



LSCB

Bath & North East Somerset
Local Safeguarding Children Board

Annual Report 2016 – 2017

and

Business Plan 2015 - 2018

Chair's Foreword



Welcome to this Annual Report for 2016 – 17 of the Bath and North East Somerset Local Safeguarding Children Board. As ever, the report reflects upon a vast amount of hard work on the part of the Board membership, our sub groups and individual agencies. Due to the time it takes to collate and analyse the data, publication of this report is inevitably delayed by a few months but this year it has been further delayed due to the arrival of an Ofsted Inspection Team whilst we were in the final editorial stages.

I am delighted to note that the Board continues to demonstrate its effectiveness in monitoring and coordinating multi-agency arrangements to safeguard children. What is more, the recent inspection of the LSCB by Ofsted has confirmed this. As ever, the inspection has produced some useful recommendations for improvements that gratifyingly, we were already working on!

Amongst the detail of this Annual Report are some important observations. Although still comparatively low, the number of concerns about children continues to rise and in consequence, the numbers considered being in need or subject to protection plans and in care have risen. From one perspective this is a good thing. It means that our collective ability of surveillance and our willingness to report are stronger and that more children than ever are being supported. Again, there is evidence that Early Help is making a difference and there is every reason to anticipate future decline in the numbers of protection cases, as prevention becomes more effective. This is really important from a number of perspectives not least because it will reduce the number of children subject to significant harm but also because the case loads of already hard-pressed professionals are at an all-time high. I remain impressed at their continued commitment and dedication to keeping children safe.

Once again, we have conducted detailed audits of the arrangements in place within individual agencies and a uniquely in-depth scrutiny of safeguarding in education. Both reveal a huge commitment to safeguarding and there have been many examples of excellent practice that we have disseminated. Significant work has also taken place in terms of addressing the risks of child sexual exploitation, female genital mutilation and private fostering.

You will note some areas that we could do better at. I am personally concerned at the low numbers of employees reported by some agencies to the Local Authority Designated Officer (LADO). This is a statutory process designed to ensure close scrutiny of the quality of internal investigations whenever an allegation is made that brings doubt on the suitability of a person to work with children. Reports to the LADO should be intrinsic to all agencies' internal complaints processes. Improvement in this regard is being pursued through our challenge process.

I am also the Independent Chair of the Safeguarding Adults Board and can report much progress on collaborative arrangements. You will note that we recently held a joint event in which both Boards considered how services could improve the circumstances of vulnerable adults and children who are affected by of domestic abuse. We have aligned some aspects of our Business Plans and continue to monitor the value of our pilot joint Training and Workforce Development Group. We have also recently merged our Communication Sub Groups. Learning from both developments will help to shape future opportunities for stronger collaboration between both Boards.

The driving force of the Board's work is our ambitious Business Plan, which has generated a vast amount of really well considered and executed pieces of work from our Sub Groups. I'd like to take this opportunity on behalf of the Board to thank all members of these Groups for their continued commitment as well as to thank their employing agencies for contributing their participation. Yet again I'd like to thank all of our member agencies for their continued support, both financial and practical in these times of intense fiscal pressure.

Looking to the future, implementation of the Children and Social Work Act and new statutory guidance (due in the New Year) will provide unprecedented opportunities for doing things differently in terms of multi-agency safeguarding partnerships.

This will be my last Annual Report as the Independent Chair of Bath & North East Somerset Local Safeguarding Children Board. I believe that I am leaving things in good order and wish the new Independent Chair and the LSCB continued success in keeping children and young people safe in B&NES



Reg Pengelly
Independent Chair
Bath & North East Somerset LSCB



Keeping children safe is everyone's responsibility

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

Executive Summary

The LSCB has agreed an Executive Summary of the 2016-17 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.safeguarding-bathnes.org.uk/>

Contents	Page
Chair's Foreword	2
Executive Summary	4
Section 1: Local Context for B&NES 2016 – 17	7
Section 2: Summary Statement: How Safe Are Children and Young People in B&NES	7
Section 3: Updates on the Legislative and Statutory Framework during 2016 - 17	9
Section 4: Lay Members View	11
Section 5: Significant Local Events and Response	11
Section 6: The Interface with Other Boards and Committees	11
Section 7: Governance and Accountability	14
Section 8: LSCB Sub Group Achievements and Priorities	17
Section 9: Other Relevant Work and Achievements	29
Section 10: Local Arrangements	51
Section 11: Summary of Activity in Relation to the Support and Interventions Provided for Children and Young People	52
Section 12: External Assessments	62
Section 13: Priorities for 2017 - 18 and Beyond	62
Section 14: Essential Information	64

Appendices

Appendix 1: LSCB Terms of Reference	65
Appendix 2: LSCB Members and Attendance 2016 - 17	66
Appendix 3: Budget 2016 - 17	72
Appendix 4: Training Information	73
Appendix 5: Safeguarding Assurance Indicators 2017-18	86
Appendix 6: Partner Reports	87
Appendix 6: B&NES LSAB / LSCB JOINT WORKING 2016- 2017	128
Appendix 7: LSCB Business Plan outturn 2016 -17	134
Appendix 8: LSCB Business Plan 2015-18	134

Tables

1. Reason for Request for Service from Council Childrens Social Care 54
2. Lengths of Time Children are Subject to a Child Protection Plan at 31st March 2017 ... 58

Diagrams

- LSCB structure..... 15
1. Number of Common Assessments (CAFs) by Year and Quarter 52
2. Number of Contacts per Month 2015 – 2017 53
3. Number of Referrals per Month (contacts which progress to single assessment) 54
4. Breakdown of Children in Need by Age and Gender 55
5. Percentage of Initial Child Protection Conferences held within 15 days of the start of the section 47 Enquiries which led to a Conference 56
6. Number of Children Subject to a Child Protection Plan by Month 57
7. Number of Children and Young People on a Child Protection Plan by Age and Period 57
8. Recorded Categories of Abuse for Children subject to a Child Protection Plan 58
9. Legal Status of Children and Young People in Care 60
- 10.Placement Breakdown: 3 or More Moves in 12 Months 60

Section 1: Local Context for B&NES 2016 - 17

- 1.1 Bath and North East Somerset (B&NES) is a Unitary Authority with over 184,000 residents. According to the 2015 ONS Mid-Year Population Estimates 16.6% (30,628) of the population are 15 years or under, and 7% (12,940) are 16 - 19 year olds.
- 1.2 The area has a predominantly White and White British ethnic population, with 95% defining themselves as such. The largest minority ethnic groups in the area are those who define themselves as mixed heritage (2%) and Black (1%). 10% 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 6% 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 five 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 2% to 28%.
- 1.5 As at 19th January 2017 there were 1,062 children and young people with a Statement or EHC Plan normally resident in B&NES.
- 1.6 B&NES schools perform well overall and there is 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 regional 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 Throughout 2016-17 B&NES recorded continued pressures in relation to safeguarding activity. The work of partners on launching the new Multi-Agency Safeguarding Hub (MASH) and a continued emphasis on the importance of Early Help interventions has helped to stabilise child protection numbers. At the end of 2016-17 there were 152 young people subject to a Child Protection Plan, this represent a rise of one on the figure of 151 in the previous year. In the coming months the LSCB will continue to work on the development of the multi-agency Early Help Hub arrangements and will also review the effectiveness of the MASH. The rate of re-referrals into Children's Social Care continues to remain lower than the national average which is indicative of good quality assessments and interventions which are predominantly meeting the needs of families. At the end of 2016-17 there were no Child Protection Plans recorded as being over two years duration.
- 2.2 The number of Common Assessment Framework's (CAF) has risen slightly this year. The 2016-17 out-turn for the total number completed during the year was 351 a rise of 23 on the previous year's figure of 328. However the LSCB has also been able to develop its reporting to be able to more accurately monitor the range of other Early Help referrals. When all Early Help referrals from Children's Centre's, Youth Connect and commissioned services are included B&NES is now receiving in excess of 400 Early Help referrals each

quarter. This is positive and confirms a good use of and understanding from all agencies of the range of early help services available to our families.

- 2.3 Like the previous year, performance data for the overall rates of contacts and referrals remains very stable. This is indicative of all agencies having a good understanding of thresholds.
- 2.4 At the end of March 2017, there were 684 children who were deemed as being Children in Need. This figure has risen from 580 in the previous year, and represents a pressure on services. Likewise the number of "Looked After" children has also risen slightly this year to 160 from the previous figure of 149.
- 2.5 The LSCB has also:
- a) Recruited a number of new lay members to the board. These members have quickly established themselves as confident and knowledgeable contributors to discussion and debate at meetings which is very positive.
 - b) Joint working arrangements between the LSCB and Local Safeguarding Adults Board (LSAB) have further been strengthened through a number of joint development days (including a joint Stakeholder day), planning for a new web-site and the formation a joint Communications sub-group which was implemented in May 2017.
 - c) The Professional Practice sub group (PPG) has continued to audit and scrutinise the work and decision making of all agencies involved in safeguarding decision making. In the past year the group has been able to challenge how agencies are working to prevent and reduce drift in safeguarding cases as well as challenging practice in relation to decision-making at Initial Child Protection Conferences. The Board has taken very seriously the challenges in regard to preventing some of the drift identified by the PPG in some of this audit activity.
 - d) The LSCB has continued to support the work of the Willow Project and has recently agreed to fund the work of the Child Sexual Exploitation (CSE) consultant who has greatly assisted in the development of the project as well as playing an instrumental role in updating the CSE Protocol, Strategy and Action Plans to ensure these remain relevant to the new ideas and practice innovations within this area of work.
 - e) In the last 12 months the LSCB has agreed to undertake a Serious Case Review (SCR) in relation to young people who were involved in Operation Button, the follow up investigation to the convictions made in August 2016 of a number of men who had been charged with offences relating to concerns of Child Sexual Exploitation. The SCR will build on some of the findings of these convictions and will be due at some point in 2017.
 - f) The LSCB has continued to update and revise a range of key policies and guidance to ensure that the Board continues to be informed through documents that remain up to date and relevant to emerging priorities. In the past twelve months the Board has endorsed and revised a range of documents some of which include Child Sexual Exploitation, the Board Assurance Framework, Neglect and non-mobile babies.
 - g) Safeguarding Training we delivered:
 - o 59 LSCB training sessions comprising of 33 different courses were made available
 - o 15 Single agency training sessions were provided
 - o 1436 Inter-agency training places made available of which 1264 Inter-agency training places were filled and 821 professionals trained.

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

- a) The LSCB prepared during 2016-17 for its review from Ofsted; this review represents the first occasion that the LSCB will have been inspected. Feedback from colleagues across the country that have already undertaken this inspection process has confirmed that it is rigorous and challenging. Ofsted arrived in April 2017 and whilst this report does not cover that period the challenges for 2017-18 are to implement the three recommendations and build on the 'Good' rating which was awarded.
- b) In January 2017 the Chair of the LSCB, Reg Pengelly notified the Council Chief Executive and LSCB that he intends to stand down as Chair after four years of service. Reg will leave the LSCB in September 2017. The Board started the recruitment process and a new Chair was appointed in May 17. Robert Lake will take the reins in September 2017.
- c) In last year's report we highlighted the implementation of the Wood report as one of the key challenges for the board. These challenges of what function the board may take remain. Along with other LSCB's in the South West region we have participated in a number of events that have begun to explore options across the region and the resource and financial implications that are inherent within any changes which are linked to continuing funding pressures for all partners. We remain very engaged with the national agenda on the future of LSCB's and look forward to any further clarification that might be in the Children and Social Work Act 2017.

Section 3: Updates on the Legislative and Statutory Framework during 2016 - 17

3.1 As stated in last year's report a list of all the relevant and most significant pieces of legislation is contained in the 2014-15 LSCB Annual Report. LSCB members also receive a monthly digest which includes all newly released reports relevant to the work of the Board. Section 3 below concentrates on the new Acts and key guidance documents which have been published during 2016-17 only.

3.2 The Government Departments published the following statutory guidance:

- **Multi-agency statutory guidance on female genital mutilation (FGM)** (April 2016 this replaces the 2014 guidelines to protect children and women) builds on the Home Office reporting requirements which came into force in 2015. The guidance is issued under section 5C(1) of the Female Genital Mutilation Act 2003. It focuses on three key functions including the provision of information on FGM; the requirements for agencies to provide strategic guidance on FGM and the provision of advice and support to front-line professionals. It re-emphasises that FGM is a criminal offence and is illegal in the UK.
- **Children missing education: statutory guidance for local authorities** (September 2016, updated from 2013) adds sexual exploitation and radicalisation as risk factors and highlights the need for staff to be alert to potential safeguarding risk such as travelling to conflict zones, FGM and forced marriage. Whilst this guidance is for local authorities it is relevant to schools youth offending teams, health professionals and the police. It is issued under section 436A of the Education Act 1996.
- **Keeping children safe in education: statutory guidance for schools and colleges** (September 2016 updated from 2015). The guidance is issued under section 175 of the Education Act 2002 and the related regulations. It sets out what schools and colleges *should* do and what they *must* do in order to keep children

safe. It replaces the 2015 guidance. B&NES Council staffs have briefed all the local Designated Safeguarding Leads (DSL) on the changes this guidance brought in at one of the Child Protection Forums. The guidance makes it explicit that safeguarding and promoting the welfare of children is everyone's responsibility; it emphasises the importance of information sharing and taking prompt action when identifying concerns and requires the DSL to support staff with early help support. The guidance stipulates that **all** staff should have at least annual (eg, via email, e-bulletins and staff meetings) updates on safeguarding children to enable them to have relevant skills and knowledge. It highlights the need to be aware of the complexity of abuse including linking this with alcohol and drug taking, truanting, sexting, peer on peer abuse, gender based violence and cyber bullying. Finally it enforces the need to be aware that children with special educational needs (SEN) and disabilities can face additional safeguarding challenges.

- ***Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children*** (February 2017 updated from 2015). The guidance is issued under section 7 of the Local Authority Social Services Act 1970; a number of different sections of the Children Act 2004 and also under section 175 of the Education Act 2002. A minor amendment was made in the February 2017 to include a definition for Child Sexual Exploitation (p93)

'Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power or coerces, manipulates or deceives a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and /or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.'

- ***Child sexual exploitation: definition and guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation*** (February 2017 replaces the 2009 guidance). This is non-statutory advice but seeks to help staff and agencies make appropriate responses to children, it includes advice on management, disruption and prosecution of perpetrators.

In addition to the above Ofsted published ***Guidance inspecting safeguarding in early years, education and skills settings*** (updated August 2016) the document sets out the key points and evidence inspectors consider when inspecting these settings for safeguarding.

Ofsted, the Care Quality Commission, HMIC and HM Inspectorate of Probation published the guidance on the latest deep dive inspection criteria for the ***Joint Targeted Areas Inspections on the theme: children living with domestic abuse*** (August 2016).

Section 4: Lay Member's View

As a new member of the Board (six months) and having attended two Board meetings I have been impressed by the level of agency representation and commitment to the shared responsibilities and workings of the Board.

I am becoming more familiar with the key priorities, oversight and quality assurance of service delivery undertaken by the Board and also recognise the quantity of information for dissemination across the agencies. Having read the LSCB staff newsletter I feel that it is a good method as it succinctly highlights key messages.

I have a particular interest in the outcomes of Early Help services for families and would be keen to participate in the work of the Early Help sub-group as an independent voice, believing high quality early intervention is vital to promote positive outcomes for children and young people.

The work of the Board is of a very high importance, carrying the mandate to safeguard children and young people and I look forward to playing an active role offering critical reflection and challenge.

Lesley Jones,
LSCB Lay Member.

Section 5: Significant Local Events and Response

Throughout 2016-17 LSCB partners continued to be heavily involved in bringing the "Your Care Your Way" process to conclusion. The contract was formally awarded to Virgin Care towards the end of 2016, with an operational launch scheduled for 1st April 2017. The awarding of this contract marked a significant development for both Virgin Care and local partners, due to the size and value of the contract and that it was the first time that Virgin Care have been commissioned to deliver both adult social care and health together with health elements for children and young people. All partners welcome the prospect of delivering the agreed outcomes and much activity has taken place to ensure staff and organisations are ready to begin working with the communities in B&NES. The LSCB will continue to carefully monitor the impact of these changes on the welfare of children and young people, as well as welcoming onto the Board a number of representatives from Virgin Care.

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:
- Health and Wellbeing Board (H&WBB)
 - Local Safeguarding Adults Board (LSAB)
 - Responsible Authorities Group (Community Safety Partnership) (RAG)
 - Early Help Board (which now reports into the LSCB from December 2016)
 - Children's Trust Board (which disbanded in June 2016)
 - Corporate Parenting Board

In addition to this the LSCB presents papers to the Children and Young People Policy Development and Scrutiny Panel.

6.2 Children and Young People's sub group of the Health and Wellbeing Board.

Since the Children's Trust Board was disbanded in June 2016, responsibility for reporting on the delivery of outcomes for children and young people as outlined in the Children and Young Peoples Plan 2014 -2017 (CYPP) www.bathnes.gov.uk/cypp was transferred to The Children and Young Peoples sub group of the Health and Wellbeing Board (CYP sub group)

The current CYPP has been extended to March 2018. A new Outcomes Delivery Framework will be developed during 2017- 18 by the CYP sub group.

Core members of the CYP sub group consist of the following representatives:

- Health and Wellbeing Board member (Chair)
- B&NES Council Head of Safeguarding and Quality Assurance
- Voluntary and Community Sector representative
- B&NES Council Head of Education Transformation
- Banes NHS CCG Safeguarding Lead
- Chairs of the CYP Plan delivery groups:
 - Be Healthy Outcomes groups (representative of the various elements of the be healthy outcomes groups)
 - Emotional Health and Well-being group
 - SEND Strategy Group
 - Early Help Outcomes Board
 - Stay Safe (LSCB PPP sub group chair)

The group presents an outcomes report to the Health and Wellbeing Board in June and December each year.

The Emotional Health and Well-being group have led on the development of the response to the Future in Mind Report and new funding allocated by NHS England; they led on the development of and delivery of the Children Adolescents Mental Health Services (CAMHS) Transformation Plan 2016-17 which saw a significant investment on new/enhanced services for children and young people across B&NES.

Details of both the CAMHS Transformation Plan 2015-16 and 2016-17 can be found on the attached links: [CAMHS Transformation Plan \(October 2015\).](#), [CAMHS Transformation Plan FINAL DRAFT \(November 2016\)](#)

6.3 LSCB Challenges to the Children and Young People's sub group of the H&WBB

As part of their complementary work to drive improvements in the safeguarding of children and young people, the LSCB issues a set of challenges identified in the LSCB Business Plan to the CYP sub group, on its ongoing priorities

For 2016 - 17 these were:

- Assurance from Children's Commissioners and the Emotional Health and Wellbeing Strategy Group (Children and Young People) that local arrangements are robust and meeting local needs Progress targeted work with drug and alcohol agencies, mental health and domestic abuse services – seek assurance that effective co-ordinated work is in place.
- Seek assurance that transitions arrangements are closely monitored and effective

- LSCB implemented a task and finish group to address the needs of children and young people affected by parental imprisonment (in line with the iHop work). The LSCB would like assurance that this effectively rolled out and young people's needs are now being consistently met.
- The effective co-ordination and delivery of services for children who are stepped down from children's social care.

The CYP sub group is due to report progress on these challenges to the LSCB at the June and December 2017 meetings.

- 6.4 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
- 6.5 The LSCB continues to work closely with the 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 continue the pilot of a joint Training and Development sub group; the work on a joint safeguarding website which will launch in summer 2017; the development and publication of a joint six monthly LSCB and LSAB Newsletter; joint policies, protocols or guidance for FGM, Mental Capacity, Dispute Resolution and Complaints; joint working around Domestic Abuse Complex (Toxic) Trio and 'Think Family' including a joint stakeholder day (see section 9) and updated Joint working plan (See Appendix 6); the continued working of the joint multi-agency task and finish group which has raised awareness of the issue and produced a poster as well as looking at leaflets and training materials and finally the agreement for a joint Communications sub group from May 2017.

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 Sharing Hub (MASH) that went live in September 2016. The scope of this was approved by both Boards and the RAG and includes an information sharing hub for low and moderate safeguarding and domestic abuse concerns for children, young people and adults with care and support needs.

- 6.6 Links between safeguarding, community safety (overseen by the 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).
- 6.7 In addition to the above the work of the Board is scrutinised by the Children and Young People Policy Development and Scrutiny Panel and a number of reports have been presented during the period including:
- LSCB Annual Report 2015-16 and Business Plan 2015-18
 - IRO Annual Report 2015-16
 - Looked After Children Annual Report 15-16 (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. The membership for the LSCB and subgroups during 2016 - 17 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:
- a) 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;
 - b) 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 commissioned one SCR during 2016-17 this involves several young people and is in progress; however the Chair has considered recommendations from the SCR sub group for three other applications, two of these did not meet the criteria and one will be reported in next year's Annual Report however it also did meet the criteria.
- 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 The LSCB has been very successful in recruiting new Lay Members during 2016 and 17, with two new members joining in December 2016 and a third in March 2017. Our original Lay Member is taking a year's sabbatical until March 2018. 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 2017-18 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 is being developed into a Memorandum of Understanding for the Board which should be approved at the Board meeting in June 2017.
- 7.11 In 2015-16, the LSCB developed a two year Risk Register for the LSCB and this has been regularly reviewed by the Business Support Manager and the Business Management Group. The current Risk Register will end in March 2018 and so during the coming year a new format will be developed.

- 7.12 The LSCB developed a Board Assurance Framework in 2015 - 16 to monitor its effectiveness against various headings and this is monitored by the Policy, Procedure and Performance sub group (PPPG).
- 7.13 The LSCB also completed a stock take 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

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).

7.14 Escalation Policy for Resolving Professional Disagreement

Occasionally situations arise when practitioners/workers in one agency feel that the decision made by a worker from another agency on a child protection or child in need case is not a safe decision. During 2016-17 there have been 5 occasions when the LSCB Escalation Policy has been formally used. These included concerns raised by Barnardo’s, CAMHS, Banes NHS CCG and a school. All issues were then satisfactorily resolved.

