



**LSCB**

Bath & North East Somerset  
Local Safeguarding Children Board

**Annual Report 2015 – 2016**

**and**

**Business Plan 2015 - 2018**



**LSCB**

Bath & North East Somerset  
Local Safeguarding Children Board

# Keeping children safe is everyone's responsibility

If you suspect a child is being abused or neglected, call 01225 396312 or 01225 396313 immediately

## Chair's Foreword



I am delighted to welcome you to this Annual Report of the work of the Bath and North East Somerset Local Safeguarding Children Board. The 12 months from 1st April 2015 to 31st March 2016 has been an exciting time in the development of our work and the way that all of the member agencies collaborate. This is reflected in the following pages.

News stories about child abuse and the way in which an individual or an organisation has failed a child or a vulnerable adult are rarely absent from the national media. Whilst these often prompt useful debates about what should be changed, they rarely if ever highlight the extent to which abuse occurs in every locality. Regrettably at local levels, a belief persists that abuse is rare and that when it occurs, strangers commit it. These are myths. Many adults and children die and many more suffer irreversible harm at the hands of their own family or those whom society believes are best placed to care for them. This said, we continue to coordinate work to tackle the risks to children presented by the predatory activities of paedophiles, of child sexual exploitation, bullying, poor emotional health and radicalisation. Most importantly, we strive to listen to children and young people as we develop our thinking.

In addressing the risks of neglect, abuse and poor outcomes for children, I would point out the continued priority of the Board's efforts in support of early help and prevention. The data indicates that the support needs of many children and families are met early enough to reduce the likelihood of child protection arrangements. Furthermore, there is strong evidence that children's lives have improved because of this early and focused work.

Critical to the effective functioning of the LSCB is the work of our Sub Groups. Delivery of the LSCB Priorities and its Business Plan relies upon their effectiveness in translating aspiration into action. The products of their work are reported later in this document and it should be evident that these result from considerable hard work and dedication on the part of all involved. Through their efforts, the LSCB continues to receive assurance across a broad range of issues, policies advice and guidance is continuously updated and practice improvements made.

I am especially delighted with the response to our recent assessment of the effectiveness of safeguarding in schools. Every school in Bath and North East Somerset responded and thus far, our analysis of the data provided indicates that they all take safeguarding very seriously and that appropriate arrangements are in place. Later this year, members of the LSCB will be triangulating the data by visiting a sample selection of schools.

Last year I was appointed as the Independent Chair of the Safeguarding Adults Board. Together with members of both Boards I have been exploring opportunities for closer collaboration and recently we have launched a pilot of a joint training sub group serving both. I hope to report the outcome of this new initiative next year. In the meantime we will continue to explore effective ways to join up the work across both Boards.

Chairs of LSCBs across the Bristol and Avon Authority areas meet regularly to discuss common themes. We have been exploring the means to work on shared concerns across LSCB boundaries. More locally, B&NES LSCB has been discussing the prospect of closer collaboration on the theme of Sexual Exploitation with colleagues in North Somerset LSCB. I hope to report the outcome of this in our next Annual Report. In this regard, I am mindful that the Government has published its response to the recommendations of a national review of the work of LSCBs and the arrangements for Serious Case Reviews, conducted by Alan Wood, a former Director of Children's Services. Their response is likely to prompt significant changes in the way that LSCBs function and how SCRs are conducted. These changes will be subject to future legislation and new statutory guidance.

Public finances continue to be pressured across every agency associated with the LSCB. I am mindful of the substantial pressure to reduce contributions both financial and in terms of people, to the LSCB by member agencies. I wish to record my appreciation of those agencies that have resisted the temptation to withdraw resources. It is essential, now more than ever that the LSCB continues to monitor and coordinate safeguarding and protection for the most vulnerable in our communities.



Reg Pengelly  
Independent Chair  
Bath & North East Somerset LSCB

## Executive Summary

The LSCB has agreed an Executive Summary of the 2015-16 Annual Report which has been published as a separate document covering the following areas:

- The role of the LSCB
- The Sub-Groups of the LSCB
- LSCB Stakeholder Day
- Outcomes
- Engagement with Children & Young People

The Executive summary is available on the LSCB website

<http://www.bathnes.gov.uk/services/children-young-people-and-families/child-protection/local-safeguarding-children-board>

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## Section 1: Local Context for B&NES 2015 - 16

- 1.1 Bath and North East Somerset (B&NES) is a Unitary Authority with just over 182,000 residents. According to the 2014 ONS Mid-Year Population Estimates 16.6% (30,300) of the population are 15 years or under, and that 5.9% (10,792) 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%). 9% of children under 18 are from BME communities.
- 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 four small areas being in the most deprived 20% nationally according to the 2015 Indices of Deprivation. An estimated 11% of children live in poverty, compared to 18% in the UK. Rates vary significantly within local authority wards, with levels ranging from 4% to 28%.
- 1.5 As at 21<sup>st</sup> January 2016 there were 895 children and young people with a Statement or EHC Plan normally resident in B&NES.
- 1.6 B&NES schools perform well overall and have a higher than average number of pupils locally attending good or outstanding schools. Across the Authority pupils' achievement is at least in line or above the national and region averages. However, the gap in performance of pupils eligible for Free School Meals is significant and narrowing this gap is a shared local priority to improve outcomes and ensure 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 Like many other Local Authorities (LAs), in B&NES we have seen a rise in CP activity with an increase from 109 children on a CP plan on 31<sup>st</sup> March 2015 to 151 at 31 March 2016. Work is ongoing to scrutinise decision-making and ensure that plans are effectively actioned and reviewed. It is encouraging that there has been a reduction in re-referrals within 12 months of the closure of a plan; and that less than 1% of plans have been in place for over two years.
- 2.2 There has been some reduction in the number of CAFs – but there is a pragmatic approach to use of alternative assessments and data on successful outcomes from CAFs is encouragingly positive, with a low rate of conversion to CP referrals.
- 2.3 Overall rates of contacts and referrals to children's social care have remained steady.
- 2.4 At the end of March 2015 there were 580 Children In Need and 149 Looked After.



## 2.5 The LSCB has also:

- a) Welcomed both a primary and secondary head teacher to the Board where they have made a valuable contribution.
- b) Further strengthened the links between the LSCB and the Local Safeguarding Adults Board (LSAB) through having the same independent chair for both Boards and the appointment of a joint Business Manager for both Boards.
- c) Undertaken section 11 themed audits of CSE and of training.
- d) Developed the Board's risk register and progressed a new web-site which will be shared with the LSAB and is due to go live in 2016-17.
- e) Adopted the local Early Help Strategy.
- f) Worked to support the implementation of the multi-agency Willow Project working with young people at risk of CSE locally.
- g) Organised an annual stakeholder event in January 2016. The focus was on CSE and this event with powerful dramatisation received overwhelmingly positive feedback. In addition to this we held a development workshop for all partners on FGM and progressed joint working with the LSAB. We have also provided a number of training sessions on PREVENT in partnership with the Community Safety team and the LSAB.
- 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 Barnardo's.
- i) Updated a range of policies, training and guidance in accordance with the requirements of Working Together 2015 and developed more robust systems for monitoring dissemination of policies and procedures.
- j) Challenged Children's Social Care services on the categorisation of CP Plans – given a high proportion identified as Emotional Abuse and very low numbers under Sexual Abuse. Audit work has led to action planning and improvements in practice in this area, although it remains under scrutiny.
- k) Used a 360 degree feedback system to feed back on the performance of the Independent Chair with an annual multi-agency 'Challenge and Review' Panel.
- l) Endorsed the initiation of a significant safeguarding investigation relating to a local primary school, following an unprecedented volume of concerns voiced by parents and others.

## 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 organisational change creates the potential for additional pressures if funding is determined at a national or sub-regional level rather than recognising historic local contributions. This will require ongoing monitoring and management.
- b) Recruitment and retention of social work staff remains a challenge, although B&NES generally fares better than many authorities. A range of initiatives has been put in place by the service to mitigate this.

- c) 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 uncertainty of timing of an inspection and the multiple and evolving inspection frameworks brings an additional pressure to the capacity of Board members alongside a full and packed agenda.
- d) Ongoing work to develop and implement a Multi-Agency Safeguarding Hub for children and adults.
- e) Working across boundaries in collaboration with other agencies responding to CSE activity and prosecutions/SCRs.

## Section 3: Updates on the Legislative and Statutory Framework during 2015 - 16

3.1 The 2014-15 LSCB Annual Report contains a list of all the relevant and most significant Acts, guidance and reports provided by Ofsted, Department of Health (DH) and the Department for Education (DfE) that shape and instruct our work in safeguarding children and young people. Section 3 of this report focusses only on the **new** Acts and guidance which have been published during 2015-16.

3.2 In July 2015 the DfE consulted on a proposal for introducing **Joint targeted reviews of services to protect children**. The final position in response to the proposal is awaited however the proposal is set out below:

*'Section 20 of the Children Act 2004 allows any two or more of the persons and bodies listed in that section to conduct a review of children's services, in accordance with arrangements made by Ofsted. Ofsted, the Care Quality Commission, the Chief Inspector of Constabulary and Her Majesty's Chief Inspector of Probation for England and Wales are listed in section 20. The purpose of a review under section 20 is to evaluate the extent to which, taken together, the children's services being reviewed improve the well-being of children and, in particular, to evaluate how those services work together to improve well-being. The JAR Regulations make provision for the purpose of such joint reviews. They ensure that the persons and bodies listed in section 20 have sufficient powers to conduct a review.'* (DfE webpage).

3.3 Ofsted produced a number of changes to education inspections which were shared in September 2015, for example introducing a common inspection framework for all early years settings on the Early Years Register. The new arrangements are set out in **The common inspection framework: education, skills and early years from September 2015**; however there are additional supporting documents such as handbooks for each specific setting which can be found at their website.

<https://www.gov.uk/guidance/changes-to-education-inspection-from-september-2015>

There is specific guidance published in safeguarding **Inspecting safeguarding in early years, education and skills from September 2015**.

3.4 There have been a number of additional documents provided in relation to 'Prevent'. DfE produced further guidance on prevent, **Protecting children from radicalisation: the prevent duty** (July 2015 further updated August 2015). The guidance sets out the

'prevent duty' for schools and childcare providers on preventing children and young people from being 'drawn into terrorism' in the Counter Terrorism and Security Act 2015 (February 2015). Further information is available on the website and through several other sections in this report you will note how the LSCB and Council have responded to this.

<https://www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty> There is also a guide on social media [The use of social media for online radicalisation](#) which is available to help schools.

In addition there is a revised **Prevent duty guidance: for England and Wales; Prevent duty guidance: for further education institutions in England and Wales** (this was issued in July 2015 and came into effect September 2015). The guidance sets out how specified authorities are to comply with the Prevent duty and was issued under Section 29 of the Counter Terrorism and Security Act 2015. The Home Office are promoting free e-learning at <https://www.elearning.prevent.homeoffice.gov.uk/> This has been shared with the LSCB and with the workforce.

3.5 Female Genital Mutilation has remained high on the agenda throughout the year and the Home Office produced **Mandatory reporting for female genital mutilation procedural information** (2015) this 'gives health and social care professionals, teacher and the police information on their responsibilities under the mandatory guidance which came into force 31<sup>st</sup> October 2015.' (Home Office website). It sets out how to report, what happens once the report is made and what happens regarding failure to comply with the duty. The Health and Social Care Information Centre also have in place the new FGM Risk Information System (RIS) which is mandatory for health professionals to complete and includes information on:

- An indicator that a girl is potentially at risk of FGM;
- The date that the FGM safeguarding risk assessment was carried out; and
- The date the FGM risk indicator was added on to the system

As with Prevent, you will see later in the report the work which has been undertaken with regard to FGM.

3.6 During February and March 2016 the Home Office and DfE consulted on a proposal to change the statutory definition of **child sexual exploitation**. We await the outcome of the consultation and once received local policies will be an amendment to include this.

3.7 The Home Office has launched **The Child Abuse Image Database** (CAID) (November 2015). All the UK territorial police forces and the National Crime Agency are connected to this and it supports UK wide information sharing.

3.8 Following the Modern Slavery Act (2015) Government departments including the Home Office, Department of Health and UK Visas and Immigration have published a number of reports and guidance notes to support the work in relation to this, for example:

- **Guidance on Slavery and Trafficking Prevention Orders and Slavery and Trafficking Risk Orders under Part 2 of the Modern Slavery Act 2015** (Home Office July 2015). This is statutory guidance and sets out how the two new civil orders in the Act STPOs and STROs are implemented and what the police, National Crime Agency and Immigration Officers can do via the court to restrict 'behaviours and activities of a person who poses a risk of committing slavery or trafficking offences' (Home Office website).

- **Transparency in supply chains: a practical guide** (Home Office October 2015). This is statutory guidance requires certain organisation to produce a statement setting out what they have done to ensure slavery and human trafficking is not happening in their business or supply chains.
- **Identifying and supporting victims of modern slavery: guidance for health staff** (DH April 2013, updated November 2015). This guidance sets out what actions healthcare staff need to take if they suspect someone is a victim.
- **Victims of modern slavery: guidance for frontline staff** (UK Visas and Immigration, October 2013 updated March 2016) revised guidance document setting out how this service can identify and support victims. This guidance sets out the legal framework for assisting with young people where there are concerns about involvement in modern slavery, as well as making clear the links between modern slavery and the sexual and criminal exploitation of young people.

## 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 review of LSCBs by Alan Wood which is now due in the autumn. The Board acknowledges the NSPCC Information Service's CASPAR email as the source for much of the following information.
- 4.2 Local transformation plans for child and adolescent mental health services (CAMHS) have been published as part of the government's commitment to improving mental health services for children and young people, NHS England have asked Clinical Commissioning Groups (CCGs) to make [local transformation plans](#) for child and adolescent mental health services. CCGs are required to involve partners, including local authorities, schools and colleges, in these plans, as this will provide an opportunity to influence local mental health provision. (Published August 2015 by NHS England)
- 4.3 Ofsted (December 2015) published its state of the nation picture on foster care. The main findings include the fact that more children were recorded as missing from placements and going missing more often. 5,055 children went missing in 2014-15, an increase of 19% on the previous year. [Fostering in England 1 April 2014 to 31 March 2015](#) In July 2015 they also updated their **Safeguarding children and young people and young vulnerable adults policy** which sets out how they respond to concerns about safeguarding. <https://www.gov.uk/government/publications/ofsted-safeguarding-policy>
- 4.4 The National Child and Maternal Health Intelligence Network published in December 2015 a needs assessment report. It brings together data and evidence on mental health in the antenatal and postnatal periods, as well the social development and wellbeing of babies and toddlers. The report can be used to inform local needs assessment by giving commissioners an indication of perinatal and infant mental health need in their area.
- 4.5 In November 2015 the Department of Psychiatry at the University of Oxford published a guide for parents on coping with their child's self-harm which is based on their in-depth research with parents. [Coping with self harm: a guide for parents and carers \(PDF\)](#)

- 4.6 Her Majesty's Inspectorate of Constabulary (HMIC) in December 2015 published the report of their inspection into the police response to honour-based violence (HBV), forced marriage and female genital mutilation. In it they express concern that there is, as yet, no strong evidence base on what works in policing to prevent harm to and protect victims of HBV. [The depths of dishonour: hidden voices and shameful crimes \(PDF\)](#)
- 4.7 HMIC has published a report on the police response to missing children. Highlights include the inconsistencies in risk assessment and provision of support, the fact that information not always shared effectively and that awareness should be raised amongst officers and staff. [Children and young people's perspectives on the police's role in safeguarding: a report for Her Majesty's Inspectorate of Constabularies \(PDF\)](#) (March 2016) and [Missing children: who cares? \(PDF\)](#) (March 2016)
- 4.8 The Department for Education have published a number of documents including:
- research into how local authorities support children who return home from care and their families. [Department for Education](#) (December 2015)
  - a report looking at the findings from an analysis of local authority files containing special guardianship orders. [Department for Education](#) (December 2015)
- 4.9 The government announced a package of measures to help keep children safe online. These include: a UKCiSS guide to help parents keep their children safe online; updated content on CEOP's Thinkuknow website; and new industry-led initiatives to help children be safe online. (December 2015) [Child online safety: a practical guide for parents and carers whose children are using social media \(PDF\)](#); [Child safety online: a practical guide for providers of social media and interactive services \(PDF\)](#); [Thinkuknow](#); [Google's Internet Legends tour](#); [NSPCC's Keeping children safe online course](#)
- 4.10 [Independent child trafficking advocates trial: government report](#) published by the Home Office (December 2015) reports on the trial of independent child trafficking advocates and next steps.
- 4.11 A National Foundation for Educational Research (NFER) poll found that 62% of teachers felt able to identify behaviour that could be linked to mental health issues. Yet only 32% felt they received appropriate training to identify mental health difficulties in pupils. (January 2016) [Young Minds](#) and [NFER Teacher Voice Omnibus: questions for the Department for Education \(PDF\)](#)
- 4.12 The Education Secretary announced a package of measures to protect children from extremism. These include: a website for parents and teachers offering advice on preventing extremism; an escalation of Ofsted inspections of unregistered, illegal, independent schools; and a consultation on registering children who go missing from school. [DfE press release](#) (January 2016) [Educate against hate](#) and [Consultation: Identifying children who are missing education](#)
- 4.13 The Anti-Bullying Alliance published new resources for school staff to use to tackle the homophobic, biphobic and transphobic bullying of disabled young people and those with special educational needs. (March 2016) [National Children's Bureau](#) and [Tackling homophobic, biphobic and transphobic bullying for disabled children and young people and those with special educational needs \(PDF\)](#)
- 4.14 i-HOP, in partnership with Research in Practice, launched a set of eight quality



statements and toolkit, designed to support professionals who are working with the children and families of offenders. (February 2016) [i-HOP quality statements and toolkit: supporting services to work with children and families affected by parental offending \(PDF\)](#)

- 4.15 Young Minds, the Charlie Waller Memorial Trust and the Royal College of Psychiatrists created a series of films and digital resource packs on self-harm. These have been created with the help of children and young people, parents and professionals. [Young Minds](#) (February 2016)
- 4.16 The Joseph Rowntree Foundation published a review of the evidence on the relationship between poverty and child abuse and neglect. [Joseph Rowntree Foundation](#) (March 2016)
- 4.17 NICE published guidance to support the transition from children's to adult's services. [Research in Practice press release](#) (February 2016) [Transition from children's and adults' services for young people using health or social care services](#)
- 4.18 NICE produced a quality standard for those working with families affected by domestic violence. It includes guidance on supporting children and young people affected by domestic violence that is not directly perpetrated against them. This includes children taken into care. (March 2016)
- 4.19 The findings of the Drew Review, an independent review of South Yorkshire Police's (SYP) handling of child sexual exploitation 1997 – 2016 have been published. Recommendations include: develop a new, thematic action plan using gap analysis of all investigations to date; commission 'Learning Lessons Reviews' after the conclusion of each major investigation; implement a standard operating procedure for the investigation of child sexual exploitation and the management of intelligence related to it. [Independent review of South Yorkshire Police's handling of child sexual exploitation 1997-2016 \(PDF\)](#) (March 2016)
- 4.20 Northamptonshire Safeguarding Children Board published an information sheet summarising learning points from recent multi-agency case audits carried out on the following themes: child sexual exploitation; domestic violence; injuries in pre-mobile babies; and neglect. (January 2016) [Learning from multi-agency case audits](#)
- 4.21 NSPCC has published the following over the last year:
  - In December 2015 the Knowledge and Information Service published a summary of learning from serious case reviews for all professionals working in the health sector. This is an overview which draws on the collective findings from three briefings we published aimed at primary healthcare teams, paediatrics and A&E and perinatal healthcare teams. [NSPCC: Health: learning from case reviews](#)  
[GPs and primary health care teams: learning from case reviews](#)  
[Paediatrics and accident & emergency: learning from case reviews](#)  
[Perinatal healthcare teams: learning from case reviews](#)
  - Learning from process evaluation and delivering the Caring Dads: Safer Children programme. It is aimed at other organisations delivering the programme or similar interventions for abusive fathers.  
[Caring Dads: Safer Children: learning from delivering the programme \(PDF\)](#)  
[Caring Dads: Safer Children: evaluation report \(PDF\)](#)  
[Caring Dads: Safer Children: helping dads address violent behaviour](#)
  - 6 short films showing how to safeguard children within religious or faith settings.

[NSPCC Website](#) (March 2016)

- **Assessing the risk: protecting the child: evaluation report. Evidence from an assessment service for me who pose a sexual risk to children** (2015). A series of three reports on this issue are pulled together into this overview.  
<https://www.nspcc.org.uk/search/?query=Assessing+the+risk%3A+protecting+the+child%3A+evaluation+report.+Evidence+from+an+assessment+service+for+me+who+pose+a+sexual+risk+to+children+%282015%29>
- **Are they safe? Safeguarding for leaders of groups in the voluntary and community sector** (2015) a guide to setting up groups safely.  
<https://www.nspcc.org.uk/search/?query=Are+they+safe%3F+Safeguarding+for+leaders+of+groups+in+the+voluntary+and+community+sector+%282015%29+>
- **All Babies Count: spotlight on homelessness – an unstable start (2015)** and set out the impact on babies whose parents are homeless.  
<https://www.nspcc.org.uk/search/?query=reported+All+Babies+Count%3A+spotlight+on+homelessness+%E2%80%93+an+unstable+start+%282015%29>
- **Achieving emotional wellbeing for looked after children: a whole system approach (2015)** stating that children in care are four times more likely to have mental health problems than children living with birth families, increasing the risk of poor outcomes. The report recommends five priorities for change.  
<https://www.nspcc.org.uk/search/?query=Achieving+emotional+wellbeing+for+looked+after+children%3A+a+whole+system+approach+%282015%29>
- **‘Always there when I need you’: ChildLine annual review 2014-15** which describes what children contact ChildLine about. The top three concerns were family relationships, low self-esteem / unhappiness and abuse. Contacts regarding sexual abuse (including online sexual abuse) were increased by 8% on the previous year.  
<https://www.nspcc.org.uk/search/?query=%E2%80%98Always+there+when+I+need+you%E2%80%99%3A+ChildLine+annual+review+2014-15>
- **A guide to safeguarding, managing risk and personal budgets** (2015)  
The guide focuses on individual, operational, community, strategic and LSCB level steps to ensure children’s safeguarding needs are central to the new SEND system.  
<https://www.nspcc.org.uk/search/?query=A+guide+to+safeguarding%2C+managing+risk+and+personal+budgets+%282015%29>
- NSPCC commissioned University of Edinburgh and NSPCC Child Protection Research Centre to investigate **Deaf and disabled children talking about child protection** (2015) this builds on the 2014 report into protecting disabled children from abuse.  
<https://www.nspcc.org.uk/search/?query=Deaf+and+disabled+children+talking+about+child+protection>
- The Information Service published a summary of risk factors and learning for improved practice from serious case reviews for professionals working with deaf and disabled children. (February 2016)
- Finally a reunification practice framework, created in partnership with the University of Bristol. It brings into one place all of the research messages on supporting children returning home from care. It also provides practical guidance and tools for practitioners working with children and families. (February 2016)  
[Reunification: an evidence-informed framework for return home practice \(PDF\)](#)



## Section 5: Significant Local Events and Response

In August 2015 there were a number of convictions of adult males in the Bristol area in relation to charges of Child Sexual Exploitation. Although there was no direct involvement for B&NES LSCB in this case it has underlined the continued importance for all partner agencies of remaining vigilant in relation to the concerns of Child Sexual Exploitation. Partners remain very aware that these types of concern will not always remain within the boundaries of the B&NES area and will require us to work closely with other LSCB's. The setting up of the West of England CSE Victim Identification and Support Project, to which the LSCB is linked, has proved to be a valuable resource in driving forward the practice in relation to CSE. B&NES LSCB now regularly attend information sharing meetings with the Project to focus on disruption activity to adults suspected of exploitation.

## 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](http://www.bathnes.gov.uk/cypp)

As part of their complementary work to drive improvements in the safeguarding of children and young people, LSCB issues a set of challenges to the CTB on its ongoing priorities. These are:

- 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.

It has been agreed that the CTB will disband during 2016 and that the reporting on these challenges will be undertaken by the newly convened Children and Young People's sub group of the Health and Well Being Board. (This new group will also oversee the Year 3 review of the CYPP 2014-2017) .The Children and Young People's

Sub Group will present their responses to the challenges outlined in 6.2 to the Health and Wellbeing Board. This report will be presented to the LSCB of part of the reciprocal challenge arrangement between both boards. There will be no new Children and Young People's Plan post 2017, but a new Outcomes Delivery Framework will be developed during 2016/2017 by the Children and Young People's sub group.

- 6.3 The LSCB works in partnership with the **Health and Wellbeing Board** to make sure that unborn babies, children and young people are protected and kept safe. The LSCB presents its Annual Report and business plans to the Health and Wellbeing Board. The Health and Wellbeing Board offer challenge to the LSCB to provide assurance that children are kept safe. This remains one of the areas of focus in the Health and Wellbeing Strategy 2015-19  
[http://www.bathnes.gov.uk/sites/default/files/banes\\_health\\_and\\_wellbeing\\_strategy\\_2015\\_-\\_2019.pdf](http://www.bathnes.gov.uk/sites/default/files/banes_health_and_wellbeing_strategy_2015_-_2019.pdf)

- 6.4 The LSCB continues to work closely with the **Local Safeguarding Adults Board** (LSAB). As well as shared membership across the Boards to help ensure a joint and seamless approach to delivering safeguarding priorities the Board has continued to progress the areas of joint collaboration (see Appendix 6).

Of significance during the year has been: the agreement to pilot a joint Training and Workforce and Development sub group for one year from April 2016; the proposed launch of a joint safeguarding website in summer 2016 and the move towards joint policies and procedures where applicable. Numerous processes have been streamlined across both Boards including the development of Risk Registers for the work of each Board and Challenge Logs. A joint multi-agency task and finish group has been established taking forward work on FGM.

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.

- 6.5 Links between safeguarding, community safety (overseen by the **Responsible Authorities Group - RAG**) and the Council's wider preventative agenda have again been strengthened this year.

<http://www.bathnes.gov.uk/services/neighbourhoods-and-community-safety/crime-prevention-and-community-safety>

As with the LSAB there are shared members sitting on the RAG, including the Director for Public Health, Divisional Director for Children's Specialist and Targeted Services and Head of Safeguarding and Quality Assurance (Council).

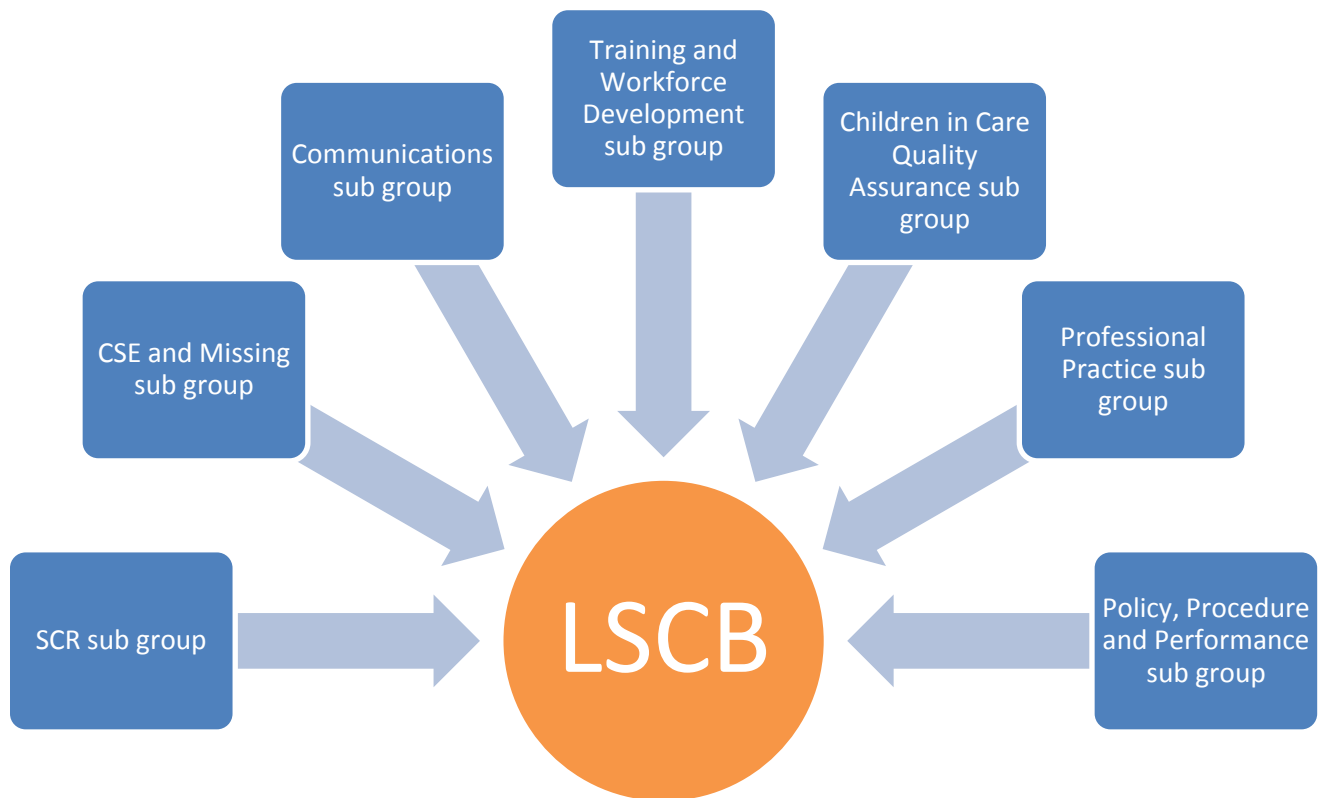
Over the past year there has been significant joint working between the RAG and LSCB progressing the work on PREVENT, modern slavery and the coordination with Children's Service to support and resettle refugees children. Section 9 has more details of the work of the RAG in terms of the contribution to safeguarding children and young people during the period.

- 6.6 In addition to the above the work of the Board is scrutinised **Children and Young People Policy Development and Scrutiny Panel** (prior to May 2015 this was called the Early Years Children and Young People Scrutiny Panel) and a number of reports have been presented during the period including:
- LSCB Annual Report 2014-15 and Business Plan 2015-18

- IRO Annual Report
- Current Issues for Children’s Services: including Child Sexual Exploitation and children “missing”
- New LSCB Multi-agency Early Help Strategy
- The Schools Health Education Unit (SHEU) survey on children’s sense of safety
- Care Act 2014 and implications for children and young people (drafted for January 2015 however delayed for presentation in 2016)
- Youth Offending Service update and changes in line with local and national funding cuts
- Looked After Children Annual Report (Sirona care and health)

## 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 1 and are due for review in 2016 – 17. The membership for the LSCB and sub-groups during 2015 - 16 are set out in Appendix 2 .
- 7.2 The accountability of the LSCB and performance of the Independent Chair is delivered via a two stage process. The Annual Report is considered by a Scrutiny Panel made up of Chief Executives of member agencies and including the Lead Local Authority Member for Children and Young People. This Panel convenes soon after publication of the Annual Report and presents challenges to the Chair regarding the effectiveness of the LSCB. In stage two, B&NES Council coordinates a 360 degree appraisal of the performance of the Independent Chair. Contributors to this process include all representative members of the LSCB. The appraisal includes a commentary from the Chair of the Scrutiny Panel at Stage 1. The process is completed at a meeting between the Independent Chair and Local Authority Chief Executive at which performance and development goals are set for the following 12 months.
- 7.3 The Independent Chair is also Chair of the LSAB and has been since June 2015, this increases the joint working across the Boards and improves safeguarding outcomes for children, young people and their families/carers.
- 7.4 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.
- 7.5 The functions in relation to the above objectives are described in Regulation 5 of the Local Safeguarding Board Regulations 2006.
- 7.6 The LSCB structure is set out below and the work of the sub-groups is articulated in Section 8 of the report.



