exploitation
- Children missing or absent
- E-Safety
- Self harm / suicide
- Emotional well being
- Disability
- FGM
- Domestic Abuse
- Substance misuse
- Mental health and link to domestic abuse and substance misuse
- Radicalisation (Prevent and Channel)
- Slavery
- Harm associated with service provision (eg, mental health bed availability or provider failure)
- Children affected by parental offending

Issue

Gather assurance on e-safety arrangements

Put in place new Prevent and Channel responsibilities

Monitor progress of Multi-agency Information Sharing Hub project

Gather assurance on the effectiveness of missing from home, care and school arrangements

Deliver CSE action plan (ensure Willow Project is effectively functioning, strengthen links with schools and sexual health and review and refine strategy and protocol)

Implement and monitor effectiveness of mental health protocol

Progress targeted work with drug and alcohol agencies, mental health and domestic abuse services – seek assurance that effective co-ordinated work is in place

Progress work with the Self Harm and Suicide Prevention group consider the best mechanism to raise awareness of risks with low level ligatures

Assess the potential impact of lack of mental health beds on young people in B&NES

Continue to monitor the transition of children to adult services

On-going liaison with South West Child Protection Procedures and arrangements going forwards

Finalise Early Help Strategy
Implement task and finish group to look at needs of offender and families (in line with iHop presentation)
Gather assurance on children and young people with disabilities
Understand the data regarding children in care in education, training and employment

Key Priority 2 – To increase the participation and involvement of children, young people and parents/carers in service improvements and developments both:
<ul style="list-style-type: none"> • Experience of current services • Aspirations for new ones
Issue
Seek assurance that new child friendly Working Together guidance is disseminated
Continue to seek assurance from IRO, CP chairs, Children Specialist Services, Off the Record Advocacy Service and other agencies that children, young people and parents are invited and supported to participate in meetings – seek their views on their experience
Continue to engage support of young people in stakeholder events and in recruitment of staff
Commence work with the e-teams to develop new materials
Development of further children and young people friendly communication strands eg, potential for face book, twitter, You Tube etc to communicate messages
To continue to work with Project 28 and Mentoring Plus to develop new ways of utilising the feed-back from young people using these groups on the delivery of service to young people.

Key Priority 3 – Strengthening the LSCB's evaluation and challenge of the effectiveness of individual agency safeguarding arrangements
Issue
Continue to undertake multi-agency audits and provide feedback (specifically review school and GP engagement; re audit categorisations of abuse; CSE cases; joint audit with LSAB sub-group)
Develop programme for auditing agency compliance with multi-agency procedures
Ensure Section 11 sub-regional mini audits for 2014 - 15 are completed, analysed and responded to
Assurance that findings of schools audit are addressed and implemented
Ensure that findings from lessons learned reviews are reported and actions to improve effectiveness are addressed
Assurance from SCR sub-group that single agency action plans from SCR have all been completed
Assurance that Section 11 action plans for 2013 - 14 have been signed off and completed
Review effectiveness of partners challenge at CP Conferences
Audit referrals from adult care commissioned services
Understand the assurance mechanisms commissioners have in place for safeguarding children and young people in contracts
Banes NHS CCG and B&NES Council to ensure standardised contractual requirements are included in all contracts

Key Priority 4 – Sufficient and Competent Workforce to ensure Children and Young People are ‘safe’
Issue
Disseminate Working Together to Safeguard Children 2015 and other recent reports / guidance documents
Assurance that new areas of abuse are included in all staff training eg, modern slavery, trafficking, FGM and CSE
Develop electronic training booking record management system to improve quality of information to provide assurance of multi-agency training
Assurance that schools are complying with minimum safeguarding training requirements issued in March 2015
Commence the development of a quality framework for single agency and ‘train the trainer’ training
Develop standardised competencies for all new programmes
Assurance that agencies have attended Prevent training
Review existing Training Programme
Develop and implement joint training programme with LSAB (consider particularly Domestic Abuse in 2015 - 16)

Key Priority 5 – Continuous Improvement of the LSCB
Issue
Review LSCB and sub-group Terms of Reference – seize opportunity for joint working with LSAB sub-groups
Review assurance mechanisms CCG and Council Commissioning teams have in place (including for schools; ensure standardised contract measures between CCG and Council where possible and included for roll out in contract variations 2016)
Assess effectiveness of Thematic Reviews
Continue to analyse feedback from other LSCB Ofsted inspection reports to identify areas for improvement
Develop new LSCB website and consider opportunity to link with LSAB
Develop systematic method for reviewing, disseminating and monitoring implementation of multi-agency policy and procedures (initial priority it to review against Working Together 2015 and new Information Sharing Guidance)
Clarify arrangements for identifying and writing new policy, protocols, materials etc
Secure and induct lay members, schools and housing representatives to LSCB and sub-groups
Gather assurance on Private Fostering arrangements
Implement Challenge and Review Panel for the Chair
Review data: eg, (1) take a closer look at the age of Looked After children in comparison to other areas to understand if B&NES is an outlier and if so why are we different; (2) generate data on children’s ethnicity, disability and gender for those on CP plans and Looked After for next years report; (3) triangulate sexual abuse cases with Avon and Somerset Constabulary.
Develop stronger links with other Boards
Review performance report ensuring new data is added as required – members to keep the ‘so what’ question front of mind.

Section 14: Essential Information

- 14.1 The Annual Report is published by the LSCB and has been contributed to and approved by all partner agencies.
- 14.2 The Report is shared with the Health and Wellbeing Board, Childrens Trust Board, LSAB, RAG and Council Chief.
- 14.3 The report can be made available in alternative formats as required and by contacting the Communications Co-ordinator by emailing Melanie_Hodgson@bathnes.gov.uk or ringing 01225 477983.

Appendix 1: List of Statutory Guidance, Legislation and Reports Relevant to Safeguarding Children and Young People

Section 1: Acts and Regulations

1. Family Law Act 1996
2. Housing Act 1996
3. Children Act 1989
4. Family Law Act 1996
5. The Human Rights Act 1998
6. Adoption and Children Act 2002
7. Education Act 2002 (Section 175)
8. Sexual Offences Act 2003
9. Licensing Act 2003
10. Female Genital Mutilation Act 2003
11. Children Act 2004
12. Domestic Violence Crime and Victim Act 2004
13. The Children (Private Arrangements for Fostering) Regulations 2005
14. Serious Crime Act 2005
15. Childcare Act 2006
16. LSCB Regulations 2006
17. Education and Inspection Act 2006
18. Vulnerable Group Act 2006
19. The Apprenticeship, Skills, Children and Learning Act 2009
20. Coroners and Justice Act 2009
21. Looked After Children's Care Reviewed Under Care Planning, Placement and Case Review (England) 2010 Care Planning Regulations
22. Police Reform and Social Responsibility Act 2011
23. The Right to Choose Multi-agency Statutory Guidance (2013)

Section 2: Guidance and Relevant Publications

1. Statutory guidance on protecting children where carers or parents fabricate or induce illness in a child (DH; DfE and Home Office 2008).
2. Safeguarding Children and Young People from Sexual Exploitation: supplementary Guidance (DfE 2009)
3. Safeguarding Disabled Children: Practice guidance (DfE 2009)
4. Safeguarding children and young people who may be affected by gang activity (DfE and Home Office 2010)
5. Safeguarding children who may have been trafficked: Practice Guidance (DfE and Home Office 2011)
6. The Munro Review of Child Protection: A child Centred System - Final Report by Professor Eileen Munro (DfE 2011)
7. Cross- Border Child Protection Cases – The Hague Convention 1996. Departmental advice for local authorities, social workers, service managers and children's services lawyers (DfE 2012)
8. What to do if you suspect a child is being sexually exploited (DfE 2012)
9. Resources for training multi-agency participant groups in identifying and dealing with child neglect (DfE 2012)
10. Protecting Children and Young People: responsibilities of all doctors (GMC 2012)
11. When to Suspect Child Maltreatment (NICE revised guidance from 2013, formerly produced 2009)
12. Statutory guidance: regulated Activity (children) - supervision of activity with children which is regulated activity when unsupervised (DfE 2013)
13. Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively (NICE February 2014)
14. In the Childs Time: Professional Response to Neglect (Ofsted March 2014)
15. Safeguarding Children and Young People Roles and Competencies for Health Care Staff (RCPCH March 2014)
16. Safeguarding Children and Young People: the RCGP/NSPCC Safeguarding Children Toolkit for General Practice (March 2014)

Appendix 2: LSCB Terms of Reference

http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Children-and-Young-People/ChildProtection/lscb_terms_of_reference.pdf

The Terms of Reference were updated at the June 2015 LSCB and have been included as part of this report rather than the 2012 version.