The LSCB will continue in 2017-18 to remind agencies of the need to use the Escalation Policy and proforma to register escalation concerns regarding decisions made by other practitioners.

LSCB Escalation Policy for Resolving Professional Disagreement

- [Escalation Policy for Resolving Professional Disagreement](#)
- [Escalation Recording Pro-forma](#)



Section 8: LSCB Sub Group Achievements and Priorities

- 8.1 The LSCB has eight 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.safeguarding-bathnes.org.uk/>
- 8.2 Each sub group reports progress on the Board's Business Plan on a quarterly basis and contributes to the Chair's Business Management Group Meeting (previously known as Sub Group Chairs). Each sub group has a duty to challenge practice within the partnership where it identifies issues of concern.

Early Help Board

It was agreed in December 2016 that the Early Help Board becomes a sub group and reports directly into LSCB on the quality and effectiveness of Early Help. The sub group also reports into the Children and Young Persons sub group on the delivery of strategy and health and wellbeing outcomes.

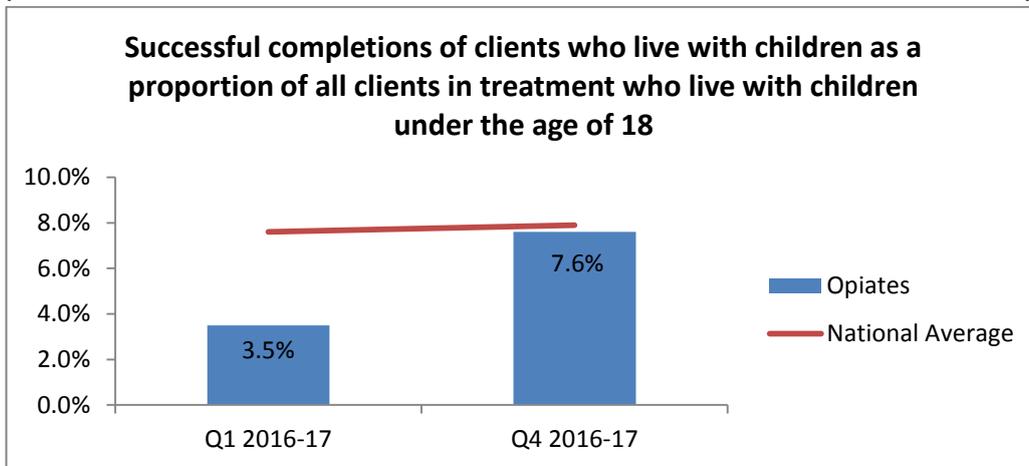
Key Achievements

1. An Early Help App was launched in January 2017 to support practitioners and improve access to information about services and thresholds. We are now planning to implement further marketing and promotion of the App to ensure that a wide range of practitioners from health, education and the Voluntary Sector are aware of the App and early help services available. For internal colleagues, all of the information on the App is available via the Children, Young People and Families Service dashboard. IT services have also now enabled the App to be downloaded onto tablets. Links to partner organisations are provided for different issues that families may encounter as well as screening tools, thresholds documents and quick access to other useful local directories like 1 Big Database, all helping to refer or signpost families to the most appropriate service for support.
2. It was identified at Quarter 1 2016-17 that outcomes for opiate parents in treatment were below the national average, (3.5% locally compared to 7.6% national average) and the opportunity identified and agreed through the Early Help Strategy for adult and children centre services to work more closely to improve outcomes for these parents with young children. The Children's Centre and adult substance misuse service (DHI) have been running a joint project over the last 12 months to pilot a *Think Family* approach involving parents in drug treatment and their young children. The treatment service worked with opiate parents to support and encourage them to attend the pilot project where a children's group was delivered alongside a group for parents focussed on different aspects of their substance misuse. Additionally, Theraplay sessions were provided after the sessions for both parents and children together.
3. An Early Help and Housing Task and Finish group was set up with the active engagement of both housing and early help agencies to review and learn from cases where families with children were facing eviction. The group identified opportunities for earlier notification and a more preventative approach by agencies working together.
4. The membership of the CAF audit group has been widened to increase accountability and has developed a new tool which allows CAFs to be audited in a more systematic way. The number of CAFs which will be audited each quarter is being increased from 5 to 20. It will report into the Early Help Board initially and also share any relevant issues with the PPG. A task and finish group of the Early Help Board has been established to develop a quality assurance framework for Early help services.

- Commissioning activity has focused on improving the collection of information about Preventative Early Help activity and ensuring there is a clear relationship between assessment of needs and risks, support plans, interventions, reviews and outcomes. A core data set to capture the level of early help activity in a systematic way has been implemented during 2016-17 for commissioned and Council run Preventative Commissioning Services.

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

- Whilst it's early days, positive feedback has been received about the Early Help App and how practitioners across the children's and wider workforce are finding it helpful to find out easily and quickly what services are available to support children, young people and their families. In quarter 1, there were 298 sessions recorded, the top 2 most visited sections were Health and Wellbeing and Family Support and Parenting. This means that vulnerable children and young people will either be finding their way into the most appropriate support services in a timelier manner and/or practitioners are able to share information about local resources and support as well as raising their own awareness.
- The *Think Family* work between Developing Health and Independence and Bright Start Children's Centre services has created a culture where staff consider the needs of the children as well as the adults and is supporting a more co-ordinated approach to supporting families. The chart below shows a comparison between Quarter One 2016-17 opiate outcomes for parents in treatment compared to Quarter Four 2016-17, following the pilot project. This chart shows that there has been an increase in successful completions for parents in treatment and outcomes will continue to be monitored as the project develops.



- The CAF audit tool has now been completed and the audit group will provide feedback on the CAFs audited to the practitioners and their managers. Overall trends and themes will be discussed and actioned as appropriate through the early help board. The audit process and data will improve the consistency of quality of assessments.
- As a result of the work undertaken by the Housing /Early help task and finish group, CURO amended their procedures to notify Housing Options and Children's Social Care at a much earlier stage in their processes if a family is has been given notice on their tenancy. Where this has happened the cases have been passed to the Connecting Families team and to date the eviction of two vulnerable families has been successfully averted.
- This data from the core data set for commissioned and council delivered early help services is now providing information about levels of activity and demand as well as an overview of where early help sits alongside universal and specialist social care services. This data will be included in the annual report to the LSCB on the effectiveness of early help.

Challenges Faced in Delivering the Agenda

1. A challenge has been ensuring that colleagues are aware of the Early Help App and how to download it. A marketing plan has now been agreed by the Early Help Board and will now be fully implemented. This includes attending People and Communities Staff briefings, attending team meetings and distributing promotional postcards to community groups and wider colleagues.
2. The key challenge for the pilot between the adult substance misuse services and children centre services has been resourcing the work against a back drop of reducing resources.
3. The main challenges has been developing an audit tool which is robust but not too onerous for the group to use to analyse the quality of the CAFs, as well as resourcing the increase in audits.
4. The key challenge for this work was the different priorities of the organisations and the business model of housing providers but all agreed prevention of homeless was a shared priority.
5. The key challenges have been developing a consistent data set with defined data fields and for providers to tweak and change some of their information collection systems.

Priorities for the Early Help Board

The early help board has reviewed the early help action plan and will focus on four priorities in 2017-18

- Developing and implementing a Quality Assurance Framework for Early Help
- Further development of a Think Family approach with commissioned adult services and housing services.
- Improving timely access to Early Help and information sharing
- Demonstrating the effectiveness of early help through the development and of a core outcomes framework and data set for early help

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

- The CSE/Missing sub group has continued to meet on a regular basis, meeting on six occasions throughout 2016-17. The group continues to be well attended and has strengthened the range of professionals this year by ensuring that we have added representatives from the Sexual Health team and the Council's Education Inclusion service.
- Some of the key activity over the past 12 months has involved the developments of improved and more accurate performance data, as well the revision/updating of key documents.
- The group has highlighted the importance of having an accurate picture of patterns of demand and potential hot-spots of missing/CSE activity. This has led to an improvement in the quality and accuracy of data that is now being provided to the group on a regular basis. This data has also been significantly assisted by having the first version of a B&NES "Problem Profile" that was compiled in conjunction with the Regional CSE Project. This

profile was shared with partners in December 2016 and was positively received by partners.

- The speed of professional learning and understanding of practice in relation to CSE continues to develop at a significant pace. As a result of this we have needed to ensure that both the Strategy and Protocol document have been updated to take account of these developments. These updated documents have been shared widely and incorporated into LSCB training where appropriate.
- We have also updated and circulated an updated version of the CSE action plan that takes account of the new emerging themes and learning.

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

- Practice audits have continued to show that services and interventions with young people that are missing, or at risk of CSE are appropriate and show a good level of tenacity and professionalism.
- The strength and value of the Willow Project continues to be demonstrated by all staff involved in this. We continue to audit cases worked within the project and have been able to evidence that the involvement of the project is reducing the level of escalation of concern for the vast majority of young people worked within the project. We will continue to develop the project in 2017-18.

Challenges Faced in Delivering the Agenda

Unsurprisingly, all agencies continue to report resource and budgetary pressures which have on occasion impacted on the ability to implement ideas or have affected ideas on how to further develop practice. Despite this, the commitment to ensuring that this aspect of the safeguarding agenda remains at the fore-front of policy continues to be positive. We have needed to work hard to ensure that training keeps pace with some of the emerging ideas in the field, particularly in relation to the links between sexual exploitation and criminal exploitation.

It is hoped that in 2017-18 the Willow Project will develop a stronger core team that can better respond to the continuing high levels of demand. The development of a core team which focuses on the concept of “risk” will also be able to encompass the more complex needs of young people that are not only at risk of CSE but may also be at risk of such things as Criminal exploitation, substance misuse and homelessness.

The current funding arrangements for the Regional CSE Project end in September 2017. We have been involved in the process to identify funding for the continuation of this service as well as commissioning a provider for this revised service. This process continues and we will maintain close involvement in this.

Priorities for the CSE and Missing sub group

- a) We will continue to develop the structure of the Willow Project so that it has a strong, core team which will focus on “risk” issues and therefore reduce some of the duplication of involvement when some young people are felt to be at risk of exploitation across a number of areas. We hope this will be launched in July 2017.
- b) We will continue to develop publicity materials and campaigns both locally and nationally with a continued focus on the nighttime economy.
- c) The sub group has recently agreed a schedule of case audits so that we can undertake multi-agency audits of case work.
- d) To ensure that any learning that is highlighted from the current SCR (which has a focus on CSE issues) can be incorporated into practice and developed alongside the revised CSE current action plan.

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) BaNES NHS CCG Designated Nurse is the new chair of the sub group, the Chair is reviewing the ToR.
- b) Auditing of 16 cases, covered four separate themes:
 - 16/17 year olds in Unregulated Placements,
 - Section 20 Placements
 - Newly into Care
 - Unaccompanied Asylum Seeking Children
- c) Group reviewed audit of section 20 placements
- d) Commitment of agencies to participate and learn from audits

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

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) Whether audit tools provide appropriate level of detail

Priorities for the CICQA Sub-Group

- a) Ensuring that the CICQA sub group contributes to the LSCB business plan
- b) Ensuring the group's membership is a suitable level to influence change
- c) Ensuring audit tools are reviewed
- d) Establishing links with the LSCB Professional Practice group focusing on similar themes and sharing learning.

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

- The Communications sub group has continued to develop the new web-site for the LSCB. This has involved group members in updating and reviewing much of the content of the site as well as re-designing the layout and graphics. Although this process has taken much longer than originally anticipated, the site is now almost ready and will be launched in the spring of 2017.
- In addition to this work the communications group has also been involved in a successful promotional campaign to raise awareness of FGM which also linked into one of the key priority areas for the LSCB. The group helped to develop posters and screen advert designed to go into GP waiting rooms.
- Throughout the later part of 2016-17 the Communications group was involved in discussions to merge work with the LSAB Communications sub group. A joint Terms of

Reference was agreed in March 2017 and the initial joint meeting was due to take place in May 2017.

- The group has also led on the production of a joint adults/children's newsletter which is sent twice a year.
- The Communications sub group has continued to actively involve and consult with two young people. This has been particularly helpful and productive in the work that has been undertaken in relation to the development of the new web-site.

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

- The outcomes for the group have included the launch of FGM campaign and the resulting raised awareness of both staff and public.
- The work to merge the work of the adult and children's Communications groups has led to a more effective use of time and a consistency of message which has been evidenced in the production of two joint newsletters. This ensures that all staff involved in both adult and children's safeguarding gets an opportunity to read about key changes in each-others service area, and ensures a consistency of communication.

Challenges in Delivering the Agenda

One of the key challenges for the Communications group has been the delays in getting the web-site prepared for launch. Much of the delay has been outside of the influence of the LSCB as the IT team in B&NES Council has needed to prioritise other work. However we are now at a point where the site is ready to be launched, which happen in the Spring of 2017.

Priorities for the Communications sub-group

- a) To complete the launch of the web-site and to co-ordinate the publicity to make both staff and public aware of the new design, updated content and improved operability.
- b) To ensure that the new arrangements for the shared Communications sub group are "bedded-in" and the shared "Think Family" agenda can be promoted across both Boards.

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), monitoring their effectiveness and ensuring agency compliance with them. The sub group also monitors performance indicators relevant to LSCB business focusing on analysing data that will inform improving performance and provide assurance.

Key achievements

- Written the following documents which have subsequently been approved in year by the LSCB:
 - Dispute Resolution Policy
 - Board Assurance Framework including Board indicators
 - Mental Capacity Act Policy Statement
 - Information Sharing Guidance
 - Neglect Strategy
- Reviewed the existing documents to ensure they are current and fit for purpose:
 - LSCB Learning and Improvement Framework (this has now been passed to the SCR sub group for ownership)
 - LSCB Member Induction Handbook

- Pre-birth Protocol (safeguarding unborn babies)
- Sought assurance on the appropriateness and rationale for the increase in Child Protection Plans in year and ensured the recommendations from the categorisations of Plans audit had been completed
- Reviewed and challenged activity and performance of agencies on the Board with particular scrutiny of data from the Police, Council Children Services and health services. In addition to this agreed to apply the same scrutiny to the activity and performance of Early Help services
- Commenced the work on reviewing parental and young people's participation in child protection work
- Received a comprehensive Section 11 report on behalf of the Board (100% returns)
- Received the first phase of the new approach to Section 175 schools self assessments which achieved 100% returns
- Received updates on progress with unaccompanied asylum seekers and Syrian families placed in B&NES
- Reviewed the Councils Sufficiency Statement for Looked After Children Placements
- Shared with agencies the work the SCR sub group had undertaken on E Family (this is shared for learning purposes on the website)
- Reviewed the learning and recommendations from other areas Ofsted reports to ensure B&NES LSCB is providing the most robust challenge and focusing on the key areas
- Developed a tracking and dissemination process for policies and procedures
- Progressed work with North Somerset LSCB on areas of joint working
- Reviewed the following Annual Reports
 - Looked After Children Health Report 2015-16
 - Independent Review Service Annual Report 2015-16
 - Child Protection Chair Annual Report 2015-16
 - LADO Annual Report 2015-16

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

- Schools have embraced the new arrangements and have demonstrated commitment to achieving LSCB
- Assurance that decisions to place new children on plans are correct and proportionate
- Assurance that work is progressing on the enhancing of the Child Protection arrangements to ensure increased participation of parents and young people
- Development of new policies and procedures to ensure agencies respond appropriately and timely to minimise the risk of harm to children
- Agreement of Board indicators ensuring all Board agencies have agreement about Board priorities and expectations

Challenges faced in delivering the agenda

The agenda for this sub group is vast. The group has either progress or completed the actions required as part of the Business Plan but the agenda needs to be prioritised further in order to give sufficient focus on the areas it is responsible for. The group will consider whether it should separate out the policy writing requirement and have a task and finish group undertaking this work.

Priorities for PPPG

- Deliver the 2017-18 business plan activities
- Ensure the implementation of the Neglect Strategy
- Ensure robust monitoring of the Early Help activity and performance
- Develop a multi-agency dashboard
- Review the Board Assurance Framework
- Ensure the work to increase parental and young people participation is delivered

Professional Practice Group (PPG)

The PPG is a quality assurance group which audits the records of at least four children at each meeting. PPG has looked at how well Child Protection Conferences work, as well as focusing on how agencies respond to particular issues that cause harm to children

Key achievements

- In the last year, PPG has reviewed and changed its' membership. We now have better involvement from health agencies, including a GP and Royal United Hospital, which gives a much better view of how well agencies work together.
- We have seen good attendance at PPG meetings from agencies that work with adults when we have been discussing an issue on which they provide support to a child's parent(s). This is a good sign of an improving understanding that all agencies need to work with the whole family in a joined up way.
- We have continued to review the category that is used when a child goes onto a Child Protection Plan and have been re-assured that the correct categories are being used.
- A priority from last year was to continue to ensure that children's voices are heard within child protection work. PPG has continued to see improvements in this area of work.

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

- We continued to look at how well children's opinions are listened to and how well professionals understand what their daily lives are like. PPG also led a session for the LSCB on this issue. PPG has continued to see improvements in this area of work.

Challenges faced in delivering the agenda

- We have looked at cases where children who have been on a Child Protection Plan have been taken off the plan, only to go back on again at a future date. We found that many of these families faced issues of domestic abuse, poor parental mental health and alcohol / drug misuse. The complexity of the cases meant that the team of professionals did not have a strong understanding of what was happening and the children continued to live in situations that were not good enough. PPG led a session with the LSCB and LSAB on the learning from its work on these cases.

Priorities for Professional Practice sub-group

- a) As part of our priority from last year to review the support to disabled children, we looked at the support for children with autism. From this audit, PPG was concerned about a small number of cases where the child presented risk of sexual harm to other children. PPG did not see a strong understanding of how to manage these risks. We will look again to see whether any improvements have been made in this area of work, as it has been a priority for the Disabled Children's Social Work Team.
- b) As part of our work from last year's priority of looking at the support to children whose parents have poor mental health, we found that the written protocol between Children's Social Care and adult Mental Health services was too long and was not well understood or followed. This has led to the review and re-writing of this protocol.
- c) We will look at how well children whose parents' drug use causes them risk are protected and supported.
- d) Looking at how well agencies challenge each other in Child Protection Conferences is work that remains on PPG's list of "to do" jobs, having been identified last year.

Serious Case Review sub-group (SCR)

The Serious Case Review sub group has met 10 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

- Reviewed, shared and ensured agencies are progressing the recommendations of the E Family review
- Reviewed four SCR applications (one of which related to four young people) during the year of which one met the criteria and a SCR has been progressed (this relates to the application for four young people), two did not meet the criteria but additional assurance questions were asked and one which was determined in 2017-18 and has also met the criteria for a SCR. Reg Pengelly has approved the recommendations and authors have been appointed. The SCRs expect to be published in 2017-18
- Set up a tracking system to monitor the timeliness of responses to SCR applications
- Reviewed all actions recommended from SCRs applications which did not meet the criteria but actions required to provide additional assurance
- Reviewed and disseminated the learning from the following:
 - NSPCC Learning into Practice Guides Practice Issues arising from SCRs (2016)
 - Pathway to harm, pathways to protection: a triennial analysis of SCRs from 2011-2014 (Department of Education, May 16)
 - Baby J SCR published by Wiltshire LSCB and agreed the Early Help Board would work on areas which could be relevant to B&NES

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

- Assurance that agencies are alert to questioning the effectiveness of multi-agency working and the commitment to want to improve and develop practice

Challenges in Delivering the Agenda

The group has tried to establish a system for reviewing SCR and has spoken with other LSCBs to see what system they have in place. This work remains outstanding as SCR applications were prioritised. The group has however considered a number of SCRs and will seek to formalise the process in 2017-18.

Priorities for the SCR sub group

- a) Develop a system for reviewing SCRs
- b) Ensure learning from SCR is disseminated and recommendations implemented

Training and Development sub-group (T&D)

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 also examines safeguarding workforce development issues across agencies, and looks at quality standards for single agency training.

Key Achievements

An extensive inter-agency training programme is offered to the workforce, responding to local need and national and local agenda. In the 2016 – 2017 programme:

- 59 LSCB training sessions occurred comprising of 33 different courses, including Standard, Advanced, Specialist and Awareness courses, and Early Help
- 15 single agency training sessions took place
- 1436 Inter-agency training places were made available

- 1264 Inter-agency training places were filled
- 821 professionals were trained across the LSCB partner agencies, Voluntary and Private sectors

Strategic Developments

a) A training strategy is in place to provide a strategic and dynamic framework for training and development. This strategy 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 training on Modern Slavery and Human Trafficking being introduced onto the programme and the development of a workshop on 'Ending Violence against Women and Girls' strategy .

b) The joint working pilot to merge the LSAB training group with the children's, has been extended for a further 12 months. This decision was made in recognition of some of the practical issues that have occurred following the merging of the groups. Challenges have been experienced with changes of chair and group membership and as such developmental work has not been progressed at the pace initially anticipated. Consequently undertaking an evaluation of the pilot at this stage would not have given an accurate reflection of the success or otherwise of this venture. Whilst developmental projects of the sub group have been delayed, joint learning opportunities have been created on the training programme. For example a joint stakeholders event focusing on the issues of Domestic Abuse was held, training on the topics of: Human Trafficking and Modern Slavery, Applied Suicide Intervention Skills, Prevent workshops and Prevent assessment training has been made available to both workforces and a session on Child Protection has been included in the Adults Level 3 Safeguarding course. These initiatives have helped 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.

Scrutiny of evaluation forms shows a positive trend in terms of improved confidence and knowledge of course delegates. Work has also taken place regarding the longer term impact the Standard Child Protection training has on practice through the development of a longitudinal evaluation project, with follow up evaluations being sought from the delegate and their manager three months after course attendance. The data gained within the responses demonstrated that delegate's confidence levels remained in a similar position or had increased in the three months following training to those reached at the end of the course attended.