Both the Member of the Bath & North East Somerset Youth Parliament (MYP) and the Deputy (DMYP) now attend the LSCB Communications sub-group and have been developing the young people's LSCB webpages.

- 7.7 The LSCB has not undertaken any SCRs during 2015-16; however the Chair has considered recommendations from the SCR sub-group for seven cases. Three of these did not meet the SCR criteria, the other four are being considered within the next reporting period.
- 7.8 In line with the statutory requirement, the LSCB has in place a Learning and Improvement Framework which was revised in February 2016, <http://www.bathnes.gov.uk/services/children-young-people-and-families/child-protection/local-safeguarding-children-board>. 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.
- 7.9 Although two new Lay Members joined the Board sadly one of those has now had to move away and so the Board is recruiting once again. Lay Members give a unique, independent and valuable perspective on safeguarding children and young people. Their work positively influences decisions of the Board.
- 7.10 The LSCB budget is monitored throughout the year and presented in the Annual Report in Appendix 3. Discussions will take place in 2016-17 to assess the contributions made by partner agencies both financially and in kind to ensure that the budget as well as participation and engagement are right for the needs of the LSCB. This will be developed into a Memorandum of Understanding for the Board in 2016-17.
- 7.11 In 2015-16, the LSCB has developed a Risk Register for the LSCB and completed a stocktake document to monitor its progress in meeting the Ofsted Grade Descriptors which are used to make a judgement about how the LSCB is performing in terms of its effectiveness in meeting its statutory functions. The documentation Ofsted use for this was revised in October 2015 – set out in Ofsted Framework and Evaluation

Schedule: children in need of help and protection CLA and care leavers and LSCBs.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/466008/Framework\\_and\\_evaluation\\_schedule\\_children\\_in\\_need\\_of\\_help\\_and\\_protection\\_CLA\\_and\\_care\\_leavers\\_LSCBs.doc](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/466008/Framework_and_evaluation_schedule_children_in_need_of_help_and_protection_CLA_and_care_leavers_LSCBs.doc)

Ofsted Inspectors will also look at how 'effectively the LSCB evaluates and monitors the quality and effectiveness of the LA and statutory partners in protecting and caring for children, including the provision of improvement advice.' (page 32 Ofsted Framework).



## Section 8: LSCB Sub Group Achievements and Priorities

- 8.1 The LSCB has seven sub-groups as set out in section 7.6 above. The Terms of Reference for each of the sub-groups is available on the LSCB web page <http://www.bathnes.gov.uk/services/children-young-people-and-families/child-protection/local-safeguarding-children-board>
- 8.2 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 developing the LSCB Strategy and Protocol. The Strategy was agreed by the Board in September 2014 and has recently been reviewed. The CSE/Missing Protocol has also been regularly scrutinised and updated to ensure that operational guidance has kept pace with new developments and new thinking in the relation to what we know about CSE and Missing.

### Key Achievements

- a) The sub-group has continued to develop strong links with key partner agencies. The sub-group now has strong representation and engagement from Secondary Schools and from the Council Licensing team
- b) In conjunction with the licensing team we have developed a series of posters that will be displayed in local hotels and Taxi cab offices that highlight CSE and the need for staff in these settings to remain vigilant to the signs of CSE
- c) Alongside this poster campaign we have developed and run training and awareness courses for local taxi firms and hotels/Bed and Breakfast establishments. This has proven positive and generated a good level of engagement from this sector
- d) We have continued to oversee the development of the Willow Project. We reviewed the work of the Project after six months (October 2015) and this enabled the project to identify a number of developmental tasks that are now beginning to be incorporated into practice. One of these will be a series of leaflets designed for parents/professionals and for young people that will provide contact details and a short outline of the work of the project
- e) The sub group played a key part in the re-launch the CSE Protocol, following some amendments, and to the CSE Stakeholder Event in January 2016

### Outcomes - What Difference have achievements made in relation to outcomes?

- a) Continuing discussions with Police colleagues about how best to share information on CSE victims and disruption activity has resulted in the development of a new meeting format which is currently being piloted. The CSE Information sharing meetings focus on disruption activity, and in joining up local intelligence on young people of concern, and premises of concern. The initial feed-back from these meetings has been very positive
- b) The theme of this year's LSCB Stakeholder day was CSE, and members of the sub-group were closely involved in the development of the agenda and content of the day. The day was very successful in highlighting issues of CSE and missing amongst agencies
- c) The development of a local poster campaign and information leaflets from the Willow Project have provided a tangible source of information to professionals, young people and parents

### Challenges Faced in Delivering the Agenda

- a) Ensuring that we can effectively engage with parents of Young People at risk of CSE. The development of the information leaflets will be a key first step in providing this support.
- b) Ensuring that CSE continues to remain an important and visible issue for all LSCB agencies and that we guard against a level of "information fatigue" that could dilute the level of vigilance on CSE and Missing

### **Priorities for the CSE and Missing Sub-Group**

- a) A fuller evaluation of the work of the Willow Project and an analysis of outcomes for young people
- b) Continued training for new staff across all agencies.
- c) Continue to deliver actions against the CSE action plan. This will include further publicity campaigns, embedding the new CSE Information Sharing meetings
- d) To continue to develop ways of improving early identification of CSE concerns through links with PSHE sessions on healthy relationships.

### **Children in Care & Quality Assurance sub-group (CICQA)**

The Children in Care Quality Assurance group started directly reporting to the LSCB as a subgroup in September 2015 to ensure the best Corporate Parenting for children and young people in Bath and North East Somerset. The group aims to contribute to this purpose through quality assurance of work carried out in multi-agency care planning.

#### **Key Achievements**

- a) Becoming an LSCB sub-group has been a significant milestone in the life of this group
- b) Auditing of 16 cases, covered five separate themes relating to children in care

#### **Outcomes - What Differences have achievements made in relation to Outcomes?**

- a) The group is able to audit themes and focus on multi agency planning

#### **Challenges in Delivering the Agenda**

- a) Whether the membership is at the correct level
- b) With an effective Independent Reviewing Service, this group has a “quieter” voice and a significant number of messages are fed back from the IRS. With the correct level of membership as an objective for 2016-17, this group will be able to develop its unique contribution further to informing the LSCB about themes and issues about multi-agency care planning

#### **Priorities for the CICQA Sub-Group**

- a) Ensuring that the CICQASG contributes to the LSCB business plan
- b) Ensuring the group’s membership is a suitable level to influence change.

### **Communications sub-group**

The Communications sub-group was established in March 2014 to ensure that key messages can be effectively disseminated to all agencies and that messages are delivered in a coordinated manner that takes account of similar campaigns and messages from the LSAB.

#### **Key Achievements**

- a) The group has led on the design and construction of a new LSCB website which has been undertaken in conjunction with the LSAB. This is now nearing completion and should be ready for launch in July
- b) The group has been involved in the design of a series of awareness raising posters in conjunction with Police colleagues in relation to raising awareness of CSE
- c) The sub-group is currently developing a strategy to assist in the launch of the MASH in September 2016.



- d) The sub-group has continued to develop a regular newsletter that is distributed to all LSCB members. The content and format of this newsletter is currently under review
- e) Developing links with the Communications group of the LSAB to ensure key messages about safeguarding are communicated to both Boards. The LSCB has adopted the same format for 'Key Messages from the Chair' as the LSAB and sent out the first on in March 2016
- f) Production of a series of posters advertising the role of the LSCB. These are now in GP's surgeries, libraries and Nurseries across the B&NES area
- g) Dissemination of Working Together 2015 to all agencies and children and young people where relevant

### **Outcomes - What Differences have achievements made in relation to Outcomes?**

- a) The re-design of the web-site has taken account of the need for both the public requirements for easy to access information, and professional requirements for practice materials and discussion forums. The new site will be mobile and tablet enabled to allow for easy access and navigation
- b) We have built on the previous work to develop a higher profile for the LSCB. This has been done by producing a series of posters that have gone into GP's surgeries and Nurseries, We have now commissioned advertising banners that are now used at events. This continues to build our profile and key messages

### **Challenges in Delivering the Agenda**

- a) The key challenges continues to be that in building closer links with The LSAB, we will need to ensure continuity of key messages and avoid duplication.

### **Priorities for the Communications sub-group**

- a) To complete the launch of the new web-site for July 2016
- b) To ensure that all agencies are aware of the launch of the MASH and fully understand the role and remit of the MASH.

## **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 (SWCPP) 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) Continued to review performance data and initiate investigation of areas of concern – data on children missing is now more robust and shows a stronger correlation between Police and LA figures, which provides greater assurance that appropriate follow up is being undertaken to minimise risks
- b) The group questioned the apparent high proportion of CP plans with a category of emotional abuse and low number in the category of sexual abuse. The cycle of audit, action and further audit/monitoring has evidenced improvements in practice and in the resulting appropriate categorisation of risks
- c) Police data on sexual offences has also been triangulated against LA data to ensure cases of sexual abuse were not being missed
- d) The group approved a range of new or updated policies and procedures, including Quality Standards & Practice Guidance for CP Chairs, Escalation Policy, Bruising in Children Protocol, Joint Working Protocol (CSC/AWP), Managing Allegations Protocol, SCR Protocol, FGM Policy, E-Safety Strategy, Learning & Improvement Framework, and Information Sharing Protocol

- e) The group is beginning to work more collaboratively with the LSAB around joint policies
- f) The group has agreed arrangements for more systematic review of policies and procedures and reviewed and refreshed its terms of reference, with expanded membership.

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

- a) Children Missing from Home numbers are consistent across agencies, ensuring they can all be followed up through return home interviews if information is being shared promptly, thereby enabling safeguarding risks to be identified and reduced
- b) Risks are being more appropriately assessed/categorised as Neglect or Sexual Abuse and fewer as Emotional Abuse – thereby ensuring more robust plans to appropriately address these risks
- c) The wide range of policies and procedures approved should be ensuring consistent good practice, but further work is needed to monitor compliance and evidence impacts

### **Challenges faced in delivering the agenda**

- a) Identification of indicators/availability of data to ensure a truly multi-agency perspective is reached
- b) Lack of sub-group attendance from the Police, although they have contributed quarterly data plus narrative and written feedback on draft policies and procedures
- c) Section 11 audits – coordinating approach across multiple LAs

### **Priorities for PPPG**

- a) Further work to more comprehensively track dissemination of policies and procedures and to evaluate compliance/impact
- b) Development of multi-agency indicators/data reporting
- c) Further exploration of joint working with equivalent LSAB sub-group(s) and opportunities to learn from them and/or share expertise and capacity
- d) More systematically look at lessons that can be drawn from Ofsted inspections elsewhere
- e) Seek further assurance about the effectiveness of multi-agency working in cases involving the ‘toxic trio’ of mental health, substance misuse and domestic violence.

## **Professional Practice Group (PPG)**

The PPG is a quality assurance group 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 focusing on particular themes.

### **Key achievements**

- a) PPG met six times this year to audit cases of children who were receiving support because of child protection or safeguarding concerns
- b) PPG looked at the case records of children who faced a wide range of issues in their lives. These included parental drug / alcohol misuse, domestic violence & abuse, child sexual exploitation and children who had recently been placed on a child protection plan. PPG also looked at how well children had been listened to and how well professionals understood what the lives of younger children who were at risk were like
- c) The PPG identified that the correct categories of abuse were being used in child protection conferences
- d) The themes chosen were as a result of actions identified within the LSCB Business Plan, for example – The Voice of the Child (as described above)
- e) We found some examples of services who worked with the parents of children showing a good understanding of the impact on the child of the parents’ behaviour

### **Outcomes – what difference have achievements made in relation to outcomes?**

- a) PPG has noted comments by young people stating they find it difficult to work with large numbers of professionals and prefer to meet just one or two people they trust. This practice is now being embedded for certain groups of children, particularly for those at risk of sexual exploitation
- b) A number of adult services have shown evidence of improved understanding of the risks faced by children, following PPG repeating audits on their area of work

### **Challenges faced in delivering the agenda**

- a) Over half of children on a Child Protection Plan have lived in homes where there was domestic abuse. PPG has seen many cases where this is passed from one generation to the next. There is a need for real impetus to try to break some of these cycles of abusive and controlling behaviour
- b) The growing recognition of child sexual exploitation among professionals is positive. However, it raises the question of how well our schools and other services are able to prevent children being sexually exploited. There is a need for good programmes in school that promote healthy personal relationships

### **Priorities for Professional Practice sub-group**

- a) To continue to check that children's views are listened to and that workers understand what their daily lives are like
- b) To review how well disabled children are responded to
- c) To look at how effectively professionals challenge one another in Child Protection Conferences
- d) To review how well we support children whose parents have poor mental health.

## **Serious Case Review sub-group (SCR)**

The Serious Case Review sub-group has met eight times during the period. The groups primary responsibility is to review SCR applications on behalf of the Board; implement the Notifiable Incidents, SCR and other Multi-Agency Review Procedures and the Learning and Improvement Framework; monitor SCRs and / or other review action plans and link with the Child Death Overview Panel as required.

### **Key achievements**

- a) The group has signed off the final outstanding action from David A SCR action plan. The Self Harm Guidelines have been adopted by the Board as the key document to support practitioners. Public Health colleagues have offered to undertake a survey to provide the Board with assurance that agencies are aware of the guidelines and know how to support and refer children and young people they are concerned about as being at risk of self harm or suicide ideation
- b) Confirmed the completion of all single agency action plans in relation to David A
- c) Considered applications for seven children for an SCR. Three of these did not meet the threshold for an SCR however further work was undertaken, for example for one case an independent chair / author was commissioned to undertake a multi-agency case review; an interim report was presented to the SCR group during the period and the full report is due in 2016-17. A round table discussion was convened with all practitioners involved in another case and a number of learning points have been identified and actions. For the third case the group identified a number of actions which are being progressed. For the remaining four applications considered these children relate to a specific police CSE operation. The decision was made in April 16 that the case of three of the four met the criteria and the scope of an SCR is being formulated

- d) The group has kept abreast of Operation Brook in Bristol and has reviewed Bristol Childrens Boards SCR into this
- e) Overseen the support provided in the aftermath of the unfortunate tipper truck incident which led to the death of a young girl and have agreed the need for a local Rapid Response protocol. Currently following the South West procedures protocol
- f) Reviewed the Unborn Protocol to Safeguard Unborn Babies now on the public website
- g) Revised the Terms of Reference and the Learning and Development Framework
- h) Reviewed information from CDOP and from the National SCR Panel

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

- a) Changes have been made to process and practice following the review of two cases
- b) In relation to one case review the family is very pleased to be able to have their say and await the outcome of the final review report
- c) A more systematic approach has been applied to assessing SCR applications ensuring robust decisions can be evidenced

### **Challenges in Delivering the Agenda**

- a) The volume of case reviews has been demanding and this has required extraordinary meetings to be convened
- b) Keeping up to date on Police operations in relation to CSE has been essential however because of the nature (changeability) and sensitivity of these operations it has sometimes been challenging to ensure accurate information is provided to key partners
- c) The group membership has largely been stable however the Police have been unable to provide the same Officer at meetings and this has impacted adversely on information flow and decision making. A consistent person has now been identified

### **Priorities for the SCR sub-group**

- a) Oversee the commissioning and progress of the SCR
- b) Implement the recommendations from the Multi-Agency Case Review
- c) Further embed the Learning and Development Framework
- d) Develop a system for reviewing SCRs.

## **Training and Workforce Development sub-group (T&WFD)**

This sub-group is responsible for ensuring that 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, and looks at quality standards for single agency training.

### **Key Achievements**

Substantial inter-agency training programme offered to the workforce, responding to local need and national and local agenda

## Training courses

- a) 81 Inter-agency training sessions offered, including: Standard, Advanced, Specialist and Awareness courses, and early help
- b) 794 professionals trained across the LSCB partner agencies, Voluntary and Private sectors
- c) 1152 Inter-Agency training places filled

## Strategic Developments

- a) A training strategy is in place to provide a strategic and dynamic framework for training and development and this has been adopted by LSCB. This is in line with the LSCB business plan, and allows for training to be responsive to changing need and new priorities. For example, this year has seen a series of WRAP workshops launched in the Local Authority Area, in response to the requirements from the National and Local Prevent Strategy
- b) The sub group have listened to challenge from partners, around the barriers to promoting whole family thinking, and meaningful collaboration with Adult Services, therefore the sub-group is undertaking a joint working pilot to merge the Local Safeguarding Adult Board (LSAB) training group with the children's, in order to improve cooperation and understanding between the services and promote the 'Think Family' Agenda
- c) The sub group is responsible for overseeing the rigorous evaluation of training, to ensure that it meets the LSCB's statutory duties and responds to national and local issues. The sub group has devised a quality assurance evaluation framework, which has been in place for the last financial year. Scrutiny of the evaluations show a positive trend in terms of improved confidence and knowledge of course delegates. However, after course evaluation does not allow scrutiny of the way in which taught courses impact on practice, therefore further work is currently being undertaken to evaluate the longer term impact of training in practice, with initial indicators expected back early September 2016
- d) The LSCB sub-group in partnership with Bath College have begun developing and exciting and innovative interactive assessment, designed to measure the effectiveness of safeguarding training, and reinforce learning. The assessment will measure and test safeguarding leads competence in threshold understanding, risk analysis, decision making and knowledge of evidence based practice in relation to safeguarding. Delegates attending the two day Advanced Child Protection training from September will be required to successfully complete the online test before being issued with a course certificate. The view of this project is to promote consistent standards for safeguarding leads, and to identify those who need additional support and ensure it is provided appropriately

## Challenges faced in delivering the Agenda

- a) The sub-group adapts the training schedule in line with the requirements of the LSCB, which is informed by training needs analysis developed through partner's contribution to the section 11 Audit. However, some of this information is incomplete, which means that the planning and delivery of the safeguarding training may not meet the needs of services
- b) The additional financial pressures of the current economic climate have placed additional demands on partner services, and moving forward this could have an impact on agencies capacity to provide teaching resources to our virtual team of facilitators who provide the specialist and expert knowledge on our safeguarding courses

- c) The Training and work force development Sub Group continued to have Issues around representation, continuity of attendance and capacity of sub group members to undertake tasks

### **Priorities for the Training and Workforce sub-group**

- a) To develop the 'think family' agenda, through a program of course delivery, which includes integration of both adult and children's services is both course delivery and delegate attendance.
- b) Develop the quality assurance of single agency training & provide train the trainer training and support
- c) Develop communication within LSCB and sub groups to ensure that training programme is informed by workforce issues and needs analysis
- d) To Launch and embed the online assessment to evaluate competency of Safeguarding Leads, and evaluate its effectiveness
- e) To develop the longer term assessments on the impact of training on practice, and use learning from this evaluation to develop course material.
- f) To explore a wider method of delivery for safeguarding training including, online learning, workshops, masterclasses, reading and full taught sessions. To increase the accessibility of the courses to a range of different professionals needs
- g) Contribute to the standardisation of domestic violence and abuse training across B&NES.

## **Task and Finish Groups**

### **Children Affected by Parental Imprisonment (CAPI):**

Building on the success of a local Youth Offending Service Management Board conference back in May 2015, this fixed-life task and finish group of the LSCB has worked to raise awareness of the impact of parental imprisonment on children and young people and find effective ways of offering support. The group is indebted to Polly Wright from Barnardo's for providing information, ideas and access to resources.

### **Key Achievements**

- a) Over 100 staff have now attended the i-HOP awareness-raising training
- b) Staff will shortly be attending Hidden Sentence and follow-up courses
- c) In future, the issue will be referenced in the multi-agency safeguarding training and staff can access online training via Social Care Institute for Excellence e-learning
- d) The group has also produced posters and information leaflets for families which will be available from the Family Information Service, Council One Stop Shops, Children's Centres, Youth Hubs, Sirona care and health, Police stations, prisons, Bath College and other partners

### **Priorities**

- a) Work to complete local guidance and a charter and improve information sharing and establish a network of local champions is continuing.



## Female Genital Mutilation (FGM):

This task and finish group was formed in January 2016 as the first joint group working across the LSCB and LSAB. The focus of the group is to raise the issue of FGM across both children's and adults services and the community.

### Achievements

- a) Ensuring that all the right organisations are represented from children's and adult services
- b) The group has developed a clear action plan

### Priorities

- a) Awareness raising for children, parents and the community
- b) Ensure skilled and competent workforce and understand mandatory reporting requirements / pathways
- c) Robust needs analysis of local population at risk
- d) Developed performance and reporting mechanisms to provide assurance

## Section 9: Other Relevant Work and Achievements

9.1 During the year the Board has received a number of reports and presentations these are set out below and all are relevant to the scope of the work of the Board.

9.2 **Engagement with Children and Young People:** Both the Member of the Bath & North East Somerset Youth Parliament (MYP) and the Deputy (DMYP) now attend the LSCB Communications sub-group and have been developing the young people's LSCB webpages. The Senior In Care Council (SICC) commissioned by B&NES and run by Off The Record is very proactive. Over the last year their achievements have included:

- Delivering a presentation to the Virtual School celebration evening.
- Delivering a workshop to the Junior in Care Council (JICC) to inspire and support them to transition up to the Senior Group.
- Delivering a workshop on what makes a good Social Worker – this led to the design of a diagram illustrating 'What makes a good Social Worker' which is included on B&NES Council's recruitment page.
- Developing of a Training Resource pack to support "Young People to take part in the recruitment process".
- Refreshing the Children and Young People's Participation Strategy
- Refreshing the Service User Engagement Framework.
- Creating of a page about the SICC for the Looked After Children Packs which each young person receives when they go into care.
- Providing questions for interviews and scored the answers for the following Posts, Service Manager for Safeguarding Outcomes, Looked-After. Children's Nurse Role, LSCB/LSAB Business Support Manager, Child Protection Chair and Independent Reviewing Officer.
- Having some fun creating a podcast with local radio station Somer Valley FM, broadcast in Nov 2015. The podcast covered personal stories and busting some 'myths' about what it's like being in care. These were funded by Bath Virtual School and Bath Spa University and will be developed for use in training for Social



Workers, Teachers and other Health and Social Care Professionals.

9.3 **SHEU Survey:** Public Health provided a presentation on the results of their bi-annual Children and Young People's Health and Wellbeing Survey with primary (years 4 & 6) and secondary schools (years 8 & 10). All schools in B&NES were invited to participate in the local survey in 2015. 29 out of 54 (54%) eligible Primary and Junior schools participated and 12 out of 13 state funded secondary schools took part. Of the participating schools 82% of their pupils took the survey. The report provides information/evidence about pupil health and wellbeing and behaviour; it enables an individual school to see its own results and compare with B&NES and national data. The local results in terms of safeguarding were shared with the LSCB in March 2016, the full report had already been shared across Council Departments and with schools and Governors. The survey looked at various concerns including: 'feeling safe'; bullying; cyber bullying; use of internet; E- safety; self-harm; pornography and violence; emotional wellbeing; body image and healthy eating.

Key concerns included:

- vulnerable pupils are more likely to be exposed to tobacco smoke, to try smoking by YR 8, to have had sex by YR 10, to drink alcohol and to be offered drugs.
- sexual minority pupils report significantly riskier health behaviours, e.g. smoking, drinking, drug use
- high internet usage and potential for cyber bullying
- concerns around body image, and perception of weight
- high numbers of girls considering self-harm as a coping strategy
- young people are drinking alcohol at home with parental knowledge

Public Health response to findings:

- meeting with Young Parliament February 2016; Anti-bullying strategy / E team Forum in May 2016 and Primary Parliament in June 2016. Agendas all set using priorities identified in SHEU e.g. mental health, self-esteem, body image, cyber bullying, where to go for support
- ensure healthy weight activities prioritise body confidence and self-esteem and focus on healthy eating rather than good / bad foods, guilt, blame or shame
- review the NCMP letters and feedback process
- review support for schools to deliver PSHE programmes and provide lesson plans to incorporate key findings
- work with teams to prioritise issues
- consider social norming campaign messages

9.4 **Early Help:** The Early Help Strategy was presented to the Board in September 2015 after significant multi-agency development and consultation. Key emerging priorities included developing a better understanding where gaps within services lie to inform future commissioning aims, improving coordinated partnership working, developing stronger links with adult services and promoting a wider understanding of statutory thresholds. An Early Help sub-group was charged with developing a framework to support the Board in critically evaluating Early Help. A distinction was drawn between the effectiveness of early help assessment activity (CAF for multi-agency work and other single agency assessments) and the effectiveness of service delivery at the early help stage.

The Strategy was adopted by the CTB and the LSCB in December 2015 and launched in January 2016, alongside the refreshed Parenting Strategy and Thresholds document. It describes our local model for delivering Early Help, where targeted support services sit alongside universal provision and more specialist services as part of a wider care and support system. It builds on the preventative role of universal provision such as

schools and health services to identify emerging needs, and in partnership with targeted support services, to draw the appropriate services around the child, young person and family to meet needs and prevent these escalating unnecessarily and requiring more specialist interventions.

An Early Help APP is being developed to support practitioners and improve access to information about services and thresholds. Over 100 practitioners have participated in a recent survey and the APP will be launched in July.

Commissioning activity has focused on aligning the range of targeted support services for young people and families in order to deliver a coherent targeted support offer across B&NES. This includes the commissioning of an integrated Family Support and Play service to work closely with Connecting Families (Troubled Families) and Children's Centres services to provide a co-ordinated Family Support Offer and support the delivery of the Troubled Families programme locally. A common Children's Centre Service specification has been developed and agreed with council and voluntary sector providers of children's centre services to support the service remodelling required to make budget savings. Despite these reductions, the services have managed to sustain the same level of targeted support to families.

Work has recently commenced with commissioners of adult services to identify vulnerable adults who are parents with dependent children, and ensure where necessary links are made with family support services.

- 9.5 **Children Placed 'At Distance':** The Annual Sufficiency Report 2015 outlined that, as a Local Authority, we have previously counted children who were placed more than 20 miles away from B&NES borders as being away from their home area. From April 2015, the use of the term away from home area has been amended to children who are placed beyond our immediate adjacent local authorities – Wiltshire, South Gloucestershire, Bristol, North Somerset and Somerset.

The majority of children and young people in B&NES are placed within the adjacent authorities area in Foster Placements provided by Local Authority Foster Carers or Independent Fostering Agencies. The details of the children placed out of area are contained in section 11 below.

- 9.6 **Private Fostering 2015-16:** Throughout the year we have continued to ensure that the profile of Private Fostering remains in the thinking of both professionals and with the public of B&NES. We have produced a series of leaflets for young people, carers and professionals which have been sent out to Nurseries, Surgeries and Libraries across the area. In addition, we have distributed the leaflets at a number of LSCB events. We have also written an article that was included in the summer 2015 edition of Connect magazine that is delivered to every house in the B&NES. Although numbers remain comparatively small, these measures have resulted in an increase in the number of notifications of Private Fostering arrangements across the B&NES area.
- 9.7 **Child Death Overview Panel (CDOP):** Throughout 2015-16 B&NES have maintained a regular presence as part of the CDOP. 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

- the emerging correlation between the number of families in poor housing accommodation, of migrant backgrounds and child deaths. A high and disproportionate 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 the annual report from CDOP is always an agenda item for the LSCB following its publication.

## 9.8 Child Sexual Exploitation (CSE)

Due to the continued high profile of Child Sexual Exploitation within the media and within our own professional responsibilities we felt that it was important for this year's annual report to set out how the LSCB continues to work towards reducing concerns of CSE in the B&NES area. 2015-16 continued to see a rise in awareness and understanding of CSE & Missing across all agencies and therefore greater levels of activity in relation to young people at risk of CSE.

In order to address these concerns members of the LSCB have been instrumental in the following initiatives that will assist and develop our practice further.

These are:

- a) **Continued Development of the 'Willow Project'**: this multi-agency team was set up in March 2015 and has now grown to 17 practitioners. These practitioners are drawn from a number of LSCB agencies and each gives up a half-day of their time to work directly and support a young person. The project currently works with 25 young people who are at risk of CSE.

In October 2015 the project undertook a half-day review session to reflect on the progress of the project so far. Out of these discussions we have produced a series of leaflets which will provide information on the project for

- Young People
- Professionals
- Parents

These leaflets have been designed in conjunction with young people and works on the project.

In February 2016, the Willow Project set up a 'Single Point of Contact' so that all agencies could refer in concerns for young people where concerns might be at an early stage or where a practitioner wanted to discuss the concern. The SPOC e-mail address is checked on a daily basis and the CSE lead returns calls either that day or the following day. The focus of the SPOC is to encourage early referrals and promote earlier intervention. Although this initiative is still relatively new it has been well received and popular with agencies.

b) **LSCB Stakeholder Event (January 2016):** CSE was the focus of this year's LSCB stakeholder event. For the same reasons as set out at the beginning of this section, the Chair of the B&NES LSCB felt it was important that all member agencies. Feedback from attendees suggested that it had been a challenging but positive event with presentations to focus on why and how young males can be prone to violence and a stark dramatisation of how young women are groomed and exploited.

Following the use of this short drama piece, NHS England commissioned a further six sessions of this production to use within its own training programmes.

c) **Identification of Young People and Understanding the Local Position in Relation to CSE/Missing:** Monthly breakdowns of CSE & Missing data are now included within the agenda of the CSE/Missing sub-group as a standard item. Although numbers of young people identified as being at risk continued to rise in the initial months of 2015-16, in the later months of this year they have levelled out, suggesting that the current level of identification is likely to be our expected level of demand over the next few years. It is important that this is seen as a positive step in terms of being able to be reasonably confident that we now have systems and processes that are able to appropriately identify those young people that might be at risk.

In conjunction with colleagues from Avon and Somerset Police and the West of England CSE identification project we are now also piloting a different style of regular information sharing meetings. These meetings now have a focus on the disruption of offenders and mapping of offending activity. The initial meetings have been productive and effective in sharing information and identifying links between potential offenders, locations and linkages between young people.

9.9 **Prevent and Channel:** the Board received a report on Prevent and the which highlighted the fact that in April 2015, section 26 of the Counter-Terrorism and Security Act 2015 came into place. This meant that for the first time, the Prevent guidelines became a statutory requirement for all 'specified authorities' (Councils, Police, Health Trusts, Probation, Education and many others) to have 'due regard to the need to prevent people from being drawn into terrorism'. 'Specified authorities' are required to demonstrate an awareness and understanding of the risk of radicalisation.

In order to meet the new statutory requirements the LSCB needed to ensure that staff from across other agencies receive awareness training and understand what to do should they become concerned about an individual or group that may be at risk of radicalisation. WRAP training (Workshop to Raise Awareness of Prevent) and Train the Trainer training was rolled out during 2015-16. The training was advertised widely and a multi-agency prevent training task and finish group was formed to ensure the widest reach and prioritization of particular services for training – schools were given the highest priority and training was offered to all Designated School Leads via the Child Protection Forums.

When individuals are identified as being at risk of radicalisation, the concerns must be dealt with via the government's 'Channel' process. Councils have the responsibility to coordinate and chair the Channel process; the Divisional Director for Children's

Specialist and Targeted Services and the Head of Safeguarding and Quality Assurance has shared responsibly for this.