Appendix 3: LSCB Members and Attendance 2014 - 15

Name	Agency	Role
1. Anita Johnson	GWH B&NES maternity services	Named midwife
2. Ashley Ayre	B&NES Council	Director of People and Communities
3. Bruce Laurence	B&NES Council	Director of Public Health
4. Clive Diaz (until mid 2014)	B&NES Council	Principal Social Worker Children and Families
5. Dawn Clarke	Banes NHS CCG	Director of Nursing & Quality
6. (Cllr) Dine Romero	Banes NHS CCG	Cabinet Member for CYP
7. Donna Redman	Banes NHS CCG	Named GP
8. Duncan Stanway	Barnados	Assistant Director Mids and SW
9. Fiona Finlay	Sirona Care and Health	Designated Doctor
10. Helen Blanchard	RUH NHS Trust	Director of Nursing
11. Jenny Theed	Sirona Care and Health	Director of Operations
12. Jill Hollin (no longer in post)	Independent	Lay Member
13. Judy Lye-Forster	City of Bath College	Director of Learning
14. Julie Downey (until Nov 2014, continues to do on-going consultancy)	B&NES Council	Interim Head of Safeguarding
15. Kevin Elliott	NHS England	Patient Experience lead
16. Kevin Gibbs	CAFCASS	Head of Service
17. Lesley Hutchinson (confirmed from Nov 2014)	B&NES Council	Head of Safeguarding and Quality Assurance
18. Liz Ball	Project 28	Co ordinator
19. Matt Hunt	Avon Fire & Rescue	Officer
20. Michael Evans		Council Member
21. Michelle Maguire	Oxford Health	Head of Service
22. Mike Bowden	B&NES Council	Director for CYP and Health Strategy and Commissioning
23. Naina Thomas (no longer in post)	Independent	Lay Member
24. Pete Mountstephen	B&NES Council	Head of St Stephens Primary
25. Peter Brandt	Avon Probation Trust	Assistant Chief Officer
26. Rachel Williams	Avon and Somerset Constabulary	Detective Superintendent, Head of PPU
27. Reg Pengelly	Independent	Independent Chair
28. Richard Baldwin	B&NES Council	Divisional Director Targeted and Specialist services
29. Roz Lambert	VCS CYPN	First Steps - Voluntary Sector rep
30. Sally Churchyard	B&NES Council Youth Offending Service	11-19 Prevention Service Manager
31. Sarah Thompson	SWAST	Safeguarding Manager
32. Sophia Swatton	Banes NHS CCG	Designated Nurse Safeguarding
33. Vicky Tinsley	GWH	Directorate Maternity lead
34. Victoria Penaliggon	CAFCASS	Service Manager
35. Dr William Bruce-Jones	AWP (Avon and Wiltshire Mental Health Partnership Trust)	Clinical Director

LSCB Attendance by Agency

Name	June 2014	Sept 2014	Dec 2014	March 2015
Avon Fire & Rescue	Red	Green	Red	Red
Avon and Wiltshire Mental Health Partnership Trust	Green	Green	Green	Green
Barnardos	Green	Green	Green	Green
CAFCASS	Green	Red	Red	Green
City of Bath College	Green	Green	Green	Green
Barnes NHS CCG	Green	Green	Green	Green
CYPN	Green	Green	Green	Green
Executive Lead Member	Red	Green	Red	Red
Maternity GWH	Green	Green	Green	Green
Lay Members	Green	Red	Green	Green
NHS England	Green	Red	Green	Green
Named GP	Green	Green	Green	Green
Oxford Health	Green	Green	Green	Green
Designated Doctor	Green	Green	Green	Green
Avon and Somerset Constabulary	Green	Green	Red	Green
Primary Head Rep	Green	Red	Red	Red
Avon and Somerset Probation Trust	Red	Green	Green	Green
Council Public Health	Green	Green	Green	Green
Secondary Head rep	Red	Red	Red	Red
Sirona Care and Health	Green	Green	Green	Green
Royal United Hospital	Green	Green	Green	Green
B&NES Council Social Care	Green	Green	Green	Green
SWAST	Green	Red	Red	Green
B&NES Council YOS	Green	Green	Green	Green

The above indicates representation only, which is not always from the designated lead from each agency.

LSCB Sub group members

Serious Case Review sub group

Member	Agency
Lesley Hutchinson	B&NES Council (Chair)
Fiona Finlay	Sirona Care and Health
Jenny Daly	Royal United Hospital
Mel Argles	B&NES Council
Sarah McCluskey	B&NES Council
Trina Shane	B&NES Council
Sophia Swatton	Banes NHS CCG

Policy Procedures and Performance sub group

Member	Agency
Mike Bowden	B&NES Council (Chair)
Chrissie Hardman/Jill Chart	Sirona Care and Health
Sarah McCluskey	B&NES Council
Caroline Dowson	B&NES Council
Liz Jones	B&NES Council
Richard Baldwin	B&NES Council
Lesley Hutchinson	B&NES Council
Sophia Swatton	Banes NHS CCG
Simon Eames	Avon and Somerset Constabulary
Jon Peyton	Avon and Wiltshire Mental Health Partnership Trust

CSE and Missing sub group

Member	Agency
Richard Baldwin	B&NES Council
Dr Donna Redman	Banes NHS CCG
Duncan Stanway	Barnardos
Ian Read Trust	Avon and Wiltshire Mental Health Partnership
Jamie Luck	Mentoring Plus
Jenny Daly	Royal United Hospital
Kirstie Keenan	Avon Fire and Rescue
Lesley Hutchinson	B&NES Council
Lorraine Beasley	Hayesfield Academy
Mark Coleman	Avon and Somerset Constabulary
Charlotte Leason	Avon and Somerset Constabulary
Rachel Allen-Ringham	B&NES Council
Sally Churchyard	B&NES Council
Sophia Swatton	Banes NHS CCG
Trina Shane	B&NES Council

Liz Ball	Project 28
Judy Lye-Forster	City of Bath College
Mel Holt	B&NES Council
Deryck Rees	Avon and Somerset Constabulary

Communications sub group	
Member	Agency
Richard Baldwin	B&NES Council
Jonathan Mercer	B&NES Council
Jackie Deas	B&NES Council
Judy Lye-Forster	City of Bath College
Mel Hodgson	B&NES Council
Sarah McCluskey	B&NES Council
Member of Youth Forum	TBC
Lay Member	TBC
Briony Waite	B&NES Council
Mel Holt	B&NES Council
Mel Argles	B&NES Council