The evaluation format used on LSCB courses is about to be trialed on LSAB Safeguarding courses, to enable a consistency of approach to be adopted across the two workforces.

d) The LSCB sub group in partnership with Bath College developed an interactive assessment, designed to measure the effectiveness of safeguarding training, and reinforce learning. The assessment has been created to measure and test safeguarding leads competence in threshold understanding, risk analysis, decision making and knowledge of evidence based practice in relation to safeguarding. The launch of the competency project has currently been placed on hold due to development work taking place on child protection conferences and the impact this will have on training delivered and the format of questions within the assessment process.

Challenges faced in delivering the Agenda

a) As mentioned above, challenges have been experienced in the merging of the LSCB and LSAB sub group, with issues of representation and continuity of attendance being faced. The additional work pressures experienced by all agencies have also impacted on members' capacity to undertake sections of work forward on behalf of the group.

b) The additional demands experienced by agencies has also led to some challenges being experienced with the delivery of training with reliance taking place on a very committed but very small pool of trainers. This issue may become increasingly problematic with many of the experienced trainers who deliver the programme retiring, changing role or no longer working for a B&NES partner agency.

c) Practical challenges have also been experienced with the limited availability of affordable venues for courses with some venues already fully booked into mid-2018.

Priorities for the joint sub group

- a) To develop an annual training and development work plan, this incorporates actions allocated to the subgroup in the LSCB and LSAB Business Plans and development work agreed by the group.
- b) To develop the 'think family' agenda, through a program of course delivery, this includes integration of both adult and children's services in course delivery and delegate attendance.
- c) To develop a Training Evaluation and Impact Framework for 2018-19.
- d) To develop the quality assurance of single agency training & provide train the trainer training and support.
- e) To develop communication within LSCB and sub groups to ensure that training programme is informed by workforce issues and needs analysis.
- f) To further embed the longer term evaluation on the impact of training on practice, and utilise learning to develop course material.
- g) To Launch and embed the online assessment to evaluate competency of Safeguarding Leads, and evaluate its effectiveness
- h) To explore a wider method of delivery for safeguarding training including, online learning, workshops, masterclasses, reading and fully taught sessions. To increase the accessibility of the courses to a range of different professionals needs.
- i) Look at opportunities to increase availability of interagency and specialist training by ensuring the provision of training is cost effective for LSCB

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

This multi-agency fixed-life working group met between November 2015 and July 2016 to increase awareness and develop work with children affected by parental imprisonment. It produced a leaflet and model for local posters, materials to support multi-agency safeguarding training, local guidance and case studies. On receipt of its final report in September 2016, the LSCB agreed that these children would remain a priority group and that core safeguarding training should continue to highlight issues and equip staff to work with this group of children and their families.

There was also endorsement of the 'champion model,' an ambition that every agency has a key point of contact for colleagues to provide information and advice. Two supportive networks of champions are now convened by Peter Roberts from Children's Centres (for agencies working with younger children and families) and by Joan Cooper from Connecting Families (for agencies working with teenagers). Information for practitioners can be found on the Early Help 'app' and on the LSCB website. A training event about the iHOP Ten Quality Statements and Toolkit helped agency champions to assess their practice and write development action plans.

Outcomes

We continue to collect case studies evidencing the difference this initiative is making to individual families.

Challenges faced in delivering the agenda

Information sharing remains a work in progress at a national and regional level. Locally, agencies are encouraged to include children's experience of parental imprisonment in their assessments and find ways of recording and reporting on numbers.

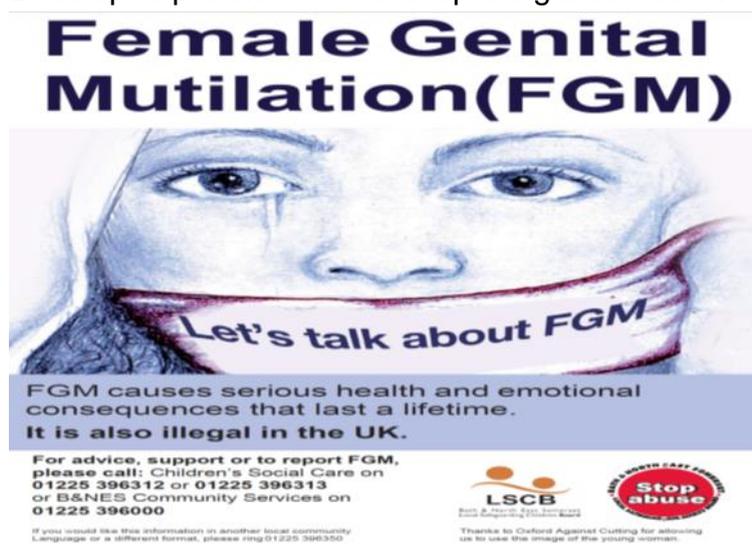
Ongoing work allocated through the LSCB Business Plan for 2017-18

1. Ensure champions are identified within schools.
2. Deliver a seminar or mini-conference in November 2017 to help maintain the local focus on this group of vulnerable children.

Female Genital Mutilation (FGM):

The FGM group was established in January 2016. The focus of the group is to provide LSCB and LSAB assurance that the workforce and community are aware of FGM and what to do if FGM is disclosed, identified or if there is concern a child or adult could be at risk of FGM. Membership consists of representatives from the Local Authority, health providers, education, BaNES NHS CCG and Curo. The group are tasked with:

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



Key Achievements

- FGM Multi-agency guidance developed.
- B&NES Council passed Motion against FGM which includes Zero Tolerance to the act.
- FGM Connect TV advert produced, screened in B&NES local authority areas.
- FGM poster for general public produced and distributed, poster includes detail of how to obtain copies of poster in different languages.
- FGM leaflet for professionals and public, agreed leaflet to be made available in different languages.
- FGM awareness level training requirements included in LSCB/LSAB quality assurance framework.
- FGM awareness level training package developed, training package approved at LSCB/LSAB Training and Development subgroup.
- Promoted FGM International FGM Day of Zero Tolerance on 6th February 2017.
- FGM mandatory reporting requirements incorporated into relevant agencies Contract.

- FGM survey audit tool developed, aim to gain assurance that the work of the task and finish group has raised awareness of FGM in children's and adults services.

Priorities for the sub group for 2017-18

- Ensure FGM survey audit completed and audit report presented to LSCB/LSAB
- Ensure FGM leaflet for professionals and public, is made available in different languages.
- Ensure FGM awareness level training package is available to agencies via LSCB/LSAB website and that agencies incorporate material in single agency and LSCB/LSAB training packages.
- Ensure 80% compliance for FGM awareness level trainings is achieved.

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 PRESENTATIONS TO LSCB

➤ Prevent / Counter Terrorism Local Profile

The Lead from the South West Counter Terrorism Intelligence Unit addressed the Board, the CTIU Officer summarised the risks in the UK. He also gave examples of three regional lone actors and the impact of their actions.

The Board watched a propaganda video of a masked man calling on Muslims to use any weapons they have at their disposal to fight against people opposed to their beliefs.

The LSCB were reminded of the Prevent/Channel Process Map for Referring a Concern of a Vulnerable Individual as it is important for members of staff within and associated with the Council to know where to go if they have concern that someone may be on the route to radicalisation. The CTIU Officer highlighted the future plans for B&NES which are being overseen by the Multi-agency Prevent Board.

➤ NSPCC Work in Schools

The NSPCC Schools Service Area Coordinator gave a presentation to the Board, as well as sharing the work of the NSPCC with the Board she was seeking endorsement from them of the NSPCC Speak Out, Stay Safe programme.

The Board was updated on the work undertaken in assemblies and workshops all of which are tailored to the age group. The Key Stage 1 and 2 assemblies cover: children's rights; case study and definitions of abuse; trusted grown-ups and ChildLine; and Recap and close of assembly. Key Stage 2 also undertake a Sack of Worries exercise: where Children are shown an empty sack and are asked to think of the types of things that may make a child feel sad, worried or unsafe. For every worry a plastic brick is placed in the sack. The following types of abuse may be mentioned; Emotional abuse, Physical abuse, Sexual abuse, Neglect and Bullying.

The children are asked which trusted adults they could talk to if they ever felt sad, worried or unsafe. For every adult suggested a brick is removed from the sack of worries. The sack is now nice and light demonstrating that speaking out can stop children from being weighed down by their worries.

The Board unanimously resolved to endorse the Speak Out, Stay Safe programme; it was then presented the Child Protection Forum in October 2016 for all education establishments with LSCB endorsement.

➤ **Demonstration of proposed joint Safeguarding Website**

The Board were consulted on a proposed joint safeguarding website which will sit separately from the B&NES Council website and be more accessible and user friendly. The new website design and build is being led by Dami Howard, Business Support Manager, it will have a clear section on safeguarding children and young people and safeguarding adults. The children and young person's section will then be broken down into 'I am a child'; 'I am a parent/carer'; 'I work with children'; 'information for the public' and the 'LSCB'.

➤ **Young Persons experience and participation**

The Member of Youth Parliament gave a presentation to the Board on the work of the Youth Forum, Senior in Care Council and Youth Parliament. She explained that her role was to:

- Listen to what impacts young people most
- Campaign on the issue
- Reflect on the results

The following campaigns have taken place in 2016-17:

- Make Your Mark
- Mental Health
- Fitness (Senior in Care Council)
- Confidentiality (Senior in Care Council)

The B&NES Secondary Parliament took place on Thursday 2nd February at Norton Hill School. Over 100 young people attended from 12 different secondary schools, from a range of settings, including one special school and Mentoring Plus, the Youth Forum, Senior In Care Council and Off the Record.

Workshops took place on the day to explore the benefits and barriers of:

- Sports and physical activities
- Volunteering
- Uniformed groups e.g. Scouts, Guides, Cadets
- Accessing the arts - Why do the Arts Matter?

A list of action points were taken back to their schools and settings and participants were asked to do their best to inspire other young people.

The LSCB now plans to work more closely with the MYP and Youth Forum on the LSCB Business Plan, Young person's guide to the LSCB and Annual report; and the Education S175 self-assessment audit to find respond and be led by what matters to children and young people.

9.3 **HOUSING & BENEFIT CHANGES**

Curo Housing Group introduced this report to the Board about forthcoming changes in welfare benefit. B&NES is a pilot area for the roll out of Universal Credit (UC). As at 10/08/16 Curo had 378 households on Universal Credit in BANES.

The Board were made aware of the following points of information:

- UC rolls all benefits bar Child Benefit into one single monthly payment – claimants will need to budget to make this last through the month.
- Most claimants will have a 35-42 day wait for their first UC payment. UC is paid monthly in arrears.

- UC is a digital benefit – all claims are made and managed on line.
- All UC claimants have to agree to a “claimant commitment” in order to receive their benefits.
- UC is paid into a bank account to one household member
- Managed payments are available for eligible claimants. This can include housing costs being paid to landlords, more frequent payments and split payments in cases of domestic or financial abuse. More frequent payments and split payments are rarely used.
- There were issues relating to this for people coming out of prison and not receiving benefits immediately. She added that people under the age of 35 should be placed in appropriate shared accommodation.

The Board agreed the potential child safeguarding risks that this issue could create and the Chair has since raised the matter at the next national meeting of LSCB Chairs. The paper is available on the LSCB website: [Welfare Reform Information 2016](#)

9.4 **Early Help:**

Prior to the Early Help Board reporting into the LSCB – routine reports were received by the Board about progress with Early Help and its effectiveness, below is an extract from the Early Help newsletter July 2016. Newsletters can be found [here](#)

Early Help works!

We are delighted that at last we have been able to compare our performance as a Local Authority to Early Help with another area. Since 2014, we have consistently kept the conversion rate from CAF to a social care assessment well below 10% - indicating that preventative, co-ordinated packages of support do work! In a recent Ofsted inspection in March 2016 of the Royal Borough of Kensington and Chelsea praised the authority for keeping the conversion rate below 15%. A good benchmark for Bath and North East Somerset and at 10% conversion rate, we hope you agree that this proves our multiagency commitment to a preventative approach.

‘Family Support and Play Service 2016-2018’: The Preventative Services Commissioning Team within Bath & North East Somerset Council commissioned a new Family Support and Play Service for children, young people and their families from November 2016. The service is run by Southside, Meade House, Wedgewood Road, Bath who are delivering the service in partnership with Bath Area Play Project.

The eligibility criteria have changed and the service provides targeted support and early help to vulnerable families with children aged 5-19 years. It will work alongside Children’s Centre services and Connecting Families to deliver a coordinated early help offer to families in B&NES.

9.5 **Children Placed ‘At Distance’:** The Annual Sufficiency Report 2016 provided assurance to the LSCB via the Policy, Procedure and Performance Monitoring sub group (PPG) on the commissioning and availability of placements for children. The report confirms B&NES does have enough provision locally – not for all specialist needs where we sometimes need to place children further afield, but as close as possible to B&NES.

That said more foster carers are needed in Bath and in B&NES generally; approximately 50% of foster carers live just outside the B&NES boundaries (within 20 miles). There is one children’s home in B&NES, which is new and full, but with no B&NES funded children are living there. Commissioning are about to go to tender for Leaving Care Provision to provide some quality assurance to them as not regulated by Ofsted or CQC. All other

service quality checks are in hand.

9.6 **Private Fostering 2016-17:** 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. In 2016-17 there were four children placed in private fostering arrangements and assessed by Children's Services, by the end of March only one of these placements was still active. The LSCB is working with the Council on a Private Fostering action plan and had a report to the Board in March 2017. The full report which comes annually is scheduled for June 2017. In the interim the issue has been raised with language schools and with education establishments by asking specific questions as part of the Section 175 Safeguarding in Education Self-assessment and plan to triangulate their responses with Children's Social Care and to present on the topic to their Child Protection Forum in May 2017.

9.7 **LSCB THEMATIC REVIEWS:** the Board has undertaken three themed reviews in their quarterly meetings during the period:

➤ **June 2016: 'DOMESTIC ABUSE – THE IMPACT ON THE CHILD AND THEIR PROTECTION'**

Supporting victims of domestic violence and abuse has been a high priority for B&NES Council, NHS Banes CCG and the Police Crime Commissioner for a number of years. All of whom commission a range of victim and perpetrator support services and it is one of the priorities of the Health and Wellbeing Strategy.

In B&NES the RAG has overall responsibility from a community safety perspective and the LSCB and LSAB are responsible when there is a child or adult with care and support needs at risk.

The LSCB were reminded of the Complex 'Toxic' Trio, the parental risk factors for a child on Child Protection Plan. They are Domestic Abuse, Substance Misuse and Mental Health. Local data from 2015-16 was shared to highlight this.

The Board were made aware that Intergenerational Domestic Abuse can impact significantly on children and young people and this includes their understanding and forming of social and personal relationships, emotional, behavioural and physical, educational issues. Research into intergenerational domestic abuse also known as the "cycle of violence" highlights differing views. Some refer to a clear link between children and young people being exposed to domestic abuse becoming "perpetrators" or "victims" in adulthood.

There was a presentation regarding Domestic Abuse Provision including local specialist services available and local data:

Profiles - Estimated that 5,936 women aged 16-59 in B&NES experienced Domestic Abuse in the past year.

66% of child protection cases in B&NES in 2014-15 cited Domestic Abuse as a risk factor.

The Board listened to an audio clip to the Board of a 911 call from a little girl telling the Police that her mum was being attacked by her partner. <https://youtu.be/G ht2vAYPoc>

Members of the Board worked in groups to identify areas they could work together on and to share with the RAG.

➤ **September 2016: EARLY HELP**

Early Help is a priority for the LSCB and this themed review aimed to gain a more

accurate picture of how effectively local partnership arrangements for early help services are improving children and family outcomes, reducing risks and preventing them from escalating (or taking further action where they do).

The Board was made aware that the positive impact of Early Help is starting to be demonstrated by the number of young people and families achieving positive outcomes as a result of the targeted support they receive.

Four small group discussions then took place to provide actions or challenges relating to the following three questions:

1. Based on the information in this paper and your agency's experience, are you assured that Early Help in B&NES is effective? If not what else would you like to see?
2. How confident are you in your agency that where you are delivering early help to children and families, that they know what is in their plan?
3. Can you share your experience of quality assuring the delivery of early help, either in your agency or through the CAF group?

The LSCB resolved to take a prime responsibility for Early Help and agreed to receive a further report in December around revised arrangements for quality assurance and governance and to then receive an annual report each September from 2017 on the effectiveness of Early Help.

➤ **December 2016: VOICE OF THE CHILD – ‘DOES YOUR AGENCY WORK IN A CHILD FRIENDLY WAY?’**

The aim of the session was for LSCB members to critically reflect on what their agency can do better to hear the Voice of Children. Working Together 2015 requires organisations to have arrangements that reflect the importance of safeguarding and promoting the welfare of children, including: a culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services.

The Board heard from a Family Nurse, from Sirona care and health, St Martin's Hospital about her work with young parents. A local nursery Manager spoke of the importance of listening to children in their early years. She said relationships were key and that time should be taken to get to know the individual, establish likes and dislikes, use of art and craft, photographs, stories and pictures, imaginative play, observations. She concluded by saying that if we value the 'voice of the child' we are more likely to be tuned to the concern, the worry and as a result better able to act appropriately and secure the very best outcomes for children.

The LSCB were reminded of the PPG sub group's audit in June 2014 which raised questions about the quality of practice in how children were listened to and there was a lack of evidence that showed an understanding of what their daily lives were like. In January 2015 the audit noted significant improvements, including advocacy being included within the minutes of the Conference with an interpretation and analysis from the Chair. Observations about behaviours and feelings for younger, non-verbal children were well presented and there was a reassurance from hearing consistent messages from different professionals about what the child's life is like. The February 2016 audit was re-assuring and that the PPG has now integrated auditing whether children's voices are reflected in case notes within all of its audits. He said a recent audit looking at the protection of children with disabilities showcased some excellent work in how to consider the wishes of a child with global developmental delay and communication needs.

The LSCB Lay Member spoke of her time as a Social Worker and how she had worked using images and imagination with a physically and emotionally neglected seven year old boy to ascertain his feelings.

Board members then worked in small groups to discuss how their agencies listen to the Voice of the Child. In March 2017 the Board was updated on the impact of the themed review on agencies' practice based on the responses received after this themed review.

9.8 **Other Annual Reports:** the LSCB received annual reports from Child Death Overview Panel; the Child Protection Chairs, the Local Authority Designated Officer (LADO) and the Independent Reviewing Officer Service (IROs) 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.

- **Child Death Overview Panel (CDOP):** The CDOP is set up so that University of Bristol delivers the work and the four LSCBs (ex-Avon) make up one CDOP. Throughout 2016 - 17 B&NES have maintained a regular presence as part of the CDOP. There have been nine children resident in B&NES discussed by CDOP and four of those deaths identified modifiable factors deaths this year. A modifiable factor is defined as a factor, which may have contributed to the death of the child and which, by means of locally or nationally achievable interventions, could be modified to reduce the risk of future child deaths'. An example of a modifiable factor might be a death resulting from a vaccine preventable infection where the vaccine had not been given to the child.

The learning points and recommendations that were identified in the discussion are:

- Importance of discussion about rapid response in circumstances where the medical cause of death is known but the pregnancy had been concealed
- LSCB unborn baby policy to be amended to include concealed pregnancy and ensure a conversation with social care is triggered. (Revised March 2017)
- Importance of clear communication to manage parental expectations
- The conduct and parental support going through Coroners post mortem should be reviewed and strengthened.

The Designated Doctor for Child Deaths presented the CDOP Annual Report to the Board in September 2016. She stated that during the period 2011-2016, 581 child deaths were notified with 36 of these being within B&NES. She said that 11 deaths had yet to be investigated.

This year's annual report focus was on suicide and deliberate self-inflicted harm. This includes children who are known to have chosen to take their own lives and children that died following risk-taking behaviour, whose intention remained unclear following a full investigation and Coroner's inquest.

In the period between 1st April 2011 and 31st March 2016 CDOP reviewed the deaths of a small number (< 15) of children who were felt to fall into this category. In 84% of cases the method of death was hanging/strangulation. Two case studies were shared with the Board.

The LSCB is assured that all child deaths are reported as required and the numbers remain low in B&NES.

[West Of England CDOP Annual Report 2015-2016](#)

- **LADO:** in 2016-17, the total number of referrals to the LADO during this period was 198. This covers safeguarding enquires, and cases which require an investigation whether through a LADO strategy or an internal investigation undertaken by staff/ volunteers employers. This figure compares to a total of 129 cases in 2015-16 and 75 in 2014-16. This is an increase of 160% over 3 years and a 65% increase on last year, with clear evidence

of increasingly diverse organisations being responsive to allegations management processes. Of those referrals which meet the LADO threshold the largest category with 34 allegations, is of physical abuse, this is in keeping with previous years' trends and national trends. Of note nearly 70% of these allegations related to staff linked to educational settings including Early Years, Schools and Higher Education. Of the allegations of physical abuse, just over half were managed successfully through internal investigation, whilst 12 had more proactive involvement from with the police or children's social care in investigating the allegation. This year saw a notable increase in formal police investigations, with 19 initiated, of which there were 4 prosecutions, with 11 investigations open into the next financial year. The full LADO report was taken to the LSCB board for scrutiny.

- **IRO:** LSCB noted that the IRO Service continues to report that they have chaired reviews without up to date (i.e. within the last 2 years) assessments. However significant progress has been made in last 12 months in updating assessments. IRO's highlighted the concern that the quality of assessments was not consistent and this issue has been shared in feedback to relevant staff.

The IROs audited 20 children who are placed outside the actual geographical border of B&NES and highlighted good practice.

Child Protection Chairs: Highlights include the fact that 90% of Conferences have one or both parents plus carers and often other family members in attendance. The focus on Parental participation is the central factor in safeguarding children and the family members need to have a central role in our Conferences and in planning what needs to change.

It is re-assuring to note that participation of both parents has been at 48%. Whilst 12% of fathers have attended the Conference alone, mothers continue to represent the majority of parents who will come to conference unaccompanied and more likely as the sole carer of the children. It is understandable that parents will not always be able to attend a conference and when they do it aids better working relationships to ensure the safety of children and young people.