- 9.10 **Modern Slavery and Human Trafficking:** Jessica Wilde gave a briefing to the Board on the work that Unseen UK does and how it is attempting to work towards 'A World without Slavery'. She explained that they run several projects locally to support survivors and potential victims and are developing new services for children and for men. (The UK does not currently have an effective support mechanism for male survivors.)

Unseen have been instrumental in setting up the Anti-Slavery Partnership (ASP) with Avon and Somerset Constabulary and Bristol City Council, this is a multi-agency partnership, of which B&NES Council is a member. Slavery is an umbrella term for activities involved when one person obtains or holds another person in compelled service. Someone is in slavery if they are:

- Forced to work through mental or physical threat
- Owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse
- Dehumanised, treated as a commodity or bought and sold as 'property'
- Physically constrained or have restrictions placed on his/her freedom

The following definitions are encompassed within the term 'modern slavery' for the purposes of the Modern Slavery Act 2015 - 'slavery', 'servitude', 'forced or compulsory labour' and 'human trafficking'; of the 3,266 potential victims of trafficking identified in 2015, 982 of these were children.

Human trafficking is the movement of people by means such as force, fraud, coercion or deception, with the aim of exploiting them. It is a form of modern slavery. Trafficking involves the transportation of people in the UK in order to exploit them by the use of force, violence, deception, intimidation or coercion. This exploitation includes commercial, sexual and bonded labour. Trafficked people have little choice in what happens to them and often suffer abuse due to violence and threats made against them or their families. In effect, they become commodities owned by traffickers, used for profit.

These three elements all form part of trafficking:

- The act: recruiting, transportation, transfer, harbouring or receipt of persons
- The means: force, fraud, coercion, deception
- The purpose: exploitation

Human trafficking is a crime. It does not always involve international transportation. Victims include those transported around the UK into exploitative situations, those born into servitude, or those who escape a trafficker before being exploited. It also includes anyone who once consented to work for a trafficker or slave master or participated in a crime as a direct result of being enslaved. The figures for 2014 showed that 70% of people identified were legally allowed to be in the UK and there is clear evidence that there is an issue locally.

- 9.11 **Police and HMIC report:** the LSCB noted the content of a report from Avon & Somerset Constabulary. Four of the six recommendations from the original HMIC pilot child protection inspection have now been fully implemented, with certain completed recommendations, such as those relating to children detained in custody, being the subject of regular on-going auditing, monitoring and review.

HMIC had also recommended that the Constabulary review the effectiveness of its training in safeguarding children and that it should include, in its next training and

development strategy, plans to increase the skills of police officers and staff in engaging with young people, and to identify how best to work in partnership with other services supporting young people. The Constabulary gave assurance to the LSCB the their Human Resources and the Constabulary Learning and Development Department jointly provide detailed information regarding specialist skill levels and planned training to allow the Protect Governance Board and the Force Vulnerability Board to assess the situation and to inform training programmes and succession planning. 48 planned training courses were booked for Detective Constables for 2016-17.

9.12 **Thematic Review:** the LSCB has undertaken four themed reviews during the period:

June 2015: Parents Experience of the Child Protection Process – a mother of five children bravely described her experiences both positive and negative of the child protection process. Members reflected on the first hand reflection and some suggestions were make for changes.

September 2015: Review of the Themed Reviews – Board members were asked six questions about their view on the effectiveness of the themed reviews. Feedback was largely positive with some areas for improvement which were agreed by the Board.

December 2015: Early Help and Information Sharing – explored the issues in relation to the barriers / concerns about sharing information at an early stage and the potential consequences to sharing and not sharing. Discussed the potential for presumed consent – it was agreed that the multi-agency Information Sharing Protocol should alleviate these concerns and barriers.

March 2016: Missing - Charlie Hedges MBE – an internationally acknowledged expert on missing children (currently working for EU developing strategy and policy) presented the national picture and learning in relation to missing. This was supported by an update on our local position and arrangements to assure the Board.

9.13 **Other Annual Reports:** the LSCB received 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.

9.14 **LADO:** in 2015-16, the total number of referrals to the LADO has been 129, compared to 75 in 2014-15. 63 safeguarding concerns have been referred to the LADO and a total of 66 further referrals have required investigation either within a Strategy meeting or by employers. The LADO workload has seen a steady annual increase since 2013 and the figures reported for 2015-16 shows a further significant increase. Physical abuse remains the main category of referral. This year has seen a wider spread of referrals from agencies and the Council and the majority of referrals come from schools. Three cases were investigated by the Police and one conviction as made in-year. The LADO provides support and advice to LA Schools, academies and the independent education sector.

9.15 **Section 11 Audits:** in June 2015 the Board received the mini themed Section 11 Audit Report 2014-15 on Training, the self-assessments were completed by partner agencies in March 2015. The report evidenced where agencies had rated themselves as red, amber or green in response to certain questions. Due to a change in Business Support Manager, there was little time to follow up on the ambers/reds as identified or agree actions.

The Board agreed that the LSCB should work with the neighbouring partner authorities North Somerset, Bristol and South Gloucestershire on the next mini audit covering the theme of CSE. This audit required far more in depth analysis from partner agencies

and an action plan. All partners completed their self-assessment by January 2016 and this was reported to the Board in March 2016. Action plans will be followed up in December 2016. The analysis of the report cited many examples of good practice, giving opportunities for partners to learn from other's experience. The Board was reassured by the low number of reds and the work identified by partners to improve this. The report concluded:

- Safeguarding processes appear to be becoming embedded in all LSCB partners' work since the launch of the CSE Strategy in late 2014.
- However the findings of any self-assessment will need to be tested and effective challenge to board members will be encouraged to ensure that each agency is fully compliant with delivering standards that impact positively on the outcomes for children and young people.
- Action plans will be followed up after 6 months to see what progress has been made.
- Support should be offered to those agencies who may feel that they need additional input on CSE practices within their agencies.
- The audit has proved very useful in providing an insight into safeguarding practice across B&NES with regards to CSE since the launch of the Strategy and Protocol in 2014. It has certainly identified many areas of excellent practice and a few areas where organisations have identified further improvements or to question their role as a result of the self-reflection.

After a series of meetings with the other Business Support Managers, a proposal has now been accepted by B&NES, Bristol, North Somerset and South Gloucestershire LSCBs to run a three year cycle of section 11 audits. The next full Section 11 audit will be undertaken electronically in Quarter 1 of 2016, in partnership with North 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). In Quarter 4 there will be follow up on the Action plans submitted. In Years Two and Three of the cycle, a mini – themed audit will take place on an issue identified through the full Section 11 Audit process. Somerset had hoped to be a part of this process as well, and have worked with the other four areas to agree the questions but due to their own pressures they will undertake the full audit on a different electronic system and different frequency.

- 9.16 **Safeguarding in Education Section 175 Audit:** a safeguarding audit of education establishments had been undertaken in October 2014, initial feedback was reported to the Board in March 2015 and a full report was presented in June 2015. Five schools did not respond to the self-assessment. The report gave some assurance to the LSCB but it was not felt that the self-assessment tool was sufficiently detailed. As a result a more robust self-assessment tool was designed relating to Working Together 2015; Keeping Safe in Education 2015 and other legislative changes, which gave detailed links; learning and improvement information as well as wealth of potential examples. Establishments had to give their own examples, RAG rate themselves against all 36 questions and prepare an action plan. The audit was sent out in January and completed by February 2016. The LSCB very gratefully received an impressive 100% return from all establishments. The overview report is being presented to the Board in June 2016 with a proposal to do sampling visits to a random selection of 10% of establishments in B&NES to quality assure the audits.
- 9.17 **Transitions:** the Board has continued to monitor the way safeguarding is considered as part of the transition process from children's to adult services.



9.18 **Board Development:** the LSCB holds two Business 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 2015, the first Development Day took place in April jointly with the LSAB. The purpose was to have an overview of the roles of the LSCB/LSAB sub groups; identify common areas of work; and to consider and agree a Vision and Values Statement for the LSCB/LSAB. Progress on the areas of joint working is included in Appendix 6.

At the October Business Development Day, members of the Board heard from Jackie Mathers MBE, Bristol CCG Designated Nurse on the subject of FGM. This has led to the Board developing Multi Agency FGM Guidance and setting up the aforementioned task and finish group, jointly with the LSAB, to raise awareness of the issue and the implications on practice working with young girls or women. Awareness has been raised of the Mandatory Reporting Duty that came into effect in October 2015 for health and education professionals regarding young girls/women under 18. The group is now developing the Guidance jointly with the LSAB, another example of the ongoing developing collaborative work between the two Boards.

9.19 Work to safeguard children and young people is broader than all that is reported in year to the Board and whilst the Board may not have received direct reports in relation to these activities it is all recognised to contribute to the Boards agenda and reported as relevant.

9.20 **Work of the Connecting Families Team:** The Government's Troubled Families Initiative (known as Connecting Families in the BATHNES area), started phase 2 in April 2015 when the Council was allocated 715 families to work with over the next 5 years, until 2020. To date we have identified 400 families, who all have a lead worker and an assessment from a range of professionals linked to Children, Young People and Families Services. The Core team has worked with 65 families during 2015 and to date we have claimed 31 (now 56) payment by results, this means we are on track for 2015. However we need to return and positive outcome for 158 families in 2016, to reach our target for the year. The Government have also tasked the Council to work with families who are high cost and have a range of issues across the identified areas of concern e.g. unemployment, poor school attendance, crime & ASB, DV and poor health. This has led to an increased focus on the impact of workless-ness and homelessness as issues that contribute to poor outcomes for families linked to poverty issues within families. Therefore the Service managers continues to work with a wide range of partners to influence more joined up working and the sharing of key data to achieve and evidence positive outcomes for families.

Following the Government's announcement to step up the Syrian Vulnerable Persons Resettlement Scheme last year after public outcry over the fate of those driven to attempt to make the perilous crossing of the Mediterranean by boat, the Connecting Families Team was requested by the Chief Ex to be the operational lead on the resettlement programme for Syrian refugees, in the expanded programme. By working in close partnership with Policy & Partnership team we have to date supported 5 families to live in Bath. This involved getting the houses ready for them before they arrived, and then helping them to adjust to life in England once they have settled here, getting the right support packages around the families so they can live safe and happy lives. This will be a long term programme and the Government have agreed to a 5 year package to integrate families to England.

9.21 **Work of the MASH Project Board:** the Project Board has continued to develop the arrangements for implementing a MASH in B&NES. The MASH is expected to go live in September 2016 and covers adults and children safeguarding (including domestic abuse).

9.22 **Work in Educational Establishments to Keep Children Safe:**

### **School Improvement & Achievement Service**

The Director of Public Health Award is the main vehicle for the delivery of safety education and also gives schools a way of measuring impact. The DPHA Coordinator and PSHE Lead have worked closely to support schools during the year, highlights of this work is listed below:

- provide training around all aspects of Personal, Social and Health Education for school-based and other staff working with children and young people
- help schools identify gaps in provision around safety through the biennial SHEU survey for Years 4,6,8 and 10)
- facilitate the Anti-Bullying Strategy Group which supports children, staff and parents around policy and practice, including reporting serious incidents and keeping safe around E Safety. A B&NES Anti-Bullying website page has been developed to ensure that guidance is based on good practice and current legislation (e.g. The Equalities Act /OFSTED guidance)
- developed lessons for primary and secondary schools on bullying and challenging discriminatory language
- provided support for parents who feel that their child's school is not dealing with a bullying issue
- developed a draft Sexual Health Policy for both primary and secondary schools and shared resources around pornography, Child Sexual Exploitation, consent, healthy relationships and FGM
- worked closely with the NSPCC to promote workshops about abuse for pupils in primary schools
- delivered training and have developed a resource pack of lesson activities around alcohol, tobacco, new psychoactive substances and illegal substances
- worked with Bath College who are delivering "Gotyaback" Safety sessions in secondary schools, trying to ensure that young people make sure their friends get home safely
- supported over 40 Equalities / E Teams of children and young people in schools and other settings who are working with staff to develop more inclusive practice, celebrate difference and challenge bullying and discrimination
- commissioned free cycling training from B&NES Road Safety Team - road safety resources are signposted to schools and other settings by the DPH Award
- shared resources with schools from the Personal Finance Education Group
- We work closely with Stonewall (Ranked Number 1 Local Authority in the UK, 2015-16 for our work around LGBT issues) to ensure support for LGBT young people and to raise awareness in schools and other settings
- We have developed lessons around common anxieties for pupils at transition from primary to secondary school
- funded and rolled out training for both primary and secondary teachers on Mindfulness, so that they are able to support pupils around stress and anxiety
- worked collaboratively with partners in CAMHS and Public Health to support the development of packs of Mental Health Resources for primary and secondary schools (developed by young people from CAMHS)

**The Work of the Virtual School:** the Virtual School collects data on progress, attendance and behaviour just as any school would. It works with schools, carers and

social workers targeting those children who are falling behind in their educational achievement.

The Work the Virtual School does for Children in Care and Schools: the VS provides the following:

- expert support to children, social workers and carers
- support schools to produce excellent Personal Education Plans (PEPs) which are focused on learning outcomes.
- distributes the Pupil Premium to schools and monitor its use
- ensures that school placements continue wherever possible, even when care placements change, and support transition when school placements do change
- support to designated teachers, social workers and carers through training and networking
- organises a range of support activities and programmes
- get involved quickly when things go wrong
- listen and respond to the voice of our children in care

**Child Protection Forums:** the Council facilitates child protection forums for all school Designated Safeguarding Leads, these forums support the leads to keep abreast of legislative changes, local practice and procedural changes.

9.23 **Youth Connect:** this service supports young people to safeguarding themselves in the following ways – through the offer of early help by encouraging and supporting young people to safeguard themselves, the focus of the work is not to tell a young person not to do something, rather to give young people a holistic understanding of the risks of particular activities, behaviour or situations and empower them to make positive choices, encouraging young people to consider consequences and alternatives.

Youth Connect staff work to ensure that young people are in a better position to make informed choices. In both open access Youth Work and Targeted Youth Support, staff use voluntary association and relationship building as a platform for informal education, information and advice giving to help young people develop their support networks. In the Open Access service provided by the 4 Youth Hubs (Southside, Peasedown, Radstock and Riverside) and the Mobile Youth provision (Fox hill, Chew Valley, Paulton, Timsbury) young people have access to activities and information that help to build knowledge, skills and attitudes that helps them safeguard themselves. This work is driven through the Youth Connect workers knowledge of local and national issues for young people, as well as Youth Connects Curriculum frame work. These activities and information sessions are often thematic; examples are safer sexual health practice, support re bullying, internet safety and staying safe at parties. Youth Connect use partnership working within our Open access service effectively and regularly work with agencies like the sexual health nurses and Project 28, who regularly visit the projects this offers easy access into services for those young people who want additional support or services. Youth Connect staff are aware of national services which young people can support them to access information they offer, such as CEOP and ChildLine through conversation, activities and by displaying the information within our provision. Staff regularly uses conversation and informal education to enable young people to think about staying safe, build positive relationships and act as a role model to young people.

Where young people are receiving a Targeted service, this can be in in Schools, Colleges, Youth hubs or wherever the young person feels comfortable. Young people work with Personal Advisors and Targeted workers to look at the issues that are affecting them and plan for the future. The assessment process with the young person offers opportunity to discuss their ability to keep themselves safe and to think about

negative behaviours that they may have. The response to this is very much collaborative with the young person; an example of this is a young person with risky internet usage made a flyer around safer internet usage which was shared with young people across the authority. Sometime young people work with staff to create their own safety plan which is specific to them, this may include acknowledging safe/unsafe places/behaviours/attitudes, who they will contact if something happens or identifies coping strategies or alternatives to behaviour.

Youth Connect also run targeted group work sessions which support young people who have been identified by profession as need a small intervention, but not necessarily in need of a full targeted service. These groups can be aimed at reducing isolation and building support networks for young people using positive activity and may take the form of project nights where smaller more supportive groups enable more vulnerable or anxious young people to access provision they may normally not feel able to. Targeted group work may also focus on specific issues with a strong focus on safeguarding themselves such as the “sick party” project that focused on the issue of Child sexual exploitation to raise awareness of this issue and gave them tool and strategies they could use to protect themselves. Youth Connect in partnership with Julian house also deliver the Crush program, this a 10 week course for young people around Domestic violence. Crush focuses on skill building and attitudes of young people in relation to domestic violence and helps them to understand what safe positive relationships are and gives them tools to make positive decisions.

**9.24 Responsible Authorities Group:** the work that the RAG contributes to safeguarding children and young people during the year includes the following:

Building on work begun in 2014, to ensure more victims can escape the risk of Domestic Violence and Abuse (DVA) early through a number of new preventative DVA services (set out in brief below), the RAG has ordered a Review of Domestic Violence and Abuse (DVA) strategic structures. Internal partners leading the Review, include the Senior Commissioning Manager for Preventative Services, the Service Manager 11-19 Outcomes and the Director of Public Health. This review will ready Bath and North East Somerset to take up opportunities presented by the new national strategy to prevent violence against women and children which will be launched in 2017 and will include a New Service Transformation Fund. Details of the Fund and the outcome of the strategic review will be reported on next year.

The RAG has used the platform of existing projects and has developed more integrated and effective services these new preventative DVA services, include:

The IRIS programme, which has been in operation for about 6 months, providing a clear Domestic Violence and abuse (DVA) referral pathway for GP surgeries. Although initially jointly funded by the Police and Crime Commissioner and Clinical Commissioning Group (CCG), it is now fully funded by the CCG for a further a two and a half years. Feedback has been positive from those GP practices that have undergone the training, although less than a quarter of practices in B&NES have taken up the opportunity offered by IRIS. The IRIS steering group continues to focus on recruiting all practices.

During 2015-16 work began to widen the Independent Domestic Violence Advisor (IDVA) work to include “medium” and “low” risk victims and co-location of IDVAs with Avon and Somerset Constabulary and Curo Group at the Lighthouse Victim Care. The Lighthouse is run by the Police and accessed by all victims who call the Police. Vulnerable victims receive an enhanced wrap around service. The IDVA working out of the Lighthouse ensures victims of DVA and their children, whose needs are likely to be complex, are recognised as such and are able to access appropriate early support.

Prevent - the Prevent Steering Group has continued to meet during the year. B&NES is working closely with South Gloucestershire Council; the two authorities have appointed a joint project officer. A Prevent action plan including a training matrix (addressing the training needs of all Council staff, education establishments, voluntary and other sector partners) has been agreed and Home Office accredited training (workshops to raise awareness of Prevent) is already underway with monthly dates set up. Routine updates have been provided to the LSCB.

Work with Communities - following a request from the Police for assistance in dealing with persistent and continuing anti-social behaviour involving young people in Bishop Sutton; the Stronger Communities Manager for the area in partnership with the parish council brought together a working group including local residents, organisations who work with local young and other partners. A local charity has been commissioned to work with local stakeholders and proposals that aim to support a more community lead programme (which interestingly suggests that local recreational spaces should be developed as spaces for all) are well underway.

- 9.25 **Emotional Health and Wellbeing** – Emotional Health and wellbeing of children and young people has been a key priority in the CYPP 2014-2017 and the refreshed Health and Wellbeing Strategy 2015. It was included on the LSCB business plan in 2015/2016. A report was presented on behalf of the emotional health and wellbeing strategy group to the LSCB in December 2015: this report detailed the work of the multi-agency group in promoting emotional resilience across partner agencies in B&NES. It highlighted the progress of the group against key deliverables and set out the key priority areas that were agreed in the CAMHS Transformation Plan 2015-2016 which was approved by the B&NES Health and Wellbeing Board and endorsed by NHS England. The link to the plan is here: [http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Children-and-Young-People/banes\\_transformation\\_plan\\_oct15.docx](http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Children-and-Young-People/banes_transformation_plan_oct15.docx). Good progress has been made on most priorities identified in the CAMHS 15/16 Transformation Plan and the EHWP group are currently working on updating the 2016/17 Plan. (The LSCB board will receive an update report in June 2016.) In summary the associated funding attached to the 15/16 plan increased support to pupils in primary, secondary schools and colleges in terms of nurture outreach, schools counselling and secondary school mental health hubs supported by CAMHS practitioners as well as providing additional training for educational staff and social workers. Other developments include an on-line counselling service for young people in B&NES (from April 2016) and the publication of updated mental health awareness resources for schools. These resources were developed with direct input from young people and reflect the need for more emotional and mental ill health in schools as highlighted in the recent Schools Education Unit Survey (SEU) and the 2015/16 Pupil Parliaments.

The December 2015 LSCB report also detailed the memorandum of understanding reached between the specialist CAMHS provider, Oxford Health Foundation Trust, and Avon & Somerset Police for officers to consult with CAMHS before detaining a young person to a place of safety. This has been well received and has reduced the number of B&NES children and young people detained inappropriately. Efforts are continuing to address the national/local issue of a contingent health based place of safety when the current facility is full.

2015 -16 saw an alignment between the Emotional Health and Wellbeing group and the Suicide Prevention Group with Public Health represented on both groups. This has further enhanced the joint working around emotional resilience, self-harm and suicide prevention for children and young people.

- 9.26 **Public Health:** undertake a significant amount of work in addition to the aforementioned SEU survey which contributes to safeguarding children and young

people for example the coordinate work on:

- Mental Health including suicide and self-harm prevention: the B&NES Suicide Prevention Strategy was refreshed for 2016 – 2019 and is now published on the Council’s website. This strategy provides a framework for action to prevent avoidable loss of life through suicide for all children, young people and adults living in B&NES. The vision set out within this strategy takes into account the most recent policy and guidance regarding mental health and specifically suicide prevention and self-harm reduction.

Within the action plan that accompanies this strategy are a number of interventions and intentions that are concerned with protecting children and young people from risk of suicide and self-harm. The Children and Young People’s Emotional Health and Wellbeing Strategy Group support implementation of these actions. This Strategy group is multi-agency and leads on the CAMHS Transformation Plan which is overseen by Senior Commissioning Manager in Specialist Services within the Commissioning Division. They work across on behalf of the LA and the CCG and with Public Health division on this. The actions within the Strategy are grouped under a series of objectives:-

1. Keep up to date with current guidance and research, local trends and intelligence: We are gaining information on young people who are at risk of or do self-harm through the implementation of a self-harm register for children and young people admitted to the RUH following deliberate self-injury. This anonymised register is being kept by our CAMHS providers Oxford Health and started in January 2016.

2. Integrate suicide prevention work within a broader framework for promoting mental health and wellbeing: The Director of Public Health (DPH) schools programme has worked with the CAMHS participation group to develop and disseminate a key stage 3 & 4 resource ‘Positive Mental Health’ that includes material for working with young people to prevent self-harm and reducing stigma around mental illness. The DPH schools programme also offer a Mindfulness for Schools programme and are well on the way to meeting their targets for the number of primary and secondary school staff trained.

3. Tailor approaches to improve mental health in specific groups and reduce risk in high-risk groups: All staff working in children’s services have been offered Applied Suicide Intervention Skills Training (ASIST). This is funded by Public Health England and 6 courses are being delivered in BANES over the coming two years. National data shows that LGBT people are at increased risk of self-harm and suicide. The DPH schools team have developed and promoted the emotional wellbeing of LGBT young people through Stonewall initiatives and in particular the ‘Space’ group. For those young people who have been admitted to the RUH following a deliberate self-injury, two leaflets (one for them and one for their parents or carers) have been produced by Oxford Health, CAMHS participation group. This includes sign posting to localised sources of support and information.

4. Approval and dissemination of the Multi-Agency Self Harm Guidelines.

- Commissioned children’s services including:

1. Health visiting and Family Nurse Partnership (0-19 Services) - the Local Authority took over the responsibility for the commissioning of 0-5 services from NHS England on 1<sup>st</sup> October 2015.
2. The Health Visiting and School Nursing (0-19) services have been remodelled in line with national specifications and guidance.



3. The Family Nurse Partnership – which delivers a licenced and targeted programme to eligible families (currently women *under 19 who are pregnant* and their partners)? The programme is designed to offer a structured programme of 1-1 support from 16 weeks into pregnancy until their baby is 2 years old. The team consist of four 0.8WTE family nurses, a quality support officer and a supervisor. The Family Nurse Partnership is required to have an advisory board (FAB) to oversee quality and service improvement. The FAB has a role to integrate and embed FNP strategically and operationally, promote quality, and provides governance and accountability, particularly around clinical guidance and safeguarding supervision and to ensure involvement from service users. During 2015-16 the family nurses have been briefed on CSE, PANTS, LSCB policies such as Bruising protocol, and the threshold document, parental mental health difficulties, the importance of liaison with drug and alcohol services, sexual health and consent, neglect, assertive challenge and keeping the child's timescales in mind. The FNP team hold a high level of safeguarding concern in their client group but they are very well supported and supervised. The team has monthly group supervision with the named nurse and have recently started using the signs of safety model to record what is going well, what needs to change, analysis and action plan. The family nurses have dealt with challenging safeguarding issues including neglect, domestic violence, mental health difficulties, self-harm, drug misuse and sexual exploitation are a feature and the group supervision has enabled shared learning and supported a strengths based approach to supporting families. The national FNP unit advocate a safeguarding structure that involves a tripartite meeting between the family nurse, the named nurse and the FNP supervisor, in addition to group sessions and is expected to provide greater opportunity for respectful challenge and openness in terms of safeguarding practice. The FAB will be encouraging the supervisor to include this model of supervision for the team in 2016-17.

The team also has access to the named nurse for individual supervision when they need additional safeguarding advice or consultation, and this has been used well. Links have been made with the Looked after children's nurse to enable better collaborative working when clients are in receipt of both services. The FNP team have made a formal link to Marie Porter as the link to the children's safeguarding team to ensure both teams are aware of each other's roles and discuss issues regarding thresholds or concerns. The team are developing a clear protocol for managing repeated DNAs and ensure clients are provided with a 'good ending' (exit) from the service and transitioning back into universal services.

The FNP team also receive monthly psychology consultation which have been evaluated as being 'very helpful' by the team and has enabled individuals to reflect on the complex issues they are facing in their work for example supporting mothers with a way forward when a pattern of attachment is disorganised, supporting mothers who persistently threaten to self-harm, the impact of trauma / loss, the impact of domestic abuse on the family system.

In 2015- 16 no clients have had a CP plan, 5 clients had a CIN plan, 13 with active CAF/TAC in place, no clients were care leavers or LAC. Given the complexities of the clients' circumstances and vulnerabilities, the lack of FNP clients with a CP plan can be attributed to the depth of trust and intervention the FNP provides. Universal services would not have the capacity to 'hold' such vulnerabilities at an early help level and prevent escalation to S17 and/or S47. This is suggestive therefore of savings to CSC as well as releasing capacity in Universal Services. The intense and robust supervision model in FNP provides a safety net to avoid the risk of collusion or over-optimism form the family nurses.

Persistent challenges the team face include very low breastfeeding rates at 9% at 6 weeks, very high rates of smoking in pregnancy 53% at 36 weeks, and high rates of

illegal drug use 14% at 36 weeks and high numbers of subsequent pregnancies within 24 years at 43%.

However 100% of infants are immunised up to date by 6 months and 12 months and 94.4% immunised and up to date by 24 months.

A FNP action plan has been developed followed a detailed annual review and will be overseen by the FAB, who plan to merge with a wider sub group of the Early Help Board focusing on the First critical 1001 days in 2016-17 and report to the Early Help Board quarterly and the LSCB annually.

## Section 10: Local Arrangements

- 10.1 Local arrangements have been reviewed and fulfil the requirements set out in Working Together to Safeguard Children 2015.
- 10.2 B&NES LSCB is one of the 12 members of the South West Safeguarding Child Protection Procedures consortia and uses these procedures to direct its safeguarding duties. B&NES LSCB host the license contract and the other LSCBs now pay into this, as reflected in the Budget, see Appendix 3. The website license was renewed in 2015-16 with a new provider that works nationally with many Local Authorities providing their policies and procedures; and the new site went live in February 2016. The procedures comprise guidance based on current legislation and up to date national policy and guidance, as well as also incorporating locally developed materials which are relevant to each of the 12 LSCBs. Each Board has its own site, which provides a 'gateway' to the shared consortium procedures, with the facility to house information specific to individual boards avoiding confusion for users. Materials will be updated twice yearly to ensure all guidance remains a current and relevant for practitioners. Boards will also be able to some of their own local information.  
  
<http://www.proceduresonline.com/swcpp/> or [www.swcpp.org.uk](http://www.swcpp.org.uk)
- 10.3 All multi-agency policies and procedures the LSCB approves are placed on the public website. We are mindful that poor oversight and assurance of implementation was a failing in the Rotheram Inquiry. As a result in 2015-16, the LSCB has implemented a dissemination process whereby all members of the Board, education establishments and providers are made aware of the new/revised policies and procedures; Commissioners and LSCB partners are then asked to confirm this dissemination with the LSCB / LSAB Business Support Manager.



- 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 provides contact, referral and initial response services for the hospital and for disabled children. The majority of teams are based at the Civic Centre in Keynsham with the exception of the Safeguarding Children Administration Team and CP Chairs based with the CP Conference room at the Bath city office – Lewis House.

## 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 LSCB is committed to supporting agencies to do this and in December 2015 approved a revised tool which helps agencies to be clear on the level of service intervention they can expect and the threshold for undertaking an assessment of children and young people.