Training and Workforce Development sub-group	
Member	Agency
Sophia Swatton	BaNES CCG (Chair)
Mel Argles	B&NES Council
Kevin Clark	B&NES Council
Nick Quine	Avon & Somerset Constabulary
Jill Chart	Sirona Care & Health
Paula Lockyer	Royal United Hospital
Liz Spencer	Avon and Somerset Probation
Philip Rhodes	Avon and Wiltshire Mental Health Partnership Trust
Jenny Daly	Royal United Hospital
Judy Lye-Forster	Bath College
Tracey Pike	B&NES Council
Roz Lambert	First Steps (Bath)
Mandy Round	Oxford health
Lesley Hutchinson	B&NES Council

Policy and Practice sub group	
Member	Agency
Duncan Stanway	Barnardos (Chair)
Jackie Deas	B&NES Council
Trina Shane	B&NES Council
Sally Churchyard	B&NES Council
Sara Willis	B&NES Council

Rosie Hodgson	B&NES Council
Michael Sidey	B&NES Council
Sylwia Jones	B&NES Council
Jill Chart	Sirona Care and Health
Hilary Marcer	Sirona Care and Health
Sophia Swatton	Banes NHS CCG
Mark Coleman	Avon and Somerset Constabulary
Many Round	Oxford Health



Appendix 4: Regulation 5 of the Local Safeguarding Children Boards Regulations 2006

This Regulation sets out that the functions of the LSCB, in relation to the above objectives under section 14 of the Children Act 2004

Regulation 1(a) developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:

- (i) the action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention;
- (ii) training of persons who work with children or in services affecting the safety and welfare of children;
- (iii) recruitment and supervision of persons who work with children;
- (iv) investigation of allegations concerning persons who work with children;
- (v) safety and welfare of children who are privately fostered;
- (vi) cooperation with neighbouring children's services authorities and their Board partners;

(b) communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so;

(c) monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve;

(d) participating in the planning of services for children in the area of the authority; and

(e) undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.

Regulation 5(2) which relates to the LSCB Serious Case Reviews function and regulation 6 which relates to the LSCB Child Death functions are covered in chapter 4 of this guidance.

Regulation 5(3) provides that an LSCB may also engage in any other activity that facilitates, or is conducive to, the achievement of its objectives.

Appendix 5: Budget 2014 - 15

	2014 - 15	
	Budget	Actuals
Income		
B&NES Council	51,823	51,823
Avon and Somerset Constabulary	9,003	9,003
Banes NHS CCG	20,102	20,102
Avon and Somerset Probation	3,153	3,153
CAFCASS	550	550
Avon Fire and Rescue	1,000	1,000
Fees and Charges	5,120	5,120
Misc. Contributions	650	650
Carry Forward	51,439	68,297
Totals	142,840	163,981
Expenditure		
Staff salaries (Business Manager)	13,300	15,903
Travel / Car Parking	179	1,374
Printing / Design	39	0
Independent Chair	19,186	17,748
Training (including organising and delivering)	39,787	44,800
Other Expenses	2,052	10,882
Carry Forward	68,297	0
Totals	142,840	90,707
	0 (Balanced)	73,274 (Net Under Spend)



Appendix 6: Training Information

LSCB Training delivered 2014-15

Headlines:

- **59** Inter-agency training courses offered
- **1161** inter-agency training places made available
- **1028** Inter-agency training places filled
- **1199** days of inter-agency training attended
- **781** professionals trained

Core Interagency Child Protection training offer:

	Courses delivered	Places offered	Places attended
Standard Inter-agency (1 day)	16	288	313
Advanced Inter-agency (2 day)	11	198	167
Totals	27	486	480

Core Early Help (CAF) offer (1/2 day training):

	Courses delivered	Places offered	Places attended
CAF	4	72	56
Lead Professional	4	72	42
Totals	8	144	98

LSCB Events:

	Courses delivered	Places offered	Places attended
CSE Policy Launch	1	45	60
LSCB Stakeholders Event	1	90	110
Totals	2	135	170

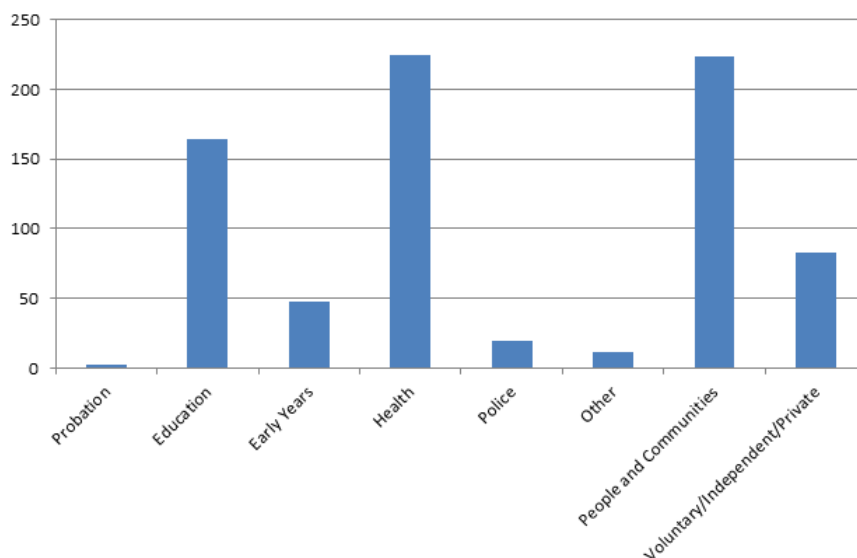
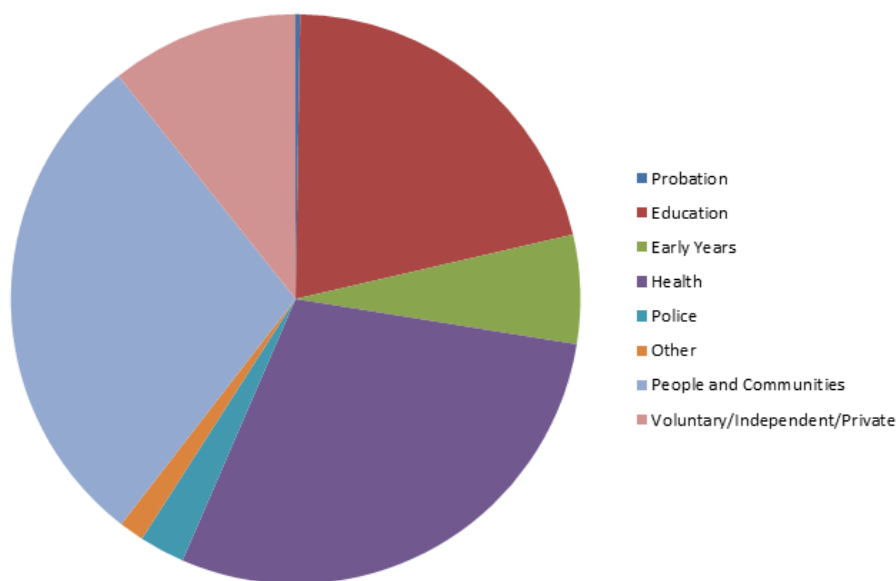
Awareness: Inter-agency Child Protection (1/2 day)

	Courses delivered	Places offered	Places attended
CSE Awareness	1	18	24
E-Safety	2	36	29
Thresholds	3	54	31
i-HOP	2	36	21
Totals	8	144	105

Specialist courses: Inter-agency Child Protection:

	Courses delivered	Places offered	Places attended
CSE Skills & Practice	3	54	55
CP & Substance Abuse	1	18	11
Critically Curious Conversations	1	18	11
Neglect	2	36	25
Domestic Violence	2	36	24
Disabled Children: Safeguarding & Child Protection	1	18	10
Toxic Trio	2	36	29
Rapid Response	1	18	18
Child Sexual Abuse	1	18	10
Totals	14	252	193

Agency representation at training





Bath and North East Somerset
Local Safeguarding Children Board

Evaluation of LSCB Inter-agency Child Protection:
Standard

April – July 2014



Introduction

The Local Safeguarding Children Board (LSCB) is responsible for ensuring that people who work with children are appropriately trained to understand normal childhood development and to recognise and act on potential signs of abuse and neglect at the earliest opportunity. The LSCB also needs to review and evaluate the quality, scope and effectiveness of inter-agency training to ensure it is meeting local needs.