The sharing of the Social Workers' Reports for Child Protection Conferences is a key priority and it is important that parents and carers have sight of the draft reports at least two working days before the Conference. The required standard in B&NES is that all the reports should be shared with family members, their comments about the report and the proposed plan noted and included in the report. The report is then authorised by the supervising Manager, together with their comments being included, and this must happen at least 48 hours in advance of the Conference.

Young People's use of Advocacy is also significant for the Board to be aware of:

Advocacy accepted: 59%

Advocacy declined: 24%

Advocacy refused: 17%

Children and young people have raised with advocates that they would like a child friendly Child Protection Plan – or plans with more child friendly outcomes- and this is as an area that the CP Chairs will work on with the Social Workers during the next twelve months.

A history of drug use involving one or other parent or carer is a factor in 44% of Initial Child Protection Conferences (ICPC), compared to the previous year's figure of 31%. This is the highest this figure has been in the last eight years. The increase will be shared with Council Commissioning colleagues to ascertain whether they have seen the same increase in drug services.

- **Police and HMIC report:** the LSCB noted the content of a report from Avon & Somerset Constabulary on progress made. Seven recommendations had been implemented following the publication of the HMI report. There was a force wide Action Plan in place alongside a series of Information Management Plans. Weekly meetings took place to discuss certain

cases.

9.9 **Section 11 Audits:** After a series of meetings with the other Business Support Managers, B&NES, Bristol, North Somerset and South Gloucestershire LSCBs had previously agreed to run a three year cycle of Section 11 audits. The full Section 11 audit was undertaken electronically in Quarter 1 of 2016, in partnership with North Somerset, Bristol and South Gloucestershire. This allowed 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 is of particular benefit to agencies who work across those areas). In Quarter 4 the LSCBs followed 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.

In December 2016 the Board received two reports: the six month update on action plans from the mini-themed CSE audit of 2015-16; and the full Section 11 Audit Report 2016. The CSE update report assured the Board as we received updated plans from all 17 partners and only six of these now had any ambers identified and clear actions to address these. The grid clearly showed progress by several agencies removing the few reds and turning many amber questions into greens.

The full Section 11 report evidenced where agencies had rated themselves as red, amber or green in response to nine questions in line with Ofsted gradings. All agencies completed this audit, including various Council departments, and B&NES received the highest number of returns. The individual responses were analysed in detail and a grid collated of all colour-coded responses. There were no reds identified. Areas of strength for B&NES

The three Standards in which organisations working in B&NES felt the strongest are:

- There is effective Information Sharing
- A clear line of accountability within the organisation for work on safeguarding and promoting the welfare of children
- Senior Management commitment to the importance of safeguarding and promoting children's welfare

As can be seen from the comparison table in Appendix 1 the self-evaluation responses indicate an overall increase in scores in most areas, although it is difficult to be definitive about this given the different scoring methods used in 2014 and 2016.

The three main areas of weakness identified in B&NES are:

- There is effective inter-agency working to safeguard and promote the welfare of children
- There is effective training on safeguarding & promoting the welfare of children for all staff working with or, depending on the agency's primary functions, in contact with children & families
- Safer recruitment procedures including vetting procedures and those for managing allegations are in place /4. Service development takes account of the need to safeguard and promote the welfare of children and, where appropriate, by the views of children and families.

In March 2016, the Board received a report on the six month follow up on their full section 11 action plans which all but one partner had submitted. The submitted action plans gave much assurance to the B&NES LSCB of progress and actions taken by LSCB member agencies to improve their safeguarding practice and processes and to build on the views of children and young people and their families. This will enable more meaningful assessment of the impact on children and young people. It must however be noted that the Section 11 is a self-assessment audit tool and no work has been undertaken by the LSCB to validate any statements or evidence.

The Board has resolved to undertake one themed audit in 2017-18 and one in 2018-19. The theme for 2017-18 across the four LSCBs will be 'Interagency Working and Information Sharing'.



9.10 Safeguarding in Education Section 175 Audit: Following on from the Safeguarding self-assessment audit that 100% of education establishments completed by March 2016 on their safeguarding practice in 2015-16. The 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.

A full report was presented to the LSCB in June 2016. At this meeting the Board also approved a proposal to do sampling visits to a random selection of 10% of establishments in B&NES to quality assure the audits. These visits took place in June 2016 with an Executive Summary being presented to the September Board. Both reports were shared with all education establishments and gave the LSCB assurance of the work being undertaken in education in all aspects of their work to safeguard children and young people. The reports were then shared in October with the Child Protection Forum for all education establishments and the Strategic Director's briefing with Head Teachers and the briefing for Governors.

In October 2016 the LSCB contacted all 24 establishments that had identified 'reds on their action plan and over 50% returned updated action plans after six months, and many did on their 'ambers' when no reds were identified and this had not been requested by the LSCB. The 2016-17 audit was amended in line with legislative changes and included new questions relating to those changes and prioritising private fostering and LADO referrals. It was sent out to all education establishments in December 2016 and completed by March 2017. The LSCB very gratefully received again an impressive 100% return from all establishments. The overview report is being presented to the Board in June 2017.

9.11 Engagement with Children and Young People:



B&NES Council has a contract to deliver our model of **Participation** between 2016/2019. Our contract is with Off the Record a local organisation based in central Bath.

<http://www.offtherecord-banes.co.uk/>

The following is an overview of the participation work undertaken by the In Care Councils, Youth Forum and the Young Inclusion Advocates, April 2016 - March 2017

Senior in Care Council - SICC:

- Wrote and scored interview questions for Deputy Safeguarding Lead.
- Wrote and delivered presentation about work experience campaign to ICC steering group
- Updated poster 'What makes a good social worker' with carer leavers and their own additional feedback. On B&NES Social Care recruitment page
- Put care leavers feedback in a 'young person friendly' format
- Delivered a presentation for the IROs - as a result the care review "Your review" has been updated and the wording changed.
- Wrote a PowerPoint for IRO training day
- Feedback about LAC packs
- Gave a presentation to Education Students at Bath Spa University.
- Were involved in the interviews for the post of Virtual Head
- Wrote and scored questions for IRO/CP chair Interviews
- Attended Corporate Parents Group and met with Corporate Parent Chris Watt
- Took part in a PHD project run by a care leaver
- Attended 2 In Care Council Steering groups
- Took part in a BANES in care/care leavers sexual health consultation
- Interviewed for LAC Nurse position
- Gave Feedback on Health Passports
- Gave Feedback on Work Experience – leading to a Virtual Schools questionnaire and event covering work experience
- Wrote scenarios for the BANES PSHE mental health pack
- Attended PDS meeting

Junior in Care Council - JICC:

- Social Care and OTR have undertaken successful two social events, and additional 1- 1 visits to children aged x 7 + as part of advocacy consultation
- Given feedback on Child Friendly Children in Care Plans

Care Leavers:

- Two social events and feedback given about their experiences "Keep it, Kick It".

Youth Forum:

Main focus of their work has been Make Your Mark (MYM) a young person led national campaign.

(The Deputy Member of Youth Parliament (DMYP) is also a member of the SICC)

- The Deputy Member of Youth Parliament (DMYP) created a PowerPoint for the (MYM) campaign used by Members of Youth Parliament's across the country
- An Inclusion Advocate helped create the inclusive ballot for MYM which has been used nationwide and includes the OTR and BANES Youth Forum logo (created by our young people).
- Youth Forum delivered workshops and presentations on MYM
- DMYP created a PowerPoint for Don't Hate Educate Campaign (again used nationally by MYP's and workers).
- DMYP/SICC member gave an excellent presentation on Mental Health and Wellbeing at 2016 Primary Parliament
- MYP attended PDS meeting with PSHE lead talked about Mental Health Pack and feeding back to schools about Mental Health including findings from Young Parliament Day 2016.
- MYP Annual Sitting taking part in debates, workshops and attending Key Note Speeches.
- MYP, DMYP and UK Youth Parliament Procedures Group young person lead met to analyse mental health survey data
- Consultations with Virgin Care and NHS England

- CAMHS commission
- Your Care Your Way
- Attended PDS meeting
- Created a tree for the Forest of Imagination event
- MYP attended the House of Commons MYP's debate aired on National TV
- MYP and Youth Forum member attended debates in the House of Commons including 50:50 Parliament and Equalities debates
- Created scenarios for a PSHE mental health video

BANES Young Inclusion Advocates:

- Young Inclusion Advocates (BYIA) session was inclusive for disabled and non-disabled young people. Young people gave feedback on the short breaks statement including a request for an easy read/widget version, gave quote for the statement .
- Created inclusive ballot paper for MYM.

Useful links to:

Participation and consulting with Children and Young People

Click below

<http://www.bathnes.gov.uk/services/your-council-and-democracy/consultations/consulting-children-and-young-people/strategy-part>

Here you will find a range of documents that evidence how we engage with our children and young people in B&NES

Both the Member of the Bath & North East Somerset Youth Parliament (MYP) and the Deputy (DMYP) attended the LSCB Communications sub-group in 2016-17 and have been developing the young people's LSCB webpages.

9.12 Asylum Seekers and Refugees

- Over the past 12 months B&NES Council has accepted nine additional Unaccompanied Asylum Seeking Children; all nine of these children have been placed through the National Dispersal Scheme which was launched by the government in May 2016. These additional children bring the total of UASC's in our area to 13. The National Dispersal Scheme states that each LA area should take a number of UASC's equivalent of up to 0.07% of our 0-18yrs population. For BaNES this means that we may be required to place up to 23 young people through this scheme. Currently, the majority of these additional young people have been placed in close proximity within South Wales. These placement decisions have been carefully considered but take into account the availability of foster-carers with previous experience in caring for Un-accompanied asylum seeking children, as well as having established support networks and easy access to culturally appropriate resources/communities. The majority (although not exclusively) of these young people have come from Eretria or Ethiopia. All of the young people have settled well and have made significant progress in the time that they have been in foster-care. All local agencies have liaised appropriately to ensure that education and health-care needs have been adequately provided and progress is monitored regularly. We expect the placement of further young people to occur at points throughout 2017-18, but are confident that we now have proven and tested multi-agency arrangements to manage these young people and to provide a good level of care and support.
- Following the Government's announcement to step up the Syrian Vulnerable Persons Resettlement Scheme in 2015, the Connecting Families Team was requested by the

Chief Executive 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 over the last year. These families are settling in well and 3 of dads are now in employment and 1 is enrolled for Bath University in September. All of the children are in school or nursery and doing well, all of the family members are engaging with Bath College who are helping them to speak English.

9.13 LSCB and LSAB Stakeholder Event (January 2016):

In line with this collaborative approach of the joined training sub groups for the B&NES Adults and Childrens Safeguarding Boards, it was agreed that this year's stakeholder's day would be a joint event between the two boards. It was hoped this approach would encourage practitioners from all sectors to take a 'Think Family' approach to working with those impacted and affected by Domestic Violence and Abuse.

The joint event provided a valuable opportunity to share ideas and information and establish clarity about respective roles and responsibilities to aid positive working across organisations. However, the variety of professionals attending the day led to additional complexities in creating the programme content as domestic abuse is a multifaceted topic and there would be a differing level of knowledge held within the room. To try to balance the learning needs of the adult's and children's workforce it was agreed that it was important to give an overview of the subject, then focus on specific areas which are prevalent in the work undertaken with families, including the importance of understanding coercive control.



The whole day was facilitated externally and included workshops, table top discussions and group feedback.

The first presentation provided an overview of Domestic Abuse, which included information on the definitions used and the Law. Delegates were invited to attend two of three workshops to explore the issues further these included:

Workshop A: Concentrated on Working with complexities: DVA, drugs/alcohol and mental ill health.

The workshop was run by the B&NES Drug and Alcohol Treatment Service Manager for Developing Health and Independence (DHI), a qualified social worker since 1994 working in the statutory sector in child protection/safeguarding children and a specialist social worker and safeguarding lead for the drug and alcohol treatment system in B&NES.

Workshop B: Focused on the topic of Intergeneration abuse (including Parental Abuse – teenagers abusing parents).

The workshop was run by a qualified IDVA with nearly 10 years' experience working in the voluntary sector for specialist domestic abuse agencies. She has also managed a

specialist service in the UK that was dedicated to working with adolescents and parents where parent abuse was taking place. She recognises that there is often a heavy element of intergenerational abuse and in response to this delivered support with a trauma and attachment perspective.

Workshop C: Specifically considered Domestic Violence and Abuse (DVA) and adults with care and support needs.

Feedback

It was felt that the Stakeholders event provided an excellent opportunity to promote the positive interagency work that is taking place across the authority, and therefore a children's case study was shared prior to lunch and an adult's example was shared after lunch.

The feedback provided by delegates was overwhelmingly positive about the day being a joint event for the Adult's and Children's Workforce. The response from delegates suggested that the content of the day equally catered for both the adult's and children's workforce and provided a beneficial opportunity to theoretically and practically consider the 'Think Family' Approach. The joint training event also generated considerable discussion about future topics which could be explored in a similar arena. The information gained through the workshops and table top discussions was forwarded to both the LSCB and LSAB to enable learning to be gained by the Boards and disseminated into future projects as appropriate.

- 9.14 **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.

The first Development Session took place in April 2016. The purpose was to have an overview of existing and future Commissioning Assurance Mechanisms in relation to safeguarding from all key partners; to discuss the Board Assurance Framework; to agree the Board indicators for partners when completing their partner reports for this Annual Report (see Appendix 5); and to review the Thematic Discussions that take place at each Board meeting.

The second Development session was held jointly with the LSAB in February 2017 to agree a Vision and Values Statement for the LSCB/LSAB; to review and agree future actions on the areas of joint working included in Appendix 6; and to undertake joint learning and agree actions around 'Think Family' and the Complex (Toxic) Trio through discussion and groupwork focusing on a particular case.

- 9.15 **OTHER RELATED WORK:** 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 on all of the following in relation to these activities it is all recognised to contribute to the Board's agenda and reported as relevant.

- 9.16 **Work of the Connecting Families Team:** The Government's Troubled Families Initiative (known as Connecting Families in the B&NES), the target is to work with 700 families by 2020. To date we have identified 500 families, who all have a lead worker and an assessment and lead worker from a range of professionals linked to Children, Young People and Families Services. The Core team has worked with 168 families during 2016-17 and to date we have claimed a payment by results for 167 families, this means we are on track for 2016-17 targets. In a recent annual report for England completed by the Troubled Families Unit we have been benchmarked as 9th in England out of 152 Local Authorities and 2nd against areas of a similar size.

The Government have 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, low school

attendance, crime and Anti-Social Behaviour, Domestic Abuse and poor health. This has led to an increased focus on the impact of worklessness and homelessness as issues that contribute to poor outcomes for families linked to poverty issues within families. Therefore the team 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. Working in close partnership with the Early Help Board has enabled a real transition with a wider range of Services, including testing out the Troubled Families the transition plan, as a result of all of this positive work B&NES has been asked if it will be involved with a pilot peer review project over the summer of 2017.

9.17 Work of the MASH Project Board: The MASH went live in September 2016, and following the launch we separated the functions of the Board into an Operational group and the Project Board which continues to have a more strategic oversight of the progress of the MASH. The Project Board has recently agreed to hold a half-day review workshop to look lessons learned from the first nine months of the MASH and agree any systems/operational changes to the way that work is managed between agencies. The operational group has also developed a good data set to measure the speed of decision making and the rate of referrals into the MASH. This data set will be used as the basis for much of the discussion at the review workshop.

9.18 Work in Educational Establishments to Keep Children Safe:

School Improvement and Achievement Service

The Director of Public Health Award is the main vehicle for the delivery of all aspects of safety education, including identifying and managing risk and also gives schools a way of measuring impact. 32 certificates were achieved by the College, schools and early year's settings in 2016/17.

The DPHA Coordinator and PSHE Lead have worked closely to support schools during the year; highlights of this work are listed below:

- Worked closely with the NSPCC to promote workshops about abuse for pupils in primary schools. The regional manager for this programme and 2 volunteers have also attended the PSHE CPD course. The manager completed the course in June 2016. The others are due to finish in June 2017.
- Supported over 50 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.
- Worked closely with Stonewall (Ranked Number 1 Local Authority in the UK, 2015-16 and 2016-17 for our work around LGBT issues) to ensure support for LGBT young people and to raise awareness in schools and other settings.
- Received Mental Health Transformation Funding to facilitate 2 subsidised mindfulness courses for Primary teachers to support both staff and pupil mental health. The course included 2 sessions developing activities to use in the classroom with children (Relax Kids).
- 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) These packs have both been launched and delivered to secondary and primary schools in B&NES (staff have received training on content and delivery).
- Positive mental health for the whole school community (including SLT and other staff) is promoted at all our training events. Some schools have received SIAS input in well-being for staff at INSET days.



- The PSHE Consultant has worked with Public Health and the school nurse team to develop an inclusive set of SRE resources for primary schools in readiness for mandatory SRE (recently announced by the Government) These include activities on staying safe , on-line well-being , puberty , positive and healthy relationships and assertiveness skills . We have worked with Off the Record and the Challenging Homophobia, Biphobia and Transphobia Steering Group to ensure the lessons are LGBT inclusive.
- Included scenarios around FGM in both PSHE and Equalities training.
- Delivered a training course for school staff to enable them to support children and young people facing bereavement.
- The school improvement policy, which includes safeguarding criteria, is used by schools to self-categorise and establish with us which schools need further support. Senior School Improvement Advisors check aspects of schools' work to keep children safe as appropriate during their visits to maintained schools and those academies that buy our services. They feedback to the safeguarding team questions and concerns that school staff may have.
- School improvement is represented at SCRs (where the child is of school age) and feeds back recommendations from SCRs to Head teachers as appropriate.

The Work of the Virtual School:

The role of the Headteacher of the BNES Virtual School centres around promoting and ensuring priority of the educational achievement of our Children in Care, in order to support each child to achieve his or her educational potential.

The Virtual School of Bath & N.E Somerset will fulfil this aim over the next 2 years through:

- Ensuring all Children in Care have aspirational targets set within each academic year and are taught within high quality schools and provision in order to reach these goals, with as little disruption as possible in placement
- Tracking individual performance information on progress, attainment and attendance and intervening quickly when these are not as expected
- Training all Designated Teachers, named Governors or equivalent, Social workers and other professionals on role responsibilities, educational changes and expectations, best practice and resources.
- Empowering carers in how to support learning at home
- Supporting with Personal Education Plans (PEP) for Children in Care within nursery provision to support early intervention within learning
- Managing and ensuring the most effective impact of the Pupil Premium Plus funding which was allocated for all Children in Care, ages 4-15 years on the 31st August 2016. This involved detailed discussion and target setting within each Personal Education Plan to support educational progress and outcomes particularly focusing on literacy and numeracy.
- Evaluating impact and reporting to the Corporate Parenting Panel

There will also be a new role to offer support and guidance where Children in Care have become adopted from care or under Special Guardianship Orders

Child Protection Forums: the Council and LSCB facilitate child protection forums twice a year for all school and College Designated Safeguarding Leads, these forums support the leads to keep abreast of legislative changes, local practice and procedural changes. Issues covered at the 2016-17 meetings include: NSPCC presentation on their work in primary schools; Section 175 Self-Assessment Safeguarding in Education Audit Report, Revised LSCB Training Guidance and learning for all; Sexually Harmful Behaviour & what schools need to do; changes to Keeping Children Safe in Education September 2016; Guidance to Safer Working Practices 2015; and LSCB updates.

- 9.19 **Work of 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 by giving young people a holistic understanding of the risks of particular activities, behaviour or situations and empowering them to make positive choices, encouraging young people to consider consequences and alternatives so they can make informed choices.

The Open Access service is provided by the Youth Hubs (Southside, Peasedown, Radstock and Riverside) and the Mobile Youth provision (Foxhill, Bishop Sutton, Chew Stoke, Paulton, Timsbury). This year there have been 2 detached /outreach Programs in Bath central and Westfield, Radstock which work with young people on the streets to engage young people in positive activities. Often these young people are engaged in anti-social behaviour.

All Youth Connect hubs are SAFE accredited which means they can deliver a range of sexual health services to young people. A particular area of work this year has been working with young people who are transgender and supporting them to be who they are.

Youth Connect work with a variety of agencies such as sexual health services and Project 28, who visit the projects offering 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.

Where young people are receiving a Targeted Service, this can be in in Schools, Colleges, Youth hubs or wherever the young person feels comfortable; they work with Personal Advisors and Targeted workers to look at the issues that are affecting them and plan for the future. This includes those who have been at risk of suicide and self-harm and the work that staff have done has helped to keep young people safe from harm and build their confidence and self-esteem.

Young people who are actively engaged in education employment and training are likely to have a more positive mental health and wellbeing and therefore are more successful in life. Personal Advisors support young people through these transitions into the next phase of their lives. An area of work that has increased this year is working with vulnerable young people, including those with SEND and those who are unable to access education and employment due to physical or mental ill health issues or have been excluded from provision.

The in to EET (Employment Education and Training) panel has been set up as a multi-agency panel, which looks different pathways to enable young people to move forward with their next steps. Issues raised have been young people with severe anxiety and chronic fatigue. Working with Bath College has enabled some new approaches to be developed to support these young people.

Youth Connect also run targeted group work sessions which support young people who have been identified as needing a small intervention 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 smaller more supportive groups. 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.

9.20 **Work of the Responsible Authorities Group (RAG):** the work that the RAG contributes to safeguarding children and young people during the year includes the following:

IRIS GP referral scheme - The Clinical Commissioning Group (CCG) made a significant commitment to reducing domestic abuse by taking on responsibility for and funding the IRIS programme, a new preventative service, until 31 March 2018. The local IRIS 'team' has made outstanding progress in recruiting nearly all GP practices in B&NES, 19 out of the 25 surgeries are fully trained. Unfortunately the 6 that remain untrained mainly cite lack of capacity to attend the training as the reason why they have not taken up the offer. At October 2016 a total of 218 staff were trained including 59 GPs, 90 reception staff, and 35 nurses.

At present time the IRIS worker has 57 open cases a further 8 lower risk cases referred into the scheme are being supported by a volunteer. These figures far exceed the 15 referrals per quarter set out with the commissioning documents. Further preventative work includes the "medium" and "low" risk domestic abuse service for survivors, co-located with Avon and Somerset Constabulary and Curo Group at the Lighthouse Victim Care hub, has had a busy year and the service has now reached capacity.