[http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Children-and-Young-People/ChildProtection/threshold\\_for\\_assessment\\_2016v2.pdf](http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Children-and-Young-People/ChildProtection/threshold_for_assessment_2016v2.pdf)

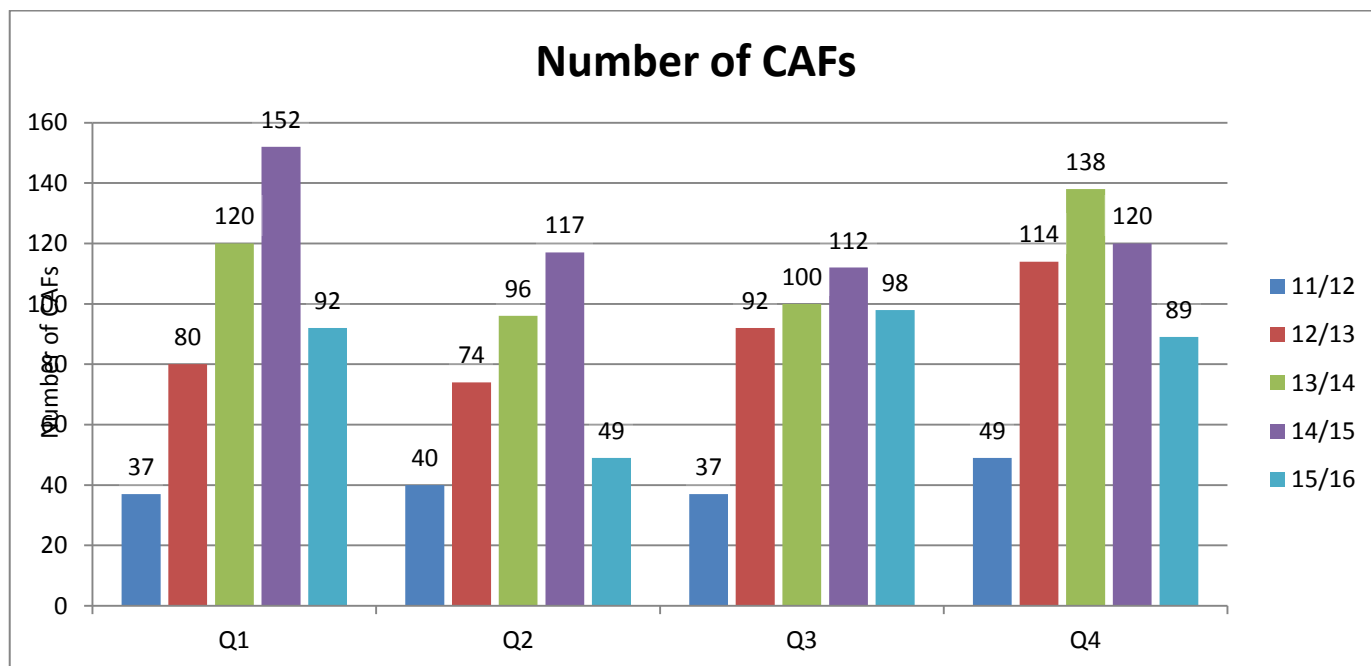
11.2 The information provided in this section of the Annual Report details the activity that has taken place during the reporting period to support children and young people identified in need of a service intervention as identified in the threshold document. It starts with the offer of 'early help' and the Common Assessment Framework (CAF) through to the number of children and young people we support through child protection arrangements and through being brought into the care to protect and keep them safe. Note throughout 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 Children's 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. The CAF is used in many cases as the multi-agency assessment tool. This year 328 CAFs were completed which is a decline on previous three years (a peak of 501 last year as represented in the diagram 1). Whilst there continues to be good engagement from the voluntary sector and commissioned services this reduction is likely to be brought about by a number reasons including:

- there is currently exploration into whether there is under-reporting of common assessment activity for example by universal and commissioned targeted services. A discrepancy has been detected in the numbers of common assessments as reported through commissioning monitoring arrangements and those logged centrally with the Integrated Working team
- a vacancy in the Assessment and Information Officer post between July and September 2015 meant that the Integrated Working Team could respond to common assessments, but that capacity to support the workforce in initiating them was reduced.
- the multi-agency CAF quality assurance group has noted a simultaneous decline in the quality of common assessments, suggesting that managers do not take oversight of assessments or sign them off, and that there are little or no internal quality assurance processes within services/schools. Confusion around the role of the lead professional has also been corroborated by the second annual survey to seek family feedback, and noted by the LSCB for discussion and action in December 2015
- a reduction in early years funding (Flying Start Plus via Children's Centres) is leading to fewer assessments being completed to secure funding for individual children. This is coupled with the greater accessibility of two-year funding for children with SEN and/or on a low income
- Education Care and Health Plans changed following the amendments to legislation in September 2014 and, in the interests of not duplicating assessment, where EHC plans are in progress, a CAF is not necessary

- the Integrated Working team has worked hard to ensure that children and families are not assessed where there is no need to do so. A key focus has been to ensure that where an up-to-date social care single assessment exists, a common assessment is not completed as well (e.g. to support a funding application). This may well be a contributory factor to the reduction in the SG15 indicator which measures conversion rates from common assessment to single assessments
- restructures to teams and budget reductions (e.g Children’s Centres/Health Visitors) have meant that whilst proportions of CAFs completed by these teams have remained unchanged, overall numbers have reduced as teams have concentrated on new structures and ways of working.

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



11.5 Health Visitors, Schools, Midwifery, Children’s Centre’s and Nurseries initiated 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 and for parental mental health support feature most commonly as reasons for initiating the common assessment along with the need for improved housing (either due to location, condition or overcrowding).

11.6 As in previous years, with a process which can be used by the entire children’s workforce, it remains a challenge to evidence the impact of assessments and subsequent planned interventions have made. However the information below provided by the Councils Integrated Working team goes some way to evidence this and sets out the percentage of improved outcomes of the CAFs received in 2015-16:

- Quarter 1: 63% showed an improved outcome
- Quarter 2: 67% showed an improved outcome
- Quarter 3: 81% showed an improved outcome
- Quarter 4: 80% showed an improved outcome

11.7 Over the past three years we have seen a consistent figure of between 8-10% of CAF’s appropriately progressing to a Children in Need (CIN) or Child Protection (CP) assessment by Council Children Social Care, with the lowest figure seen in 2015-16 where the figure

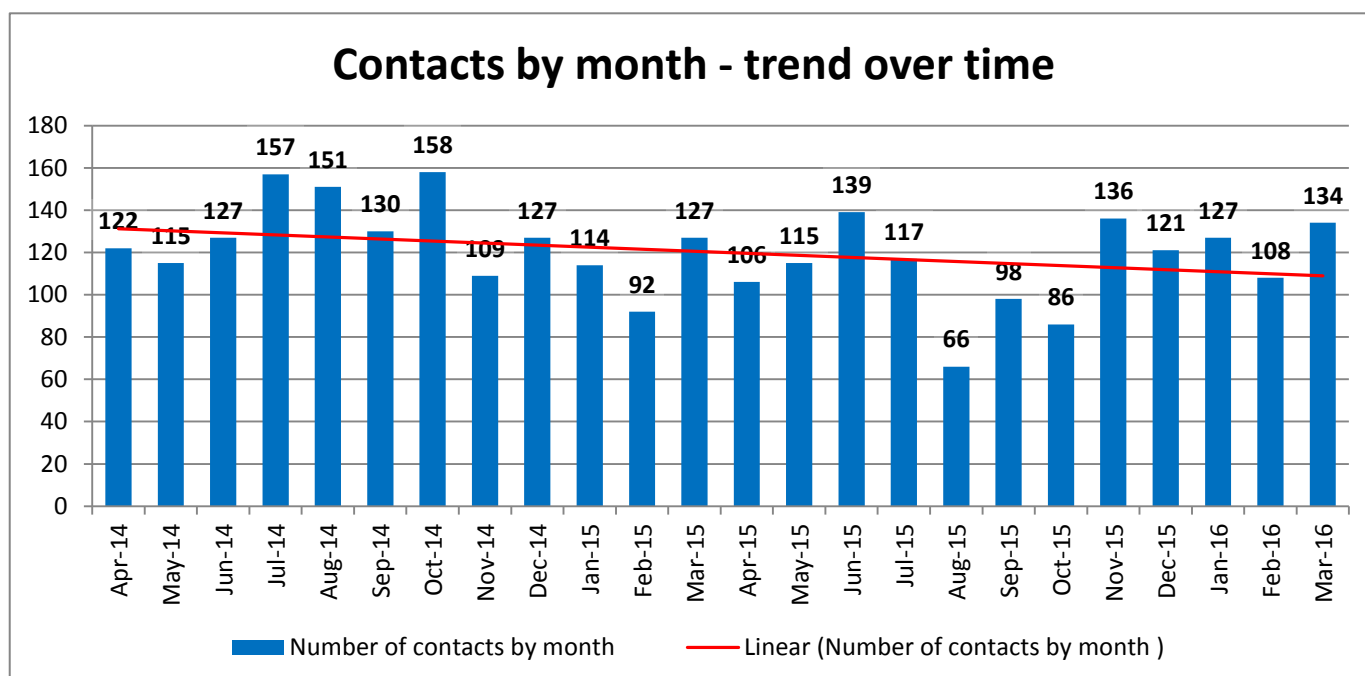
was close to 6.5% for most of the year. In the Ofsted report of Kensington and Chelsea there was a conversion rate of 15% which was felt to be good, thus demonstrating positive intervention at an early stage in B&NES.

11.8 Early Help is also offered by a range of targeted support services using single agency assessments. This includes the Connecting Families team (Troubled Families initiative) and a range of internally and externally commissioned targeted support services delivering youth support and family support. Work is taking place to ensure this activity is collected and will be reported. The first attempt to collate this additional Early Help activity was undertaken in quarter four of 2015-16 and showed 337 young people and 413 families in receipt of targeted support during the quarter 318 referrals for early help received by the whole range of preventative services. The work of these targeted support services has a positive impact on safeguarding children and young people and is reflected in section nine above.

11.9 There has been no further progress locally or nationally in benchmarking the rates of common assessments across authorities. Early Help continues to remain a focus in B&NES with the development of the Multi-Agency Early Help Strategy and the Early Help Board (referenced earlier in the report).

11.10 **Contacts and Referrals** to B&NES Council Childrens Specialist and Targeted Services – This Service is responsible for receiving, processing and assessing the contacts when there is a concern about a child or young person. The aforementioned threshold tool is applied and decision made as to whether the contact requires a referral into Childrens Specialist Services for action. The diagram below sets out the activity per month.

11.11 Diagram 2: Number of Contacts per Month 2014 – 16



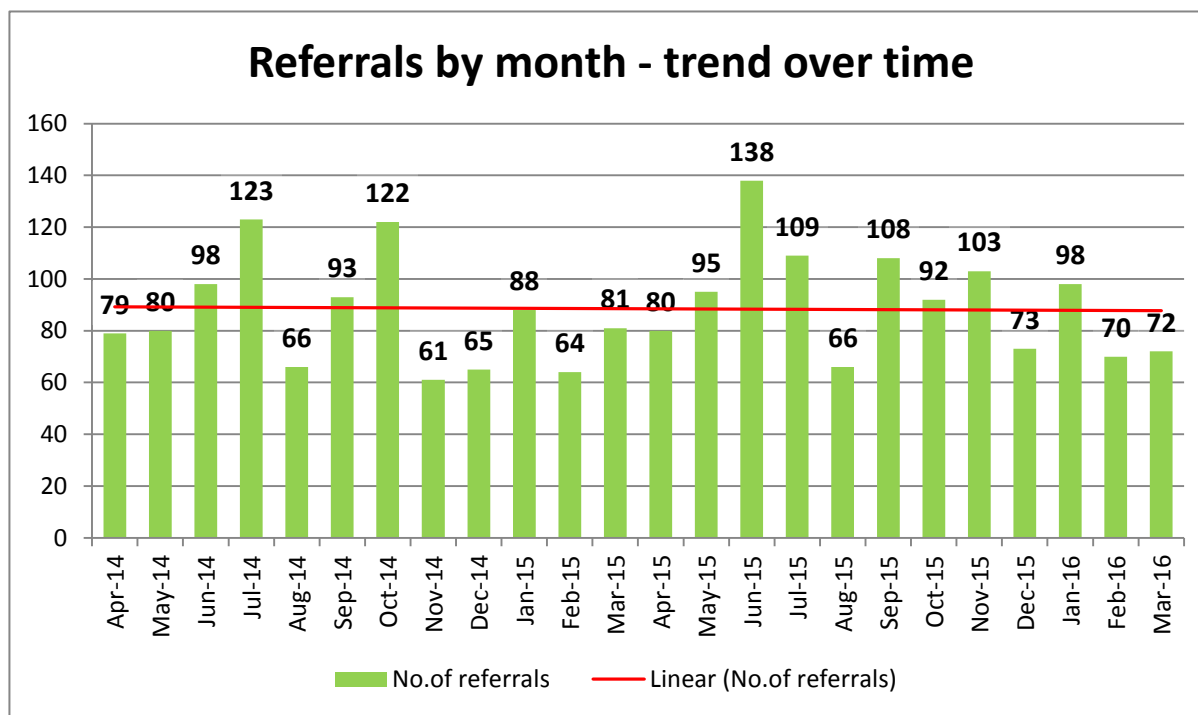
11.12 The average number of contacts during 2015-16 is 113 with August, September and October bringing the average down. Were these months not included the average would be 122 per month. Education Services and Health Services (including School Nursing, RUH A&E, GPs and Health Visitors) making the most contacts, however in quarter four there was a rise in contacts from Housing agencies which reassures the Board that partners are alert and confident to reporting a contact. This is expected and in line with the LSCBs previous experience that the initial months following the school summer holidays tend to yield lower levels of referrals as schools evaluate emerging concerns with young



people following the summer holiday period.

11.13 Children Social Care Duty Team undertook a workshop with key referring agencies in January 2016 with the aim to improving the quality of information included within Contacts and Referrals into Duty. Anecdotal evidence is that the quality of the information shared by providers has improved with the threshold and possible type of intervention more clearly articulated.

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



11.15 The referral information above shows the number of referrals per month over the last two years. The average for this period is 90 referrals per month however there was a spike during this period in June 2015 which is consistent with a number of other LA's in the region and nationally. The Family Justice Board reported that both June and July 2015 represented the all time highest numbers of care applications to court across the country.

11.16 In comparison to 2014-15 CIN Census data (the most up to date national benchmarking information available – though a year out of date) the England per 10,000 referral rate is 475.2 and for the South West region is 468.9. The rate for 2015-16 for B&NES is 294.6, significantly lower than national and regional figures but consistent with our demographic profile and with previous performance as demonstrated in 11.14 above. Nationally the referrals to Children's Social Care have fallen in 2014-15 by 3%.

11.17 The majority of referrals have come from Avon and Somerset Constabulary (these have increased in comparison to the previous year), Schools, other Council Services, health partners and from family members / relatives or carers. This is not dissimilar to the referrals from last year and is similar to that reported by the DfE in October 2015 for the period 2014-15 where 26.4% of national referrals were from the police, followed by 15.4% from schools and 14.9% from health services.

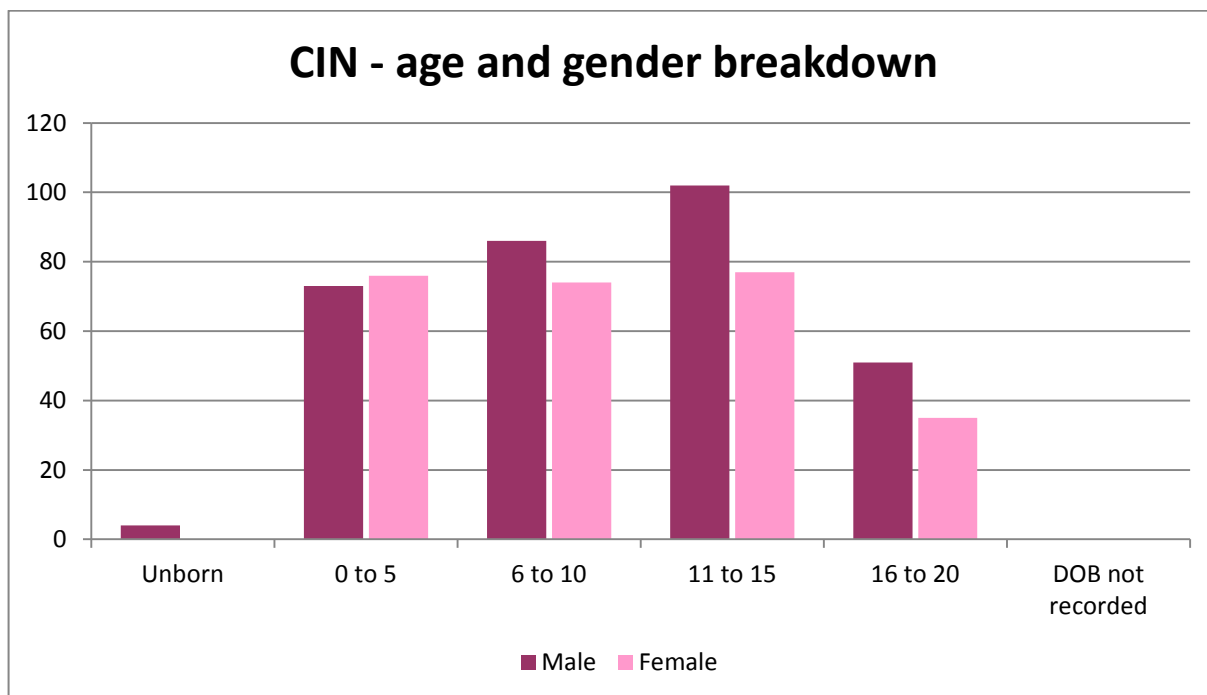
11.18 During the period Children's Specialist Services has further managed to reduce the percentage of cases that are re-referred within 12 months of closure. The figure as steadily decreased over the last three years:

- 2013 -14 it was 24.6%
- 2014-15 it was 21.8%
- 2015-16 it is 15.6%

The reduction is encouraging and demonstrates that ‘the journey that services have made in being able to ensure that where families received support we are being more effective in being able to get this intervention right first time and reduce the repeat demand for services’ and the impact on families. (Divisional Director for Children, Young People and Families Division – Council, May 2016)

11.19 **Children in Need Interventions** - there were 580 Children in Need (CIN) open to Children’s Specialist Services at the end of March 2016. When comparing the per 10,000 averages, B&NES reported 632.2 whereas our statistical neighbours report 546 and national average is 674.4. Whilst in B&NES we are higher than our statistical neighbours we are lower than the national average and this is consistent with us prioritising early intervention throughout the Service. Our intervention around children in need has remained consistent with the previous year.

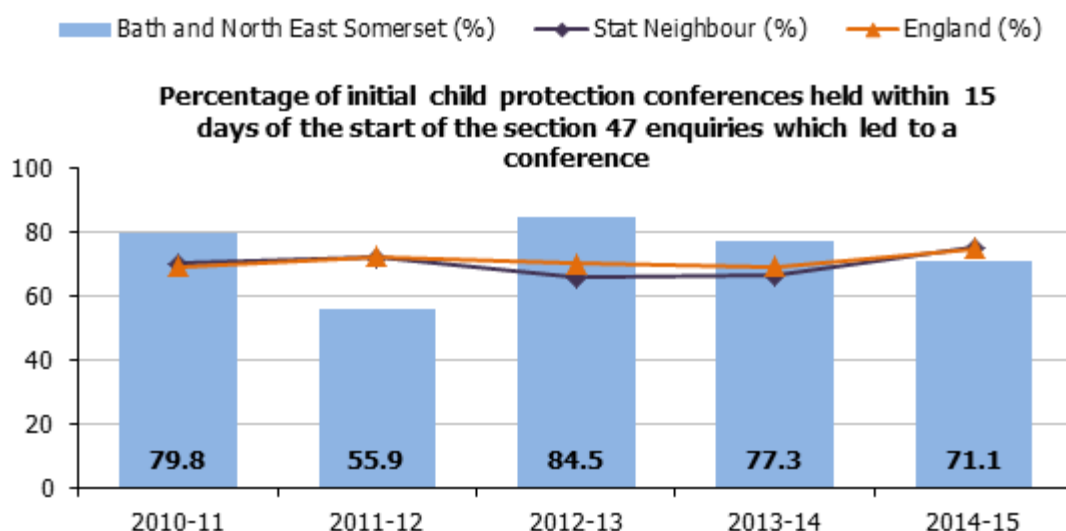
11.20 Diagram 4: Breakdown of Children in Need by Age and Gender



11.21 The breakdown of CIN cases by age shows a consistent involvement with children under the age of 10 yrs. This is in keeping with the desire of the LSCB to intervene at an early stage. It is also interesting to note the higher number of young boys open in the 11-15 age group. This is also seen as positive as this is a cohort that is statistically more likely to come into care. Therefore early interventions with this group appears to be positive and beneficial.

11.22 **Strategy Discussions**- 653 strategy discussions were held during the reporting period. This reflects the increased child protection activity that characterizes much of the initial work in the first two quarters of the year as set out below.

11.23 Diagram 5: 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 2016)

The most recently available comparable data covers the 2014-15 but shows B&NES as being very much in line with both national and regional performance in relation to timeliness of ICPC albeit at a slightly reduced level from the previous year. Similarly there continues to national be a rise in section 47 enquiries 12% increase from 2013-14 to 2014-15 and a 10% increase in ICPCs for the corresponding years. B&NES increase is more than this however is being monitored closely as stated below.

11.24 **Initial Child Protection Conferences** - there have been a total of 347 Initial Child Protection Conferences (ICPC) during 2015 – 16. This increase has been of significant concern to both the LSCB and the Council, where spikes were reported in April, May, June, October and November 2015. The LSCB and Council are aware this figure is out of alignment with the national picture and have monitored it closely. It is also out of alignment with the number of contacts and referrals described earlier. In January 2016 all decisions were scrutinised by the Councils Children Services Service Manager and we have now seen a reduction in the number of section 47's progressing from Strategy Discussions to ICPC. This has enabled the per 10,000 figure for Child Protection Plans to return to within appropriate levels. The per 10,000 figure at the end of 2015-16 was 41.6 compared to the statistical neighbor figure of 41.9.

11.25 With regard to the number of unborn babies, children and young people on a Child Protection Plan (CPP) in B&NES during the period the number has increased in comparison to last year, with 135 new CPPs in place, last year there were 109. There were 151 children on a CPP at the end of March 2016

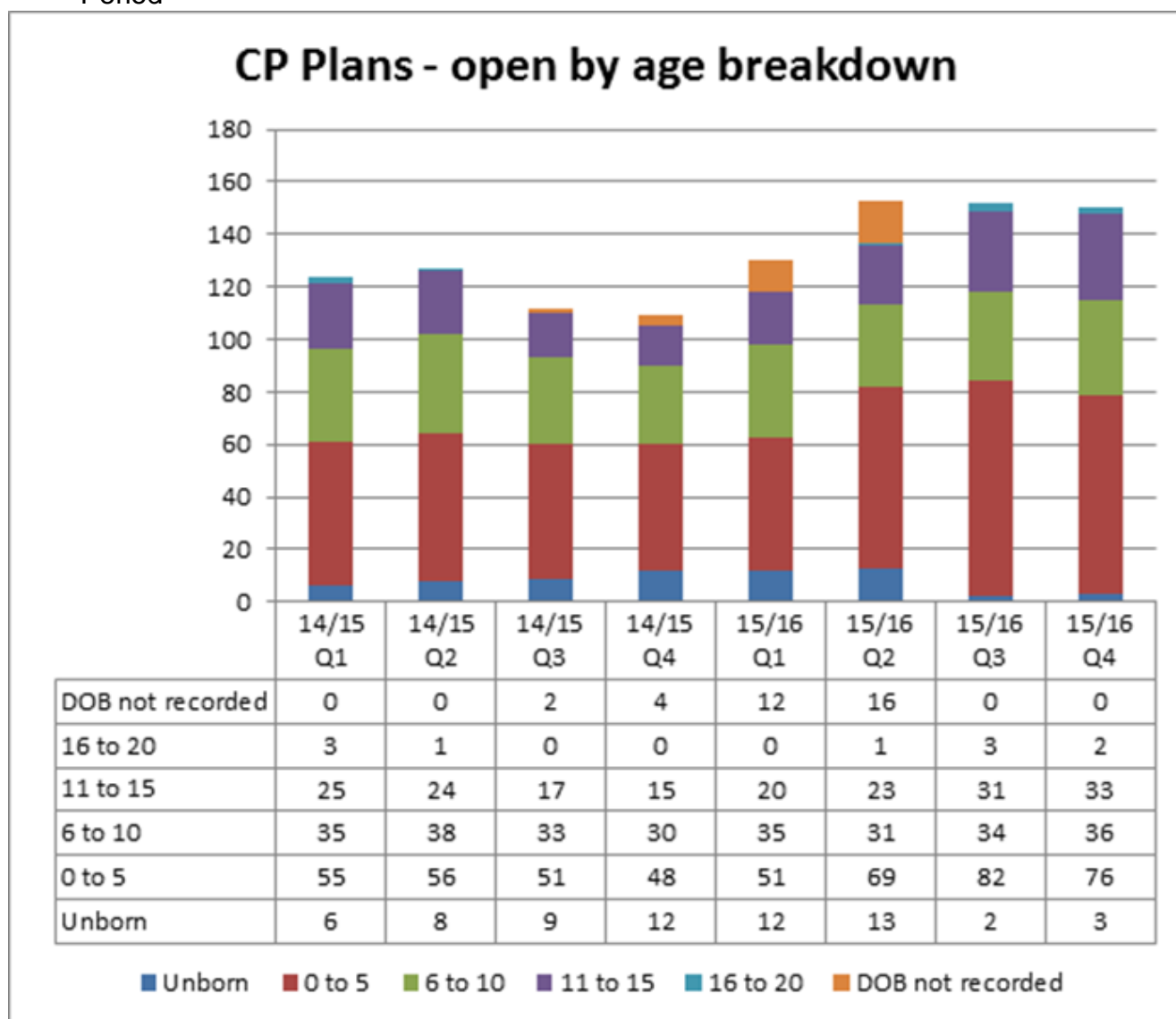
11.26 Table 1: Number of Children Subject to a Child Protection Plan on 31st March by Year.

Year	2013 - 14	2014 - 15	2015-16
Number subject to a CP plan in B&NES from last year's Annual Report	123	109	151

11.27 As previously mentioned the spike in the number of children in the CP process was a concern to the LSCB and Council. In addition to scrutinising the decision making the Council also audited a proportion of CP cases that had been subject to a plan for under

12 months and a further selection of cases that had gone to Initial CP Conference prior to 18.2.16. This audit exercise concluded that some cases were not being actively worked which had led to an escalation of concern and which could have been prevented had a more active approach to intervention been undertaken. These issues have been raised with the Duty team, and the acting Service Manager and Team Manager have undertaken began to discuss and share these findings with the team at a recent team development day. In addition we have also added further training on using Chronologies and re-promoted the LSCB Unborn Baby Protocol with the team.

11.28 Diagram 6: Number of Children and Young People on a Child Protection Plan by Age and Period



11.29 The diagram above shows that over the two year period the age range of the children on plans is consistent. However for the last two quarters there has been a reduction in the number of unborn babies on a CPP. As a result of this change we asked a member of the Council Commissioning team to look into any change in practice that might be linked to this. There has been a slight increase in older children on a plan and we are identifying some of these as being at risk of CSE however not all children at risk of CSE are on a CPP and it is nationally recognised that the CP process is not always a good fit for these children.

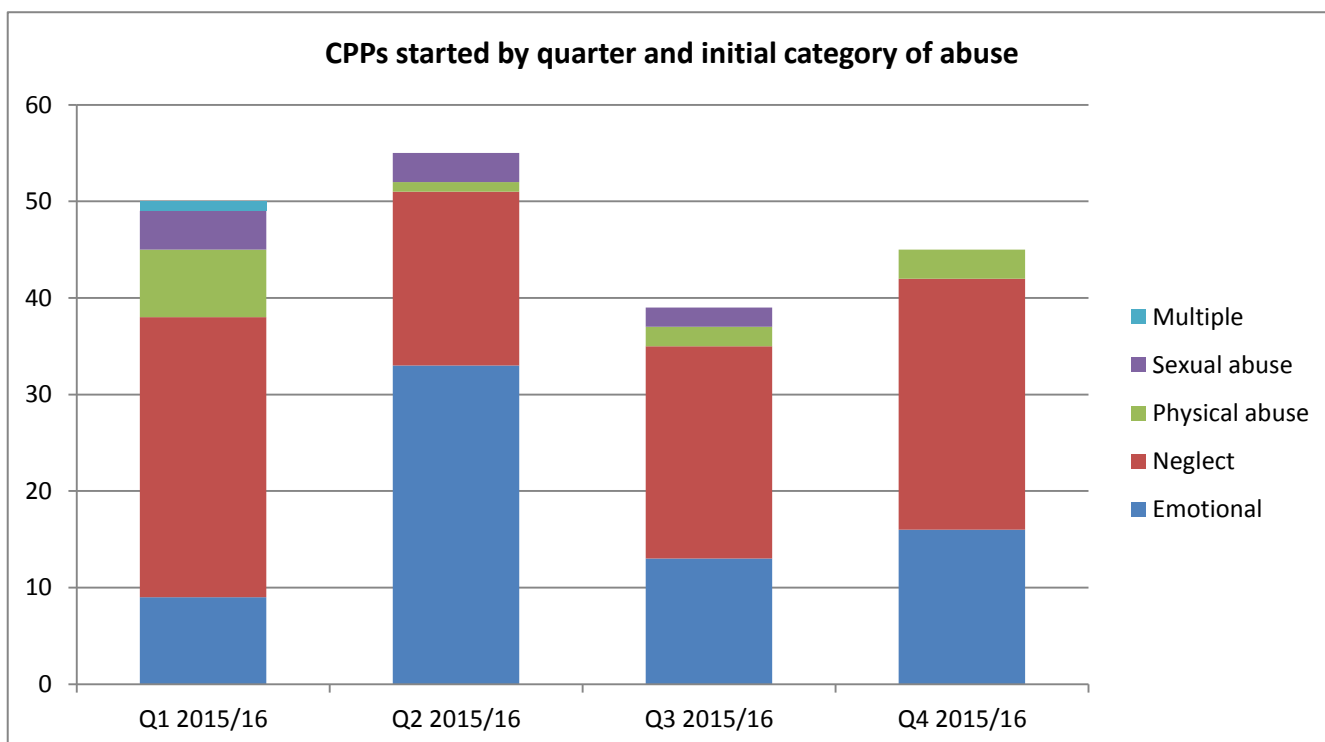
11.30 Table 2: Lengths of Time Children are Subject to a Child Protection Plan at Time of Plan Closure

Length of Period	Children on a Plan 2014 - 15	Children on a Plan 2015-16
Lasted less than 3 months	11.7%	21.4%
Lasting 3-6 months	10.9%	2.7%
Lasting 6-12 months	35%	45.5%
Lasting 12-18 months	18.2%	16.1%
Lasting 18-24 months	19.7%	13.4%
Lasting more than 24 months	4.4%	0.9%

11.31 The activity demonstrates that less than 1% of children and young people are subject to a plan that lasts longer than two years. The spread of CPP’s by duration is broadly in line with the national and regional CIN Census data.

11.32 When looking at the categories of abuse recorded for children on Plans the following information is recorded. Of note is that there is no sexual abuse cases recorded in quarter four however there are throughout the rest of the period. We have looked in detail at emotional abuse cases and in 2016-17 will look more closely at our categorisation in terms of sexual abuse. The PPP sub-group took a snap shot look at Police data on child victims of serious sexual offences, this review confirmed that with the exception of a very small number of cases (which were subsequently dealt with) we could be confident that all cases were known to Children Social Care however we do intend to keep a watch on the categorization of sexual abuse and those children at risk of CSE who are not on a CP plan.