Training for inter-agency work in safeguarding and protecting children and young people is intended to promote better outcomes by fostering:

- More effective and integrated services at both the strategic and individual case level;
- Improved communication and information sharing between professionals, including a common understanding of key terms, definitions and thresholds for action;
- Effective working relationships, including an ability to work in multi-disciplinary groups or teams;
- Sound child focused assessments and decision-making; and
- Learning from Serious Case Reviews (SCRs) and reviews of child deaths

Research undertaken in 2009 for the Department of Children, Schools and Families and the Department of Health indicates that professionals have found that inter-agency training is highly effective in helping them to understand their respective roles and responsibilities, the procedures of agencies when safeguarding children, and in promoting a shared understanding of assessment and decisions-making in practice. Participants also valued the shared learning environment and experienced an increase in confidence when working with other agencies and a greater respect for such colleagues (**Carpenter et al, 2009**)

This report reviews feedback from the LSCB Inter-agency Child Protection Training: Standard, for the months of April- July 2014, with contributions from 123 delegates.

Context: Training and Workforce Development Subcommittee (T&WD Sc)

Programme Development

The T&WD Sc is responsible for evaluating the training which it provides in order to ensure that it meets the LSCB's statutory functions and to respond to national and local issues. The course evaluated will be:

Standard Inter-agency Child Protection

This one day course aims to promote and improve the inter-agency approach and response to Child Protection issues. Delegates have the opportunity to develop their knowledge around child protection issues and the processes involved. They will explore with colleagues from other organisations the challenges and benefits of working in a multi-agency system. The course includes identifying child protection concerns, understanding how to make a referral, the process of information sharing and understanding roles and responsibilities in relation to safeguarding children.

Training Delivery

The Standard Child Protection course subject to this review was delivered by the LSCB training co-ordinator, with a 45 minute guest speaker slot from a member of the integrated working and early help team.

Delegates are allocated seating which has been arranged to promote inter-agency discussions.

Delegates are provided with a comprehensive handbook to accompany the training, including links to further training, and additional information for further reading.

Training is delivered in a variety of ways to promote engagement across the four types of adult learning styles. There are structured taught lectures which reference findings from Serious Case Reviews and latest findings in research. There are structured group discussions, exploring current knowledge and exploring new ideas. There are practical exercises which involve drawing and the use of a 'live model', along with threading learning with numerous 'case studies' and scenarios to promote learning.

Training Standards

All Local Safeguarding Children Board training is delivered against the following principles:

- **Child Centred** All training reflects that the welfare of the child is paramount and that it incorporates and actively promotes 'children's rights', 'children's voice' and their 'needs'
- **Partnership with Parents and Carers** All training recognises and actively promotes the need for working in partnership and engaging with parents and carers. The training recognises the 'family' as a whole when safeguarding children and young people.
- **Diversity** All training is informed and governed by equal opportunities and reflects the diversity and cultural needs of the individuals and organisations, within Bath & North East Somerset, that have responsibilities for safeguarding and promoting the wellbeing of children
- **Accessibility** All individuals who work with children, young people and/or their carers in the statutory, voluntary and independent sectors have access to the training
- **Interagency Collaboration** All training promotes the need for interagency working, bringing together people and organisations, to effectively safeguard children from harm
- **Evidence Based** All training will be 'evidence based' containing the latest research, reflective practice and the 'lessons learned' on a local and a national level. Wherever possible the training will incorporate the views of service users.
- **Evaluation** All training is responsive to identified local needs and will be subject to regular rigorous review and evaluation

Adapted from PIAT Sustaining quality: Standards for Interagency Child Protection Training and Developments (updated 2013)

Evaluation & Quality Assurance

Through its Training & Workforce Development Sub-committee, the LSCB is required to evaluate the provision and quality of both single and multi-agency training, ensuring that it is provided within individual organisations, and checking that training is reaching all relevant staff.

Monitoring and Evaluation of Inter-agency training

In order to evaluate the effectiveness of multi-agency training in Bath and North East Somerset, a variety of methods are employed to achieve four goals:

- Ensure the learning outcomes for each course are met, and reflect evidence based 'best practice' that keeps the child or young person in focus.
- Ensure the continual evaluation by LSCB Training Manager to ensure courses are meeting the needs of staff, with transparent overview and accountability to the LSCB training and workforce development sub group.
- Ensure that evaluations inform the planning and development of future training
- Ensure that messages from training are being embedded in practice.

Methods of Evaluation

All courses advertise the learning outcomes expected from participants by the end of the course. As recommended in the DCSF Research Report *'Outcomes of Interagency Training to Safeguarding Children: Final Report'*, evaluation forms used in B&NES on half day, full day or two day courses remind attendees of those 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 (*Appendix A shows the feedback form used*).

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 (*Research in Practice (2012) Training Transfer: - getting learning into practice. Darlington Trust*). It is recognised that there can be a number of barriers for delegates in making his training transfer, including their organisational structure, their leadership ethos and other practical considerations such as workload. It is therefore recognised that delegate's managers play an important role in promoting positive professional practice and in imbedding knowledge from training. 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 the children and young people that they work with.

Course evaluations are used on an on-going basis to improve existing courses and to assist in the development of new training and learning opportunities.

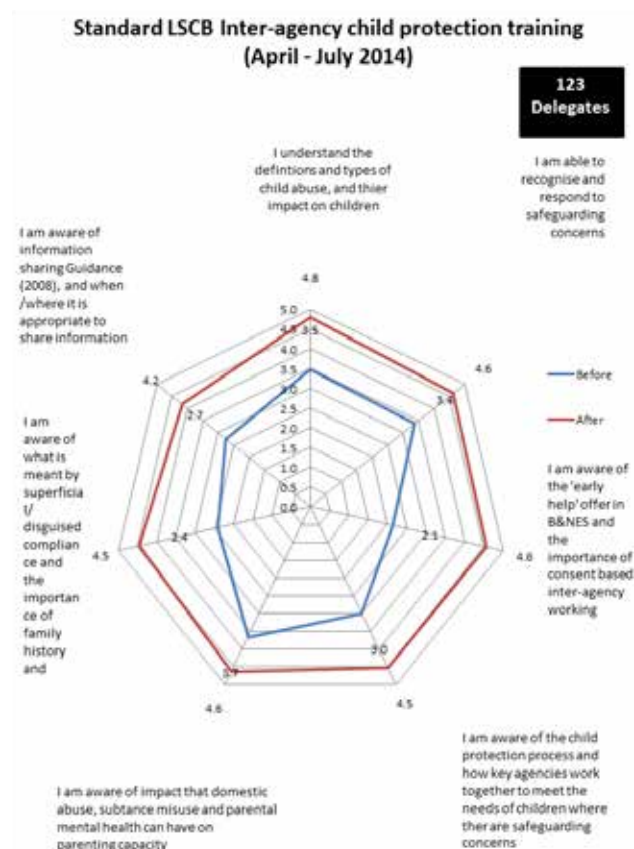
Standard Course evaluations.

6 courses were considered for the evaluation. They took place between April and July 2014, information was collated from 148 delegates. The standard course is evaluated against seven key learning outcomes; delegates are asked to score their confidence against these seven learning outcomes, prior to the start of the course, and once again at the end. This provides an indication of learning which has occurred during the training program.