Domestic Homicide Reviews - During 2016-17 four domestic homicide referrals were made by the police; RAG was consulted on each case and two domestic homicide reviews (DHR) were carried out. The results of the first DHR have been approved by the Home Office and will be published on the Council website in due course. The second DHR has been completed and the report has been submitted to the Home Office for approval, at the time of writing we are waiting for a response.

Work with Communities - The RAG has oversight on the body of issues of concern to local people. Antisocial behaviour in public open spaces generates a significant amount of work for officers. The RAG has investigated the nature of this issue locally. Discussions highlighted the consensus view that people who engage in a street-based lifestyle even where they perpetrate anti-social behaviour may themselves be vulnerable. Responses need to recognise that fact, for example the proposed Public Space Protection Order that is being consulted on will be supported by the work of the multi-agency Task and Targeting Group which uses proactive outreach as well as criminal justice approaches to target those people causing concern.

Partnership Participation in the work of the RAG continues including the RAG strengthening its ability to respond to the challenges caused by hidden harms such as Domestic abuse and FGM.

Female Genital Mutilation (FGM):

The Council's FGM group works to encourage a multi-agency approach to this serious issue, along with ensuring the comprehensive integrated violence against women and girls strategy is resourced and supported. A motion to Council on zero tolerance and raising awareness of FGM was approved.

Modern Slavery: B&NES Council is an active member of the regional anti-slavery partnership and the Avon & Somerset Anti-slavery Board with an aim to raise awareness of modern slavery amongst all employees and partners, to ensure a multi-agency approach to this issue and to implement the transparency in supply chain provisions of the Modern Slavery Act to prevent modern slavery from occurring in its own supply chain, noting that the Council's Contract Standing Orders already recognise the importance of preventing modern slavery.

A motion to Council against modern slavery was approved. B&NES Inclusive Communities Team work with public Protection and colleagues from police and other services to co-ordinate and run days of action that are evidence based and focus on premises where intelligence may show activity including serious organised crime, money laundering, people trafficking and modern slavery.

During the last year two people under age 18 were assisted out of premises and put into emergency care and the 'employer' has been charged with slavery and people trafficking offences.

Prevent & Channel:

The Prevent Steering Group has continued to meet during the year. It has changed its schedule of meetings from quarterly to six-monthly. During 2016-17 four referrals were made into the Prevent programme, on advice from the Avon & Somerset Police Prevent team none of these were progressed to the Channel Panel. The agreement for a joint Prevent Officer with South Gloucestershire ended on 1.4.2017. WRAP training will be carried out by training Officers within the Council; responsibility for general Prevent work remains with the Communities Team. 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) continue to run throughout the year. Routine updates have been provided to the LSCB. Channel panel meetings are scheduled monthly; as yet no panel has needed to be convened.

9.21 Work of the Domestic Abuse Partnership (DAP)

During 2016-17 the RAG commissioned a strategic review of the Domestic Abuse Partnership with the appointment of the Director Public Health as a Chair ensuring that health and wellbeing are at the forefront of responses to domestic abuse but also community safety more generally. The strategic review of domestic abuse concluded in October 2016. Under the leadership of the Director of Public Health, the Domestic Abuse Partnership has within its first six months has already; concluded a gap analysis of the approach to protecting survivors of domestic abuse against NICE Guidance 50, agreed its terms of reference, its charter and produced a working draft of its partnership strategy. The Domestic Abuse Partnership continues to meet quarterly. DAP coordinated a bid for the Violence Against Women And Girls (VAWG) Transformation Fund (the result of this has been held back until after the general election).

If the bid is successful it will be used for a Multi-agency project to transform how domestic abuse is addressed locally from primary prevention through to supporting people with complex needs.

Aims:

- To work with communities to increase awareness of domestic abuse, challenge attitudes, behaviours, practices and ensure that domestic abuse is seen as 'everybody's business.'
- Transform access to support for victims, survivors and their families ensuring that the right support is offered at the right time with an emphasis on early help.
- Ensure early identification of cases involving the toxic trio and provide targeted specialist support for positive outcomes.
- Evaluate, share and disseminate learning.

This will be delivered by:

- 1. Community primary prevention programme.** A project worker post to work with local communities to develop actions which challenge attitudes, behaviours and practices relating to domestic abuse and ensure that domestic abuse is 'everybody's business'.
- 2. Youth programme (CRUSH)** Targeted at ages 13-18 years who have witnessed, experienced or are at risk of domestic abuse.
- 3. A single point of access** – Ensuring easy access to services and information for agencies and anyone concerned about DVA in their family/community.
- 4. IDVA and IRIS support worker** – with practical one-to-one support for survivors ensuring recommendations for improvement and identify best practice which will be accessible to other LA areas.

The DAP is currently finalising drafts of the partnership's Terms of Reference and consensus domestic abuse statement.

DAP members are currently working on service pathway mapping and funding documentation to inform their work plan.

The DAP recommends to the LSCB that training for professional staff on DASH / risk assessment needs to be carried out. (There is also a need to ensure training for staff groups who are not necessarily linked to the LSCB).

9.22 Work of Disabled Children's Team (DCT) and Special Educational Needs & Disabilities (SEND)

➤ SEND:

- The numbers of young people requiring Education Health Care Plans (EHCP) entering the system in each year has doubled in the last 3 years
- B&NES now has the fastest growing population of SEND in the South West outside of Torbay.
- All local special schools are over capacity however one fifth of places in B&NES schools are occupied by non B&NES children
- Over 30 children from B&NES are now travelling outside B&NES to attend mainstream special school
- Over 60 children under 16 are now being educated in Independent Special Schools
- In the last 3 years more children with EHCP's are educated in B&NES mainstream schools, which is regarded as positive by the DFE.
- However there are a growing number of children who are being educated in mainstream schools, who should be in Special Schools

- The biggest growth is with children with Autism Spectrum Disorder (ASD), communication difficulties & social, emotional mental health (SEMH)
- The out of county children often have been in a mainstream or special school and a placement has broken down due to behaviour, emotional, mental ill health issues, usually in year 7 or 10.
- However we also place children who could be accommodated in B&NES special Schools outside of the area, due to lack of capacity
- A free school bid is being progressed for a specialist ASD SEMH School located within B&NES.

Progress on EHCPs:

- The overall average for EHCP completions within 20 weeks is now just over 65%. For those plans which are being monitored through the new systems, the completion rate within 20 weeks is now 88%.
- The service is confident that timescales will remain consistently good going forward. The services expect it's our average to be above 80% all the time.
- Conversion rates for Statements into EHCP's remains positive with 230 statements left to be converted by the DFE deadline of April 2018. Full conversion is expected by that date.



- **DCT:** The team has a wealth of experience and expertise around disability and children's services. Staff working with children with complex needs require a wider range of training and specialist knowledge.

Priorities include:

- That all children have clear, SMART plans which are delivered through partnership working with families and professionals
- Assessments are timely and thorough, with risks clearly identified and plans are clear
- That creative methods are used to achieve the participation and voice of the child in matters that affect them
- That plans are reviewed in a timely way to ensure relevance and prevent drift and waste.

Workload

The team are currently working 191 active cases. Of these there are 8 child protection plans (4 households) and 15 children are looked after (9 are in specialist residential provision).

The remaining cases (168) are children in need. The team will typically work cases for a long duration as some children will be considered 'in need' for the duration of their childhood because of their disability (section 17 of The Children Act 1989).

Partnerships

The skills of partnership working in DCT is perhaps more critical than any other environment, mostly influenced by the complexity of need. The great majority of children live at home with parents who passionately advocate for them, and health and education partners will typically have a greater specialist role in the plans.

Audits have revealed excellent partnership working with Adults services, Education

colleagues, care providers, health services, transition panel, special schools, advocacy and specialist foster carers.

The team co-author EHCPs closely alongside SEND colleagues.

Team members are encouraged to develop areas of specialist knowledge (such as CSE, harmful sexual behaviour, communication) so that the team (and division) is suitable equipped to address these safeguarding needs despite the additional complexities.

- 9.23 **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. The CYP Sub-group (of the Health and Wellbeing Board) agreed an additional 1 year extension to the current CYPP plan to March 2018: Emotional Health and wellbeing continues to be a key priority area. A CYP sub-group report was presented to the Health and Wellbeing Board in December 2016: this included the details of the CAMHS Transformation Plan 2016/2017. This plan details how the partnership is delivering against the recommendations from the Future in Mind Report. The 2016/17 CAMHS Transformation Plan updated the previous 2015/16 plan and outlines a new specialist community Eating Disorder service with national waiting time targets, reduced waiting time for accepted CAMHS referrals, increasingly skilled specialist and preventative practitioners and more face-to-face and online counselling. A Mental health liaison nurse, specifically for children and young people has now started at the RUH (Royal United Hospital) and works closely with the adult provision (AWP) to ensure that all-age 24/7 support is developing.

The CAMHS Transformation Plan reflects feedback received from children and young people (including via the Your Health Your Voice) and from elected members and colleagues on the need to increase the range of direct provision for our CYP. The effective delivery of the CAMHS Transformation Plan 2016-2017 will continue to be monitored through the CYPP Sub-group. This plan is available on the B&NES council public website [here](#):

A re-commissioning process is underway for the CAMHS Service across the STP (Sustainability and Transformation Plan) geography which includes B&NES, Swindon and Wiltshire. Following a competitive tendering process, the current CAMHS provider, Oxford Health NHS Foundation Trust, has been chosen as the preferred provider of the new CAMHS Service that will commence April 2018. There is a new service delivery model which is based on the nationally endorsed, “tier less” Thrive model. Stakeholders, including children and young people have been involved in shaping the new service specification.

Work continues with respect to the regional review of Health based Places of Safety (Section 136 suites). This will continue throughout 2017/2018.

During 2016, the LSCB facilitated the distribution of a stakeholder survey of the current CAMHS service. There were 125 responses, a summary report will be provided to the LSCB.

- 9.24 **Work of Public Health:** The Public Health team are involved in a number of areas of work that contributes to safety and wellbeing of children and young people across BANES:-

Mental Health: - The refreshed national Suicide Prevention Strategy (2017) has provided an opportunity to review our own action plan to prevent avoidable loss of life through suicide for all children, young people and adults living in B&NES. Public Health is leading a review of local guidance for professionals working with children and young people who self-harm. In 2016 an audit was carried out amongst local staff to check awareness of the existing B&NES multi-agency guidelines. This showed that whilst 83% of the 178 respondents came in to contact with young people who self-harm, only 29% of respondents were able to name the guidelines that had been disseminated by LSCB in autumn of 2015. Feedback also suggested that a briefer version with more practical tools would be useful.

Public Health is now liaising with Wiltshire Council with a view to adapting the web based guidance and assessment tool HarmLess as agreed by partners. It is also leading on a further audit of staff re existing guidance as requested by the LSCB.

This work, alongside other actions within the Suicide Prevention Strategy for BANES 2016-19 is supported by the Children and Young People's Emotional Health and Wellbeing Strategy Group. This strategy includes the development of support materials for educational settings in the event of a suicide. This guidance is currently in development and will be presented to LSCB in the coming year. In 2016/17 Public Health funded and supported a pilot project to promote the mental health and wellbeing of boys and young men. This facilitated a group of interested professionals working in schools and other young people's settings to identify and implement interventions that seek to reduce stigma around mental ill health problems amongst young males, to promote awareness of sources of support and increase help seeking behaviours. Learning from this is being collated by the DPH Schools Programme team and will be shared with all schools and educational settings.

Commissioned children's services including:



Health visiting and Family Nurse Partnership (0-19 Services) – these services were included in Your Care Your Way and transferred over from Sirona care and health to Virgin Care on 1st April 2017.

The Health Visiting and School Nursing (0-19) services have been remodeled in line with national specifications and guidance as part of the recommissioning process

- The Family Nurse Partnership – which delivers a licensed and targeted programme to eligible families, received a reduction in the number of notifications for women 19 and under in 2016-17 and this enabled the service to widen its eligibility criteria to include women 19-24 with additional vulnerabilities. 80 places are commissioned. 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.
- At the end of 2016-17 the majority of the 51 clients, mainly recruits come from the 14-19 age range at conception, with higher than programme average levels of reported mental ill health problems 65.5%, particularly anxiety 20.9%. We have a higher than programme average number of clients on a CP plan or CHIN plan. Many of our clients are smokers, 37.9% on intake with many appearing to smoke more at the 12 months Infancy point. These impact on low birth weight and time spent in the Special Care Baby Unit. The majority of the clients give breast feeding a try 70% but are unable to sustain it, our attrition rates are low so we keep clients and maintain long term therapeutic relationships. Immunisation rates are high, self-reported Alcohol and substance misuse in the clients is negligible. A&E attendances are low, and subsequent pregnancies within 12 months are low due to high rates of contraception. Rates of contraception have reduced by 24 months however. New data allows tracking of Ages and Stages (ASQ) assessment which generally looks positive but give opportunity to highlight particular issues like delays in development of fine motor skills which the nurses are able to work specifically on with clients.

The FNP team has engaged well with the LSCB events and have attended a range of training events including the Joint LSCB LSAB Stakeholder Event in November on Domestic Abuse. The FNP team receives monthly tripartite supervision and psychology consultation in line with national guidance.

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 (SWCPP) 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 SWCPP website license was extended for a further two years until 2018, with a 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. The 12 Boards undertook a survey of staff awareness of the SWCPP website and contents in January 2017 and were surprised at how some practitioners were unaware of the detail of content held within the site. There are now plans to increase the promotion of the site. B&NES LSCB has also taken some 'mystery shopping' amongst practitioners as a result of action identified in the Board Assurance Framework and have now included this as an indicator for partners to report on in Appendix 5.
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 commissioned 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

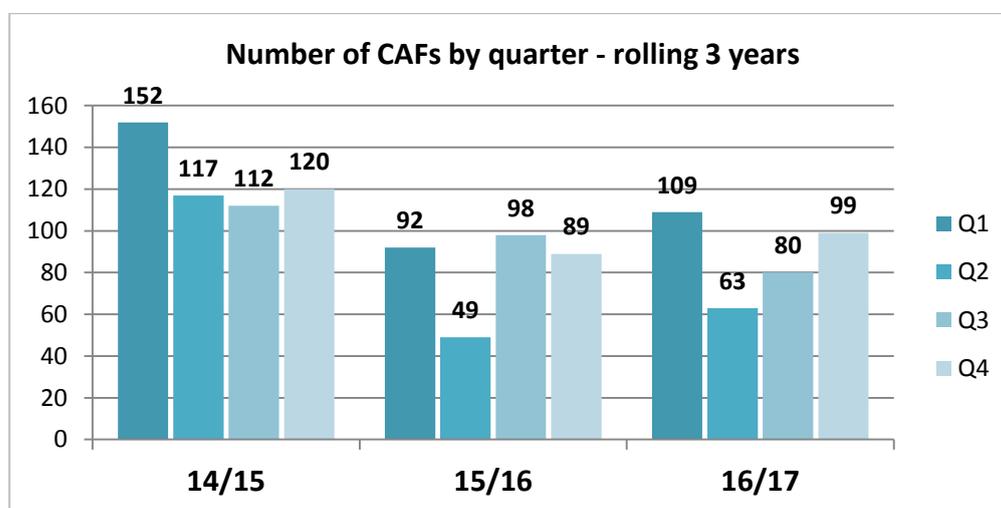
11.1 All partners have a responsibility to act when they identify that a child, young person and / or their family needs support. The LSCB is committed to supporting agencies and continues to apply the threshold tool which was approved in December 2015.

[Threshold for Assessment](#)

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 of the Local Authority to protect and keep them safe.

11.3 **Early Help** - 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 351 CAFs were completed, an increase on last year however still significantly less than in 2014-15 when the LSCB saw the peak of 501 completed.

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



11.4 Schools and health visitors continue to initiate the largest number of assessments and the wider workforce continues to be supported by the Council Integrated Working Team. The quality of the CAFs had not been as robust as expected and the Early Help Board and CAF Audit group have now developed a more robust audit tool which will help address the quality shortcomings.

11.5 Outcomes for children supported through a CAF remain positive with less than 10% escalating to children social care for additional focus and support. Ofsted commented on the positive impact the B&NES offer of Early Help services was having and whilst it continues to remain a challenge to evidence the impact of the CAF and support provided to families the following outcomes have been determined during 2016-17:

Quarter 1: 74% showed an improved outcome (63% in 2015-16)

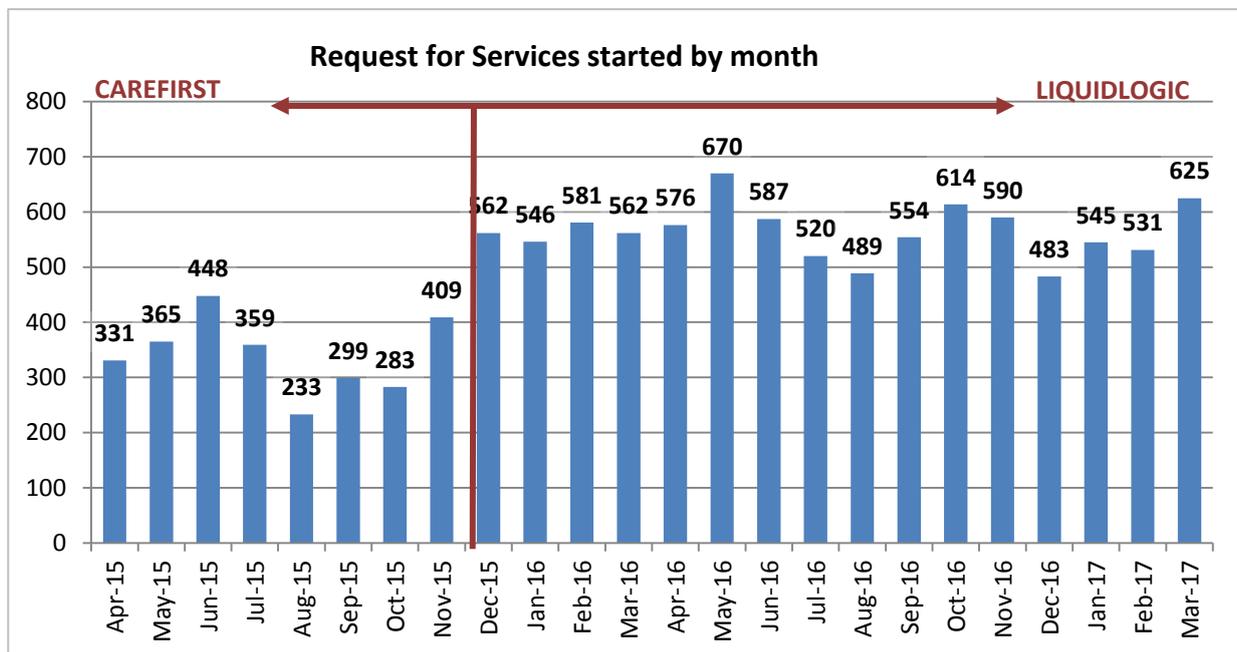
Quarter 2: 72% showed an improved outcome (67% in 2015-16)

Quarter 3: 64% showed an improved outcome (81% in 2015-16)

Quarter 4: 64% showed an improved outcome (80% in 2015-16)

- 11.6 Early Help is also offered by a range of targeted support services using single agency assessments. This includes the Council 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. Connecting Families team are the ninth best performing team in the UK and exceeded their target supporting 479 families throughout the life of phase 2 of the programme by end of March 2017. In total 1,375 families were in receipt of targeted support (from services including Children’s Centres and the Family Support and Play Service) during the period and 504 young people were in receipt of targeted support (from Youth Connect, Mentoring Plus and Compass). The Early Help Board is developing a comprehensive dashboard which since December 2016 has been monitored by the LSCB and have committed to rewriting the CAF process and revising the paperwork by July 2017.
- 11.7 B&NES Council Childrens Specialist and Targeted Services have the statutory responsibility to receive, assess and intervene appropriately when there is a concern raised about a child or young person. These concerns are sent in from other agencies or the public as a **Request for Service (previously known as Contacts) and Referrals**. The aforementioned threshold tool is applied and decision made as to whether and what action is required. The diagram below sets out the activity per month.

Diagram 2: Number of Contacts per Month 2015 – 17



- 11.8 The average monthly number of **Request for Service** during 2016-17 was 565, in 2015-16 this was 415. The increase has placed a significant strain on Children Social Care. The Police requests make up a significant proportion of these averaging 187 per month followed by Schools who make on average 53 per month and health services.
- 11.9 During the second half of the year the categorisations of the reason for the request for a service were expanded to provide a more detailed overview; the generic category of safeguarding was broken down and removed in quarter 4; it has been replaced by CSE, emotional abuse, harmful sexual behavior, neglect, physical abuse, risk to self and sexual abuse. The table below shows the reason for the requests, advice is the main reason however domestic abuse and neglect are significant and this is in line with national trends

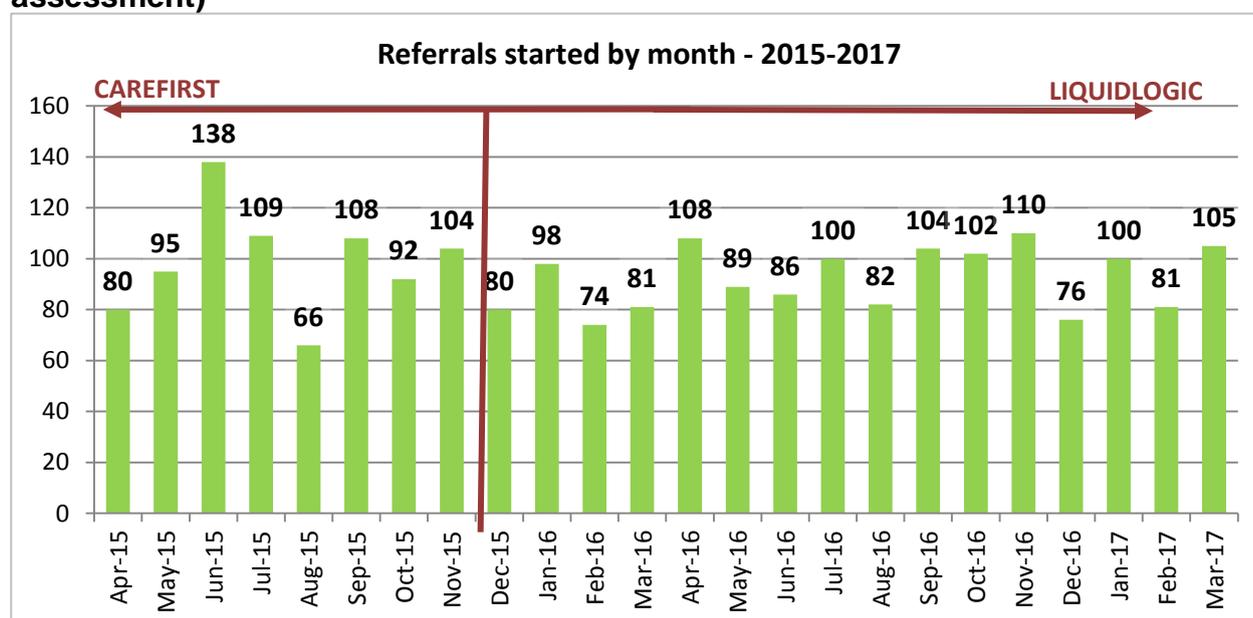
and data. The LSCB were concerned that cases of physical abuse might not be identified however this breakdown now provides assurance this is not the case. Identification of sexual abuse continues to be a concern however the LSCB is alert to this.