11.33 Diagram 7: Recorded Categories of Abuse at Initial and Latest Child Protection Plan 2015 - 16



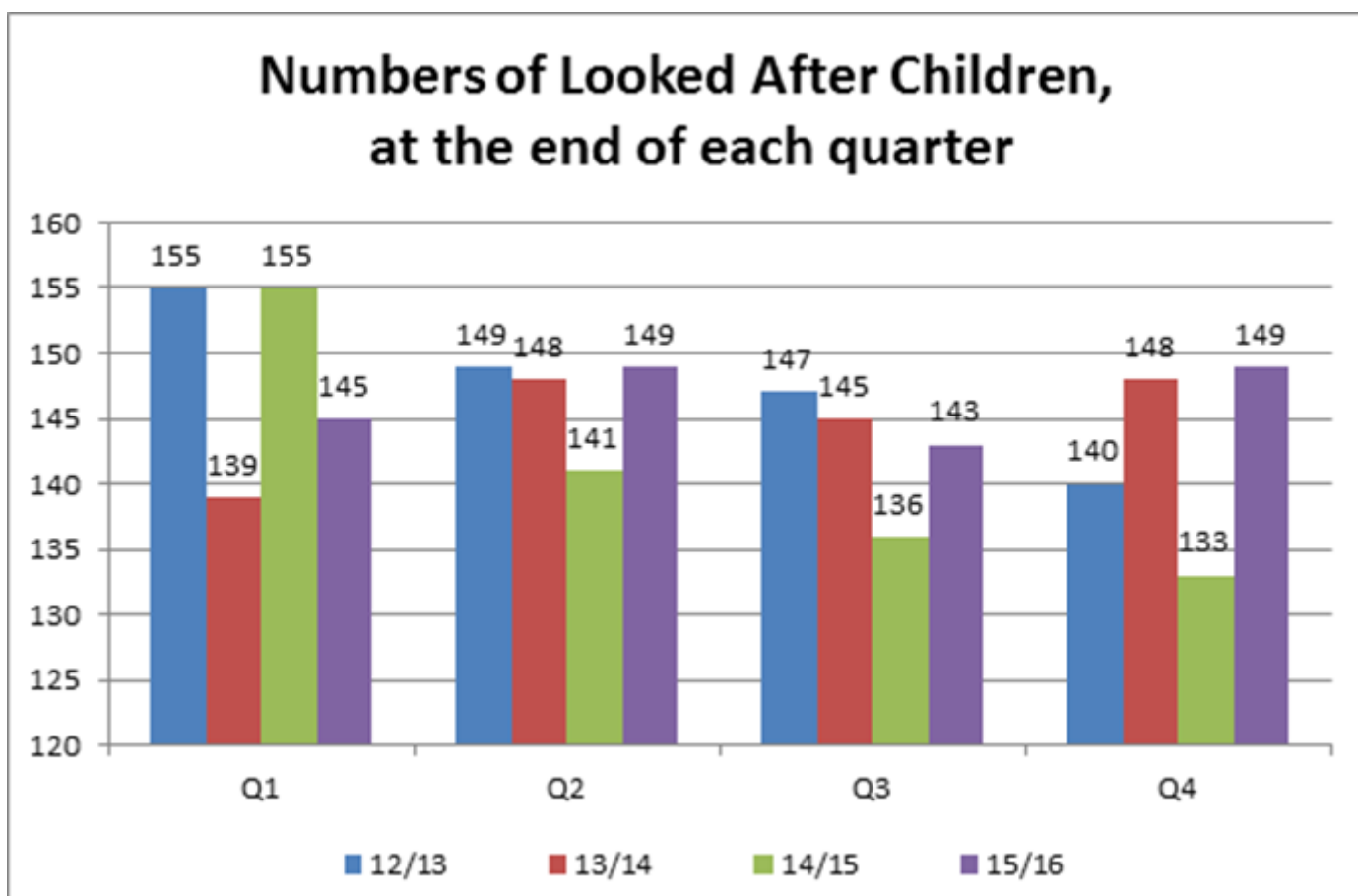
11.34 The Child Protection Chairs provide an annual report to the LSCB which captures the participation of families at conferences and is of particular interest to the LSCB. We await the 2015 - 16 report, however information from the 2014 - 15 report stated out of the 109 young people on a CP Plan:

*'67 (62% of the total) used the Advocacy Service to complete a summary of their views, giving them a voice in the meeting, even though they did not necessarily wish to attend. 17 young people did attend with their advocate. Five younger siblings also chose to use the Advocacy Service which is encouraging. Of the 42 who declined the Advocacy Service, eight young people attended a Conference without advocacy support, feeling confident that they could express their views. This progress is encouraging and the team will build on this and the use of feedback received from all service users to make Conferences enabling environments.'* (Page 8)

The Councils Children Services is currently reviewing parental / family engagement in Conferences and hopes to have the review completed by December 2016.

11.35 **Looked After Children** - On the 31st March 2016 there were 149 Looked After Children in B&NES; on average throughout the year there were 147. The diagram below outlines the number of children and young people whom are Looked After each quarter. The figure is higher than the previous year and slightly above the three year average of 145 children looked after. This small increase is not in line with the larger increase in the number of children on a plan. Nationally *'the number of looked after children has increased steadily over the past seven years...at March 2015, an increase of 1% compared to 21 March 2014.'* (DfE SFR 31/2015 October 2015)

11.36 Diagram 8: Number of Looked After Children at End of Quarter





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

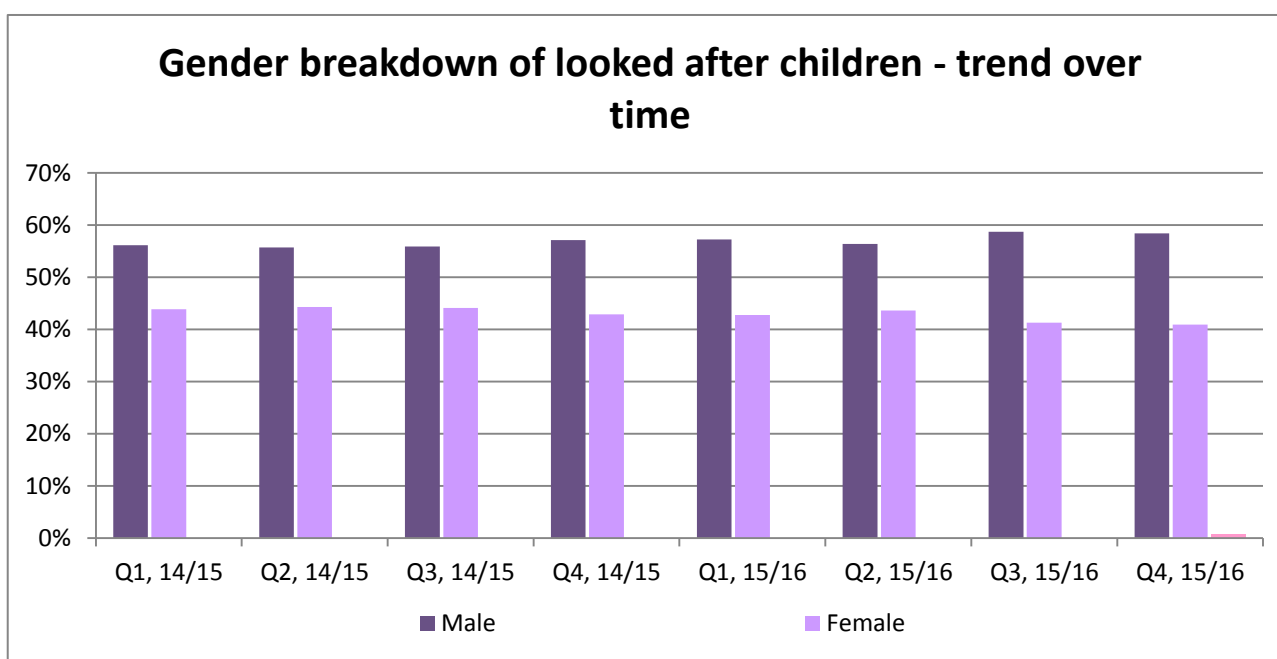
11.38 Table 3: Rate Per 10,000 Population of Looked After Children

Comparator Areas	2013 - 14	2014 - 15	2015-16
B&NES	44.7	39.1	43.8
Statistical neighbours	42.6	44	Not available
England	60	60	Not available

11.39 Nationally over a third of Looked After Children are aged between 10 and 15 years (according to the DfE 2014-15 data). There has been a steady rise reported in the number of 10 years old and above who are looked after for a number of years however locally there has been a very slight decrease (213 for 2014-15 and 204 for 2015-16). Nationally the DfE report a fall in the last two years (2013-2015) in the number of one to four year olds looked after; however locally we are showing an increase from 2014-15 to 2015-16 of 14.6% (157 2014-15 to 180 in 2015-16). The Divisional Director Council (May 2016) reports:

*‘This is positive for B&NES as it is indicative of being able to identify concerns at a younger age and being more successful in both finding positive alternative permanent solutions for young people, as well as indicating that we are able to prevent more young people in the older age groups from having to come into foster care.’*

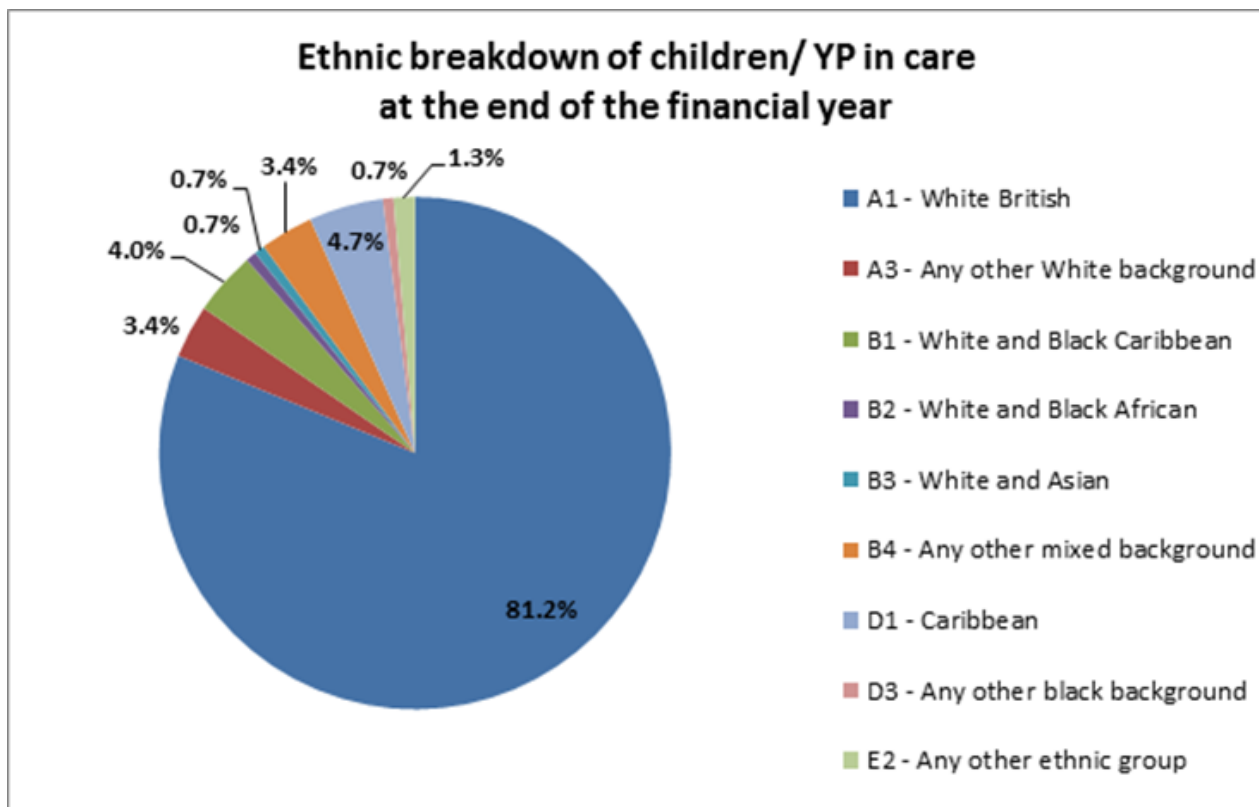
11.40 Diagram 9: Gender Breakdown of Looked After Children



11.41 The data shows a slight reduction in the number of females in comparison to males. However the variation from previous years is broadly similar.

11.42 It remains the aspiration to reduce the numbers of older young people coming into foster-care, and 15/16 saw a reduced number of young people in this age group entering the care system. The age profile of our LAC population is young than three years ago which is positive and indicative that we are finding solutions that enable more young people to return home or find alternative carers, thus reducing prolonged stays in foster-care.

11.43 Diagram 10: Ethnicity of Children in Care as at 31.03.16



11.44 The ethnicity of Children in Care is set out above; the number of Children in Care from BME backgrounds has decreased from the previous year. The percentages are as expected for the local population. The majority of children in care are White British. *'Nationally the majority of children looked after are from White British background similar to the general population of all children'* (page 3 DfE SFR 34/2015 October 2015).

11.45 The Council has supported two unaccompanied asylum seekers; one of whom has been in care and has now reached 18. Nationally we have seen a 29% increase from 2013-14 to 2014-15 in the number of children seeking asylum this figure will be higher for 2015-16 and it is anticipated that B&NES will support more children.

11.46 Two young Asian women were placed in care following the police being alerted under Modern Slavery processes.

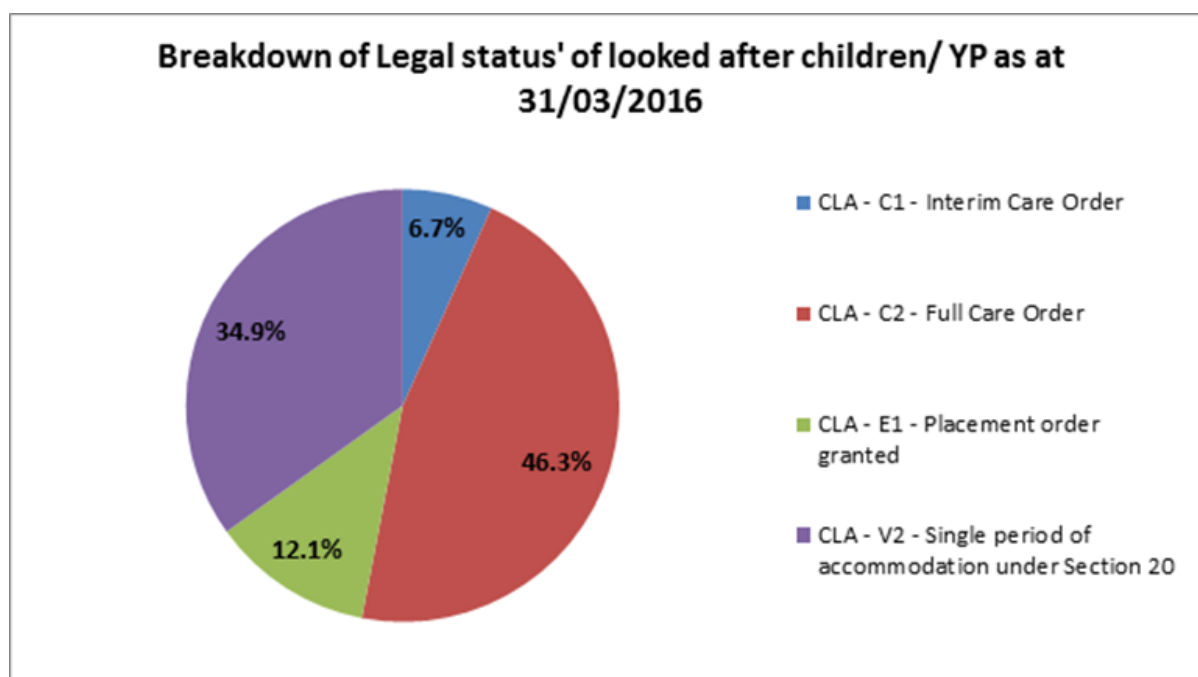
11.47 Children Specialist Services and the Independent Reviewing Services work together to ensure placements remain as stable as possible. In 2015-16 92% of placements had less than 3 moves with 8% with 3 or more placements during the year.

11.48 Out of the 149 Children in Care at the end of the reporting period 16 were placed outside of the adjacent authorities. The breakdown of location is as follows:  
 Four children in residential schools  
 Two children in residential care homes  
 Two children in parent and baby units

Four children in foster homes (eight placements over the year)  
 One young person in a semi-independent placement  
 Two children placed with kinship carers under Regulation 24 Placement with Family and Friends under the Children Act 1989

11.49 Unfortunately we are unable to report the number of foster placements as the report has not been prepared from the Children's case records; however this has been confirmed as a reporting priority for 2016-17.

11.50 Diagram 11: Breakdown of Legal Status of Looked After Children at 31.03.16



11.51 When comparing the legal status of our Looked After Children with the statistical neighbours and national benchmarking we see that only 6.7% of B&NES children were on interim Care Orders in comparison with 13% and 11% (respectively). However B&NES are more in line with the national figure for children on full Care Orders which stands at 49% rather than the 39% reported by our statistical neighbours. We are slightly higher than both in terms of the percentage of Placement Orders which is 9% for our statistical neighbours and 11% nationally. Finally we are in between the national figure for those accommodated under section 20 (29%) and our statistical neighbours 38%. The high percentage of Placement orders demonstrates the significant amount of adoption work that was undertaken last year.

11.46 The Independent Reviewing Service has ensured reviews are carried out in a timely way. During this period we are reporting two figures, the national NI66 and the local one.

- National NI66 reviews on time for children and young people in care for over a year for 2015-16 is 95.2%
- Local NI66 review on time for children and young people in care (including those in care for less than a year) for 2015-16 is 93.3%

NB these figures relate to Children in Care at the end of the period only. The location and time of the reviews has changed in accordance with children and young people's wants.

- 11.47 398 reviews were carried out during the year; children and young people are encouraged to participate in these and in 95% of cases some form of participation took place. Note good practice recommends not including children under the age of four in such reviews.
- 11.48 The Independent Reviewing Officers have continued to raise concerns about the timeliness of social work reports in preparation for reviews and assessments which require updating. This has been escalated and Children's Social Care is monitoring it. The IRO Service submits an Annual Report to the LSCB which outlines their work in more detail.
- 11.49 **Outcomes for Looked After Children**
- 11.50 During the year 66 children and young people left care, four of whom were adopted. There are an additional 11 children who are on the adoption pathway.
- 11.57 During the period 91.5% of young people (aged 19, 20 and 21) leaving care have suitable and stable accommodation; this compares to 90.9% in 2014-15 and continues to demonstrate good outcomes for care leavers. This compares to 77% for statistical neighbours and 80.7% England average (source DfE)
- 11.58 66% of young people leaving care are in employment, education or training, this figure has increased in comparison to last year's figure of 61%. This figure of 61% was in line with national benchmarking which the DfE state as 39% were not in education, employment or training for 2015. Whilst we do not have the DfE figure for 2016 we can assume we are above or in line with national performance.
- 11.59 During the year there has been an increased focus on children missing from school, education and home and the CSE and Missing sub-group will look at triangulating this for assurance purposes in the 2015 - 16 business plan. Police notifications are routinely received and recorded. These figures are also reported to the CSE/Missing Sub-group.
- 11.60 In March 2015 the DfE reported that 6% of children looked after were recorded as going missing from placement at least once during the year. The number that were away without authorisation was reported as 3%. Nearly half of these were children in secure units, children's homes or hostels and were over the age of 16.

## 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 quality of Local Authority supervision practice was undertaken by another Local Authority in June 2015. The feedback from the peer challenge team was very positive, and confirmed a good level of practice in ensuring tasks were undertaken and in terms of providing opportunities for staff to reflect on and be challenged in relation to their practice. In turn, two managers also undertook a peer review of CSE practice in a neighboring LA. This was received very positively, and the managers were complimented on the extent of their knowledge in this area.
- 12.2 The Youth Offending Team were inspected by HMIP in February 2016 as part of their schedule of Short Quality Screening Inspections. This was positive and highlighted elements of good practice within the team as well as comments on the strength of report writing and thresholds.

- 12.3 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. The focus of these actions have assisted the creation of the regular CSE information sharing meetings that have also involved the West of England CSE Victim Identification and support project. In addition, the Inspection report has prompted constructive discussion about how to best ensure Police representation at LSCB sub-groups not just in the B&NES area but also across the Avon and Somerset region. These discussions will continue into 2016-17 with a view to find a balance between needing to ensure local representation as well avoiding duplication where issues are shared in common across a number of LSCBs.

## Section 13: Priorities for 2016 - 17 and Beyond

- 13.1 The LSCB is now one year into its three year Business Plan and many actions have been completed or are well underway. The original plan was developed last year and included a set of activity already scheduled for 2016-17, these remain in place, however during the year additional actions have been identified as outlined below.

**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

**NEW** Ensure issues identified in relation to e-safety in the 2015-16 schools self – assessment is followed up.

**NEW** Implement and monitor the effectiveness of mental health protocol (CSC and AWP specific) and build upon this to incorporate additional multi-agency partners into the protocol

**NEW** Gather assurance from the Children’s Commissioner and the Emotional Health and Wellbeing Strategy group (Children and Young People) that local arrangements are robust and meeting local needs

**NEW** Monitor the categorization of sexual abuse cases and review CSE cases

**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

**NEW** Map partners engagement work with young people in recruitment

**NEW** Incorporate learning from SHEU survey 2015 into the work of the Board

**NEW** Develop further arrangement to articulate the voice of the child in the work of the Board – work with the Participation Officer to do this

**Key Priority 3:** Strengthening the LSCB’s evaluation and challenge of the effectiveness of individual agency safeguarding arrangements.

**NEW** Gather the learning from joint audits in accordance with the OFSTED framework

**NEW** Undertake multi-agency audit on children absent from school

**Key Priority 4:** Sufficient and competent workforce to ensure Children and Young People are safe

**NEW** Assurance that new LSCB E-Safety Strategy is incorporated in Multi agency training and all training in schools

**Key Priority 5:** Continuous improvement of LSCB

**NEW** LSCB induction to be reviewed in line with LSCB Terms of Reference (TOR)

**NEW** Each Risk Owner to monitor progress on Risk Register and inform Business support manager. Sub Group chairs to review April 17 prior to June LSCB

## 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, Responsible Authorities Group (RAG) and Council Chief.
- 14.3 The report can be made available in alternative formats as required and by contacting the Communications Coordinator by emailing [Melanie\\_Hodgson@bathnes.gov.uk](mailto:Melanie_Hodgson@bathnes.gov.uk) or ringing 01225 477983.



## Appendix 1: LSCB Terms of Reference

[http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Children-and-Young-People/ChildProtection/lscb\\_terms\\_of\\_reference\\_updated\\_26.11.15.pdf](http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Children-and-Young-People/ChildProtection/lscb_terms_of_reference_updated_26.11.15.pdf)

The Terms of Reference were updated at the June 2015 LSCB and reviewed in November.



## Appendix 2: LSCB Members and Attendance 2015-16

Name	Agency	Role
1. Alison West (until Sept 2015)	NHS England South	Quality & Safety Manager
2. Angela Vick	Independent	Lay Member
3. Ashley Ayre	B&NES Council	Director of People and Communities
4. Bruce Laurence	B&NES Council	Director of Public Health
5. Dami Howard	B&NES Council	LSCB/LSAB Business Support Manager
6. David Gee	CAFCASS	Service Manager
7. Dawn Clarke	Banes NHS CCG	Director of Nursing & Quality
8. Donna Redman	Banes NHS CCG	Named GP
9. Duncan Stanway	Barnardo's	Assistant Director, Mids and SW
10. Emma Hall (until January 2016)	Independent	Lay Member
11. Dr Fiona Finlay	Sirona care and health	Designated Doctor
12. Helen Blanchard	RUH NHS Trust	Director of Nursing
13. Jackie Deas	B&NES Council	Deputy Safeguarding Lead: Children & QA
14. Jenny Daly	RUH NHS Trust	Named Nurse Safeguarding
15. Jenny Theed	Sirona care and health	Director of Operations
16. Judy Lye-Forster	Bath College	Director of Learning
17. Kevin Day	National Probation Service	Senior Probation Officer
18. Lesley Hutchinson	B&NES Council	Head of Safeguarding and Quality Assurance
19. Liz Ball	Project 28	Coordinator
20. Liz Spencer	National Probation Service	Head of SW National Probation Service
21. Mark Everett	Writhlington School	Head Teacher: Secondary Heads Representative
22. (Cllr) Michael Evans	B&NES Council	Cabinet Member for Children's Services
23. Mick Dixon/Neil Liddington	Avon Fire & Rescue	Associate LSCB Member
24. Mel Argles (From March 2016)	B&NES Council	Principal Social Worker Children and Families
25. Mel Holt (until June 2015)	B&NES Council	Principal Social Worker Children and Families
26. Michelle Maguire	Oxford Health	Head of Service
27. Mike Bowden	B&NES Council	Director for CYP and Health Strategy and Commissioning
28. Nicky Smith	St Nicholas CofE Primary School	Head Teacher: Primary Heads Representative
29. Rachel Williams	Avon and Somerset Constabulary	Detective Superintendent, Head of PPU

30. Reg Pengelly	Independent	Independent Chair
31. Richard Baldwin	B&NES Council	Divisional Director Targeted and Specialist services
32. Roz Lambert	VCS CYPN	First Steps - Voluntary Sector rep
33. Sally Churchyard	B&NES Council Youth Offending Service	11-19 Prevention Service Manager
34. Sarah Thompson	SWAST	Safeguarding Manager
35. Sarah Warne (from December 2015)	NHS England South	Safeguarding Lead Nurse
36. Simon Hester	SWAST	Named Professional for Safeguarding
37. Sophia Swatton (until Dec 15)	Banes NHS CCG	Designated Nurse Safeguarding
38. Dr William Bruce-Jones	AWP (Avon and Wiltshire Mental Health Partnership Trust)	Clinical Director

### LSCB Attendance by Agency

Name	June 2015	Sept 2015	Dec 2015	March 2016
Avon Fire & Rescue				
Avon and Wiltshire Mental Health Partnership Trust				
Avon and Somerset Constabulary				
B&NES Council Commissioning Children and Young People Strategy and Commissioning				
B&NES Council Public Health				
B&NES Council Social Care				
B&NES Council YOS				
Banes NHS CCG/Designated Nurse				
Barnardo's				
CAFCASS				
Bath College				
Designated Doctor				
Executive Lead Member				
Housing Representative				
Lay Members				
Named GP				
National Probation Service				
NHS England South				
Oxford Health				
Primary Head Representative				
Royal United Hospital				
Secondary Head Representative				
Sirona care and health				
SWASFT				
Voluntary Sector Rep - CYPN				

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

## LSCB Sub group members

<b>Serious Case Review sub group</b>	
<b>Member</b>	<b>Agency</b>
Lesley Hutchinson	B&NES Council (Chair)
Fiona Finlay	Sirona care and health
Jennifer Daly	RUH
Richard Baldwin	B&NES Council
Rachel Williams	Avon & Somerset Constabulary
Sophia Swatton (left Dec 2015)	Banes NHS CCG

<b>Policy Procedures and Performance sub group</b>	
<b>Member</b>	<b>Agency</b>
Mike Bowden	B&NES Council (Chair)
Caroline Dowson	B&NES Council
Chrissie Hardman	Sirona care and health
Dami Howard	B&NES Council
Jackie Deas	B&NES Council
Jennifer Daly	RUH
Jill Chart	Sirona care and health
Jon Peyton	Avon and Wiltshire Mental Health Partnership NHS Trust
Lesley Hutchinson	B&NES Council
Mel Argles	B&NES Council
Richard Baldwin	B&NES Council
Simon Eames	Avon and Somerset Constabulary
Sophia Swatton (left Dec 2015)	Banes NHS CCG
Val Janson	Banes NHS CCG

<b>CSE and Missing sub group</b>	
<b>Member</b>	<b>Agency</b>
Richard Baldwin	B&NES Council
Becky Lewis	Barnado's
Cathryn Humphries	B&NES Council
Carl McMurtry	Curo
Charlotte Leason	Avon and Somerset Constabulary
Dr Donna Redman	Banes NHS CCG
Ian Read	Avon and Wiltshire Mental Health Partnership NHS Trust
Jamie Luck	Mentoring Plus
Judy Lye-Forster	Bath College
Jenny Daly	RUH
Liz Bryan	Project 28
Lorraine Beasley	Hayesfield Academy
Mandy Round	Oxford Health - CAMHS
Mel Argles	B&NES Council
Rachel Allen-Ringham	B&NES Council
Sally Churchyard	B&NES Council
Sophia Swatton (left Dec 2015)	Banes NHS CCG
Trina Shane	B&NES Council

<b>Communications sub group</b>	
<b>Member</b>	<b>Agency</b>
Richard Baldwin	B&NES Council (Chair)
Dami Howard (from Nov 15)	B&NES Council
Jonathan Mercer	B&NES Council
Judy Lye-Forster	Bath College
Mel Argles	B&NES Council
Mel Hodgson	B&NES Council
Jen Russell (from Dec 2015)	B&NES Council
Judy Lye-Forster	City of Bath College
Sarah McCluskey (until June 2015)	B&NES Council
Member of Youth Forum	TBC

<b>Training and Workforce Development sub-group</b>	
<b>Member</b>	<b>Agency</b>
Sophia Swatton (until Dec 2015)	BaNES CCG (Chair)
Mel Argles	B&NES Council (Chair)
Isobel Sanderson	Oxford Health - CAMHS
Jenny Daly	RUH
Jill Chart	Sirona care and health
Judy Lye-Forster	Bath College
Kevin Clark	B&NES Council
Kitty Crowther	B&NES Council
Lena Higginson	B&NES Council
Liz Spencer	National Probation Service
Mandy Round	Oxford Health - CAMHS
Mel Argles	B&NES Council
Nick Quine	Avon and Somerset Constabulary
Paula Lockyer	RUH
Philip Rhodes	Avon and Wiltshire Mental Health Partnership NHS Trust
Roz Lambert	First Steps Children's Centres & Family Services
Theresa Hallett	Bath College
Tracey Pike	Youth Connect
Judy Lye-Forster	Bath College
Tracey Pike	B&NES Council



<b>Professional Practice sub group</b>	
<b>Member</b>	<b>Agency</b>
Duncan Stanway	Barnardo's (Chair)
Charlotte Leason	Avon and Somerset Constabulary
Claire Williamson	Avon and Wiltshire Mental Health Partnership NHS Trust
Hilary Marcer	Sirona care and health
Jackie Deas	B&NES Council
Jill Chart	Sirona care and health
Lesley Hutchinson	B&NES Council
Lisa Miller	Oxford Health - CAMHS
Sally Churchyard	B&NES Council
Sara Willis	B&NES Council
Sophia Swatton	Banes NHS CCG
Trina Shane	B&NES Council

<b>Children in Care &amp; Quality Assurance sub group</b>	
<b>Member</b>	<b>Agency</b>
Jackie Deas	B&NES Council (Chair)
Chris Weston	B&NES Council
Bev Coles	B&NES Council
Carla Cooper	B&NES Council
Jackie Wrench	Sirona care and health
Lisa Miller	Oxford Health - CAMHS
Louise Nichols	Oxford Health - CAMHS
Lynda Williams	Off The Record
Mike Gorman	B&NES Council
Pete Campbell	B&NES Council
Rosie Hodgson/Tamsin Cowls/Amanda Hamilton Radford/Ruth Loughridge	B&NES Council



Bath & North East Somerset  
Local Safeguarding Children Board

# Keeping children safe is everyone's responsibility

If you suspect a child is being abused or neglected, call 01225 396312 or 01225 396313 immediately

## Appendix 3: Budget 2015 - 16

	2015	
	Budget	Actuals
<b>Income</b>		
B&NES Council	51,823	51,823
Avon and Somerset Constabulary	9,003	9,200
Banes NHS CCG	20,102	20,102
National Probation Service	3,153	3,153
CAFCASS	550	550
Community Rehabilitation Company	0	1,576
Avon Fire and Rescue	1,000	1,000
SWCPP Manual Contributions	0	33,833
Fees and Charges/Training Income	5,120	8,035
Misc. Contributions	650	4,246
Carry Forward	51,439	73,274
<b>Totals</b>	<b>142,840</b>	<b>206,792</b>
<b>Expenditure</b>		
Staff salaries (Business Manager)	13,300	10,215
Travel / Car Parking	179	1,027
Printing / Design	39	833
Independent Chair	19,186	14,290
Training (including organisation and delivery)	39,787	55,593
MASH Programme Board	0	5,000
SWCPP Manual	0	35,000
Other Expenses	2,052	23,382
Carry Forward	68,297	0
<b>Totals</b>	<b>142,840</b>	<b>142,340</b>
	0 (Balanced)	64,452 (Net Under Spend)



**Bath and North East Somerset  
Local Safeguarding Children Board**

**Evaluation of LSCB Inter-agency Child  
Protection: Standard and LSCB Inter-  
agency Child Protection: Advanced  
(April 2015 – March 2016)**

## 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 specifically reviews feedback from the LSCB Inter-agency Child Protection Training: Standard, with contributions from 318 delegates and LSCB Inter-agency Child Protection Training: Advanced, with contributions from 167 delegates covering the period April 2015- March 2016. However, the evaluations received on all courses offered through the LSCB training programme throughout the aforementioned period will be used to inform the ongoing development needs of the training audience.