	Questions	Before Level of Confidence	After Level of Confidence
		1 to 5	1 to 5
1	I understand the definitions and types of child abuse, including child sexual exploitation and their impact on children	3.5	4.8
2	I am able to recognise and respond to safeguarding and child protection concerns appropriately	3.5	4.6
3	I am aware of the “early help” offer in B&NES and the importance of consent based, multi-agency planning	2.2	4.5
4	I am aware of the child protection process and how key agencies work together to identify and meet the needs of children where there are safeguarding concerns.	3.0	4.5
5	I am aware of the impact that domestic abuse, substance misuse and parental mental health can have on parenting capacity	3.7	4.7
6	I am aware of what is meant by superficial/disguised compliance and the importance of family history and functioning.	2.4	4.4
7	I am aware of the Information Sharing Guidance (2008), and when/ where it is appropriate and important to share information	2.7	4.2
		3.0	4.5

Whilst there were individual variations between scoring on courses, the overall feedback followed a very similar pattern. Following completion of a standard t-test,

Analysis of Qualitative data:



1. What did you gain most from this training?

Summarised Comments	Number of delegate responses
When and how to make a referral to social care	34
Issues round child protection & types of abuse	34
Inter-agency learning	30
Early Help Information	22
Understand safeguarding and the CP process	20
Information sharing guidance	18
This was a refresher	15
Increase confidence in personal judgement	10
Understand my responsibilities	6
Learning about law	3
The importance of having Curiosity	2
Hearing the Child's voice	2
Very informative and interesting study day	1
Comprehensive understanding of CP	1
Responding to disclosures from children	1
Private fostering	1
Disguised compliance	1

2. How are you going to use this knowledge to improve your practice?

Summarised Comments	Number of Delegate responses
Improved referrals	38
Understand value of keeping CAF's and doing them	15
Increased confidence in supporting YP, including disclosures	14
Be more curious	13
Recognise signs of concern	12
Info has prepared me for practice	10
Help me to support other staff in CP	9
Help me think holistically when issues arise	7
Improve inter-agency working	6
Action identified to follow up	5
Generic 'Yes'	4
Be more confident with challenging decisions	3
Fulfil my responsibilities	3
Never do nothing'	2
No - but learnt a lot	2
Will inform families - consent	1
Will do advanced training	1

3. How will you know that your practice has improved?

Summarised Content	Number of delegates responses
Feel more confident	22
Feedback from colleagues	12
I will notice more signs of risk	8
Reflective supervision	6
Will suggest CAF if required earlier	5
Child's voice will be evident in work	4
Improved supervision for other staff	4
make referrals as necessary - improved referrals	3
Improved inter-agency work	3
good resolution of issues	3
More professional approach.	3
Using the info gained on course	3
Don't know	3
Better recording	2
Agencies procedures improved	2
Fewer CP issues with people I support	2
Feedback from children and young people	1
Children safe in setting	1
Quicker decisions	1
Doing more training	1

4. How will the children & young people you are working with know?

Summarised Content	Number of delegate responses
Offer more support to meet their needs - including CAF	22
Though confidence in responding to concerns	12
N/A at present	7
Act on disclosures however they're made	5
Children will feel safe in setting	5
Improved outcomes for our children	4
I will be more curious	3
Sharing information.	2
clear report writing	2
Children will feel listened to	1

5. Any additional comments about today's training?

Summarised Content	Number of delegates responses
Excellent/ Informative/ Useful Course	33
Clear delivery/ easy to understand/ well presented	26
Great Facilitator/ knowledgeable	19
Good Multi-Agency,	8
Enjoyable	6
Useful booklet	4
Friendly environment	3
Good resource links	3
I have left feeling much more confident	2
I thought I knew more than I did	1
GP would like support with CAF	1
Would like some more safeguarding for sport info	1
Was disturbing to hear the different reports of how things were missed on SCR's	1
Past 4pm a bit rushed	1
Signs and symptoms not useful as have already covered in training	1

Appendix 7: Partner Reports

Avon and Somerset Constabulary

Brief outline of agency function:

To provide professional policing services, working with partner agencies, including services to and for children and young people, in order to keep them safe from harm and where necessary prevent their offending or reoffending. This includes working to prevent children from becoming the victims of crime, investigating crimes against children, bringing perpetrators to justice and managing offenders, and includes the Statutory Duties under Section 11 of the Children Act 2004.

Achievements during 2014-2015: (in bullet points including training and awareness raising activity)

Examples of achievements include:

- The Force introduced a new Operating Model that is enabling the most vulnerable victims and management of Dangerous Offenders to be prioritised, putting the focus on people first and crime type second and providing a means through which the imbalance between the staff resource available for Child Protection and the demand can be addressed
- In spite of a 47.3% increase in the number of Child Protection Crimes (excluding Domestic Abuse) across B&NES in 2014/15, compared with 2013/14, the number of such crimes that were detected was maintained and, in the context of a 33.3% increase in the number of Child Protection Crimes (excluding Domestic Abuse) Force-wide over these two periods, the number of detected crimes rose by 7%
- 13 men were convicted of 42 CSE related offences
- The Force led a successful partnership bid for £1.2million Home Office Innovation Fund, with an additional £900,000 contribution from Avon & Somerset and Wiltshire Police and Crime Commissioners, to improve agency effectiveness in identifying the hidden children being subjected to CSE, provide them with the support they need to understand they've been exploited and to cope and recover from their experience, and to gather evidence to support the delivery of services beyond the two year period covered by the Home Office funding
- The Force delivered one day's Vulnerability Training (the first of a programme of vulnerability training) to all front-line officers, covering Child Sexual Exploitation, Human Trafficking, Domestic Abuse and the Integrated Victim Care "Lighthouse" services. Post-training evaluation:
 - 90% have good or high level of knowledge of CSE
 - 81% have good or high level of knowledge of DA
 - 95% have good or high level of knowledge of impact of DA on children
- The Force introduced an Integrated Victim Care service: "Lighthouse", ensuring that vulnerable, intimidated or persistently targeted victims receive a tailored, coordinated and consistent service. Each victim now has a Victim & Witness Care Officer (VWCO) automatically allocated to their case from the point of initial report, through the

investigation and to the end of any subsequent Criminal Justice process

Challenges:

- Working with five upper-tier local authorities, each with their own thresholds and differing approaches, meeting the expectations of five LSCBs, each with their own infrastructure of sub-groups and associated demands, in a context of declining budgets
- Increasing demand through rising numbers of reported child protection crimes, in a context of declining budgets

What difference have your achievements made to children, young people, parents / carers?

- More children have been safeguarded and protected from harm or from further harm
- The significant changes made during 2014/15 to the way we operate, the services we provide to victims, and the funding we have secured for improved services for victims of CSE, will enable the safeguarding and protection of children to be maintained and improved in a context of declining budgets

Objectives for 2015-16:

In partnership with other agencies, Avon & Somerset Constabulary's objectives for the protection of children are:

1. Prevent children from becoming victims of child abuse
2. Where children do become victims, ensure they are recognised as such, are protected from further harm, and are given the support they need to help them remain safe and to deal with the physical, emotional and psychological consequences of the abuse
3. Bring perpetrators of child abuse to justice and prevent them reoffending through robust offender management

NHS England

Brief outline of agency function:

NHS England South (South Central) team

- Seek assurance through CCGs within their area on the compliance of their provider organisations' compliance with Safeguarding regulations, standards and processes.
- Primary Care Services:
 - o Co-commission GP services with CCGs
 - o Directly commission Dental, Optometrist and Pharmacy services
 - o These services are independent contractors who are required to comply with the NHS contract of which Safeguarding is a part
 - o GP and Dental services are required to be registered with CQC as part of their regulated activity and compliance with Safeguarding is set out in those regulations

Achievements during 2014-2015: (in bullet points including training and awareness raising activity)

- Safeguarding Audit of GP practices was undertaken across B&NES in November 2014 giving a 48% response rate from GP practices.