Table 1: Reason for Request for Service from Council Children Social Care Service

Reason for request for service	October – December 2016	January – March 2017
Advice	467 (27.4%)	594 (33.5%)
Blank	48	0
CSE	37	54
Disability	27	34
Domestic Violence	396 (23.2%)	412 (23.2%)
Emotional abuse	4	44
Harmful sexual behaviour	22	6
Missing	21	4
Neglect	246 (14.4%)	287 (16.2%)
Other Looked After Child in care	14	2
Other Looked After Children on Child Protection Plan	2	5
Physical abuse	67	119
Private Fostering	1	1
Risk taking	81	135
Risk to self	50	46
Safeguarding	192	0
Sexual abuse	31	31
Total	1706	1774

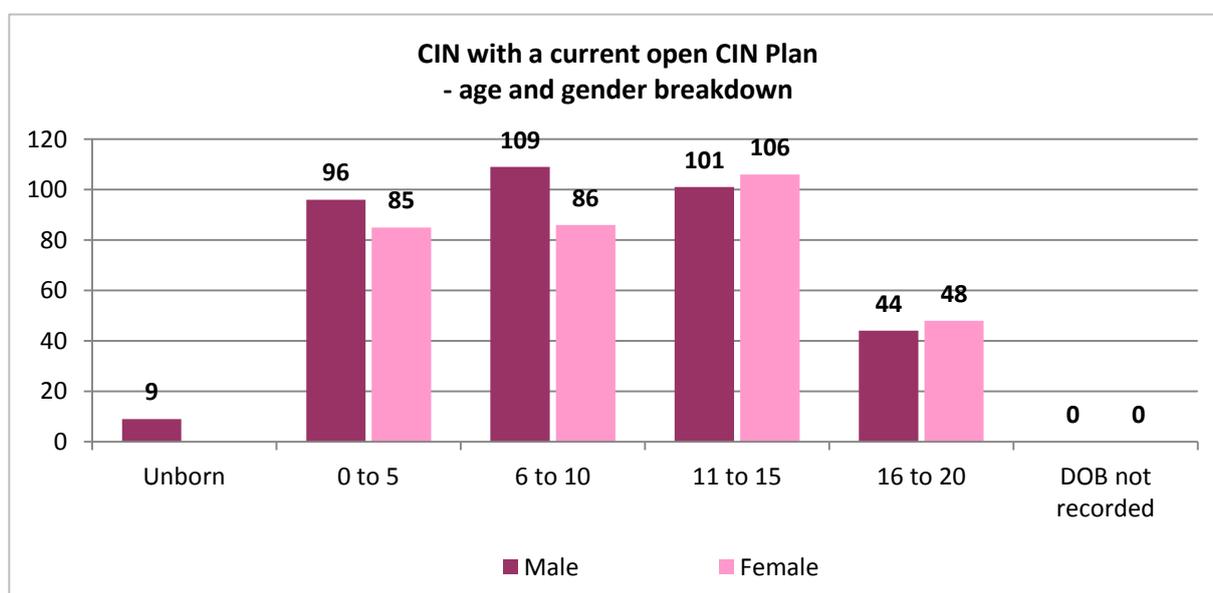
11.10 The number of Referrals received has increased slightly from the previous year – 1,125 to 1,143 in 2016-17. The diagram below shows this by month.

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



- 11.11 The average number of referrals for 2016-17 is 95 and was just under 94 in the previous year. Last year the average was reported as 90 per month however when cleansed for the national return the figure had increased. The figures demonstrate a consistent approach to threshold decision making. However there was a 2.2% decrease in the national number of referrals from 2014-15 to 2015-16 and had dropped previously as well; on this basis B&NES is not following the national trend and the LSCB will keep a watch on the 2016-17 figures when released.
- 11.12 In comparison to 2015-16 CIN Census data the England per 10,000 referral rate is 532.2 and for the South West region is 491.3. The rate for 2015-16 for B&NES is 322.8. Therefore we have as would be expected a lower rate.
- 11.13 The majority of referrals have come from the Police and schools with health services being the next largest referrer. This is the same as the national picture.
- 11.14 The main category of need for referral continues to be abuse or neglect; this is in line with national trends reported in the CIN Census data, however B&NES report a higher percentage (59.8%) than the national figure (50.6%). There is a difference between the local and national reports in terms of identifying family dysfunction, we report 7.3% and the national figure is 17.4% conversely we report a higher number of families in acute distress than the national figure by 4% which may account for part of the reason for the family dysfunction being lower than national reporting. The LSCB will continue to monitor this. Referrals for children with a disability or illness are the same as the national figure at 9.7%.
- 11.15 There has been an increase on the number of children re-referred to Council Children Social Care Services this year in comparison to last rising from 15.6% to 18%. This continues to be below the national figure which is 22.3% for 2015-16 but is something the LSCB will monitor to ensure the support is as effective as it can be first time round.
- 11.16 **Children in Need Interventions** - there were 684 Children in Need (CIN) open to Children's Specialist Services at the end of March 2017. This is a rise of 104 from 31st March 2016. There was a national rise of 0.9% from 2014-15 to 2015-16 however B&NES are showing an 8% increase. This increase is likely to be due to an exceptionally low figure reported in 2016.

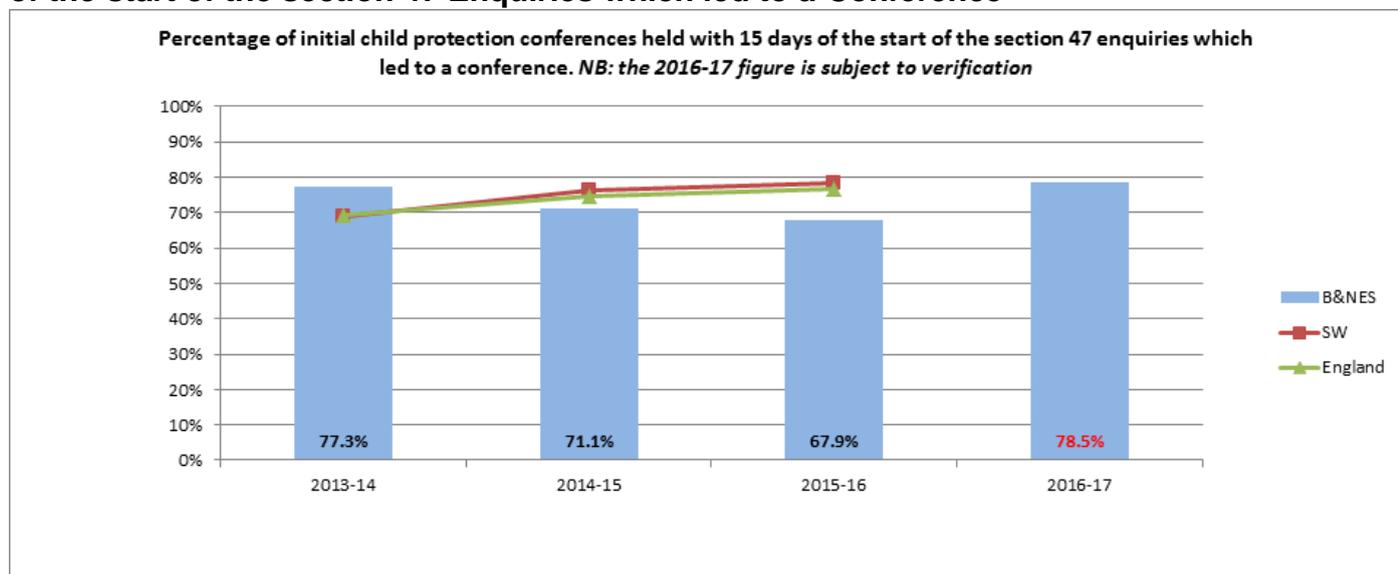
Diagram 4: Breakdown of Children in Need by Age and Gender



11.17 In comparison to the previous year there has been an increase in the number of younger children in need. The gender split of children in need remains very similar to the national picture with 51% being male, 47% female and 2% unborn (gender unknown). The CIN data for 2015-16 is 53% for male, 45% female and 2% unborn.

11.18 **Strategy Discussions and Child on Child Protection Plans** - there were 481 strategy discussions were held during the reporting period resulting in 152 children being on child protection plans on the 31st March 2017. This is consistent with the previous year of 150 however continues to place B&NES higher than statistical neighbours. B&NES are however below the national and regional averages at 40.49 per 10,000 population rather than just over 43 which both the national and regional averages are. It is also important to note that nationally there has been a 1.2% increase in the number of children on Plans.

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

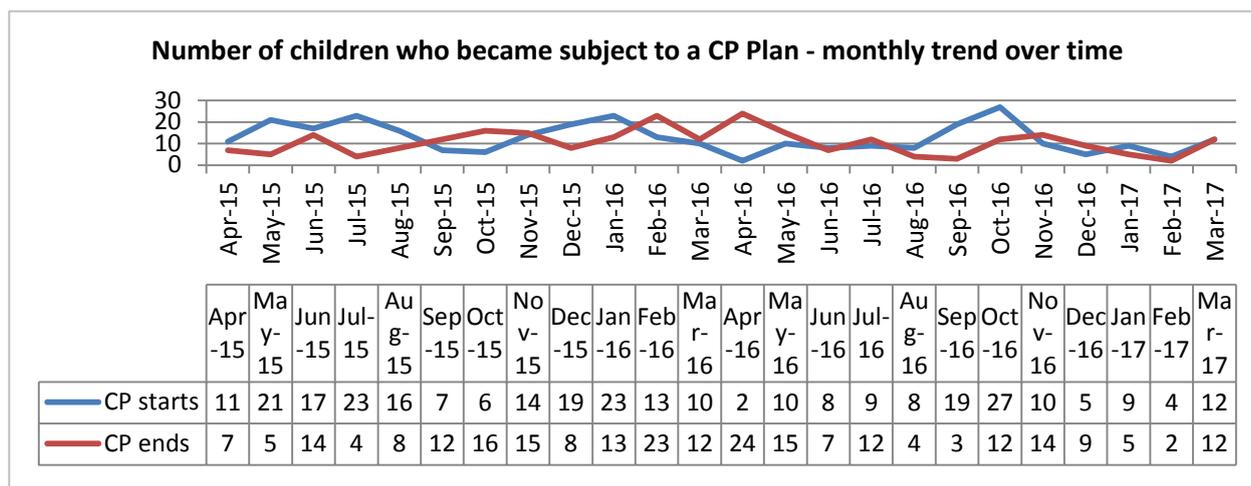


(Source: DfE information provided by Ofsted May 2017)

The most recently available comparable data covers the 2015-16 and shows a significant improvement in the timeliness of Conferences held within 15 days.

11.19 **Initial Child Protection Conferences** – the diagram below sets out the number of children by month who became subject to a Child Protection Plan – therefore setting out the number of Initial Child Protection Conferences that were held and also some (but not all as some children will have had multiple) of the Review Conferences which were held to agree to remove children from plans.

Diagram 6: Number of children subject to a Child Protection Plan by month



11.20 During September / October 2016 time there was the most children who became subject to a plan and the lowest number of children removed from plans which placed significant pressure on agencies. This is a recurring pattern whenever we have a spike in new Child Protection Plans they take priority (ensuring children are safe) over ending plans (for children who we are confident are safe). Council teams caseloads are at their maximum levels and they consequently need to prioritise in terms of risk to the children.

11.21 The diagram below shows the age of the children on Child Protection Plans – this remains similar to previous periods. The number of un-born babies that are being identified as requiring pre-birth plans is continuing to climb which is indicative of good pro-active planning by agencies and allays concern that numbers were previously too low.

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

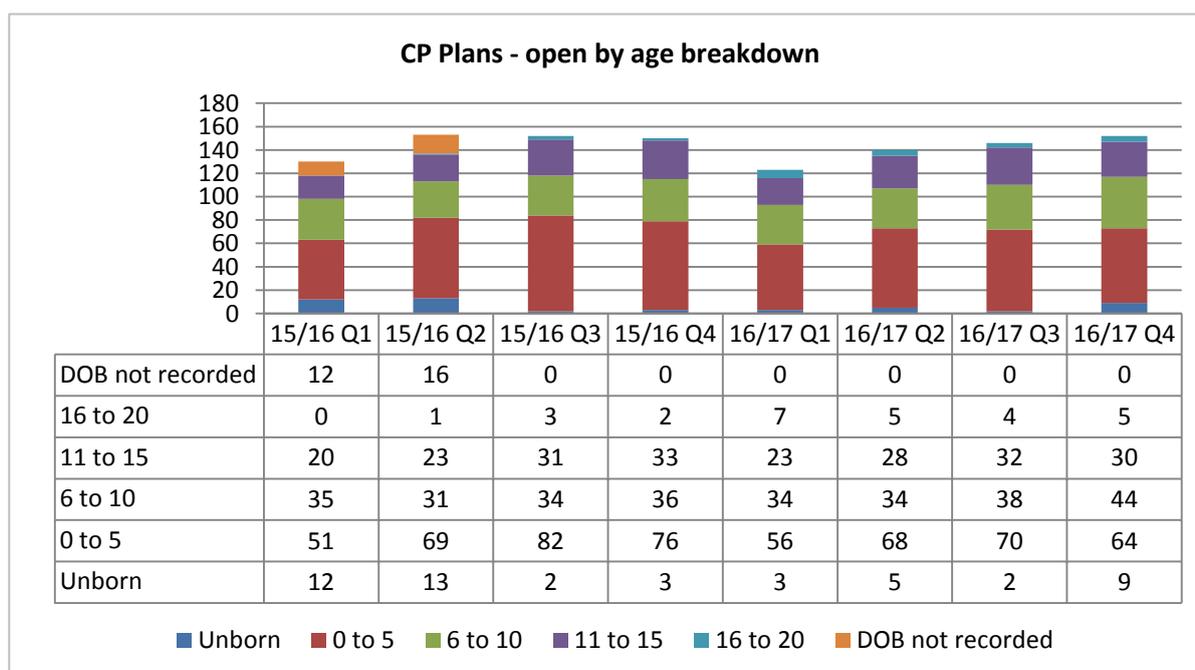


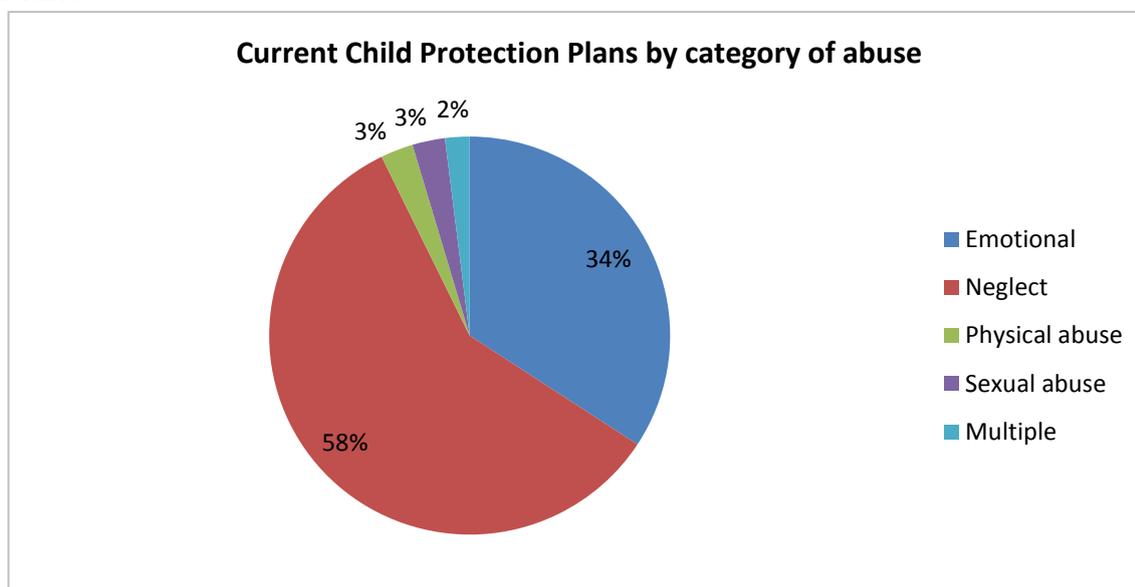
Table 2: Lengths of Time Children are Subject to a Child Protection Plan at 31st March 2017

Length of Period	Children on a Plan 2014-15	Children on a Plan 2015-16	Children on a Plan 2016-17 (as at 31 st March 2017)
Lasted less than 3 months	11.7%	21.4%	16.4%
Lasting 3-6 months	10.9%	2.7%	30.9%
Lasting 6-12 months	35%	45.5%	18.4%
Lasting 12-18 months	18.2%	16.1%	10.5%
Lasting 18-24 months	19.7%	13.4%	23.7%
Lasting more than 24 months	4.4%	0.9%	0%

11.22 Whilst it is very positive to see that there were no children subject to a Plan for more than two years in March 2017 the LSCB and Children Social Care are concerned that number of those between 12-24 months will soon reach that point. This is being monitored and new systems have been introduced by the Child Protection Chairs and managers in Children Social Care to ensure progress is made.

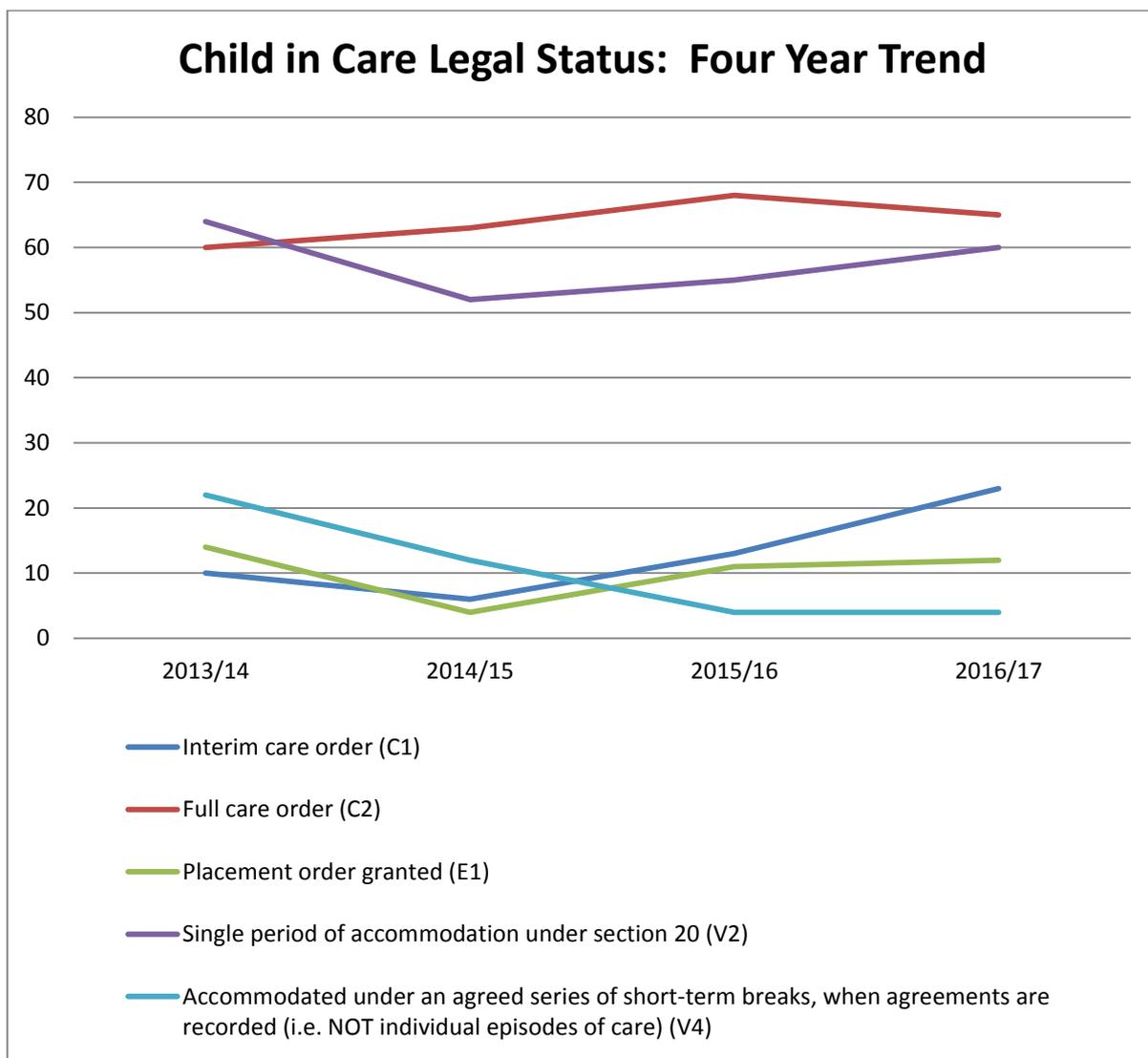
11.23 When looking at the categories of abuse recorded for children on Plans (see diagram 8) 58% are for neglect. Neglect is nationally the highest category also however at just under 45%. B&NES is significantly above that figure. The second highest figure for B&NES is that of emotional abuse 34% which is more in line with the national picture of just over 38%. The LSCB is aware that assurance is required for the other categories however as previously stated there are more concerns regarding physical abuse being received and (as stated in last years report) not all children identified as at risk of CSE are subject to a Plan. Were this the case the sexual abuse figures would increase – B&NES has taken a view that it is not always the most appropriate decision for children at risk of harm from CSE to be on a Plan and there are mixed views across Authorities about this. The LSCB is however assured that CSE victims are identified and the range of support available is good and appropriate. The Ofsted report concurs with this view.