## Context: Training and Workforce Development Sub-group (T&WD Sg)

### Programme Development

The T&WD Sg 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 following courses will be evaluated in detail:

**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.

**Advanced Inter-agency Child Protection** - This is a two day course focusing on a multi-agency approach and response to Children at significant risk of harm. The Advanced Inter-agency Child Protection course is for staff with particular responsibilities in relation to safeguarding children and young people and as a result will be contributing to section 47 enquiries, taking part in child protection conferences and core groups and/or working with complex cases. Delegates have the opportunity to develop their knowledge of participating in statutory activities such as S.47 discussions and child protection conferences, alongside developing a deeper understanding of the challenges of working with 'stuck or resistant' families where there may be issues of disguised compliance.

Data will also be provided for all other courses provided under the LSCB training plan.

### Training Delivery

The LSCB employs a Training Coordinator who is managed by B&NES Children's Services Training & Development Manager. By agreement, the Training & Development Manager oversees the development and delivery of the LSCB training programme and makes provision for the effective administration, evaluation and quality assurance of the programmes courses. The LSCB Training Coordinator is responsible for the development, and in many cases the delivery, of courses, frequently co-facilitating sessions with colleagues from health, education, the police or social care.

The Methods and approaches employed in the training delivered through the LSCB training programme ensures that a variety of adult learning styles are catered for to help participants fully engage in the training. The range of techniques used also aids the greatest understanding of course material to be gained and for this to be transferred into daily practice by delegates. (See below for examples using Honey and Mumford).



Learning style ▼	Attributes	Activities
Activist	Activists are those people who learn by doing.	problem solving group discussion competitions
Pragmatist	These people need to be able to see how to put the learning into practice in the real world.	<ul style="list-style-type: none"> <li>• time to think about how to apply learning in reality</li> <li>• case studies</li> <li>• problem solving</li> <li>• discussion</li> </ul>
Reflector	These people learn by observing and thinking about what happened. They may avoid leaping in and prefer to watch from the sidelines.	Paired/ Small group discussions time out observing activities feedback from others
Theorist	These learners like to understand the theory behind the actions. They need models, concepts and facts in order to engage in the learning process.	models statistics stories quotes background information applying theories

## 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

## Evaluation & Quality Assurance

Through its Training & Workforce Development Sub-group, 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.

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 this 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 embedding 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. Further work is being undertaken regarding the longer term impact the Standard Child Protection training has on practice through the development of a longitudinal evaluation project within the team. The original feedback forms completed by the delegate is returned to them after a period of three months, with the request that they rate their confidence once more to help understand how effective the training has been over a longer term. The original evaluation form is also sent to the delegates manager with a set questions requesting information about the impact attending the training has had on the delegates practice.

This project is in its infancy and as such to date it has only been possible to gain feedback from two courses. The information gained in this project will be used to produce a statistical and qualitative report which will help provide further evidence about whether the programme has or hasn't achieved the intended learning. Follow up evaluations undertaken in this manner can also capture additional and unanticipated benefits as well as identify barriers which prevent delegates using their acquired skills and knowledge, which is essential in designing and developing future courses.

Quality assurance on trainers practice is undertaken through consideration of the evaluation forms received from training courses and also through sessions being independently observed by a third person. The findings from the session observed are fed back to the trainer with an action plan being developed to address any gaps in provision / delivery identified.

### **Standard Child Protection Course Evaluations.**

19 courses with information collated from 318 delegates was considered for the quantitative evaluation undertaken against the learning outcomes. For the Qualitative evaluation undertaken a selection of three courses were chosen at random with information being collated from 56 delegates. The information provided is an indication of the qualitative data received which is used to inform the development and delivery of future courses.

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
<b>1</b>	I understand the definitions and types of child abuse, including child sexual exploitation and their impact on children	<b>3.5</b>	<b>4.9</b>
<b>2</b>	I am able to recognise and respond to safeguarding and child protection concerns appropriately	<b>3.4</b>	<b>4.7</b>
<b>3</b>	I am aware of the “early help” offer in B&NES and the importance of consent based, multi-agency planning.	<b>2.4</b>	<b>4.6</b>
<b>4</b>	I am aware of the child protection processes and how key agencies work together to identify and meet the needs of children where there are safeguarding concerns.	<b>3.1</b>	<b>4.6</b>
<b>5</b>	I am aware of the impact that domestic abuse, substance misuse and parental mental health can have on parenting capacity.	<b>3.8</b>	<b>4.7</b>
<b>6</b>	I am aware of what is meant by superficial/disguised compliance and the importance of family history and functioning.	<b>2.5</b>	<b>4.3</b>
<b>7</b>	I am aware of the Information Sharing Guidance (2008), and when/where it is appropriate and important to share information.	<b>2.8</b>	<b>4.6</b>
		<b>3.1</b>	<b>4.6</b>

Whilst there were individual variations between scoring on courses, the overall feedback followed a very similar pattern, whereby the individual's confidence level following training increased.

— Before

— After

I understand the definitions and types of child abuse, including child sexual exploitation and their impact on children

I am aware of the Information Sharing Guidance (2008), and when/ where it is appropriate and important to share information

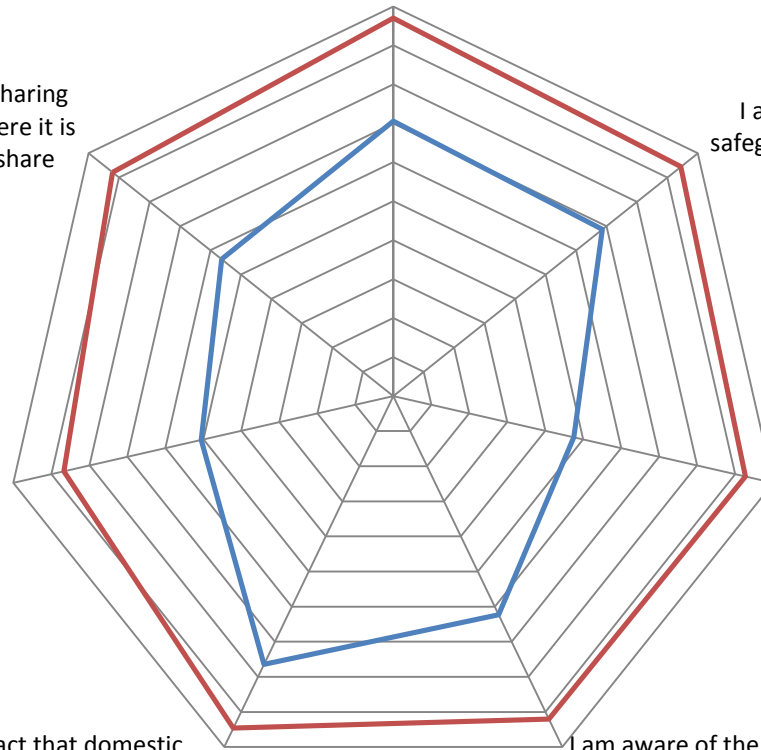
I am able to recognise and respond to safeguarding and child protection concerns appropriately

I am aware of what is meant by superficial/disguised compliance and the importance of family history and functioning.

I am aware of the “early help” offer in B&NES and the importance of consent based, multi-agency planning

I am aware of the impact that domestic abuse, substance misuse and parental mental health

I am aware of the child protection process and how key agencies work together to identify



## Analysis of Qualitative data:

The following areas are a summary of the comments provided by the delegates in the evaluation forms at the end of the course. The five questions allow the delegate to answer without preset restriction.

### 1. What did you gain most from this training session?

Summarised Comments	Number of delegate responses
Understanding signs, symptoms and risk factors of abuse	10
General understanding of safeguarding – raising knowledge and awareness	17
When and how to make a referral to social care	6
Interagency learning	9
Understanding roles and practice of other agencies	3
Understanding legislation, policies and best practice	9
Understanding of individual children's need, the importance of hearing the child's voice and receiving disclosures	3
Understanding the early help offer	6

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

Summarised Comments	Number of Delegate responses
I will have confidence in identifying signs and symptoms of abuse	8
I will have confidence in responding to safeguarding issues presented	8
I will have confidence in discussing safeguarding issues with other professionals	6
I will have confidence when raising concerns with families	3



I will have confidence in appropriately following CP procedures and the referral process	7
I will consider the early help offer for the families with whom I currently work	4
I understand how to respond to and record disclosures.	4
I am aware of different services for families.	3
I will ensure policies and procedures are implemented.	4

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

Summarised Content	Number of delegates responses
Request practice reviewed / feedback from colleagues	4
Reflective discussions taking place in supervision	2
I will notice more signs of risk	2
Improved inter-agency work	5
make referrals as necessary / improved referrals	5
More offers of early help made	2
Child's voice will be evident in work	4
Feel more confident	5
Feedback from children and young people	3

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

Summarised Content	Number of delegate responses
Children and young people will be confident to share information / make disclosures	8
There will be improved communication with children and families	7
I will write clear reports	1
I will provide support / services required	6
Improved interagency work	2
Children and young people will understand the work undertaken and will be central to the process	1

A trusting relationship will be established	5
The needs of children and young people will be addressed.	3

### 5. Any additional comments about today's training?

Summarised Content	Number of delegates responses
Excellent/ Informative/ Useful Course	9
Personal praise for trainer	6
Well presented / structured / clear delivery/ easy to understand	6
Good mix of exercises / learning styles	4
Lots of information provided	5
Helpful to discuss situations with colleagues from other agencies	5
Intense but useful / enjoyable	3
Too much information provided around law / policies	1
Highlighted complexities of CP process	1
Clarity required regarding Mental Capacity	1
More variety of information needed for those attending the course as a fresher.	1

## Advanced Child Protection Course Evaluations.

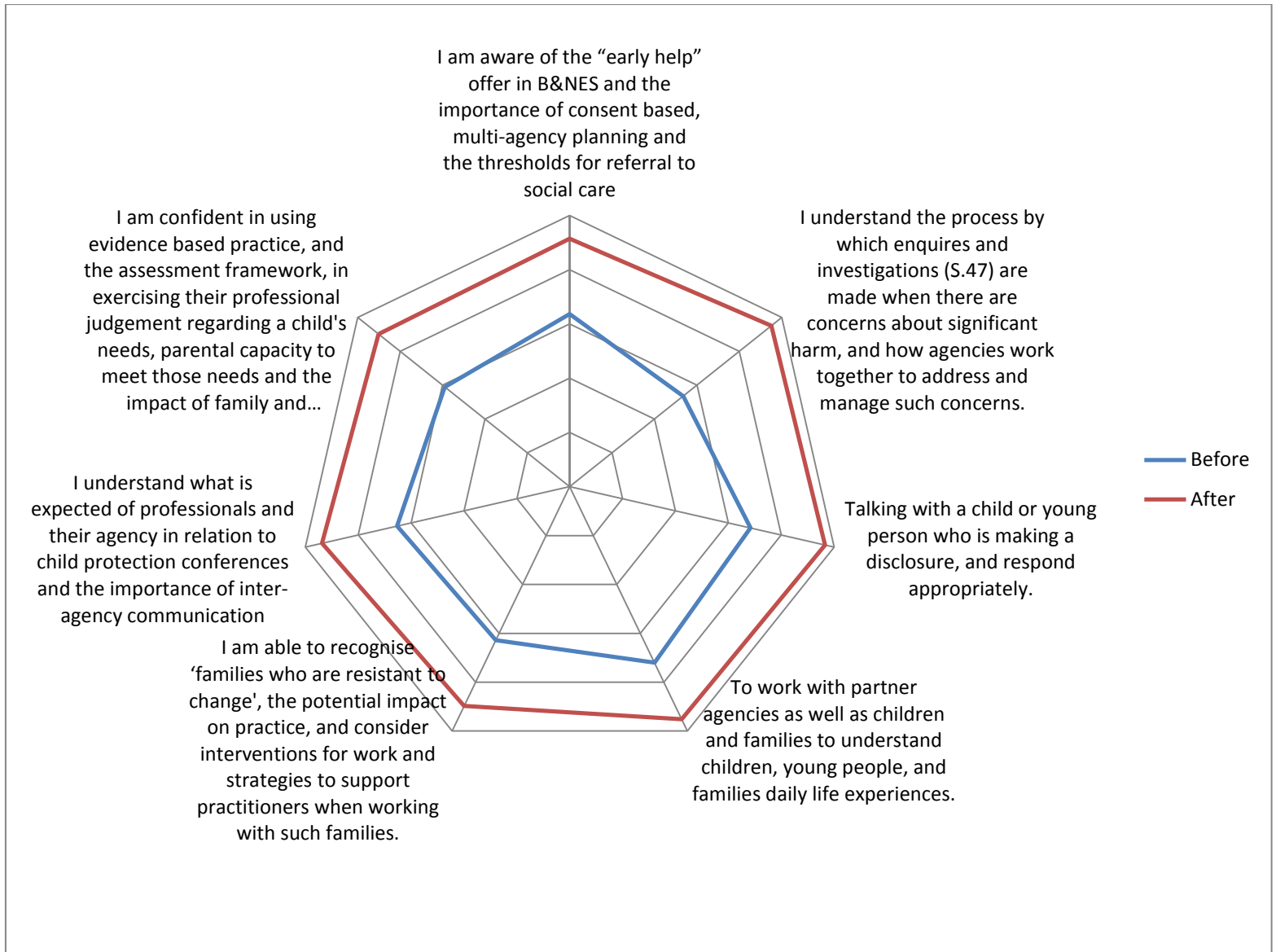
10 courses with information collated from 167 delegates was considered for the quantitative evaluation undertaken against the learning outcomes. For the Qualitative evaluation undertaken a selection of three courses were chosen at random with information being collated from 50 delegates. The information provided is an indication of the qualitative data received which is used to inform the development and delivery of future courses.

The Advanced 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
<b>1</b>	I am aware of the “early help” offer in B&NES and the importance of consent based, multi-agency planning and the thresholds for referral to social care	<b>3.2</b>	<b>4.6</b>
<b>2</b>	I understand the process by which enquires and investigations (S.47) are made when there are concerns about significant harm, and how agencies work together to address and manage such concerns.	<b>2.7</b>	<b>4.8</b>
<b>3</b>	Talking with a child or young person who is making a disclosure, and respond appropriately.	<b>3.4</b>	<b>4.8</b>
<b>4</b>	To work with partner agencies as well as children and families to understand children, young people, and families daily life experiences.	<b>3.6</b>	<b>4.8</b>
<b>5</b>	I am able to recognise ‘families who are resistant to change’, the potential impact on practice, and consider interventions for work and strategies to support practitioners when working with such families.	<b>3.1</b>	<b>4.5</b>
<b>6</b>	I understand what is expected of professionals and their agency in relation to child protection conferences and the importance of inter-agency communication	<b>3.3</b>	<b>4.7</b>
<b>7</b>	I am confident in using evidence based practice, and the assessment framework, in exercising their professional judgement regarding a child's needs, parental capacity to meet those needs and the impact of family and environmental factors.	<b>2.9</b>	<b>4.5</b>
		<b>3.2</b>	<b>4.7</b>

Whilst there were individual variations between scoring on courses, the overall feedback followed a very similar pattern, whereby the individual's confidence level following training increased.



## Analysis of Qualitative data:

The following areas are a summary of the comments provided by the delegates in the evaluation forms at the end of the course. The five questions allow the delegate to answer without preset restriction.

### 1. What did you gain most from this training session?

Summarised Comments	Number of delegate responses
Interagency learning	6
Understanding the CP process	9
Raising knowledge and awareness	6
Understanding roles and practice of other agencies	10
Understanding legislation, policies and best practice	7
Gained confidence in my role	4
Understanding of individual children's needs and the importance of hearing the child's voice	3
Understanding signs of abuse and risk factors, including CSE.	5

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

Summarised Comments	Number of Delegate responses
Review our policy & procedures	2
Better awareness of safeguarding & referral process	18
Confidence to pursue concerns	2
Feedback to staff/colleagues	13
Identify where CAF's are appropriate	4
Linking of services/info sharing	5

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

Summarised Content	Number of delegates responses
Greater knowledge and confidence in following CP procedures	13
Ability to spot the signs of different abuse, able to make better judgement	5
feedback and confidence to act	11
Through supervision	3
Through improved information sharing	3
Alert to possible CP particularly when working with Adults	1
Families will receive Early Help/Social Care	1
Pro Active in making referrals	3

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

Summarised Content	Number of delegate responses
They will feel more confident regarding my skills and knowledge	9
Feel they will know through discussion	1
I will respond for them, they will be protected in a better way	7
I will be able to safeguard them if needed	4
Through planning & delivering programmes for young people	1
Impact on learning – emotional wellbeing	1
Positive relationships with families & children	1

### 5. Any additional comments about today's training?

Summarised Content	Number of delegates responses
Great training, a great facilitator/ well delivered and informative	28
Great slides, well-paced	2



Good mix of agencies	11
Great materials ie, booklet	1
Police presentation well delivered and informative	4
Improved understanding/confidence	3

## Training measured against training standards

### Training Standards

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

- 1) 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'

The training courses use a variety of techniques to ensure the needs of the child and the paramountcy principle remain central to the learning undertaken, including hearing individual children's stories, recognising the importance of relationship building with young people, providing techniques on receiving information from children and confirming the importance of using observation.

The evaluation forms also ask a specific question about how children and young people will know that a delegates practice has improved, ensuring that all delegates consider the situation from the perspective of a young person.

Qualitative feedback received has evidenced the child centred nature of the training. Positive comments were received about maintaining focus on the child. "treat each child as an individual", "a greater understanding of good practice, especially around keeping the child's voice as key to safeguarding", "..always consider the child's voice and impact on the children's daily lives" Additionally delegates have shared how they will work differently to build upon the learning gained in this area for example "[children] will have better outcomes and be at the core of all planning".

- 2) 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.

The training courses explore the relationships held between professionals and parents and carers in different working contexts from early help through to child protection. Within each of these situations focus is given to the importance of working in partnership with families for the most positive outcomes to be achieved. The importance of working in partnership with families is promoted and how effective working relationships can be maintained whilst exploring difficult or challenging topics with parents / carers including issues of disguised compliance.

Quantitate feedback has shown the training has provided delegates with an increased level of confidence when considering the impact of the 'toxic trio' on parenting capacity and issues of disguised compliance. Additionally delegates have feedback that their levels of confidence have grown in recognising 'families who are resistant to change' and the potential strategies available when working with "resistant" families.

Qualitative feedback received has evidenced the impact the training has on delegates understanding of the importance of partnership working, and the impact this will have on their

practice. “positive better relationships with families and children”, “a broader perspective on the whole picture”, “new awareness of parent’s and children’s’ actions”.

3) **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

LSCB training is available to statutory, voluntary and independent agencies which helps the demographic of Banes to be represented within course attendance. Work is also undertaken to raise awareness in the wider community with information being distributed about safeguarding issues and how each individual can contribute to safeguarding children and promoting their welfare.

Course content is governed by equal opportunities and designed to reflect diversity issues. Exercises used help delegates examine the impact of their individual values base and cultural norms. Case studies are used which reflect different cultural needs and consideration is given to the importance of anti-oppressive practice when working with children and families.

4) **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

As stated above LSCB training is available to statutory, voluntary and independent agencies. Strong representation from all these sectors is gained on the training courses provided, as demonstrated from the three courses chosen at random:

Attendance for Inter-agency Advanced Child Protection Training:

18<sup>th</sup> May 2015

Sector	Health	Social Care	Education	Leisure	Early Years
Number of delegates	4	3	3	1	2

15<sup>th</sup> September 2015

Sector	Health	Social Care	Education	Strategic	Youth Work	Pastoral Care	Early Years
Number of delegates	2	1	8	1	1	1	1

20<sup>th</sup> January 2016

Sector	Health	Social Care	Education	Youth Work	Early Years	Personal Advisor	Police	Other
Number of delegates	3	1	7	1	2	1	1	1

5) **Interagency Collaboration** All training promotes the need for interagency working, bringing together people and organisations, to effectively safeguard children from harm

The training courses delivered are designed for multi-agency audiences with group work and

exercises requiring delegates to discuss issues with their colleagues from other agencies and take into consideration their differing role, remit and processes. To ensure the multi- agency approach is completely embedded within the training experience the facilitators / guest speakers are representative of different organisations. This aids open discussion and helps consider issues from a number of different perspectives. These conversations and the learning shared from Serious Case Reviews within the training highlights the serious consequences that can occur when agencies work in isolation and underlines the importance of an interagency approach. Qualitative feedback received has evidenced the positive outcomes gained by the interagency collaboration with this being cited as one of the most important elements of learning from training. “Great to see and hear from a variety of roles...” “Great mixture of roles within the learning group”, “I feel I have improved my understanding of how agencies work together”, “very helpful to hear other agencies views and perspectives”.

6) **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.

The content of the training course is regularly appraised and reviewed to ensure it contains up to date information, changes to legislation, practice and policy. As demonstrated in the new information shared on the training courses regarding child sexual exploitation, radicalisation, FGM, e- safety and current social media practices which present physical and emotional risks to young people.

7) **Evaluation** All training is responsive to identified local needs and will be subject to regular rigorous review and evaluation

The LSCB training plan is informed by the priorities identified in the Annual report and Work programme. Consequently the training programme is designed to meet the evolving needs and learning requirements of the workforce in addition to the core offer.

Each delegate is asked to complete an evaluation form prior to the commencement of training and after its completion. The qualitative and quantitative data gained through this process is collated and used to inform the future development of training and the delivery of the trainers.

The questions posed within the evaluation forms are specifically aimed to help delegates think about action plans / learning goals post training to ensure focus is given to the outcomes rather than output when considering the impact of the training on practice.

The longitudinal study currently being developed within the team again evidences the commitment held to the needs of the workforce, the learning undertaken and the ongoing impact of the skills and knowledge gained.

Observations undertaken on trainers are used to identify any gaps in their skills and knowledge base so the necessary support can be provided to enable these to be addressed.

The different evaluation approaches used when measuring the training delivered ensures that both the quality of the training (and if it has met people’s learning needs and other requirements) are considered as well as the impact the training has had on practice.

## Training delivery: 1<sup>st</sup> April 2015 - 31<sup>st</sup> March 2016

The Headlines (excluding single agency training):

83 Interagency training courses offered (including 6 one hour WRAP workshops)

1441 Interagency training placers made available

1185 Interagency training places filled

794 Professionals trained

Courses run by LSCB training co-ordinator or co-facilitated with colleagues from health, education, the police or social care.

Course Title	Number of Sessions run	Duration of course	Delegates attended
LSCB Standard interagency Child Protection	19	7hrs	318
LSCB Advanced CP	10	14hrs	167
CP and Disability	1	14 hrs	2 (course was co run with S Glos)
Critically Curious Conversations	1	7 hrs	10
Domestic Abuse	2	7 hrs	33
Fabricated induced illness	1	4 hrs	13
Group work facilitation and training skills	1	7 hrs	4
Neglect	2	7 hrs	16
Serious Case Review Workshop	0	2 hrs	cancelled
Rapid response	1	7 hrs	18
Safer Recruitment	2	7 hrs	27
Parental Substance Abuse safeguarding CP	1	7	27
Toxic Trio	2	7 hrs	29

Working with Hostile and Aggressive Behaviours	4	14 hrs	23
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Single Agency Training provided by LSCB training co-ordinator or co- facilitated with colleagues from health, education, the police or social care.

Organisation / Sector	Course title	Number of sessions run	Delegates attended
Foster Carers	Child protection	2	22
General Practitioners	Thresholds & Referrals	1	12
Gloucester Council	Toxic Trio	2	39
HERS Teachers	Child protection	1	14
Library Staff	Child protection	5	65
Paulton Infants & Marksbury Primary	Child protection	1	40
Prior Park School	Child protection	1	19
Southside	Child protection	1	19
Writhlington	Child protection	1	6
DHI	Child protection & Thresholds	1	22

### Courses Run by Integrated Working Team

Assessment and Analysis Workshop	2	0	Cancelled due to facilitator ill health
CAF	3	3.5 hrs	35
Hearing and recording the voice of a child	1	2 hrs	11
Initiating and recording difficult conversations workshops	2	2 hrs	21
Lead Professional and Team around the Child	2	4 hrs	15
Understanding the Cycle of Change	1	2 hrs	6

### Courses run by a commissioned trainer

Introduction to CSE	2	3.5 hrs	33
CSE – Skills for practice	5	7 hrs	97
CSE – Virtual Team	5	7 hours	Bookings managed through the willow project
CSE – Working with Parents and CSE	1	7 hrs	14
CSE -Advanced	1	7 hrs	8
E-Safety	2	3.5 hrs	40
Stakeholders event (CSE)	1	7 hrs	84
WRAP	6	1 hr	93

<u>Agency Code</u>	<u>No. Of Delegates</u>
ASC	27
CSC	203
E	174
EY	73
H	213
O	5
P	38
VIP	47
Y	15

Key:

ASC

CSC

E

EY

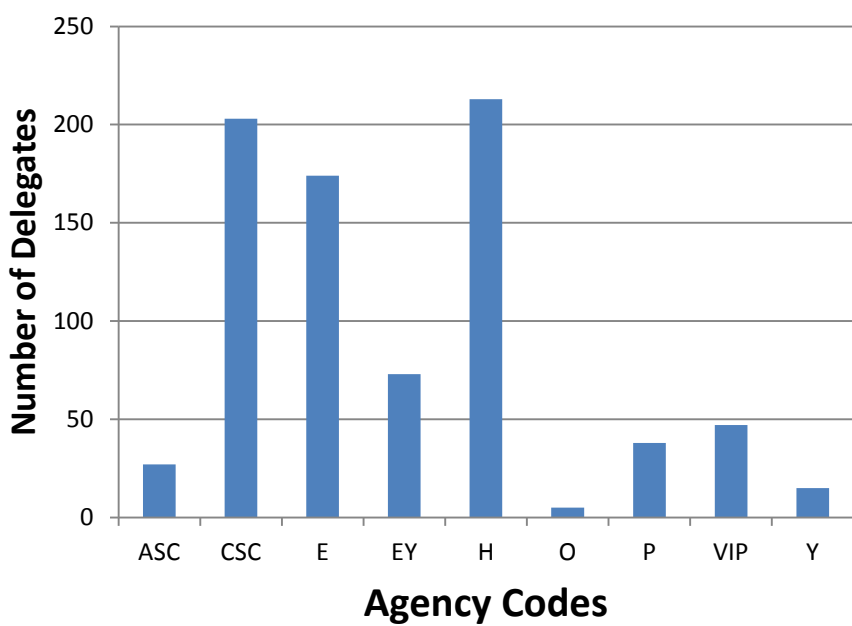
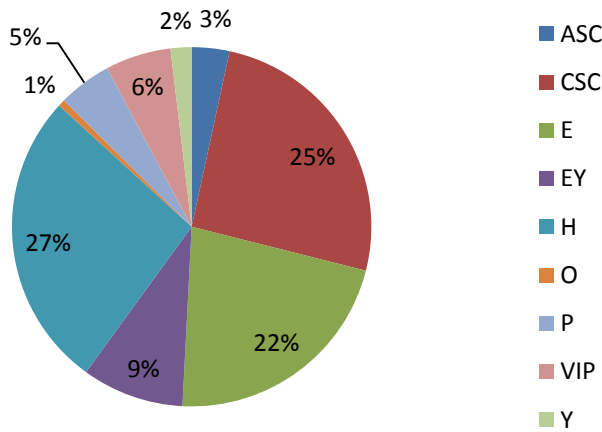
Adult Social Care

Children's Social Care

Education

Early Years

### Training by Agency







**LSCB Stakeholders Event 26<sup>th</sup> January 2016 Guildhall, Bath.**

The Stakeholders event focusing on the issue of Child Sexual Exploitation was attended by 84 delegates, with the following agencies / organisations being represented on the day:

Sector	Health	Social care	Education	Commissioning	Voluntary organisation	Police	Other/ Role not specified
No of delegates	19	41	8	2	2	1	11

The feedback gained from the day was overwhelmingly positive. Delegates shared that they found it very useful to have an update on the work that has been undertaken with regard to this topic and were invested in supporting further developments taking place over the next year. The responses gained about the individual speakers and performances that occurred throughout the day evidenced that the information was well received with delegates expressing that they found the presentations very informative, knowledgeable and thought provoking. Although it is of note that several evaluation forms stated that it would have been beneficial for additional time to be given to some speakers to enable a greater level of learning to have been shared.

The greatest level of negative feedback received about the event did not relate to the organisation, structure or content of the day, but practical issues relating to the temperature in the venue and some difficulties with the acoustics within the room.

The following areas are a summary of the comments provided by the delegates in the evaluation forms completed at the end of the event.

1. **Key Note speaker: Alyas Karmani – Working alongside Young People at risk.**

<u>Summarised Comments</u>	<u>Number of delegate responses</u>
Inspirational speaker	15
Challenges with sound system	4
Knowledgeable	13
Would like to have seen more of the presentation	10
Excellent presentation	6

2. **CSE knowledge and overview of local processes, including: Willow Project, Police role and Barnardo's**

<b><u>Summarised Comments</u></b>	<b><u>Number of delegate responses</u></b>
Informative	9
Good to hear progress and updates	5
Speed of delivery hard to follow	2
Would have liked handouts to support presentation	2
Good information and knowledge provided	5
Good variety of practitioners/agencies presenting	3
More time and input on some of the topics would have been helpful	2
Too many PowerPoints	1
Slightly confusing	1

3. **Theatre interactive session: Loud Mouth**

<b><u>Summarised Comments</u></b>	<b><u>Number of delegate responses</u></b>
Powerful	10
Would be good to use in Schools and youth clubs/ should be rolled out further	10
Overall excellent response about session	17
Professional Actors	2
Thought provoking	3
In depth CSE knowledge demonstrated	2

4. **Forum discussion and Stakeholder Feedback Session**

<b><u>Summarised Comments</u></b>	<b><u>Number of delegate responses</u></b>
Good discussion activity to mix and share ideas information from all multi-agencies, helps to go forward	11
Very good and very useful	8
Everyone really engaged – allowed interesting discussions	4

Confusing questions	1
Wanted longer	1
Long activity at the end of a long day	1

5. **Any other comments**

<b><u>Summarised Comments</u></b>	<b><u>Number of delegate responses</u></b>
Very good day – useful and informative	17
Venue had poor heating and acoustics	2
Continue this event	1
Thank you	3
Request made for Sexual health as a main topic	1
Wider mix of professionals would have been beneficial	1



## Appendix 5: 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 2015-2016: (in bullet points including training and awareness raising activity)**

Examples of achievements include:

- We have increased the number of Specialist Child Abuse Investigators Development Programme (SCAIDP) trained officers from 114 to 146, and a further 67 officers are programmed to be trained over the next 12 months.
- We invited the College of Policing to undertake a Peer Review of our response to CSE, to help inform its further development. Importantly, the Peer Review Team found that our assessment of our strengths and areas for development matched their findings, providing strong evidence of a clear understanding within the Force of the current position, and an ability for honest and objective self-assessment.
- Our successes in:
  - 1) Raised awareness of the vulnerabilities and warning signs of CSE;
  - 2) Improved information sharing;
  - 3) The creation of pathways to investigate before a victim discloses; and
  - 4) Diligent investigations seeking to identify all associated victims and suspects are reflected in the significant increases in the volume of recorded CSE related crimes, to 282 crimes Force-wide in 2015/16, rising by 147% compared with the previous 12 months
- having led a successful partnership bid for Home Office Innovation Funding, the resulting two year West of England CSE Victim Identification and Support Service delivered in 2015/16:
  - direct specialist support and intervention to 207 children in Avon & Somerset, identified as experiencing child sexual exploitation
  - training to 938 members of the children's workforce across Avon & Somerset, 43 in BaNES, often delivered as a "train the trainer" package
  - following the extensive CSE training reported last year, the College of Policing CSE Peer

Review found that frontline staff understand the precursor signs of CSE and that the staff they spoke with seemed generally well-prepared

- at end of the year we introduced with partners a multi-agency CSE Strategic (Intelligence and Response) Network for the Avon and Somerset area. Its purpose is to support the identification and effective response to the most complex child sexual exploitation cases that may be operating across LSCB area boundaries.