- o Further analysis of the key areas for improvement is being undertaken by B&NES CCG Safeguarding team in order to provide relevant support and information to practices.
- o There is a clear interest by GP practices and their teams to receive information and ensure they have the right processes, policies and training in place.
- Funding and a MOU to support primary care services through training and learning opportunities have been completed.

Challenges:

- Securing engagement of all GP practices in the audit process

Further work is being undertaken by the Named GP in the CCG to secure that engagement

What difference has your achievements made to children, young people, parents / carers?

- Evaluations from the training sessions do identify an increase in knowledge by staff with excellent reviews of the quality and relevance of the training. The wider, direct impact is unknown at this time. Through the Area Team Safeguarding Children Forum, measures to identify this impact will be undertaken.

Objectives for 2015-16:

- As above

Barnardos

Brief outline of agency function:

Barnardos delivers support to victims of child sexual exploitation in B&NES, through its BASE project. Barnardos also provide independent supervision of Community Based Social Work assessments.

Achievements during 2014-2015: (in bullet points including training and awareness raising activity)

Increased recognition of child sexual exploitation in B&NES. We do not know that level of CSE in B&NES but are moving to a position of knowing more than we have done in the past. BASE has played a part in helping launch B&NES CSE Strategy.

Challenges:

Helping the workforce understand that CSE is child abuse and changing people's thinking that child protection includes the abuse of young people when they are out in the community. Too often, our child protection system is set up to protect children from abuse in the home, not in the community.

What difference have your achievements made to children, young people, parents / carers?

The individual young people BASE have worked with have seen a reduced level of exploitation and risk in their lives

Objectives for 2015-16:

- To support 15 young people who have been sexually exploited so they are safer.
- To train 50 staff in CSE.

- To help improve our understanding of what CSE looks like in B&NES.

City of Bath College

Brief outline of agency function:

- Bath College is committed to promoting and ensuring the safeguarding of all children, young people and vulnerable adults from harm whatever, their age, gender, race, disability, language, religion/belief and/or sexual orientation.

Achievements during 2014-2015: (in bullet points including training and awareness raising activity)

- Merging with Norton Radstock College to become one - Bath College
- Ensuring all staff are fully up to date with their Safeguarding Continuing Professional Development including the Prevent Agenda, FGM and CSE awareness training.
- Supporting the Crown Prosecution in sentencing a perpetrator in a Child Sexual Abuse case.

Challenges:

- The college Merger with Norton Radstock College.

Reduced funding both within the FE sector around Welfare and cuts in welfare services within the external agencies sectors.

What difference have your achievements made to children, young people, parents / carers?

- Keeping children, young people and vulnerable adults free from harm.

Objectives for 2015-16:

1. Continued focus on providing an outstanding welfare service to the Bath College student community.
2. Continue to build relationships around partnership working with BANES, and other authorities.
3. Increase our partnership working with the Young Carers Association and Young Parent Groups to support the student cohort.
4. Cascade the Fundamental British Values Agenda and further embed the Prevent Agenda to Governors, Senior Leaders, Students' Union, all staff and all students in 2015/16 and beyond.

Voluntary Sector Representative from Children and Young People's Network

Brief outline of agency function:

Represent the views of the Children and Young People Voluntary Sector Network

Achievements during 2014-2015:

Able to secure a lower cost to Voluntary Sector organisations for Safeguarding training.

LSCB Approval of the Safe Network; on line Safeguarding support designed for the Voluntary

Sector. Safe Network meeting with voluntary sector organisations to explain role.

Challenges:

Representing such a diverse sector, thinking how the voluntary sector could report on safeguarding through the audit process despite the fact that the services they provide are very different.

What difference have your achievements made to children, young people, parents / carers?

Access to training and safeguarding resources for staff.

Objectives for 2015-16:

- Represent the voice and experience of the VCS agencies working with CYP and families in B&NES on the LSCB
- Facilitate consultation with the VCS
- Promote VCS service providers for opportunities commissioned via the LSCB

Oxford Health NHS Foundation Trust

Brief outline of agency function:

Child & Adolescent Mental Health Services (CAMHS)

Achievements during 2014-2015: (in bullet points including training and awareness raising activity)

Direct CAMHS Work:

- Self-referral has been introduced for young people aged 16 and 17 who can call or text a dedicated mobile telephone number and speak with a clinician in the CAMHS team. The clinician will work through a guided script written by young people in the CAMHS participation group, the referral will either be accepted in CAMHS or the young person will be signposted to another agency that would give the relevant support needed. CAMHS clinicians and young people in the participation group are in the process of visiting the 6th Forms in all BANES schools and colleges to explain self-referral. Posters are being sent to all agencies that are working with young people or where young people visit to make them aware of how to self-refer.
- A 1 year pilot commenced on the 1st January 2015 offering an extended service to young people currently working with CAMHS who are care leavers with BANES Council. Young people will already be known to CAMHS and received interventions prior to their 18th birthday, and have additional vulnerabilities which may impact on their emotional needs and behavioural responses, and assessed by CAMHS as likely to benefit from an extended intervention.
- FaceTime pilot - CAMHS provide an extensive range of short term and long term interventions, clinic based and outreach/intensive community support to children and young people across Bath and North East Somerset. Young people indicate a preference for technological based products frequently through use of texting, email, electronic feedback devices and iPhones. CAMHS interventions have been limited to face to face meetings and phone based contact (calls and texts). This project aimed to introduce an additional electronic option for young people where it has been risk assessed as part of the care plan. Where young people do not

have an electronic device suitable for Face Time contact, CAMHS have 2 iPads that they can lend to young people.

- Access to 136 suite - It is recognised that young people (under the age of 18) detained under section 135 or 136 of the Mental Health Act are better assessed in a therapeutic environment than a police station where ever possible and safe to do so. A Standard Operating Procedure has been developed through a collaborative process with all partnering agencies to develop a specific set of standards for young people under 18 detained on a section 135 or 136 at the Mason Unit at Southmead Hospital in Bristol.

Safeguarding Specific Work:

- Safeguarding training needs analysis of staff groups to assess adequate provision and how best to deliver. Locality based level 3 training introduced.
- Additional appendix of Child Sexual Exploitation (CSE) added to training strategy and requirement for all staff to access CSE training.
- Implementation of Safeguarding Supervision Strategy for clinical teams.
- Audit of safeguarding referrals including quality, thresholds and escalation plus audit of child protection case records to evidence that role of practitioner in child protection plans is recorded including evidence of clinicians understanding of 'Think Family' and impacts on children.
- Review of Safeguarding children webpage including participation of young people to make information more young person and family friendly

Challenges:

- Awareness raising of all new developments amongst children, young people and families
- Ability to reach all clinical staff to ensure awareness of new learning and developments

Escalation of concerns with multi agency partners when there is disagreement over risk and need can be challenging at times.

What difference have your achievements made to children, young people, parents / carers?

- Self-referral has meant better access for young people, giving them the opportunity to access CAMHS and be heard from directly and stigma/ barriers around mental health reduced for young people
- Extended intervention for LAC assists smooth transition to adulthood for vulnerable young people.
- Face Time means easier access for families reducing travel and taking time off school or work (for parents/carers). Young person using Face Time is not reliant on being accompanied to all sessions.
- Access to 136 Suite means a young person friendly setting for those detained.
- Increased staff awareness around Safeguarding Children including CSE means more appropriate responses and actions taken alongside support for children, young people and families

- Safeguarding Supervision provides the opportunity for staff to discuss and reflect on issues of concern to act in the best interests of the child
- Audit highlights any areas of concern which can then be addressed and improvements made for the safeguarding of children.
- Information for children, families and clinical staff in an accessible format means finding relevant information more quickly and easily which is more likely to be utilised by those concerned.