Diagram 8: Recorded Categories of Abuse for Children Subject to Child Protection Plans



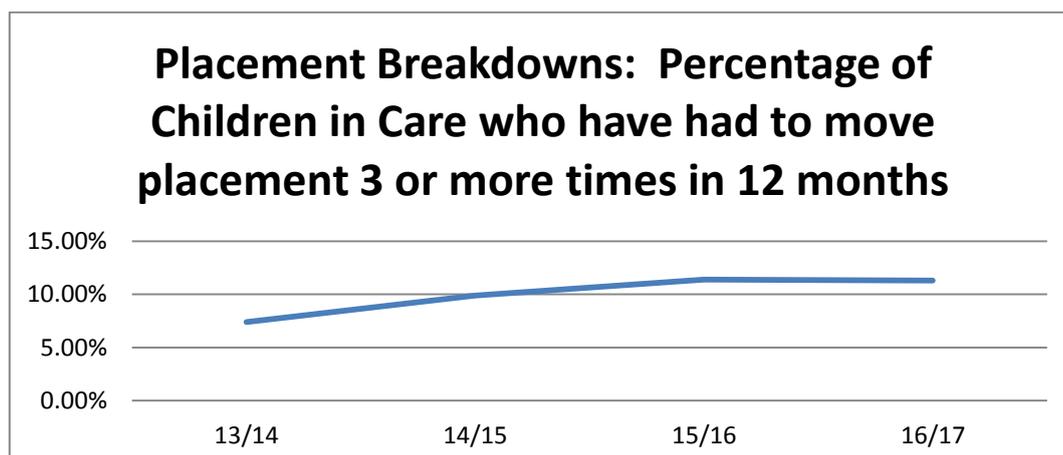
- 11.24 The LSCB considered the number of children on Plans who have a disability as recent studies have identified that the abuse of disabled children may not be identified because of levels of additional complexity brought about by the disability. The LSCB sought assurance that proper attention was paid in B&NES and have requested an audit take place in 2017-18 however it has been confirmed that 9.2% of children on a Plan have a disability.
- 11.25 **Looked After Children** - On the 31st March 2017 there were 160 children in care in B&NES this is an increase from 145. At its peak in quarter three there were 166 children resulting an average increase per month of 11 children. The yearend figure places B&NES just above the South West average, but below our statistical neighbours and significantly below the national average per 10,000 population figures for 2015-16 (DfE CIN statistics). The rise nationally in LAC statistics reflects the rise of unaccompanied asylum seeking children; supporting these children has been a priority for B&NES and has contributed to the current position. However the Board is aware that this is not the only contributing factor and further work is being undertaken via the Sub Groups to fully understand this.
- 11.26 The age breakdown of Children in Care has changed from 2015-16 with the largest proportion of children (35.6%) aged 11-15 years this is in line with the national picture however the number of children aged 16 and over is the second largest (in line with the national picture) however there has been a rise in this age group but in B&NES there has been a decrease in comparison to last year. Despite this the percentage of children over the age of 10 (61.2%) is in line with the national average of 62% (for 2016).
- 11.27 There proportion of females to males has increased this year and brings B&NES more in line with the national data with 55% male and 45% female in comparison to the national figure of 56% male and 44% female (for 2016). When we compare the 2016 with B&NES figures from last year's Annual Report B&NES were broadly similar with 58% male and 41% female.
- 11.28 There has been a shift in ethnicity of Children in Care with White British children falling from 81% to 70%, however they still remain the highest proportion of Children in Care. It is thought that this changing demographic relates closely to the increase in the accommodation of asylum seeking children (9 children). The national return - DfE Children Looked After in England (including Adoption) yearend 31st March 2016 – reports that looked after children are predominately white (75%) and don't distinguish White British from white children from other groups – when we add the category of 'any other white background' we have 74%.
- 11.29 The legal status of children and young people in foster care shown in the diagram below shows a rise in the number that remain in the Councils care on Interim Care Orders (ICOs) whilst legal proceedings are underway. This is reflected in regional and national trends also. B&NES has seen a steady increase in children accommodated with the consent of those with parental responsibility for children under 16 years or the child themselves if over 16 years (section 20 of the Children Act 1989) which is against the national trend which has seen a 1% decrease but demonstrates that Childrens Specialist Services are working closely with families to seek their agreement on the best outcomes for keeping children safe.

11.30 **Diagram 9: Legal Status of Children and Young People in Care**



11.31 Children Specialist Services and the Independent Reviewing Services work together to ensure placements remain as stable as possible. The national measure takes account of children who have moved placements three or more times in the last 12 months. The diagram below demonstrates that 89% of children do not move more than 3 times. The national return states that 10% of children move three or more times we are therefore above this and the LSCB and Corporate Parenting Board will keep a watch on this.

Diagram 10: Placement Breakdown: 3 or more moves in 12 months



- 11.32 73% of children were within 20 miles of B&NES. Every effort is made to find the most appropriate placement for children in care, this is not always to be closest to B&NES sometimes children stay with family who live in different parts of the country and sometimes they require specialist placements. The IROs raise concerns where they think the location is a concern and have highlighted in their Annual Report that for a small minority of children who have complex needs there is very limited local options.
- 11.33 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 2016-17 was 93% the same as last year
 - Local NI66 review on time for children and young people in care (including those in care for less than a year) was 90% slight reduction of 1% on the previous year but above the target of 87%
- 11.34 404 reviews were carried out during the year six more than the previous 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.
- 11.35 The Independent Review Service produces an Annual Report each year highlighting, as well as highlighting activity and the profile of B&NES Children In Care it also raised issues and concerns that the IROs have identified and whether they were responded to and resolved. The IRO report will be published on the LSCB website in September 2017 and these issues can be viewed in more detail. The escalations are routinely monitored as part of the quality assurance role of the service.
- 11.36 Outcomes for Looked After Children**
- 11.37 During the year 22 children and young people left care, 12 of whom were adopted. There are an additional 9 children where a match for adoption was agreed.
- 11.38 During the period 88.4% of young people (aged 19, 20 and 21) leaving care have suitable and stable accommodation; this compares to 91.5% in 2015-16 and continues to demonstrate good outcomes for care leavers despite being lower than the previous year. This compares to 83% England average (7% were not in accommodation considered suitable and 10% accommodation not known) (source DfE). B&NES has maintained touch with 94% of care leavers which is a credit to the Service demonstrating young people are pleased to remain in contact.
- 11.39 63% of young people leaving care are in employment, education or training, this figure has lower than the 66% last year, however it is higher than the national benchmark figure which shows 40% of young people who had left care were not in education, employment or training for 2016.
- 11.40 During the year there were 269 missing episodes reported to Children Specialist Services. In order to respond in accordance with the national guidance and complete return home interviews within 72 hours of notification the Compass Team has reconfigured their team in order to respond to this and the LSCB has seen significant improvements in these interviews being carried out. The age breakdown consistently shows that the 11-15 year age group generates the highest number of missing episodes. This is in line with national data which confirms 14 years as the peak age for young people and missing episodes. The LSCB have requested further analysis

on the number of children who repeatedly go missing and what action is being taken to reduce this and keep the children safe

Section 12: External Assessments

As highlighted earlier in this report, the LSCB is expecting an inspection of its effectiveness as part of the forthcoming Ofsted Single Inspection Framework (SIF). As Ofsted have publically confirmed that this round of inspection will be completed by the autumn of 2017, we can be confident that this inspection will take place in the coming months. The LSCB has already undertaken considerable preparation for this.

Section 13: Priorities for 2016 - 17 and Beyond

The LSCB is now two years into its three year Business Plan and many actions have been completed or are well underway. The original plan was developed in 2015 year and included a set of activity already scheduled for 2017-18, 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 ill 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 Monitor the effectiveness of the MASH from September 2016.

NEW incorporate additional multi-agency partners into the mental health protocol (currently CSC and AWP specific).

NEW Develop and implement a quality assurance framework (including audit arrangements) for commissioned and non-commissioned early help services and monitor.

NEW Monitor and critically evaluate the effectiveness of Early Help provision.

NEW Develop and embed mechanism for sharing the learning from other LSCB's SCR reports.

NEW Consider providing an exemplar Esafety Policy for all education establishments and request annual review.

NEW Take opportunities to promote “think family” as widely as possible.

NEW Monitor the needs of children and young people affected by parental imprisonment (in line with iHop presentation Dec 14).

NEW Ensure LSCB is assured of the effectiveness of Early Help through clear lines of accountability from April 2017 when CYP Plan ends.

NEW Raise awareness of Domestic abuse through Early Help and effective information sharing.

NEW Support the RAG in the development of a multi-agency domestic abuse statement and strategy to include items identified in LSCB themed review.

NEW from CYP sub group challenge - The effective co-ordination and delivery of services for children who are stepped down from children’s social care.

NEW March 17 Ensure the 2017 Neglect Strategy is effective

NEW March 17 LSCB to be assured of compliance with the Concordat on Children in Custody and Working Together 2017 in relation to young people in Police custody

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 Mapping Exercise on LSCB partners engagement work with young people in recruitment of staff.

NEW Effectively demonstrate the link with Pupil Parliament and other avenues for Voice of the Child and challenge to LSCB.

NEW March 17 Raise awareness of work of the LSCB and seek involvement / views on its priorities for 2017-18.

NEW March 17 Hearing the voice and experience of young people

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

NEW What assurance does LSCB receive re safeguarding now NHS England is separate from Council in commissioning optometrists, dentists, pharmacists and independent contractors?

NEW Commissioners to provide reports to the LSCB to assure that the sectors are safeguarding children and young people.

NEW Raise awareness that CSC staff and agencies are aware of responsibilities regarding private fostering / PPPG to receive update report on progress of Private Fostering action plan.

NEW LSCB to consider assurance on safeguarding practices in Language Schools, Nurseries and childminders.

NEW follow up on actions on 2015-16 S175 safeguarding in education report.

NEW Seek assurance of safeguarding arrangements in education establishments in B&NES for 2016-17.

NEW March 17 Monitor safeguarding performance data.

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

NEW Ensure LSCB training includes developing skills to have difficult conversations.

NEW Assurance that there is an increase in availability and awareness of training around Domestic Abuse.

NEW Assurance received that Domestic Abuse training is made available in schools and the subject is embedded in PHSE.

NEW March 17 Look at opportunities to increase availability of interagency and specialist training by ensuring the provision of training is cost effective for LSCB.

Key Priority 5: Continuous improvement of LSCB

NEW Improve access to LSCB papers for the Board and enable secure communication for each sub group.

NEW Ensure there is a mechanism for greater ownership by the Board of the Business Plan in LSCB meetings.

NEW Map the range of Annual Reports and reporting to be clear on the interfaces and where all reports should be shared.

NEW Develop better communication with other Council Departments – RAG and Domestic Abuse Partnership.

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, Children and Young People Policy Development and Scrutiny Panel, B&NES 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 LSCB Business support manager by emailing dami_howard@bathnes.gov.uk

Appendix 1: LSCB Terms of Reference

The LSCB Terms of Reference are available on the safeguarding website:

[Terms Of Reference](#)

The Terms of Reference were fully reviewed in September 2016 LSCB and had minor amendments following agreement at the December LSCB and Joint development Session in February 2017.

Since the refresh of the Terms of Reference all Board members of the LSCB have received a revised induction Book and have signed the member's agreement.

The LSCB is currently developing a Board Memorandum of Understanding for all partner Agencies to sign up to once approved at the June 2017 LSCB.



Appendix 2: LSCB Members and Attendance 2016-17

Name	Agency	Role
1. Angela Vick	Independent	Lay Member
2. Andrea Harris (from March 17)	Independent	Lay Member
3. Anthea Pritchard (from Dec 16)	Independent	Lay Member
4. Bruce Laurence	B&NES Council	Director of Public Health
5. Chrissie Hardman	Sirona care & health	Head of Children's Health Services
6. Dami Howard	B&NES Council	LSCB/LSAB Business Support Manager
7. Daniel Badman (until February 2016)	AWP (Avon and Wiltshire Mental Health Partnership Trust)	BANES Quality Director
8. Dawn Clarke	Banes NHS CCG	Director of Nursing & Quality
9. Debbie Forward (from Dec 16)	B&NES Council	Senior Commissioning Manager-Preventative Services
10. Deborah Murphy- Smith	CAFCASS	Service Manager
11. Donna Redman	Banes NHS CCG	Named GP
12. Duncan Stanway	Barnardo's	Assistant Director, Midlands and SW
13. Dr Fiona Finlay	Sirona care and health	Designated Doctor
14. Harriet Bosnell	Curo	Director of Health & Support
15. Helen Blanchard	RUH NHS Trust	Director of Nursing
16. Helen Crystal (from Sept 16)	NHS England South & Central	Safeguarding and Patient Experience Manager
17. Jayne Davis (from March 2017)	Bath College	Deputy Principal Curriculum & Quality
18. Jackie Deas (until Sept 17)	B&NES Council	Deputy Safeguarding Lead: Children & QA
19. Jenny Daly	BaNES NHS CCG	Designated Nurse Safeguarding Children & Integrated Quality
20. Jenny Theed	Sirona care and health	Director of Operations
21. Jon Peyton (from March 2017)	AWP (Avon and Wiltshire Mental Health Partnership Trust)	Head of Safeguarding Children and Domestic Abuse Lead
22. Judy Lye-Forster (until Dec 16)	Bath College	Director of Learning
23. Kevin Day	National Probation Service	Senior Probation Officer
24. Lesley Hutchinson	B&NES Council	Head of Safeguarding and Quality Assurance
25. Lesley Jones (from Dec 2016)	Independent	Lay Member
26. Lisa Cheek (from Dec 2016)	RUH NHS Trust	Deputy Director of Nursing & Midwifery
27. Lisa Ring	Community Rehabilitation Company	Senior Probation Officer and Team Manager
28. Liz Spencer	National Probation Service	Head of SW National Probation Service
29. Mark Everett (until Dec 2016)	Writhlington School	Head Teacher: Secondary Heads Representative
30. (Cllr) Michael Evans	B&NES Council	Cabinet Member for Children's Services

31. Mel Argles (From March 2016)	B&NES Council	Principal Social Worker Children and Families (March – Sept) Deputy Safeguarding Lead: Children & QA Sept 2016
32. Mel Holt (From June 2016)	B&NES Council	Principal Social Worker Children and Families
33. Michelle Maguire	Oxford Health	Head of Service
34. Mike Bowden	B&NES Council	Strategic Director for People and Communities
35. Neil Liddington	Avon Fire & Rescue	Associate LSCB Member
36. Nicki Smith	St Nicholas CofE Primary School	Head Teacher: Primary Heads Representative
37. Reg Pengelly	Independent	Independent Chair
38. Richard Baldwin	B&NES Council	Divisional Director Targeted and Specialist services
39. Roz Lambert	VCS CYPN	First Steps - Voluntary Sector rep
40. Sally Churchyard	B&NES Council Youth Offending Service	11-19 Prevention Service Manager
41. Simon Hester	SWAST	Named Professional for Safeguarding
42. Will White	Avon and Somerset Constabulary	Detective Superintendent for Protect

LSCB Attendance by Agency - representation only, not always from the designated lead from each agency.				
Name	June 2016	Sept 2016	Dec 2016	March 2017
Avon Fire & Rescue (Associate member only)				
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				
Community Rehabilitation Company (CRC) vacant until Dec				
Bath College (vacant until December)				
Designated Doctor				
Executive Lead Member				
Curo - Housing Advocate				
Lay Members				
Named GP				
National Probation Service				
NHS England South (vacant in June 16)				
Oxford Health				
Primary Head Representative				
Royal United Hospital				
Secondary Head Advocate (vacant from December)				
Sirona care and health				
SWASFT				
Voluntary Sector Advocate - CYPN				

LSCB Sub group members

Serious Case Review sub group

Member	Agency
Lesley Hutchinson	B&NES Council (Chair)
Dami Howard	B&NES Council
Dr Fiona Finlay	Sirona care and health
Jenny Daly	Banes NHS CCG
Margaret Simmonds-Bird	B&NES Council
Richard Baldwin	B&NES Council
Richard Kelvey	Avon & Somerset Constabulary

Policy Procedures and Performance sub group

Member	Agency
Lesley Hutchinson	B&NES Council (Chair)
Caroline Dowson	B&NES Council
Chrissie Hardman	Sirona care and health
Dami Howard	B&NES Council
Debbie Forward	B&NES Council
Helen Roberts	Sirona care and health
Jennifer Daly	BaNES NHS CCG
Jill Chart	Sirona care and health
Jon Peyton/Tori Mitchell	Avon and Wiltshire Mental Health Partnership NHS Trust
Mel Argles	B&NES Council
Mel Holt	B&NES Council
Richard Baldwin	B&NES Council
Suzanne Cheng	B&NES Council
Helen Cripps	Avon and Somerset Constabulary

CSE and Missing sub group

Member	Agency
Richard Baldwin	B&NES Council
Becky Lewis	Barnado's
Cathryn Brown	B&NES Council
Carl McMurtry	Curo
Dave Lewis	Avon and Somerset Constabulary
Dr Donna Redman	BaNES NHS CCG
Ian Read	Avon and Wiltshire Mental Health Partnership NHS Trust
Jamie Luck	Mentoring Plus
Jenny Daly	BaNES NHS CCG
Leigh Zywek	B&NES Council
Liz Bryan	Project 28
Lorraine Beasley	Hayesfield Academy
Lisa Miller	Oxford Health - CAMHS
Mel Argles	B&NES Council
Mel Holt	B&NES Council
Mike Menzies	RUH
Rachel Allen-Ringham	B&NES Council
Sally Churchyard	B&NES Council

Communications sub group	
Member	Agency
Richard Baldwin	B&NES Council (Chair)
Dami Howard	B&NES Council
Jonathan Mercer	B&NES Council
Mel Hodgson	B&NES Council
Jen Russell	B&NES Council
Sarah McCluskey	B&NES Council
Jazmin Miller	Member of Youth Forum

Joint LSCB&LSAB Training and Development sub-group	
Member	Agency
Mel Argles (until March 2017)	B&NES Council (Chair)
Jenny Daly	BaNES NHS CCG
Jill Chart	Sirona care and health
Kevin Clark	B&NES Council
Kitty Crowther	B&NES Council
Jen Russell	B&NES Council
Helen Heal	B&NES Council
Nick Quine	Avon and Somerset Constabulary
Mike Menzies	RUH
Philip Rhodes	Avon and Wiltshire Mental Health Partnership NHS Trust
LSAB	
Dawn Kingman	B&NES Council
Clare Hurford	Way Ahead Care
David Trumper	B&NES Carers Centre
Daniel Badman	Avon and Wiltshire Mental Health Partnership NHS Trust
Geoff Watson	Sirona care and health
Debra Harrison	RUH
Ralph Lilywhite	St Mungo's
Roanne Wootten	Julian House
Sarah Jeeves	BaNES NHS CCG
Stephanie Pepperd	Step Ahead Training

Professional Practice sub group	
Member	Agency
Duncan Stanway	Barnardo's (Chair)
Charlotte Leason	Avon and Somerset Constabulary
Claire Williamson	Avon and Wiltshire Mental Health Partnership NHS Trust
Helen Roberts	Sirona care and health
Mel Argles	B&NES Council
Mel Holt	B&NES Council
Dr Donna Redman	Banes NHS CCG
Jenny Daly	Banes NHS CCG
Jill Chart	Sirona care and health
Lisa Miller	Oxford Health - CAMHS
Leigh Zywek	B&NES Council
Mike Menzies	RUH
Sally Churchyard	B&NES Council
Sara Willis	B&NES Council

Children in Care & Quality Assurance sub group	
Member	Agency
Jenny Daly	Banes NHS CCG (Chair)
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 Cows/Amanda Hamilton Radford/Ruth Loughridge/Clare Luxton	B&NES Council

Appendix 3: Budget 2016 - 17

	2016 - 17	
	Budget	Actuals
Income		
B&NES Council	66,003	66,003
Avon and Somerset Constabulary	4,959	4,959
Banes NHS CCG	20,652	20,652
National Probation Service	1,485	1,485
CAFCASS	550	550
Community Rehabilitation Company	1,000	1,000
Avon Fire and Rescue	0	0
SWCPP Manual Contributions	0	33,833
Fees and Charges/Training Income	8,035	15,630
Misc. Contributions	650	1,250
Carry Forward	64,452	56,574
Totals	179,188	179,506
Expenditure		
Staff salaries (Business Manager)	24,821	26,103
Travel / Car Parking	179	966
Printing / Design	39	114
Independent Chair	10,500	9,750
Training (including organisation and delivery)	56,020	59,053
CDOP	3,667	3,667
SWCPP Manual	12,500	12,500
Other Expenses	19,552	16,481
Carry Forward	51,910	0
Totals	179,188	128,635
	0 (Balanced)	50,871 (Net Under Spend)



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

**Evaluation of LSCB Inter-agency training
(April 2016 – March 2017)**

Introduction

The Local Safeguarding Children Board (LSCB) is responsible for ensuring that people who work with children are appropriately trained to understand 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) These overarching principles remain consistent in the further work undertaken by Carpenter & Dickenson: “By learning together, professionals will better understand each other and value what others bring to the practice of collaboration. Through working together more effectively, the quality of care and outcome for users will be improved.” (2016)

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 children’s services.