### **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
- mainstreaming the future funding of the invaluable CSE victim support worker services.

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

- More children have been safeguarded and protected from harm or from further harm
- More perpetrators of child abuse have been brought to justice.

### **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

Avon and Wiltshire   
Mental Health Partnership NHS Trust

## **Avon & Wiltshire Mental Health Partnership**

### **Brief Outline of Agency Function:**

Avon and Wiltshire Mental Health Partnership NHS Trust provides mental health services, including talking therapies, to adults of all ages in the B&NES area who have mental illness. These include inpatient services, community services, and a range of services working with primary care and acute hospitals to assess and support the care of people with mental health problems there.

### **Achievements**

2015/2016 has seen a significant amount of activity to improve safeguarding children practice in the Trust. This has included:

- Introducing and delivering a strategy to ensure adult practitioners routinely listen and see children, and of considering the lived experience of the child in the family being worked with

- Understand the signs that children may be at risk of FGM or Child Sexual Exploitation (CSE)
- Delivering and recording regular supervision to all staff, including safeguarding supervision
- Updating Trust safeguarding children assessment tools and guidance for practitioners
- Developing and extending access to Health s136 suites for children of all ages
- Improving training rates, and delivering extended safeguarding training on domestic abuse and Prevent to practitioners
- Introducing a system to quality assure child protection
- Updating the joint protocol to develop a Protocol for Joint Working across Adult Mental Health, Primary Health and Children's Services
- Actively supporting the support development of a MASH in B&NES
- Jointly delivering the Stepping Stones group with Children's Services to provide support and guidance to parents with mental health issues.

## **Challenges**

There have been challenges during 2015/2016, including:

- Ensuring that there is the appropriate capacity in operational and safeguarding specialist teams to support best practice at a time of rising safeguarding activity
- Managing an increased number of S136 detentions of children, and ensuring appropriately skilled staff and a child friendly environment
- Capturing data on child protection referrals so they can be quality assured

## **What difference is there for children, young people, parents /carers?**

Evidence of changed experience for children, young people, and parents /carers includes:

- Parents and carers using adult mental health services have access to better trained staff who have had regular safeguarding supervision
- A far lower number of children are detained in police custody
- Staff better understand the risks to children from FGM, CSE and the need to consider their lived day to day experience
- Multi- agency and Trust audits of child protection conference/review report reports demonstrated a significantly improved provision and high quality of reports.

## **Objectives for 2016-2017**

Current developed objectives for 2016-2017 include:

- Work to improve the functioning of electronic records systems to ensure better and consistent recording of safeguarding children cases, and improved management oversight of cases
- Improving the quality of Safeguarding supervision received by staff
- Review of safeguarding children training and update training, including Prevent training
- Developing staff understanding of Human trafficking/Modern Day slavery pathways



- Increase safeguarding specialist capacity to support operational staff and the interfaces with other agencies/organisations and the B&NES LSCB.
- Embedding and assuring the use of the Protocol for Joint Working across Adult Mental Health, Primary Health and Children's Services in practice
- Implementation of a bi-monthly interface meeting between AWP B&NES and children's services, to discuss complex cases and promote better joint working.
- Joint protocol  
Bath & North East Somerset (BaNES) Clinical Commissioning Group (CCG)



### **Brief outline of Agency Function**

Barnardo's has been involved in 3 areas of work in B&NES:

1. Child Sexual Exploitation. Barnardo's BASE (Barnardo's Against Sexual Exploitation) project has been commissioned to work across B&NES to provide support to children who are at high risk of being sexually exploited or have been sexually exploited.
2. Child Protection auditing work. Barnardo's play a role in auditing Child Protection conferences and Child Protection Plans that last for over 15 months, making recommendations on cases and supporting the improved use of the right category of Neglect or Abuse for children on Child Protection Plans.
3. Supervision of Community Based Social Work Assessments. Barnardo's provide independent supervision of Social Work assessments that are used when B&NES Council is considering taking action to bring a child into care. This ensures all options have been explored and that there is independent scrutiny of Council decisions.

### **Achievements**

- We have supported 19 young people and have worked with them to reduce their vulnerability to being exploited, to raise their awareness of their rights and how abusers work to exploit children and to improve their health. This work has involved close liaison with a range of other professionals, including Social Workers, health professionals and the Police.
- Another part of our work to tackle child sexual exploitation is training the children's workforce so they recognise when a child is at risk of exploitation more quickly and respond in the most helpful ways. Over the last year, we have trained 43 professionals in B&NES and have also spoken at the LSCB Conference which focussed on child sexual exploitation.
- Independent scrutiny of B&NES Council decisions regarding bringing a child into care.

### **Challenges**

That more children who are facing sexual exploitation are being identified is good news. However, we are starting to reach our capacity and are working with partners to support better responses to children at risk of CSE, to prevent them ever needing the support from BASE.



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

- Of the 19 young people we have worked with, 11 have made progress in 5 of the areas that we have worked with them on to keep them safer.
- Professionals are spotting CSE much more quickly in B&NES, with more children be recognised as facing exploitation. This has been the aim of our training programme.

### **Objectives for 16-17**

BASE remains commissioned to support victims of CSE until end of March 2017. We plan to continue delivering high quality care and support to children facing CSE and to secure funding to continue the work beyond this year.



### **Brief Outline of Agency Function**

The Council is responsible for delivering the legal frameworks to support and protect unborn babies, children and young people. The Council is also responsible for the strategic commissioning of services to ensure an appropriate range of services are available and delivered to a high standard to meet the social care needs of children and young people. The Council (in accordance with its partnership with the CCG) is responsible for commissioning children health services. The Public Health Division within the Council are also responsible for commissioning services and setting the strategic direction. Finally the Council is responsible for coordinating the LSCB, the LSAB and the RAG and for ensuring smooth effective oversight across the Boards.

### **Achievements During 2015-16**

In addition to delivering a substantial amount of the work included within the Annual Report the Council has:

- Chaired and coordinated 6 out of the 7 LSCB sub groups
- Led the work on Prevent (including the prevent training group)
- Chaired the MASH Project Board
- Chaired the joint LSCB / LSAB FGM Task and Finish group
- Commissioned case reviews and undertaken a number of internal audits to understand case activity
- Commissioned the South West Child Protection Procedures (SWCPP) and chair the Editorial Board
- Represented the Board at CDOP
- Taken the lead in writing a significant proportion of the LSCB policies and procedures
- Delivered its statutory duties and maintained a strong focus on Early Help
- Reviewed the safeguarding content in all contracts and revised the safeguarding annual audit tool
- Provided training and forums for a wide range of agencies and workforce staff

- Appointed a joint LSCB / LSAB Business Support Manager
- Expanded the Willow Project and continued to refresh the CSE strategy

### **Challenges**

- The transition from one client record system to another has been a challenge but has now settled, data reporting is improving but has been limited during the last two quarters
- There has been a number of recruitment drives however as is the case nationally we have relied more on agency staff this period (the number of agency staff remains low in comparison to other areas but by its nature reduces the stability and consistency of teams)
- Delivered significant savings in accordance with the reduction in public funding

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

- Improved early identification of children at risk of CSE and support to children we suspect are at risk of CSE
- Improved access to childrens emotional and mental health services
- Continued to ensure children are safe and looked after and provided more robust assurance for LSCB that our policies, procedures, contractual and service delivery arrangements are helping to effectively safeguard children and young people.
- Continued to undertake annual safeguarding visits to all commissioned services

### **Objectives for 16-17**

- Implement the Early Help Strategy
- Ensure the LSCB Business Plan is achieved
- Implement the MASH
- Have a new arrangement in place for the involvement of parents / families in CPP
- Continue to develop the work with CSE and review service delivery options
- Deliver Your Care Your Way objectives



## ***Bath and North East Somerset Clinical Commissioning Group***

### **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 NHS England (NHSE) 'safeguarding vulnerable people in the NHS – accountability and assurance framework' (updated, 2015), sets out clearly the safeguarding roles, duties and responsibilities of all organisations commissioning NHS health and social care which the CCG works to

The Director of Nursing and Quality is the CCG Board Lead for Safeguarding. There is a clear line of accountability for safeguarding to the CCG Board, properly reflected in the CCG governance arrangements. The CCG employ a Designated Nurse, a Named GP and have a service level agreement (SLA) for the Designated Doctor and Nurse for Looked After Children.

**Achievements during 2015-16** (including training & awareness raising activity)

- Achieved compliance with section 11 Children Act 2004 which fulfils part of the legal duty to monitor the effectiveness of local safeguarding arrangements. Actions met as per plan
- Refreshed safeguarding children standards and key performance indicators in all CCG contracts for all providers. In recognition that many of the health services commissioned are also commissioned by neighbouring CCG's, the designated nurses from Bristol, South Gloucestershire, North Somerset and Wiltshire and BaNES have met and agreed one set of standards (with only minimal local additions), this should simplify the task for providers
- Throughout the year the Designated Nurse has met with smaller providers to provide guidance on how to evidence their compliance with the safeguarding children standards
- Designated nurse represented health system at LSCB subgroups
- Funded one year project to ascertain the need for IDVA services in the RUH. This has since been extended with additional funding from Public Health B&NES and Wiltshire due to positive outcomes reported
- Provided joint funding between NHS BaNES CCG & PCC for IRIS Programme (for general practice)
- Increased sessions of named GP. The named GP has proven to be invaluable in supporting colleagues in General Practice and improving the experience of vulnerable children and families.
- Evening training sessions have been provided for GPs attending BGPRT meetings and a safeguarding e-newsletter is being sent to GPs on a quarterly basis.
- The Named GP and the Designated Nurse and Doctor (CCG safeguarding children team) attend the NHS England Area Team (AT) safeguarding children network and have contributed to establishing clear guidance for general practice regarding safeguarding children training requirements
- The Designated Doctor was a member of the RCPCH Working Group for 'The Physical Signs of Child Sexual Abuse' which was published in 2015.
- Arranged leadership development days for designated and named professionals
- Provided safeguarding supervision training for safeguarding leads within provider organisations
- Revised ToR and membership of Safeguarding Children Health Professionals Network
- Facilitated GP practice Safeguarding Children Leads Network
- Facilitated joint Safeguarding Network for Safeguarding Lead Professionals and GP safeguarding.
- Introduced monthly induction and training sessions provided by the Designated Nurse Safeguarding Children and the Adult Safeguarding Lead for all new CCG members of staff
- Strengthened joint working between children and adult safeguarding services
- Established an agreement that the NHS BaNES CCG Designated Nurse would attend the NHS 111 contract/quality review meeting on a quarterly basis to support the review of safeguarding arrangements on behalf of the seven CCG's that make up the Avon, Gloucester and Wiltshire (AGW). This commenced August 2015, in order to review quarter one of the 2015/16 contract

- The CCG funded supervision training for supervisors over the past year to support providers achieve this requirement, and supervision training took place in June 2015 and September 2015. The Designated Nurse continues to offer regular supervision for Named Nurses of key Providers and the LAC Designated Nurse. Supervision is also available for small providers. The Designated Doctor has written a supervision policy and is developing a safeguarding information resource pack for paediatricians. There are monthly peer review meetings for paediatricians, and some joint sessions with colleagues from the radiology department and the sexual health service

### **Challenges**

- Over sight of contracts where BaNES CCG is not the lead commissioner
- Securing engagement of all GP practices with IRIS project.
- Arrangements to secure assurance of CAMHS and AWP safeguarding arrangements needs to be agreed between designated nurses in the relevant CCG's

### **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:
  1. Governance and Commitment to Safeguarding Children
  2. Policy, Procedures and Guidelines
  3. Appropriate Training, Skills and Competences
  4. Effective Supervision and Reflective Practice
  5. Effective Multi-Agency Working
  6. Reporting Serious Incidents
  7. Engaging in Serious Case Reviews
  8. Safe Recruitment and Retention of Staff
  9. Managing Safeguarding Children Allegations Against Members of Staff
  10. 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 and good progress has been made delivering the actions required

### **Objectives for 2016-17**

- New Designated Nurse took up post in April 2016. A review of activity and actions required will be undertaken by the team.
- Co-commissioning arrangements of primary care were introduced in April 2015. The CCG need to ensure that the GP services commissioned continue to 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)
- Ensure that providers are aware of their responsibilities regarding child sexual exploitation (CSE) and female genital mutilation (FGM) and domestic violence
- Monitor the IRIS and IDVA project.

**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 2015-2016:**

- Successfully merging with Norton Radstock College to become one - Bath College.
- Ensuring that all staff are up to date with their Safeguarding Continuing Professional Development including Safeguarding Level 1 Refresher training and Keeping Children Safe in Education Update (July 2015). In addition, ensuring the Duty Safeguarding Team including the Senior Child Protection Person and the Safeguarding Link Governor is up to date with their BANES Advanced Child Protection training, and FGM, CSE, Mindfulness, Suicide Prevention, and Toxic Trio.
- Training over 600 staff in face to face sessions on the Prevent Agenda and rolling out a comprehensive Tutorial scheme of work which incorporates work with students on Prevent and Fundamental British Values, as well as continued work on a large range of relevant welfare and health topics i.e. Mental Health, World Heart Day, Stop Smoking, New Year's Resolutions/Healthy Eating and Motivation Breakfast Club, Young Carer's Day, Healthy Relationships, Sexual Health, Blue Tuesday Anti-Bullying Awareness, Movember, Drugs and Alcohol Awareness, Facial Palsy Awareness, Free Wellbeing Breakfast and Sponsored Well-being Walk.

**Challenges:**

- The merger with Norton Radstock College, ensuring full parity of our comprehensive offer of welfare support across the new Bath College.
- Reduced funding both within the FE sector around welfare and cuts in welfare services within the external agencies sectors i.e. Sirona Care and Health.

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

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

**Objectives for 2016-17:**

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 Carer's Centre Bath, Young Carers Association and Young Parent Groups to support the student cohort.
4. Continue to cascade the Fundamental British Values Agenda and further embed the Prevent Agenda to Governors, Senior Leaders, Students' Union, Subcontractors, all staff and all students in 2016/17 and beyond.



## **Brief Outline of Agency Function.**

- The Children and Family Court Advisory and Support Service (Cafcass) looks after the interests of children involved in family proceedings. It is independent of the courts and social services, but works under the rules of the Family Court and legislation to work with children and their families, and then advise the courts on what is considered to be in the best interests of individual children.
- Cafcass is an executive non-departmental public body, sponsored by the Ministry of Justice.

## **Achievements**

- Safeguarding checks are undertaken and a Cafcass view on issues of risk are sent , in writing, to the Courts on every child in Private law cases prior to the first hearing.
- Cafcass continues to fund Separated Parents Information Programmes for parents in Private law who are in dispute & in Courts.
- Cafcass funds Alcohol & Substance Hair Strand Testing of Parents in Private Law at the direction of the courts. This was a local pilot which has been rolled out nationally.
- Child exploitation Area Ambassadors and Team Champions are in place & there is active local & national prioritisation of practice focus.
- Cafcass locally, is part of the pilot of a telephone based Separated Parents in Dispute Service which is available to parents before they go to Court in order to provide advice & signposting for safe resolution of disputes.

## **Challenges**

- Significant increases in demand.
- There has been a significant increases in Public Law ( Care ) applications within this area & nationally & the challenge is for Cafcass to make certain that every child who is considered to be suffering significant harm has an allocated Guardian who has the time and availability to ensure that their voice is heard and their best interests are served.
- There has been a significant increase in the number of Private Law applications in which either one or both of the parents are not legally represented and this can create delay for children . Cafcass is piloting different methods to support both out of court solutions & short turn over reporting to courts.
- A key part of Cafcass work is to enable the appropriate involvement of children in the court proceedings that are about them. Subject to their age and level of understanding, this involves ensuring that children are aware of the proceedings and have the opportunity to participate in them or otherwise contribute to them .The challenge is to provide options which are child centred but also meet the expectations of the Courts & within timescales.

## **What difference has your achievements made.**

- Increasing use of Cafcass Toolkit to capture the voice of the child for the Court.
- Increased awareness & training in respect of child exploitation in all its forms .
- Safeguarding assessments are completed for all children within Public & Private Law Proceedings.
- Diversity data is now recorded on all parties & collated nationally in order to inform service developments.

## **Objectives 2016-2017**

- To ensure that all children in Court cases have their safety , their voice & their needs represented to the courts in the most appropriate way.
- To support courts in reducing the length of time and delay for children in proceedings & to meet the requirements of the Public Law Outline.
- To continue to support pilot schemes which provide parents with out of court pathways to resolve disputes safely for children.
- To continue to develop practice awareness in respect of child exploitation.

## **Children and Young People Voluntary Sector Representative**

Roz Lambert – CEO, First Steps (Bath)

### **Brief Outline of Agency Function**

My role on the LCSB is to ensure that Voluntary Sector groups working with children and young people in B&NES have a voice on the LSCB (support and challenge), and are aware of the policies and processes agreed by the board.

### **Achievements**

Over the year 3 of the 4 meetings have been attended and all the policies and processes have been disseminated to the Children and Young People's Voluntary Sector Network as has learning from talks given by Associate Members. Also the sector now has use of the Safer Network (now hosted on the NSPCC web site) for a selection of safeguarding tools and resources designed for use by the voluntary sector. I met with Harriet Bosnell, Director of Health, Care and Support at Curo to deepen links with housing associations for First Steps and Children's Centres and to support her new appointment onto the LSCB.

### **Challenges**

To ensure that the Information Sharing Protocol is operated in a way that facilitates the sharing of information amongst partner agencies at the Early Help level.

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

By ensuring that the voluntary sector in B&NES remains up to date and aware of the local safeguarding issues, processes and policy this in turn ensures that local services remain effective in their protection of children.

### **Objectives for 16-17**

To ensure that information sharing does not become a barrier to partnership working between statutory and voluntary sector organisation.

To continue to ensure that the Voluntary Sector remains informed of safeguarding policy and procedure





## **CURO**

### **Brief outline of agency function**

Curo is a not-for-profit housing and support organisation based in Bath, providing affordable homes and high quality care and support services across the West of England. We manage nearly 13,000 homes and are building hundreds of new homes every year. Our enablement and independent lives service provides support up to 3,000 vulnerable adults each week.

We provide a diverse range of services including Step-down from Hospital, a Wellbeing House and national-award-winning Independent Living Service. We offer housing and support to young people through a variety of services.

### **Achievements**

- Curo take a multi-agency approach with partner agencies to tackle child sexual exploitation (CSE).
- We have been actively involved in Operation Brooke. Curo participate in a multitude of BSCB meetings for information-sharing and for the safety of our customers.
- In 2016 we rolled out safeguarding e-learning across our organisation including to all our customer-facing Response Team colleagues.

### **Challenges**

- The locations of our projects are known as they have been running for many years.
- Social media is making it easier to contact vulnerable people.

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

- Providing safer homes for vulnerable homeless people.
- Involving young people in improving their awareness of potential perpetrators.

### **Objectives for 16-17**

- Working with our organisational development team to apply CSE training consistently into future programmes for cross Curo learning.
- Improve information sharing for the safety of all our customers.
- Specialist training for all staff on specific issues such as female genital mutilation and modern slavery.



### **Dragonfly Education Trust Brief Outline of Agency Function**

We recognise our moral and statutory responsibility to safeguard and promote the welfare of all students. To protect children from maltreatment, prevent the impairment of children's health or development and ensure that all our students grow up in circumstances consistent with the provision of safe and effective care; taking action to enable all our students to have the best outcomes. We endeavour to provide a safe and welcoming environment where children are

respected and valued. We are alert to the signs of abuse and neglect and follow our procedures to ensure that children receive effective support, protection and justice. We recognise that the welfare of the child is paramount and that all children, regardless of age, gender, ability, culture, race, language, religion or sexual identity, have equal rights to protection. That all staff have an equal responsibility to act on any suspicion or disclosure that may suggest a child is at risk of harm and that students and staff involved in child protection issues will receive appropriate support.

### **Achievements during 2015-2016**

- Successful opening of the Mendip Studio School and expansion of the Dragonfly Education Trust.
- Ensuring that all new staff complete an induction process, which includes relevant safeguarding training.
- The appointment of additional personnel to the school's student welfare team to further support students.
- Close working relationship with Youth Connect, an exclusive advisor working in the school 3 days of the week.
- Continuing professional development of all staff including safeguarding level 1 refresher training and Keeping Children Safe in Education (July 2015).
- Level 2 Child Protection training for members of Senior leadership team and Pastoral staff.
- Ensuring Safeguarding team have required level of training, updating Level 3 training, train the trainers.
- Attending WRAP Prevent training sessions.
- Delivering PREVENT training to all staff within the school.
- Updating the Child Protection Policy to include revised guidance on Keeping Children Safe in Education (July 2015).
- All members of SLT have undergone Safer Recruitment Training.
- Employment of Relate school counsellor.
- Development of PSHE, standalone days and assembly package to include Mental Health, Healthy Eating, Healthy relationships, Sexual Health, Anti Bullying awareness, Substance and Alcohol abuse.

### **Challenges**

- The establishment of the MAT has required coordination of safeguarding and welfare provision across two schools.
- Reduction of school funding and that of external agencies has meant a re-evaluation of services at the same time the level of provision is not reduced.

### **What difference have your achievements made to children, young people, parents and carers?**

- Providing the necessary support to students and families to keep children, young people and vulnerable families to keep them safe and free from harm.

### **Objectives for 2016-17**

- Development of the student services provision within the Dragonfly Education Trust.
- The continue to provide the necessary support to students and families to keep children, young people and vulnerable families to keep them safe and free from harm.
- Additional input from Youth Connect within the school.
- To continue the comprehensive training that staff within the trust receive.
- To further enhance the provision of the promotion of British Values agenda and further promote the Prevent agenda to all members of the school community.
- To continue to develop our role as an Attachment Aware school and imbed the use of Thrive assessment in signposting the correct support for students.



### **Brief Outline of Agency Function**

The National Probation Service was formed from 02 June 2014. Our Local Delivery Unit is the Somerset Cluster, made up of Bath and North East Somerset, Somerset and North Somerset. The Role of the National Probation Service is to supervise High Risk of Harm offenders and MAPPA offenders, provide advice and reports to the courts, deliver the Victim Contact service to the victims of serious sexual and violent offenders, provide Approved Premises, provide the Probation staff within Public Sector prisons. We have our Safeguarding duties to Children and to Adults, and provide attendance at MARACs in relation to our nominated cases. We are also represented on the Local Criminal Justice Board, the Transforming Summary Justice Board and all other statutory partnerships.

### **Achievements**

We have successfully recruited Probation Officers and Administrative staff to work in our locations and are now fully staffed in accordance with our current operating model. A new operating model is currently under consultation with staff and unions, and the implementation of that will begin in June. We are managing to both recruit and retain staff, and build strong committed and dedicated teams. We have reduced the levels of sickness in our delivery unit.

Five members of staff have been successful in completing the qualification to become a Probation Officer and they are all working in the area.

We will be able to continue to provide NPS Probation Officers to the Youth Offending Service, and we await the outcome of the Youth Justice Review.

The Somerset Local Delivery Unit has participated in an NPS divisional safeguarding children review, where we have completed self-assessment and been peer reviewed. We received very positive feedback from the Divisional lead - Head of Public Protection in this respect, and the leadership of the team managers was particularly noted.

The NPS and MAPPA have worked well with the Chair of the Local Children's Safeguarding Board to review learning points from a MAPPA Serious Case Review, and we will take feedback on Safeguarding as a theme in our MAPPA Annual Report for this year.

National NPS Safeguarding Guidance has been produced and circulated.

We continue to place the highest priority on our public protection work, and protecting past and potential victims.

### **Challenges**

Maintaining our 100% attendance at all the Partnership Boards will be a challenge given our likely level of resources in the future. We are also unable to support all the sub groups of the Board, although we do prioritise different elements in different areas according to the priorities in those areas.

We will also need to work even more closely with our partners on information sharing and communication, to ensure that information is shared both ways to enable us to deliver our objectives successfully.

Alignment of a national view on thresholds will also assist us, as we could be making referrals across the country. In addition, the NPS is likely to issue its own guidance to staff on thresholds for referral and information sharing, and so it will be important to cross reference this with local guidance to ensure consistency and common understandings.

We have had to have difficult discussions about our funding support to a number of our statutory partners, due to the reduced allocations in the budget, as the Ministry of Justice is not a 'ring - fenced' Government department, we have to play our part in delivering year on year savings, and also efficiency savings.

### **What difference have we made to children, young people, and parents/carers?**

We have been proactive in liaising with and informing Children's Services about potential risks to children and areas of need. We have also liaised to ensure that Children's Services are aware of our involvement and that we have informed about new information or offences. We have participated in Conferences and Working Together to meet the needs of children in the best interests of children. For the critical few of the children who pose the highest risk we have supported the MAPPA process.

We continue to carry out our role by working with high risk of harm sexual and violent offenders in order to reduce the harm they may create and to prevent future victims. We do this by working closely with the Police, the Prison Service and partner agencies.

### **Objectives 2016-17**

Our objectives are set nationally for the NPS, but locally we would hope to be able to improve our recording of safeguarding referrals in order to track and record the outcomes, receipt of outcome letters, and produce management information. We also hope to hold an internal audit of Safeguarding Referrals. We will be holding an audit of Level 1 MAPPA cases, where we will have an opportunity to look at inter agency working. There will also be area wide MAPPA Audits to which the standing members including Children's Services standing members, will be invited.

We shall implement the further national guidance when received as the National Probation Service work on consistency in safeguarding continues via a nationally led group.

In terms of Attendance at Local Safeguarding Children's Board, Liz Spencer is the nominated representative at strategic leadership level, and Kevin Day is the approved deputy for Bath and North East Somerset, Andy Harris for North Somerset and Claire Evans or Angela Powell for Somerset. If necessary, one of these managers could cover in another local authority area if required. Some Board meetings are scheduled either for the same day or at the same time as other leadership or partnership meetings, and so deputies will often be required. The NPS overall commitment to the Safeguarding of children in this area remains a significant and high priority.

In relation to the Child Sexual Exploitation sub group, we have a newly nominated NPS representative, Emily Denne, who is also the YOS Probation Officer.



### **NHSE England South Central Team Brief Outline of Agency Function**

NHS England (NHSE), as with all other NHS bodies has a statutory duty to ensure that it makes arrangements to safeguard and promote the welfare of children, young people, and vulnerable adults. From a safeguarding assurance responsibility perspective, NHSE South Central team ensures it is appropriately engaged in the Local Safeguarding Boards and any local arrangements

for safeguarding both adults and children, including effective mechanisms for LSCBs, SABs and health and wellbeing boards to raise concerns about the engagement and leadership of the local NHS if indicated. This work is in line with the duties and approach set out within the NHS England Safeguarding Policy (2015).

The NHSE Safeguarding function for both adults and children is placed within the Nursing Directorate which holds an oversight role for Safeguarding, Quality and Patient Experience across the South Central Clinical Commissioning Group (CCG) NHS System.

Safeguarding is a key element when ensuring the quality and safety of services directly commissioned by NHSE and those services commissioned by the CCGs. CCG plans are scrutinised for assurance around safeguarding responsibilities for example compliance with legislation and guidance including the Intercollegiate training guidance, the Mental Capacity Act, PREVENT and mandatory reporting, FGM and mandatory reporting, effective engagement with both adult and children safeguarding boards and learning from incidents or serious cases. A key focus of assurance is how well CCGs deliver improved services, maintain and improve quality, and ensure better outcomes for patients. This includes progress in delivering key Mandate requirements and NHS Constitution standards, and ensuring that they are meeting standards for all aspects of quality including safeguarding.

### **Achievements in 2015/16**

NHSE has during 2015, updated and published a new edition of Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework, and updated guidance on Managing Allegations against Staff.

A safeguarding audit tool has been developed to assess safeguarding practice in Primary Care and this will be rolled out to during 2016 and analysed to identify good practice to be shared and any gaps where extra support may be needed.

The South Central team hosts an active Safeguarding Network quarterly, for designated nurses, doctors, Named GPs and safeguarding leads. This is a forum for sharing good practice, identifying concerns, responding to consultations, disseminating information and identifying issues to be escalated to the National Safeguarding Steering Group. Learning includes best practice lessons specific for health services such as lessons from the Bradbury and Saville investigations. The South Central Team host regular PREVENT workshops in the BGSW area to promote good practice and compliance with the governments anti radicalisation strategy.

### **Challenges**

The key challenge for the NHSE South Central Nursing team is satisfactorily servicing our geographical area with a limited resource s of personnel. The South Central Area consists of 14 CCG's from Gloucestershire to Buckinghamshire. This effectively equates to 14 LSCB's to meaningfully engage with. This is currently done via an informed risk approach based on regulatory ratings and CCG/Health representation; alongside any location specific issues such as CSE or FGM concerns.

During 2015/16 the team faced capacity restrictions due to an organisational restructure and delays in recruiting into key posts. In December 2015 a new Assistant Director of Nursing responsible for safeguarding was appointed and also the NHSE lead nurse for Safeguarding post was also appointed to. This gives much needed capacity to deliver the required organisational functions.

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

Our work contributes to public assurance that safeguarding services within the health system are subject to due oversight and direction. The dissemination of key learning, best practice directives and the benefits of professional networking and support contribute to the quality of health service safeguarding within the region.

### **Objectives for 2016-17**

To deliver NHSE statutory responsibilities for safeguarding children ensuring that national and local legislation and guidance are incorporated as core business

### **National Priorities:**

- FGM
- CSE

- PREVENT
- Migrant vulnerable children & young people
- Care Act 2014
- Modern Slavery

#### **Local Priorities:**

- Learning from SCR's & DHR's
- Safeguarding Boards presence
- Promoting Level 4 training within South Central health system

## **Oxford Health**

**NHS Foundation Trust**

### **Brief Outline of Agency Function**

Oxford Health NHS Foundation Trust provides a fully comprehensive child and adolescent mental health service (CAMHS) for young people under 18 years old in Bath and North East Somerset.

Our services include;

- Primary CAMHS for those young people with a mild to moderate mental health need requiring a brief intervention
- Specialist CAMHS for more severe mental health needs requiring longer term/intensive interventions for children/young people and their families
- Outreach work – for those requiring additional support across 7 days a week in the community
- Emergency assessments – working closely with acute Hospitals and the Police where young people require immediate assessment 24/7
- Inpatient services at our acute psychiatric unit for adolescents in Swindon
- Family Assessment and Safeguarding Service (FASS) for those few families where there are concerns of maltreatment and children are subject to a child protection plan.
- Safeguarding Children is inherent to all of CAMHS contact with children, young people and their families and Oxford Health NHS Trust have well established processes to ensure that Safeguarding Children is a key priority in the practice of every single member of the Trust.