Objectives for 2015-16:

- Emotional resilience hubs in schools - A pilot project will be starting from the 1st April for 1 year, developing emotional resilience hubs in all secondary schools in BANES. This project arose out of work that has taken place in 2 secondary schools in BANES where CAMHS have supported the work of school staff with young people with emotional and mental health problems. The pilot project will establish a system of school based counsellors who are supported by mental health practitioners from the local CAMH Service. Counsellors would act as an internal 'Tier 2 'service within the school.

The pilot project aims to achieve the following:

Improved resilience, emotional wellbeing and mental health for young people of secondary school age

Promote an increase in suitably qualified and experienced counsellors offering sessions in more secondary schools in Bath and North East Somerset.

Improve relationships between service providers in communities which are relevant to young people's emotional resilience.

- Deep-dive audit looking at effectiveness of cases transitioning to adult services.
- Evaluation audit of group safeguarding supervision to be completed.

Bath & North East Somerset (BaNES) Clinical Commissioning Group (CCG)

Brief outline of agency function:

CCG's are statutory NHS bodies with a range of statutory duties, including safeguarding children. CCG's are responsible for commissioning most hospital and community healthcare services for their local community. CCG's need to assure themselves that these organisations have effective safeguarding arrangements in place that comply with all statutory guidance related to safeguarding children.

The director of nursing and quality is the CCG board lead for safeguarding. The CCG employ a designated nurse and have a service level agreement (SLA) for the designated doctor.

Achievements during 2014-15 (in bullet points including training & awareness raising activity)

- Refreshed safeguarding children standards in all CCG contracts for all providers
- Joint funding between BaNES CCG & PCC for IRIS Programme (for general practice)
- Increased sessions and change of designated doctor (due to retirement)
- Appointment of named GP safeguarding children

- Quarterly GP Practice safeguarding children leads network
- Quarterly safeguarding children health professionals network
- CQC review of services for looked after children and safeguarding (June 2014)

Challenges

- Over sight of contracts where BaNES CCG is not the lead commissioner
- Capacity of named GP as only one session a week
- Securing engagement of all GP practices

What difference has your achievements made to children, young people, parents/carers

- Health providers are required to meet the safeguarding children standards to ensure that children are kept safe. The ten core Safeguarding Children Standards are:
 - o Governance and Commitment to Safeguarding Children
 - o Policy, Procedures and Guidelines
 - o Appropriate Training, Skills and Competences
 - o Effective Supervision and Reflective Practice
 - o Effective Multi-Agency Working
 - o Reporting Serious Incidents
 - o Engaging in Serious Case Reviews
 - o Safe Recruitment and Retention of Staff
 - o Managing Safeguarding Children Allegations Against Members of Staff
 - o Engaging Children and their Families
- The CCG now has a complete safeguarding children team to provide the strategic lead across the local health community, influencing local thinking and practice
- The networks provide an opportunity for safeguarding children leads across the health community to work together and share experiences
- The CQC action plan provides an opportunity to address highlighted areas of practice that need improving

Objectives for 2015-16

- Co-commissioning arrangements of primary care are being introduced from April 2015. The CCG need to ensure that the GP services commissioned have effective safeguarding arrangements.
- Continue to monitor health providers safeguarding children arrangements and compliance of the safeguarding children standards and performance indicators
- Continue to monitor health provider action plans resulting from the CQC review (June 2014)
- Monitor the IRIS project
- Fund one year project to ascertain the need for IDVA services in the RUH with the intention of building a business case for a permanent position

Appendix 8: B&NES LSAB / LSCB JOINT WORKING 2015-2016

Theme	Opportunity	Relevance	Work needed to progress	Anything else?
Communications	<ul style="list-style-type: none"> Joint safeguarding advice to public / professionals e.g. via media / newsletters Joint conferences / workshops Develop opportunities for joint participation activity Smarter use of budget 	<ul style="list-style-type: none"> Could be relevant to “Think family”, Young carers, Young carers, disabled, DVA, “Think family 	<ul style="list-style-type: none"> Collaboration between sub groups LSCB / LSAB Develop a joint strategy for Comms sub groups would need to be broad to encompass all stakeholders 	<p>Joint website links (see Devon)</p> <p>Getting other sub groups to link into comms-sharing of sub group minutes</p> <p>Most disadvantaged hardest to access</p> <p>Joint newsletter</p>
Quality Assurance	<ul style="list-style-type: none"> Shared audits where VA and Children are relevant Best use of people 	<ul style="list-style-type: none"> Relevant to DVA , Substance / alcohol abuse, mental health (adult and child) Voice of adult Voice of child How do we evidence quality 	<ul style="list-style-type: none"> Design work plans for LSAB and LSCB for some convergence on issues during year Quality audits and information governance 	<p>Shared learning on process of QA</p> <p>Joint audits on occasion using a range of methodology's to audit cases where there might be shared learning</p> <p>Family QA work with overarching Information Sharing Protocol</p>
Policy and Procedures	<ul style="list-style-type: none"> Assure guidance for adults does not bring conflict with guidance for children (&vice versa) Assure guidance is consistent across both 	<ul style="list-style-type: none"> Assurance and QA exercise to be undertaken 	<ul style="list-style-type: none"> May require a joint T&F group to work on this Sharing a forward plan of groups agenda 	<p>Policy checklist required to be shared with other equivalent sub groups before sign off.</p> <p>Sharing of a ‘forward plan’</p> <p>Could move to a SWCPP style web based guidance</p> <p>Application of the MCA</p> <p>Shared information sharing protocol</p>

<p>Training</p>	<ul style="list-style-type: none"> Actively look for opportunities for bring appropriate aspects of training together (i.e. convergence) 	<ul style="list-style-type: none"> As a first stage, examine opportunities for convergence at Level 2 	<ul style="list-style-type: none"> May require joint T&F Group to work on this could include looking at ; Signs of Concern/ vulnerability Information sharing 'Think Family' approach Challenge generic perceptions of safeguarding 	<p>Identify generic key areas where training can be trained together.</p> <p>Challenge generic views on safeguarding</p> <p>Continue joint training at Level 2</p> <p>Joint work would help to disseminate info on specialist training. Look at developing easier routes to specialist training</p> <p>Risk of 'dilution'</p> <p>Use of champions to promote knowledge and learning</p> <p>Engagement with professionals who need to be made aware of relevance to their area of work</p> <p>Linking training to relevant services.</p> <p>Joint training on DV and substance misuse</p>
<p>Exchanging Information</p>	<ul style="list-style-type: none"> Improved early identification of risk and referral 	<ul style="list-style-type: none"> Joint development of MASH or other appropriate tool for this 	<ul style="list-style-type: none"> Joint working group in operation 	<p>MISH – all sub groups involved in design</p> <p>IRIS</p> <p>CPIS system</p> <p>Culture change in terms of how agencies share information.</p> <p>Perpetrators – information and how we share it</p> <p>Feedback from referrals</p> <p>Strategy minutes</p>

Across all themes:

- Less confusing for the public and professionals if there is more shared work
- Better use of resources, less duplication
- Improve knowledge and skills across sub groups of both Boards

Appendix 9: LSCB Business Plan outturn 2014 -15

Available on B&NES public website

http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Children-and-Young-People/ChildProtection/lscb_workprogramme_2014-15_updated_260515.pdf

Appendix 10: LSCB Business Plan 2015-18

Template below will be fully completed and signed off in September 2015 LSCB.