#### **Achievements**

- During 2015/16, in partnership with secondary schools, we developed an emotional resilience school hubs pilot to bring together the skills of teaching/pastoral staff, school nurses and school counsellors with CAMHS practitioners to create a hub of support within schools for young people. This project is currently being evaluated for further commissioning.
- In June 2015, we launched a Flexible Transitions Service for young people turning 18 years old who do not meet the threshold for adult mental health services, but require additional extended support from CAMHS to support them with their mental health and wellbeing beyond their 18<sup>th</sup> birthday. This pilot is also being evaluated. Young people who have experienced the service have told us how much they have valued this extended support at such a critical stage as they move to adult life.
- During 2015/16 the Outreach Service has worked collaboratively with Adult Mental Health Services in providing an extended Early Intervention Service for young people at risk of and presenting signs of early psychosis. The service is intended to identify those young people at risk and to provide support and monitoring to the young person and their parents. CAMHS and AMHS have jointly provided training into schools in addition to raising awareness and providing guidance and signposting for young people identified as needing an early intervention.
- In 2015, CAMHS and adult mental health services established Transitions Clinics to ensure those young people in their 17<sup>th</sup> year with ongoing mental health needs were fully



supported in their move to adult care. The clinics provide regular opportunities to discuss and consult on cases ensuring that care planning is well informed and the young person's risk are minimised through a formal handover within the Care Programme Approach.

- CAMHS have very established partnerships with children and young people in developing services and resources in CAMHS. Once again this year, our young people have made a huge impact in increasing knowledge about mental health through their highly commended work with Banes secondary schools. Their resource pack which has been used in training can be accessed via this link:[http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Children-and-Young-People/ChildProtection/lscb\\_annual\\_report\\_2014-15\\_and\\_business\\_plan\\_2015-18.pdf](http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Children-and-Young-People/ChildProtection/lscb_annual_report_2014-15_and_business_plan_2015-18.pdf)
- Safeguarding Children Supervision is now established and available to all CAMHS Clinicians within BANES. This is provided in a group setting and is also available on an ad hoc basis for all staff during office hours, irrespective of their role. Safeguarding is also a standing agenda for all team meetings. Safeguarding Children Supervision is in addition to Clinical and Management Supervision.

## Challenges

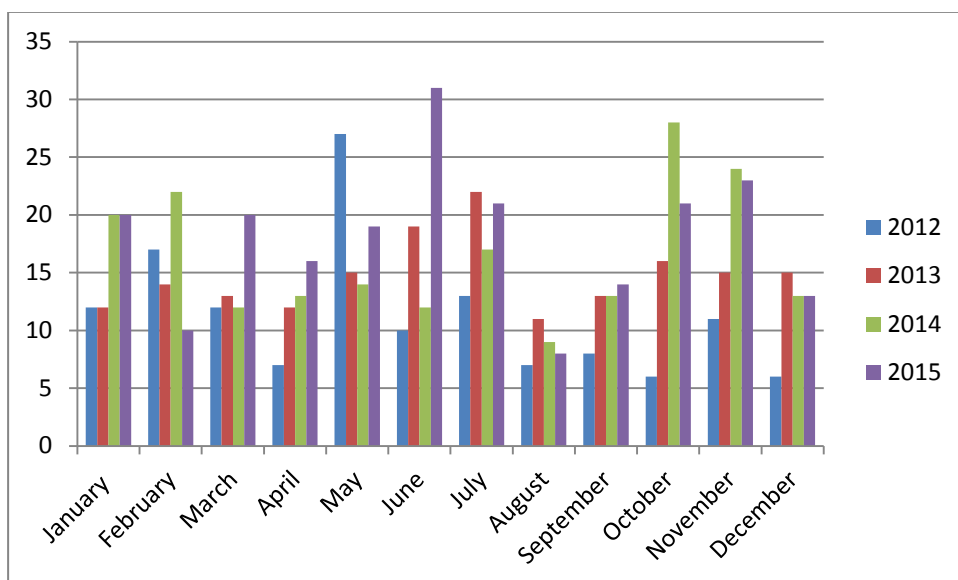
In August 2015, NHS England published guidance for developing CAMHS nationally, linked to a 5 year investment plan. There is wide recognition that the gap between services for young people with mental health need, and funding has widened. The CAMHS Transformation agenda is aimed at reducing those inequalities. In Banes, two particular areas of need are a matter of concern:

### Deliberate Self Harm

In Banes, there has been a year on year increase in presentations of deliberate self harm. Many young people (but not all) present themselves at the Royal United Hospital where they receive urgent medical care and a mental health assessment as part of an agreed protocol. The follow data to January 2016, highlights this year on year increase in emergency presentations:

Column1	2012	2013	2014	2015	2016
January	12	12	20	20	24
February	17	14	22	10	
March	12	13	12	20	
April	7	12	13	16	
May	27	15	14	19	
June	10	19	12	31	
July	13	22	17	21	
August	7	11	9	8	
September	8	13	13	14	
October	6	16	28	21	
November	11	15	24	23	
December	6	15	13	13	
<b>Totals</b>	<b>136</b>	<b>177</b>	<b>197</b>	<b>216</b>	





Many more, present within schools, at GP surgeries and to other professionals including CAMHS. The multi-agency guidelines for professionals working with children and young people who self-harm were launched by the LSCB in 2015. This remains a high level of concern across all agencies working with young people. Through CAMHS Transformation Plans, there is a clear intention for CAMHS to work with professional colleagues to improve confidence and competence in supporting young people wherever they seek help.

The planning of care for children and young people who self harm has safeguarding children as a key area when considering the level of risk and harm. Management overview on all open cases provides an additional layer of supervision to keep risk and harm at the forefront of assessment.

### **Eating Disorders**

Nationally, the incidence of eating disorders is also increasing year on year. B&NES is no exception. Five year funding has been committed to improving access and waiting time standards for all young people as soon as a potential eating disorder is identified. Banes, Swindon and Wiltshire CCGs have joined up with CAMHS to create a specialist service to ensure full adherence to the new access and waiting time standards, increase the range of treatment and support for young people and their families, and reduce the need for inpatient admissions. Throughout 2016/17, the new service will be launched will also incorporate self referral for young people and their families.

The concerns of significant harm to children and young people with Eating Disorders is well known, not least because of the increased risk of death and the need for families to participate fully in the ongoing support of the young person. Safeguarding Children is a key component of the planning of the care of these young people.

### **Workforce**

Nationally, recruitment and retention is a major challenge for all providers. Employing staff with the right values, skills and experience remains one of the major challenges in the year ahead.

The appointment of an experienced Senior Named Nurse Safeguarding Children will ensure that training, supervision and support for CAMHS staff is consistent and developed to skill up the CAMHS teams. A planned and audited service will ensure that the teams develop. Governance processes are in place to ensure that CAMHS is compliant with section 11 requirements and that evidence is provided to demonstrate this.

### **What difference have we made?**

In September 2015, CAMHS were inspected by the Care Quality Commission as part of a Trust wide review involving over 100 inspectors. They formally reported that CAMHS were rated as

'Good' across all areas except the Caring domain which they rated as 'Outstanding'. The report stated:

### Are services caring?

#### We rated caring as outstanding because:

- The workforce were positive about the young people and their families at every stage, even when dealing with difficult and challenging issues.
- Young people and their families and carers who used the service were effusive in their praise for the staff.
- Staff were highly motivated to offer care that met what young people wanted. Relationships between people who use the service and their families and carers and staff were very positive.
- We observed consistently positive interactions with young people and their families. This was reflected in how staff spoke about young people and their situations when they were not present as well.
- Other agencies who worked with the services commented on the positive nature of staff.
- Young people were involved in their care and also the design of service delivery and were valued for their voice by staff.

## Activity 2015/16

### Referrals

Team	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
BaNES Community CAMHS	106	93	130	98	427
BaNES OSCA	88	70	83	81	322
LD (B&NES&EW)	25	20	11	28	84
FASS	5	6	10	0	21
<b>Total</b>	<b>224</b>	<b>189</b>	<b>234</b>	<b>207</b>	<b>854</b>

### Waiting times

Area	Description	Activity YTD
BaNES CAMHS Community Teams	% CAMHS new referrals assessed within 4 weeks of referral	52%
	% CAMHS new referrals assessed within 8 weeks of referral	80%
	% CAMHS new referrals assessed within 12 weeks of referral	94%

Area	Description	Activity YTD
BaNES CAMHS OSCA Team	% CAMHS new referrals assessed within 4 weeks of referral	98%
	% CAMHS new referrals assessed within 8 weeks of referral	99%

Area	Description	Activity YTD
Wilts & BaNES LD CAMHS	% CAMHS new referrals assessed within 4 weeks of referral	91%
	% CAMHS new referrals assessed within 8 weeks of referral	98%

## Objectives for 2016 – 2017

During 2016/17, Oxford Health CAMHS are fully committed to working with partners to deliver system wide transformation for children and young people with mental health needs. This will require detailed planning and collaboration across the entire children's workforce to maximise the targeted investment to improve mental health services.

We are also committed to ensuring B&NES young people with eating disorders receive an outstanding service which ensures their outcomes are amongst the best in the country. Banes CAMHS eating disorders service for young people is already cited nationally as a model of good practice. This will be further enhanced by faster access to assessment by increasing clinic capacity, specialist training for staff, self-referral and multi-family therapy.

The development of identification and working with children and young people who are at risk of, or experiencing Child Sexual Exploitation and exploitation generally, is a key objective for the next financial year

The Named Nurse and Named Doctor Safeguarding Children will run a series of workshops across the Swindon, Wiltshire and BANES areas to distribute key messages from local and national reviews, developing a practical action plan for each area to look at recommendations.

## Royal United Hospitals Bath NHS Foundation Trust

### **Brief Outline of Agency Function**

The Royal United Hospitals Bath NHS Foundation Trust provides acute treatment and care for a catchment population of around 500,000 people in Bath, and the surrounding towns and villages in North East Somerset and Western Wiltshire.

The Trust provides 565 beds and a comprehensive range of acute services including medicine and surgery, services for women and children, accident and emergency services and diagnostic and clinical support services.

The Trust employs around 5,488 staff, some of whom also provide outpatient, diagnostic and some day case surgery services at local community hospitals in Bath and North East Somerset, Somerset and Wiltshire. This fulfils part of the Trust's aim to provide high quality care to people in their local communities.

The hospital provides healthcare to the population served by four Clinical Commissioning Groups:

- Bath and North East Somerset CCG
- Wiltshire CCG
- Somerset CCG
- South Gloucestershire CCG

### **Examples of achievements during 2015/16 include:**

- Increased capacity of the Safeguarding Children Team to ensure that the organisation meets its responsibility to safeguard unborn babies/children and young people.
- Established a safeguarding team within the Trust; children and adult teams are collocated and provide a single point of contact for all safeguarding enquires.
- Achieved 90% compliance for safeguarding children Level 1 and Level 3 training; increased Level 2 compliance to 76%.
- Arranged BaNES LSCB child sexual exploitation specialist training for staff who work in Genito Urinary Medicine, Emergency Department and Pediatrics to increase knowledge and awareness of Child Sexual Exploitation.
- In conjunction with the Adult Safeguarding Team developed Level two mandatory safeguarding training day that incorporates safeguarding children, safeguarding adults, MCA, DA awareness, learning disabilities, prevent and information about female genital mutilation.
- Implemented Independent Domestic Abuse Advisor project within the Trust.
- Trained fifteen additional staff to facilitate safeguarding children group supervision.
- The Child Protection Policy has been rewritten and replaced by the Safeguarding Children policy, the revised policy incorporates additional LSCB and national requirements, new sections included;
  - Child Sexual Exploitation
  - Female Genital Mutilation

- Human Trafficking
- Domestic Abuse
- Children with Disabilities
- Bruising in Children
- Private Fostering
- Safeguarding Children Escalation Process
- Managing Allegations Against Staff Process
- Statutory Guidance on Information Sharing
- The Safeguarding Children Supervision Policy, Domestic Abuse Policy, Safeguarding Children Escalation Policy and Managing Allegations against Staff Policy have all been revised. The Domestic Abuse Affecting Staff Policy, Female Genital Mutilation Policy and Bruising in Children Policy have been written and published.

### **Challenges:**

- Ability to reach all clinical staff to ensure awareness of new requirements or learning or developments.
- Implementing safeguarding children supervision.

### **What differences have your achievements made to children, young people, and parents/carers:**

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

### **Objectives for 2016/17:**

- Implement 1-1 safeguarding supervision within Maternity Services.
- Achieve Level 2 compliance.
- Implement Child Protection Information System.



The Sirona care & health Board holds their responsibilities for safeguarding for both children and adults as a high priority; the board receives and discusses a quarterly report about Safeguarding Children from the Named Nurse for Safeguarding, and an annual report and presentation about the work of the safeguarding team and Sirona services to safeguard and protect children. The Board has a Safeguarding Children and Adults Champion and a Safeguarding Lead Director who is also the Director of Nursing Operations.

Operational matters relating to Safeguarding Children are discussed at the Children's Leads Meeting at which Safeguarding Children is a standing item on the agenda. Safeguarding Children policies and guidelines are discussed and signed off at this meeting.

Sirona care and health is represented on the B&NES Local Safeguarding Children Board by the Head of Children's Services. The Head of Children's Services also attends the Policy Procedures and Performance sub group. The Named Nurse for Safeguarding attends the Professional Practice Group and the Learning and Development Sub-group (recently combined with Safeguarding Adults and chaired by Sirona's Director of Operations). The Named Nurse, Professional Lead for Social Work and the Head of Children's Services have continued to work with the Professional Development Facilitator to develop and update the Safeguarding Training Plan for Sirona.

Level 3 training is delivered face to face and this year has mainly been delivered by members of staff attending multi-agency LSCB training. All children's services health staff are required to attend Level 3 safeguarding Children training yearly. The multi-agency trainer reports that Sirona staff members always arrive on time, participate fully, are ready to learn and are not distracted by

work commitments. She reports they add to the multiagency dimension of the training and have found the multiagency nature of the training beneficial.

The safeguarding team have actively contributed to multi agency training, delivering the health component of the 2 day multi-agency training. The named nurse continues to develop and deliver the one day neglect training with the B&NES LSCB multi-agency trainer twice a year. The named doctor and deputy named nurse delivered a half day on fabricated and induced illness.

The Sirona Safeguarding Children Champions Network Meeting helps to spread learning through from the LSCB and national and local learning to front line staff and for them to have the opportunity to feed back issues which are affecting their ability to safeguard children on the ground. The meetings have been well attended and there has been good participation and discussion at the meetings.

The named nurse for safeguarding, designated nurse for LAC, Named Doctor and Designated Doctor attended a Leadership day arranged by the Designated nurse for B&NES, and a workshop day on Creating an Environment for Professional Growth and Development in Safeguarding with other named and designated professionals working within health providers in BANES. These gave the opportunity to reflect on and plan how we could develop learning and support for each other.

Supervision within Sirona is balanced with a degree of challenge to ensure that common failures highlighted in serious case reviews are not repeated. These include focussing on adult's issues and losing sight of the child, poor communication and information sharing, drift, ignoring important historical information, avoiding raising concerns and being assertive when parents are aggressive or avoidant, and not following basic procedure.

The safeguarding team and community paediatricians regularly take part in strategy discussions to ensure the assessment of risk has a health component and opinion. This enables the decision as to whether the threshold for section 47 has been met to be better informed and analysed. The community paediatricians took part in 114 B&NES strategy discussions and the named nurse team have taken part in more than 240 B&NES strategy discussions or meetings.

The Bruising in Children Protocol was adopted by the LSCB at the beginning of the year. The knowledge of this protocol has been checked at supervision with health visitors but the embedding of its use in practice is not consistent. We plan to run workshops in September 2016 to help to embed its use and to open these to staff in Children's Centres and local settings.

Sirona care & health follows the NHS safe recruitment standards, including for all voluntary members of staff, regardless of their celebrity status. Sirona audits whether we are meeting the safer recruitment standards. Sirona has a clear statement of the organisation's responsibility towards children in all job adverts, and there is a clause in the contract of employment requiring staff to raise any concerns, and the obligation to act on any concerns in relation to safeguarding children is covered at induction. Recruitment training continued in 2015-6 to ensure those members of staff responsible for recruitment are fully trained.

The quality of our service's interaction with children and young people is key to keeping them safe.

Through their quarterly and annual reporting system our services demonstrate through case studies and audit the quality of their interactions with families and their recording of the voice of the child.

Themed audit of reports to conference in 2015-16 for the Professional Practice subgroup of the LSCB has highlighted that where the health practitioner knows the child, the child's voice has been well reflected by health visitors and school nurses with some excellent reflections of the child's voice in individual reports.

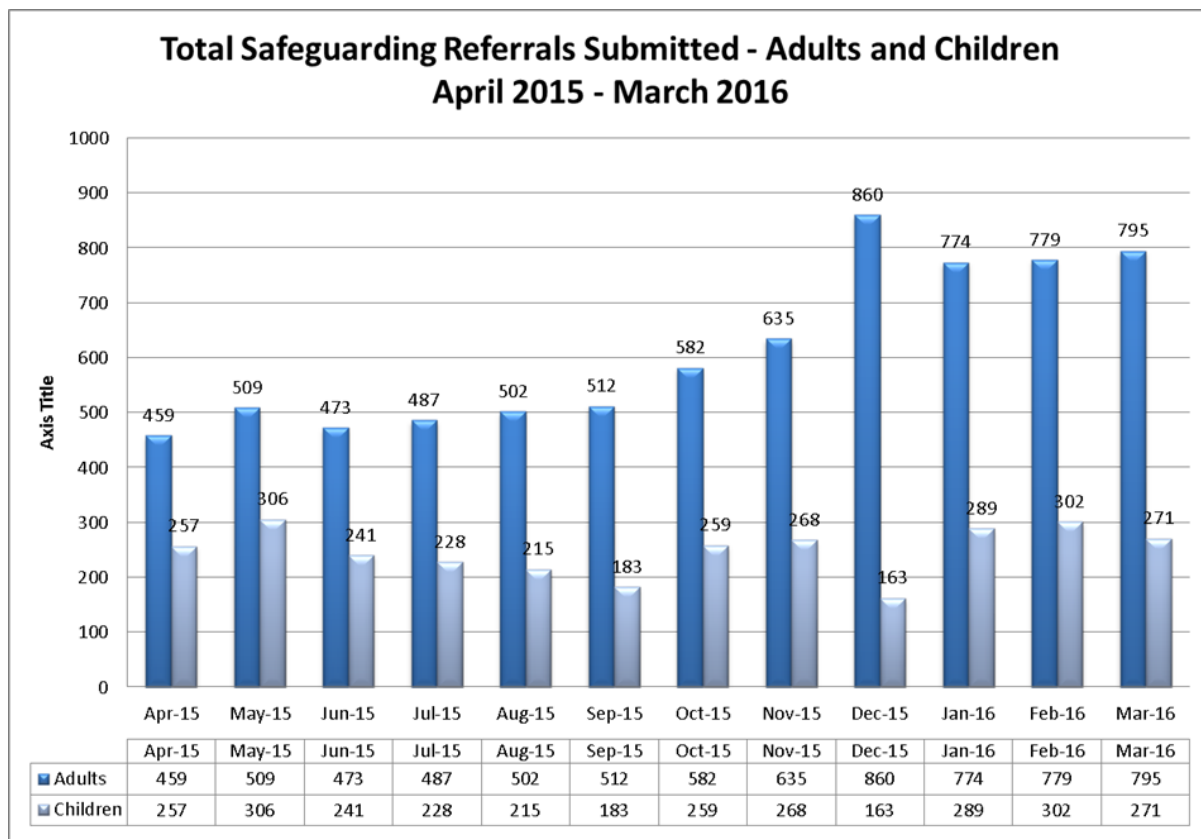
We have recently re-audited the quality of referrals to social care and seen marked improvement in the voice and daily life experience of the child since the last audit, with examples of exemplary practice. This is encouraging as it is an area we have spent considerable time and energy on in training and supervision.



### Brief outline of agency function

The SWAST Safeguarding Team provides advice, training, ad hoc supervision and support to all frontline and support staff across the trust area. There 3 Named Professionals that individually cover each of the 3 trust localities. They each directly report to the Head of Safeguarding - Sarah Thompson

To give an idea of the number of referral submitted across the trust area see the chart below



### Achievements in 2015-16 (re safeguarding and CP)

#### Achievements this year

- Analysis and Review of Referral Process for efficiency and Demand Management.
- Development of a standardised audit tool to review 40 randomised cases.
- Risk assessment of the referral process.
- Delegation of whole team to triage role due to long term absence of the Triager.

- Positive letter of support from Safeguarding Board for 111 CQC inspection
- Positive verbal feedback from 111 CQC inspection.
- IMR/SAR/DHR completed despite capacity issues.
- Recruitment to the administration position – referral triage processor to commence May 1 2016.
- First module of the NHS England Safeguarding Leadership course at Taunton completed by Named Professional North.
- TOR and Workplan for NASG (National Ambulance Safeguarding Group) agreed March 2016.
- Managing Allegations Policy updated and agreed at SOG.
- Prevent Policy agreed at SOG (Safeguarding Operational Group).
- PTS training quality assured and completed for all PTS (patient transport staff).
- Quality Assurance of CFR Safeguarding Training
- Positive action from North CDOP meetings including facilitating SWASFT Macmillan Nurses under the Palliative Care Response Times
- Facilitated OO abstraction to join Glos Safeguarding Fire Subgroup to look at joint working on hoarding
- Named Professional East achieved The Award in Education & Training enhancing the Service Training portfolio
- All team members received half day Emotional Resilience Training
- Quality Audit of Referrals with the 111 Service
- Production of an ‘OO pack’ for use by all Operational Officers related to Safeguarding by West Named Professional.
- SOP (Standard Operating Procedure) agreed for all frontline staff in relation to Child Death produced by Named Professional West.
- Launch of trust wide Welfare Service for staff – The Staying Well Service – 400 staff seen in first 5 months.

## Challenges

The increase in referral rate reveals a steady growth in the referral rate in an 18 month period with a significant rate of growth in the last 5 months. The general growth rate is most likely explained by improvement in safeguarding awareness by operational staff, the ease of access to safeguarding referral process through ePCR roll-out and changes in statutory duties (The Care Act).

This has led to a greater demand on the safeguarding team to triage and process the referrals

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

Some examples of good practice where a change in practice has been instigated are:

Bespoke training undertaken by Head of Safeguarding where a pocket of cases re leaving a child on scene with a potentially neglectful adult. Front line staff are now reminded to call Police to scene where severe neglect is suspected.

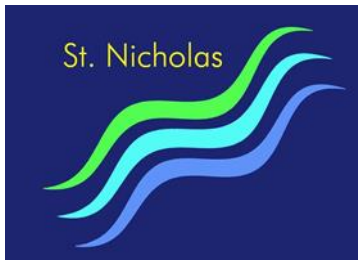
Staff in 111 hubs had training in early detection of sepsis due to theme of late detection

Following a Child Death Named professionals request the PCR ( patient car record ) immediately to see if there are any immediate concerns that may not be known to other agencies. A statement is now carried at the time of the child death on scene by the OO and the frontline crew so that welfare of crew and environmental factors are included.

## Objectives for 2016-2017

- Respond to the imminent CQC Inspection – June 6 2016
- Secure 2 seconded posts to permanent positions
- Increase capacity of safeguarding referral process





## St Nicholas CE Primary School

### Brief Outline of Agency Function

At St Nicholas we have a strong commitment to safeguarding all children. We also have a strong commitment to early intervention and help in the hope that we can support families and avoid the children going into child protection. Our commitment to children's wellbeing includes mental health, we have a counselling service in our school two days per week which is both long term (twelve children at any one time, ad-hoc counselling for children who book slots – universal offer).

### Achievements during 2015-16

- A strong relationship with Radstock Nursery which is connected to the children's centre. This allows for strong 'get set' work and for early discussions regarding vulnerable families. Our involvement in the REAL (Early literacy) project has allowed us to encourage our more vulnerable parents into school to work with their children.
- Achievement for all and structured conversations (half an hour per child). This again has helped us encourage vulnerable families to be more involved in their children's education. It has helped staff to better understand these families and the challenges they face.
- Staff are very committed to safeguarding and keep excellent notes always ensuring that they report immediately – no-one is worried about the reactions of parents and we continue to have good relationships with all our CP cases despite being very forthright and honest at CP meetings.

### Challenges:

- The numbers of cases of domestic violence. Not all women report and many hover just below threshold, we believe there are many unreported cases.
- The numbers of vulnerable families and the case load of CP/CHIN/TAC and TAF.
- Continuing to finance our family intervention manager four days a week.
- Levels of aggression from parents.
- The numbers of cancelled meetings that eat into our diaries and impact our supply budget.
- Cuts to services and the ever growing expectation that we will do all referrals including those to paediatric services.

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

- Some vulnerable families are more involved in their children's education
- Early help helps families to access help and support before the situation deteriorates to needing social service intervention.

### Objectives for 2016-17:

- Increased partnership working with both our Early years feeders and the main secondary we feed to so there are better transitions.
- Increased Parental Engagement
- Loud mouth to present their Domestic Violence programme to KS2
- NSPCC to present their 'Speak Out Stay Safe' programme to all pupils

## Appendix 6: B&NES LSAB / LSCB JOINT WORKING 2015- 2016

Theme	Opportunity	Relevance	Progress in 2015/16	Work needed to progress in 2016/17
<b>Communications</b>	<ul style="list-style-type: none"> <li>• Joint safeguarding advice to public / professionals e.g. via media/ newsletters</li> <li>• Joint conferences / workshops</li> <li>• Develop opportunities for joint participation activity</li> <li>• Smarter use of budget</li> </ul>	<ul style="list-style-type: none"> <li>• Relevant to “Think Family”, Young carers, DVA, disabled children and adults, carers.</li> </ul>	<ul style="list-style-type: none"> <li>• LSCB has adopted Key Messages from the Chair to disseminate information from Board meeting.</li> <li>• Collaboration on joint LSCB/LSAB website</li> <li>• LSCB/LSAB adopted same process for producing a six monthly Newsletter, directed by the Board and edited by Comms group and Council Communications lead.</li> </ul>	<ul style="list-style-type: none"> <li>• Launching new website</li> <li>• Coordinated publicity of website launch</li> <li>• 2017-18 have joint Newsletter and Chair’s Key Messages</li> <li>• Sharing sub group minutes across the Boards eg Policy/QA/Training/Communications</li> </ul>

Theme	Opportunity	Relevance	Progress in 2015/16	Work needed to progress in 2016/17
<b>Quality Assurance</b>	<ul style="list-style-type: none"> <li>• Shared audits where VA and Children are relevant</li> </ul>	<ul style="list-style-type: none"> <li>• Relevant to DVA, Substance / alcohol abuse, mental health (adult and child)</li> <li>• Voice of adult/child</li> <li>• Evidencing quality</li> </ul>	<ul style="list-style-type: none"> <li>• One multi agency joint case review has taken place</li> <li>• Council Commissioning have developed a streamlined safeguarding toolkit for adults and children.</li> <li>• Both Boards adopting same format for Board Assurance Framework, Risk Register and Challenge Log</li> </ul>	<ul style="list-style-type: none"> <li>• Opportunity to collaborate more effectively</li> <li>• Shared learning on process of QA</li> <li>• Joint audits on occasion using a range of methodology's to audit cases where there might be shared learning</li> <li>• Quality audits and information governance</li> </ul>

Theme	Opportunity	Relevance	Progress in 2015/16	Work needed to progress in 2016/17
<b>Policy and Procedures</b>	<ul style="list-style-type: none"> <li>Assure guidance for adults does not bring conflict with guidance for children (&amp;vice versa)</li> <li>Assure guidance is consistent across both Boards and service type</li> </ul>	<ul style="list-style-type: none"> <li>Assurance and QA exercise to be undertaken</li> </ul>	<ul style="list-style-type: none"> <li>Policy and Procedure lists held for both LSCB/LSAB by Business Support Manager</li> <li>LSCB has developed a Risk Register in same format as LSAB</li> <li>Information Sharing Protocols now in place for both Boards (legislation made it too difficult to share a protocol)</li> <li>Both have same dissemination process in place.</li> </ul>	<ul style="list-style-type: none"> <li>Development of joint Sexual Exploitation Policy</li> <li>Development of Joint MCA Policy Statement</li> <li>Development of joint FGM policy</li> <li>Consider Joint Consent Policy</li> <li>Develop joint Dispute Resolution Policy for LSCB/LSAB</li> <li></li> </ul>
<b>Training</b>	<ul style="list-style-type: none"> <li>Actively look for opportunities for bring appropriate aspects of training together (i.e. convergence)</li> </ul>	<ul style="list-style-type: none"> <li>'Think Family' approach</li> <li>Challenge generic perceptions of safeguarding</li> </ul>	<ul style="list-style-type: none"> <li>Both Boards approved joint T&amp;WFD sub group for 1 year</li> <li>Joint sub group to be piloted from April 2016</li> <li>Looking at opportunities for shared learning/training</li> <li>Signs of Concern/ vulnerability</li> <li>Information sharing</li> </ul>	<ul style="list-style-type: none"> <li>MCA/DOLS Coordinator to train Children's Services staff</li> <li>LSCB trainers to support LSAB level 2 training re 'Think Family'</li> <li>Continue joint training at Level 2</li> <li>Joint work would help to disseminate info on specialist training.</li> <li>Look at developing easier routes to specialist training</li> <li>Use of champions to promote knowledge and learning</li> <li>Engagement with professionals who need to be made aware of relevance to their area of work</li> <li>Linking training to relevant services.</li> <li>Joint training on DV and substance misuse</li> </ul>

Theme	Opportunity	Relevance	Progress in 2015/16	Work needed to progress in 2016/17
<b>Exchanging Information</b>	<ul style="list-style-type: none"> <li>Improved early identification of risk and referral</li> <li>Joint Planning - Annual Joint Business Development Session</li> </ul>	<ul style="list-style-type: none"> <li>Joint development of MASH for this</li> </ul>	<ul style="list-style-type: none"> <li>Joint working group in operation and MASH due to operate from Sept 2016</li> <li>Formation of a joint FGM task and finish group</li> <li>Joint Development Session in April 2015 looking at opportunities for collaboration.</li> </ul>	<ul style="list-style-type: none"> <li>Joint MASH to go live in September 2016</li> <li>IRIS</li> <li>CPIS system to be implemented across health services</li> <li>Culture change in terms of how agencies share information.</li> <li>Perpetrators – information and how we share it</li> <li>Feedback from referrals</li> <li>Strategy minutes</li> <li>Next Joint Development Session planned for October 2016</li> </ul>

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 7: LSCB Business Plan outturn 2015 - 16**

Available on B&NES public website

[http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Children-and-Young-People/ChildProtection/lscb\\_business\\_plan\\_2015-18\\_updated\\_march\\_16\\_final.pdf](http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Children-and-Young-People/ChildProtection/lscb_business_plan_2015-18_updated_march_16_final.pdf)

## **Appendix 8: LSCB Business Plan 2015-18**

The LSCB adopted a three year Business Plan from September 2015 to March 2018. This is monitored by the Sub Group Chairs prior to the Board and reported on at each Board meeting.

The latest version is then made available on the public website:

<http://www.bathnes.gov.uk/services/children-young-people-and-families/child-protection/local-safeguarding-children-board>

The Board's priorities for 2016-17 have been described in Section 13 of this Annual Report.