Key Priority 1

The LSCB will co-ordinate a multi-agency approach to reducing harm to vulnerable Children and Young People. This will particularly focus on children and young people associated with the issues of:

- **Physical Abuse**
- **Neglect**
- **Sexual Abuse**
- **Child Sexual Exploitation**
- **Children missing or absent**
- **E-Safety**
- **Self harm / suicide**
- **Emotional well being**
- **Disabilities**
- **FGM**
- **Domestic Abuse**
- **Substance misuse**
- **Mental health and link to domestic abuse and substance misuse**
- **Radicalisation (Prevent and Channel)**
- **Slavery**
- **Harm associated with service provision (eg, mental health bed availability or provider failure)**
- **Children affected by parental offending**

Outcomes

1. **Robust arrangements which identify and support children and young people at risk of Child Sexual Exploitation**
2. **Qualitative and quantitative information and intelligence is evident in service improvements**
3. **Children's workforce have a common understanding of issues, evidence based decision making, actions, sharing concerns and evaluations**
4. **Development of multi-agency information sharing arrangements to ensure services are provided at the earliest opportunity**
5. **Implementation of Early Help Strategy to identify and support children and young people at risk of harm**

Issue	Sub group or Lead	Action	Completion Date	Progress (RAG)
Gather assurance on e-safety arrangements				
Put in place new Prevent and Channel responsibilities				
Monitor progress of Multi-agency Information Sharing Hub project				
Gather assurance on the effectiveness of missing from home, care and school arrangements				
Deliver CSE action plan (ensure Willow Project is effectively functioning, strengthen links with schools and sexual health and review and refine strategy and protocol)				
Implement and monitor effectiveness of mental health protocol				
Progress targeted work with drug and alcohol agencies, mental health and domestic abuse services – seek assurance that effective co-ordinated work is in place				
Progress work with the Self Harm and Suicide Prevention group consider the best mechanism to raise awareness of risks with low level ligatures				
Assess the potential impact of lack of mental health beds on young people in B&NES				
Continue to monitor the transition of children to adult services				
On-going liaison with South West Child Protection Procedures and arrangements going forwards				
Finalise Early Help Strategy				
Implement task and finish group to look at needs of offender and families (in line with iHop presentation)				
Gather assurance on children and young people with disabilities				
Understand the data regarding children in care in education, training and employment				

Key Priority 2

To increase the participation and involvement of children, young people and parents/carers in service improvements and developments both:

- **Experience of current services**
- **Aspirations for new ones**

Outcomes

1. **Agencies learn and demonstrate change in practice from experience of young people**
2. **Children and parents report that they feel more engaged in the Child Protection Process**
3. **Children and parents contribute to the development and improvement of services**
4. **Children experience good seamless arrangements between services regardless of their different level of need or the risk**
5. **Childrens views are clearly articulated in assessments, plans and reviews**
6. **LSCB partners demonstrate reflective feedback from and to Children and Young People and their parents and care**

Issue	Sub group or Lead	Action	Completion Date	Progress (RAG)
Seek assurance that new child friendly Working Together guidance is disseminated				
Continue to seek assurance from IRO, CP chairs, Children Specialist Services, Off the Record Advocacy Service and other agencies that children, young people and parents are invited and supported to participate in meetings – seek their views on their experience				
Continue to engage support of young people in stakeholder events and in recruitment of staff				
Commence work with the e-teams to develop new materials				
Development of further children and young people friendly communication strands eg, potential for face book, twitter, You Tube etc to communicate messages				
To continue to work with Project 28 and Mentoring Plus to develop new ways of utilising the feed-back from young people using these groups on the delivery of service to young people.				
Seek assurance that new child friendly Working Together guidance is disseminated				

Key Priority 3

Strengthening the LSCB's evaluation and challenge of the effectiveness of individual agency safeguarding arrangements

Outcome

1. **Safeguarding standards of section 11 are embedded across the workforce effectively and ensure that all Commissioning is using the same standards**
2. **Audit tool is generic to services operating across region**
3. **Improved number and quality of section 11 returns**
4. **Continuity of attendance and participation from members attending**
5. **Effective challenge between LSCB Board members**

Issue	Sub group or Lead	Action	Completion Date	Progress (RAG)
Continue to undertake multi-agency audits and provide feedback (specifically review school and GP engagement; re audit categorisations of abuse; CSE cases; joint audit with LSAB sub-group)				
Develop programme for auditing agency compliance with multi-agency procedures				
Ensure Section 11 sub-regional mini audits for 2014-15 are completed, analysed and responded to				
Assurance that findings of schools audit are addressed and implemented				
Ensure that findings from lessons learned reviews are reported and actions to improve effectiveness are addressed				
Assurance from SCR sub-group that single agency action plans from SCR have all been completed				
Assurance that Section 11 action plans for 2013-14 have been signed off and completed				
Review effectiveness of partners challenge at CP Conferences				
Audit referrals from adult care commissioned services				
Understand the assurance mechanisms commissioners have in place for safeguarding children and young people in contracts				
Banes NHS CCG and B&NES Council to ensure standardised contractual requirements are included in all contracts				

Key Priority 4

Sufficient and competent workforce to ensure Children and Young People are safe

Outcome

1. **Evidence of learning across the partnership collectively and individual agencies from the Learning and Improvement Strategy**
2. **Staff are trained and developed at appropriate level and knowledge to make them effective in their work to keep children safe**
3. **Training sub-group ensure LSCB training meeting the current and emerging need of the workforce**
4. **LSCB is assured that single agency training is appropriate to needs**

Issue	Sub group or Lead	Action	Completion Date	Progress (RAG)
Disseminate Working Together to Safeguard Children 2015 and other recent reports / guidance documents				
Assurance that new areas of abuse are included in all staff training eg, modern slavery, trafficking, FGM and CSE				
Develop electronic training booking record management system to improve quality of information to provide assurance of multi-agency training				
Assurance schools are complying with minimum safeguarding training requirements issued in March 2015				
Commence the development of a quality framework for single agency and 'train the trainer' training				
Develop standardised competencies for all new programmes				
Assurance that agencies have attended Prevent training				
Review existing Training Programme				
Develop and implement joint training programme with LSAB (consider particularly Domestic Abuse in 2015-16)				

Key Priority 5

Continuous improvement of LSCB

1. **LSCB is graded as at least 'good' against Ofsted/CQC expectations**
2. **LSCB has a high profile and is seen as effective in both quality assurance and driving improvement in safeguarding**
3. **Clear, complementary role and relationship with other strategic boards that increases effectiveness and efficacy**
4. **Formalised joint working arrangements with the LSAB**

Issue	Sub group or Lead	Action	Completion Date	Progress (RAG)
Review LSCB and sub-group Terms of Reference – seize opportunity for joint working with LSAB sub-groups				
Review assurance mechanisms CCG and Council Commissioning teams have in place (including for schools; ensure standardised contract measures between CCG and Council where possible and included for roll out in contract variations 2016)				
Assess effectiveness of Thematic Reviews				
Continue to analyse feedback from other LSCB Ofsted inspection reports to identify areas for improvement				
Develop new LSCB website and consider opportunity to link with LSAB				
Develop systematic method for reviewing, disseminating and monitoring implementation of multi-agency policy and procedures (initial priority it to review against Working Together 2015 and new Information Sharing Guidance)				
Clarify arrangements for identifying and writing new policy, protocols, materials etc				
Secure and induct lay members, schools and housing representatives to LSCB and sub-groups				
Gather assurance on Private Fostering arrangements				

Implement Challenge and Review Panel for the Chair				
Review data: eg, (1) take a closer look at the age of Looked After children in comparison to other areas to understand if B&NES is an outlier and if so why are we different; (2) generate data on children's ethnicity, disability and gender for those on CP plans and Looked After for next years report; (3) triangulate sexual abuse cases with Avon and Somerset Constabulary.				
Develop stronger links with other Boards				
Review performance report ensuring new data is added as required – members to keep the 'so what' question front of mind.				