The programme provided by the Local Children’s Safeguarding Board responding to local need and national and local agenda resulted in:

- 59 LSCB training sessions taking place comprising of 33 different courses
- 15 Single agency training sessions taking place
- 1436 Inter-agency training places made available
- 1264 Inter-agency training places filled
- 821 professionals trained

Please refer to appendix 1 for detailed information regarding the training programme.

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"> • time to think about how to apply learning in reality • case studies • problem solving • discussion
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

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.

Work has also taken place regarding the longer term impact the Standard Child Protection training has on practice through the development of a longitudinal evaluation project. 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 time frame. The original evaluation form is also sent to the delegate's manager with a set questions requesting information about the impact attending the training has had on the delegates practice.

This project ran for a twelve month period before capacity issues within the team necessitated it being placed on hold. The first wave of evaluations undertaken in the study achieved a 33% return rate. The second, third and fourth ranch of the study, received a lower response rate of between 17 – 22%. This sadly reduced further with the fifth, sixth and seventh set of responses running between 6 – 13 % . The last batch of responses increased to a 26 % return rate. Whilst disappointing that there was a drop in replies, the overall response rate has been higher than that received by members of SWAIT who stated an average response rate of 5%.

The data gained within the responses demonstrated that delegates confidence levels remained in a similar position or had increased in the three months following training to those reached at the end of the course attended.

With the exception of two responses all the delegates advised that they had discussed the training with their manager, supervisor or other colleagues. Responses indicated learning was being disseminated “I fed back at staff meeting and I am always happy to answer questions from colleagues”, “I have discussed some issues with colleagues and also suggested that all Heads of Year attend the course”. “I have fed back to many colleagues and have continued discussion of the course matter”.

The majority of delegates who responded were able to cite positives they had gained from attending the course. Examples ranged from gaining confidence in specific areas of practice, increasing levels of knowledge on particular topics, increasing the ability to practice using a multi-agency approach, being able to identify safeguarding concerns, and becoming the safeguarding lead in the work place. Although one delegate acknowledged that due to the time passed they were unable to specify what they gained most from the course. “I am not sure I can remember the specifics of the course to be honest”.

Many delegates found it difficult to quantify how the learning undertaken had improved their practice, although some delegates were able to give very specific responses. For example creating / updating policies and procedures, confidence in completing relevant documentation, knowing who to contact in specific situations and the conversations to hold. Those who found it difficult to measure how their practice had altered conveyed that others would be better placed to answer the question, with a number sharing that those around them would have seen an increase in their confidence and ability.* Many delegates equally struggled to provide specific examples when considering how children and young people had noticed any improvements in their knowledge and practice. Although conveyed that children and young people would feel safer and understand safeguarding processes and procedures. Additionally many delegates commented that stronger relationships would be established with the young people with whom they are working.

No delegates advised that they had experienced deliberate opposition when implementing training into practice, with some stating that managers and colleagues had been particularly receptive to new ideas and ways of working. Although one delegate stated that they continued to struggle when working with social services and several delegates acknowledged the complexity of meeting the demands of a busy work place alongside revisiting training materials / implementing new ideas. A mixed response was gained with regards to whether the delegate had attended further formal child protection training following attendance at the course.

It is of note that several delegates cited that having a “follow up” training questionnaire had been thought provoking and helped them to reflect upon their learning and how they implemented this into practice.

The information received through the project strengthened the evidence gained through the other evaluation methods that the programme was achieving the intended learning outcomes and having a positive impact on practice.

It is planned to restart the longitudinal study once an apprentice joins the team as the benefits of measuring the longer term impact of training on the workforce is clearly recognised. The information helps to provide evidence about whether the programme has or hasn't achieved the intended goals. 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 beneficial when designing and developing courses.

In preparation for the restart of the project work is currently being undertaken by a Corporate Training Apprentice to streamline the process to make it more user friendly in the hope that this will increase the return rate and create a greater pool of information on which to draw upon.

Quality assurance on trainers practice is undertaken through consideration of the evaluation forms received from training courses and also through sessions being observed by a member of the Children's Workforce Training Team. 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.

The standardised format used to observe teaching enables a consistency of approach and also aids objectivity as the observer is required to comment on a multitude of areas rather than focus on particular themes where knowledge may be held regarding specific strengths or vulnerabilities. However, to avoid bias from a particular professional background and strengthen the multi-agency quality assurance process of the training the T&WD Sg is currently considering whether all group members take responsibility for course observations. If adopted this approach would gain detailed course feedback from a variety of disciplines and levels of expertise on course topics. A wider pool of observers would also ensure that a larger number of learning styles is represented, mirroring the different needs and preferences held by delegates.

Courses from commissioned trainers are also (where possible) evaluated through attendance prior to them being adopted onto the LSCB training programme. This Quality Assurance process has led to two potential trainers not being commissioned either due to the stated learning objectives on the course not being met or the language / activities being used within the session not meeting expected levels of equal opportunity and diversity. Neighbouring Local Authorities have also kindly allowed attendance at several of their safeguarding courses to compare and contrast course content and consider the use of new materials which has helped to ensure the LSCB programme meets learning needs.

Training measured against Training Standards

All Local Safeguarding Children Board training is delivered against the following principles (Adapted from PIAT Sustaining quality: Standards for Interagency Child Protection Training and Developments):

- 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. "Confidence in acting on any concerns....being less likely to be drawn in by parents and keep the child's voice at the centre", "Always keep the child as my priority", "Always keeping the child's voice in my focus" "keep the child at the centre of plans" "to understand how to steer a clear line through 'judgement' and towards what is in the child's best interest".

- 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 parenting capacity and issues of disguised compliance. Additionally delegates have fed back 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. "I am more aware of disguised compliance", "I will be more confident to talk to parents", "I will be transparent about concerns where appropriate to parents which may help them to engage with services", "I will be more mindful of disguised compliance in the future".

- 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 help 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.

Qualitative feedback received recognises how issues of diversity and accessibility are incorporated into the courses delivered. "Very informative session on a difficult subject that was presented accessibly and with sensitivity by the teacher", "clear and empowering", "had significant time to reflect and contribute, rather than participants being expected to passively take on board", "Good variety of delivery styles / learning styles engaged", "There was a good balance between listening, discussion, activities and other agencies".

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 below courses chosen at random:

Attendance at Standard Child Protection Training 4th July 2016:

Sector	Health	Social Care	Education	Foster Carers	Early Years	Adult Social Care	Voluntary, Independent, Private	Youth	Police	Other
No of delegates	2	1	3	1	2	1	3	1	1	1

Attendance at Standard Child Protection Training 7th October 2016:

Sector	Health	Social Care	Education	Youth	Voluntary, Independent, Private	Youth offending service	Foster Carer	other
Number of delegates	5	4	4	1	2	1	1	4

Attendance at CSE Awareness Training 26th September 2016:

Sector	Health	Social Care	Foster Carer	Police	Voluntary, Independent, Private	Youth offending service
Number of delegates	3	3	6	1	3	2

Attendance at CSE Skills and Practice Training 19th October 2016:

Sector	Health	Social Care	Police	Voluntary, Independent, Private	Youth offending service
Number of delegates	4	4	1	1	3

Attendance at E-Safety Training 25th May 2016:

Sector	Health	Social Care	Early Years	Youth	Education	Other
Number of delegates	2	4	1	1	5	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 have views and expertise of people from different backgrounds", "gained

confidence in multi-agency working”, “understand how different agencies have a role and part to play in the protection of children”, “good opportunity to liaise with other professionals”, “confidence with other professionals to have say”, “I will recognise further the value of relationships built with partner agencies with a clearer understanding of their roles”, “I really enjoyed working with people from other settings..... It enhances the learning and understanding”, “It was really good to see how agencies work together. Multi-agency approach is the best way to ensure the child’s needs are met”.

- 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 through learning undertaken in recent SCRs, e- safety and current social media practices which present physical and emotional risks to young people and courses including the revised definition of Child Sexual Exploitation.

- 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 data gained from the longitudinal study has been used to measure 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.

*A three month evaluation form was sent to the manager of every delegate to holistically consider the learning undertaken and the potential impact on practice. Unfortunately a very low response rate was received from this cohort, with only 7 evaluation forms being received throughout the project. The majority of comments received reflected those provided by the delegate themselves in that a greater level of confidence had been observed, workers appeared to hold a greater awareness of potential concerns and were more knowledgeable with regards to the support available and able to approach other agencies as required. It is of note that one response made reference to the complexity involved when considering the improvement or otherwise in a member of staff and one raised concern about the commitment required in evaluating team members following course attendance, especially when you are responsible for supervising a large group.

Appendix 1

Training delivery: 1st April 2016 - 31st March 2017

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	Places Offered	Places Booked	Places attended
LSCB Standard interagency Child Protection	17	7hrs	332	324	311
LSCB Advanced CP	12	14hrs	252	245	234
CP & Disabled Children	1	14 hrs	8 places available to Banes (course co facilitated with S Glos)	4	2
Domestic Abuse, Safeguarding & CP	3	7 hrs	57	43	38
Fabricated induced illness	1	4 hrs	18	7	7
Neglect, Safeguarding & CP	2	7 hrs	36	19	19
Rapid response	1	7 hrs	18	12	12
Safer Recruitment	2	7 hrs	42	42	34
Parental Substance Abuse safeguarding CP	1	7 hrs	18	10	9
Ending Violence Against Women and Girls' workshop	1	2 hrs	12	8	6
Train the Trainer	2	7 hrs	49	40	36
Toxic Trio	2	7 hrs	36	32	29

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
Library Staff	Child Protection	3	10
Foster Carers	Child Protection	2	20
Prior Park School	Child Protection	1	17
Southside	Child Protection	1	4
Hopscotch Nursery	Child Protection	1	14
Project Search	Child Protection	1	
Swallow	Child Protection	1	16
Norton Hill School	Child Protection	1	12
Salford Primary School	Child Protection	1	31
St Nicolas Primary School	Child Protection	1	8
Bath Rugby Club	Child Protection	1	18
GPs	FII	1	8

Courses Run by Integrated Working Team

Course Title	Number of Sessions run	Duration of course	Places Offered	Places Booked	Places attended
CAF	3	4 hrs	36	34	34
CAF – Manager’s Training	1	4 hrs	12	6	6
Hearing and recording the voice of a child	1	2 hrs	18	11	11
Lead Professional and Team around the Child	4	7 hrs	36	28	22

Courses run by a commissioned trainer

Course Title	Number of Sessions run	Duration of course	Places Offered	Places Booked	Places attended
CSE – Awareness raising	3	3 hrs	59	53	46
CSE – Skills for practice	2	7 hrs	40	37	31
CSE – Working with Parents and CSE	1	7 hrs	22	15	8
CSE –Advanced	1	7 hrs	18	12	9
CSE – Legal Processes	1	3 hrs	18	7	6
E-Safety	2	3.5	38	29	26
Stakeholders event (Domestic Abuse)	1	7 hrs	100	100	95
Prevent Workshop	12	1 hr	Not specified	112	112

Prevent Assessment Training	1	3 hrs	10 places allocated to Banes	10	10 (5 adult workforce, 5 children's workforce)
Train the Trainer (Prevent)	1	2 hrs	25	19	16
Child Sexual Abuse	1	7 hrs	18	14	12
Modern Slavery & Human Trafficking	2	3 hrs	50	48	43
Willow Training	1	21 hrs	Not specified	4	3
Critically Curious Conversations	1	7 hrs	18	16	14
Supporting Children and Families Affected by Offending (Pt1)	1	2hrs	20	15	14
Supporting Children and Families Affected by Offending (pt2)	1	4 hrs	20	8	8

Appendix 5: Safeguarding Assurance Indicators

The following indicators were approved by the Board in June 2017 for the following year 2017-18. Partner Reports in Appendix 6 report on those indicators that were agreed by the Board in March 2016 for 2016-17.

Board Performance Indicators 2017-18

Indicator 1: Training

- 1.1 90% Relevant staff to have undertaken child protection standard training training
- 1.2 90% Relevant staff to have undertaken child protection advanced training
- 1.3 80% Relevant staff to have undertaken CSE awareness training
- 1.4 80% Relevant staff to have undertaken FGM awareness training
- 1.5 80% Relevant staff to have undertaken WRAP training
- 1.6 95% Relevant staff to have undertaken PREVENT awareness training
- 1.7 80% Relevant staff to have undertaken Domestic Abuse awareness training
- 1.8 100% Safeguarding Leads awareness of Modern Slavery / Human Trafficking

Note relevant means to their role and responsibilities and awareness training can be either face to face, e-learning or equivalent agencies need to decide. Agencies are asked to note the incremental rise in the PREVENT awareness.

N.B. A request came from the June 2017 LSCB to consider an indicator of 80% of all relevant staff to have undertaken modern slavery/human trafficking awareness training – this will be included in the 2018-19 indicators

Indicator 2: Safer recruitment

- 1.1 100% Relevant staff to have a DBS check before work commences with children or young people and families
- 1.2 100% of written references to be provided before work commences with children or young people and families

Indicator 3: Attendance at Board

- 3.1 75% Attendance at the LSCB

Appendix 6: Partner Reports



Agency Name: Avon & 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 2016/17:

- we now have in excess of 180 officers who have undertaken the Specialist Child Abuse Investigator's Development Programme (SCAIDP) and further officers will complete this over the next 6-9 months
 - we have delivered dedicated team training to those officers who deal with child protection cases, specifically in ABE interviewing skills, child cognitive development and the purpose of local safeguarding children boards
 - we contributed to an improved partnership understanding of the nature and extent of Child Sexual Exploitation across Avon & Somerset through the preparation of problem profiles by the five LSCBs
 - 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 from 01/04/2015 to 28/02/2017:
 - direct specialist support for 305 children in Avon & Somerset in relation to their sexual exploitation
 - training to 3,141 members of the children's workforce across Avon & Somerset
- The number of children identified as having been affected by CSE rose markedly during the life of the service, providing evidence of the heightened awareness across the children's workforce

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
- we need to do more to improve our ability to work effectively with our partners to protect children, for example working patterns of our Investigations teams aren't always conducive to working with partners
- increasing demand through rising numbers of reported child protection crimes, in a context of declining budgets - we need to further increase the numbers of officers who are trained to deal with such cases and ensure we have sufficient trained supervisors to support those officers

Describe how you raise awareness of safeguarding in your agency:

Child abuse and safeguarding features from the most strategic communications, such as through the Force Strategic Threat Assessment and the Force Control Strategy, with Child Sexual Exploitation & Abuse being one of the five Strategic Priorities, through to communications at an operational and tactical level.

At a strategic level, the Constabulary Management Board, chaired by the Chief Constable, considers vulnerability on a bi-monthly basis. The discussion is informed by a paper prepared following consideration

of the most significant issues by the Safeguarding Theme Leads Group. This Group is chaired by the Chief Superintendent, Head of Investigations, and is comprised of vulnerability thematic leads responsible for driving improvement across their respective vulnerability theme. Themes include Child Abuse, Child Sexual Exploitation, Female Genital Mutilation, Honour Based Violence and Forced Marriage, Domestic Abuse, Modern Slavery and Hate Crime.

The Constabulary introduced a new Operating Framework on 3 April 2017. Communications with staff and officers in the lead up to the change, and subsequently, have emphasised how the need to achieve vulnerability and safeguarding objectives was an important factor in developing the new Operating Framework. The new Neighbourhood & Partnerships Directorate will enable Neighbourhood officers to work more closely and effectively with Lighthouse & Safeguarding to protect the most vulnerable and manage the most harmful offenders, whilst the new Investigations Directorate has been organised so as to maintain the focus on child protection and vulnerability across the spectrum of crime, with one of the three Detective Superintendents being aligned to Crimes Against Children.

Training, awareness raising and communication actions, common to a number of vulnerability themes, can result from discussion at the Safeguarding Theme Leads Group, whilst bespoke actions can also be commissioned by thematic leads. For example, internal awareness raising of CSE is linked to our external awareness raising campaigns, using the Force intranet, the Weekly Bulletin and the Chief's blog to provide stories and articles and links to the Force website, social media and media websites. External campaigns promoted internally included CSE Awareness Day 2016, International Missing Children's Day 2016, BBC Radio Bristol Missing Week, and the programme of regional CSE awareness campaigns, involving partners across local authorities, health and other police forces.

An induction process is in place for all staff who have contact with children. Basic training (covering familiarisation with child protection policies, how to recognise signs of abuse and neglect, how to respond to concerns, and e-safety awareness) is provided through a Safeguarding Children e-learning package as part of the induction process. 3,604 relevant officers and staff have completed the Safeguarding Children e-learning module.

Comprehensive Child Abuse and CSE training is provided for all new officers as part of their initial police training, including familiarisation with safeguarding policy and procedures. Training provision regarding the initial response to rape and sexual assault, which reflects child safeguarding and procedures, and the inclusion of a first response element through the Initial Police Learning and Development Programme (IPLDP), means that all new recruits arrive at their first operational posting with an appropriate awareness of child protection issues in relation to sexual assault (including CSE, modern slavery and chronic interfamilial abuse). We now have in excess of 180 officers who have undertaken the SCAIDP programme. Awareness has also been raised through Investigation team development days. Our Safeguarding Coordination Units have delivered awareness training to front-line staff and Investigations teams regarding the support they can provide and the importance of considering safeguarding in all cases involving children.

Describe how you promote the South West Child Protection Procedures(SWCPP) within your agency:

A link to the South West Child Protection Procedures is published on Pocketbook, the Force intranet, alongside links to: Working Together to Safeguard Children; the Supplementary Guidance to Working Together, Safeguarding Children & Young People from Sexual Exploitation; College of Policing Authorised Professional Practice in relation to investigating child abuse and safeguarding children, and responding to child sexual exploitation; national guidance regarding Achieving Best Evidence in Criminal Proceedings; and the Force Child Protection Procedural Guidance. Inter-agency guidance and procedures, including the South West Child Protection Procedures, are regularly discussed within the Safeguarding Coordination Units.

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
- children have been listened to more effectively to better understand how they have been affected by the circumstances of the case
- more perpetrators of child abuse have been brought to justice

Objectives for 2017/18:

Avon & Somerset Constabulary's objectives 2017/18 for the protection of children are:

- respond to Organisational Learning & Inspection findings emerging from Serious Case

Reviews/Inspections/Audits to improve service delivery

- address our processes so we provide the best service for children, by appropriate recording, response and partnership working
- ensure the 'voice of the child' is recognised in every policing interaction when children are present or could be affected
- support staff involved in the investigation of Child Abuse
- ensure our resources and ways of working sufficiently address the demand

This is in the context of the Constabulary's aims, in partnership with other agencies, to:

- prevent children from becoming victims of child abuse
- 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
- bring perpetrators of child abuse to justice and prevent them reoffending through robust offender management

Performance Indicators for LSCB. Note relevant means to their role and responsibilities, and awareness training can be face to face, e-learning or equivalent. All Child Protection training should be updated every 3 years (or every 2 years for DSLs)

The Constabulary Learning & Development Department is unable to break down its figures so as to answer the questions as they are framed. This is because so much safeguarding awareness takes place within other courses, through LSCB training events, and other conferences and CPD days.

Indicator 1: Training	Target%	Outcome%	Comment
1.1 Relevant staff to have undertaken child protection standard training	90%		Relevant staff attend the standard multi-agency child protection training provided by the five LSCBs within the Force area. Once new officers have completed their tutorship, they participate in this one-day multi-agency training. The Constabulary Learning and Development Department has undertaken awareness raising activity, targeting non-specialist staff, regarding the LSCB safeguarding training, resulting in an increase in the take-up.
1.2 Relevant staff to have undertaken child protection advanced training	90%		All SCAIDP trained officers are required to attend the LSCB Advanced Child Protection training as part of their accreditation.
1.3 Relevant staff to have undertaken CSE awareness training	80%		CSE awareness is carried out for recruits at initial training and updates have been provided directly by the Force and through the West of England CSE Victim Identification & Support Service. All 293 Communications Centre staff (call handlers, dispatch and supervisors) received CSE awareness training during the late summer and early autumn of 2016. Enhanced bespoke training in CSE was delivered to the Safeguarding Coordination Units in October 2015 and to the Investigations teams in November 2015.
1.4 Relevant staff to have undertaken FGM awareness training	80%		DC Liz Hall and DCI Leanne Pook have taken responsibility for this aspect of safeguarding training within A&S. They both regularly deliver FGM awareness sessions across the force area.
1.5 Relevant staff to have undertaken PREVENT awareness training	75%		The Force has employed a specialist PREVENT trainer who has addressed this theme across

			the Force.
1.6 Relevant staff to have undertaken Domestic Abuse awareness training	80%		All relevant officers and staff will have undertaken Domestic Abuse awareness training. Supt Andy Bennett was the Force Domestic Abuse Thematic Lead until 3 April 2017 and vigorously promoted improved DA awareness through the organisation of CPD. Further training for frontline officers is taking place from May through to July 2017.
Indicator 2: Safer Recruitment			
2.1 Relevant staff to have a DBS check before work commences with children or young people and families	100%	100%	The Constabulary has robust recruitment and vetting procedures in place. All new recruits to the Constabulary are vetted to the Constabulary vetting requirements (the Home Office, Ofsted and the Disclosure Barring Service have confirmed that the basic recruitment vetting level is more stringent than those of the DBS Enhanced disclosure). References are always requested, identity and qualifications are verified, face-to-face interviews are carried out, previous employment history is checked, all documentation is checked to ensure it is in order and any anomalies or discrepancies are followed up and resolved, and Human Resources records are maintained. Personal vetting files are maintained in accordance with the Constabulary's Vetting Management systems and are reviewed for weeding purposes. Vetting has a limited time period set and is revisited at the end of this period or where individuals change posts within their employee life-cycle. The rigorous vetting and selection process for police officers and staff provides a level of reassurance that there is no information or intelligence of concern regarding individuals selected to join the Constabulary. Recruitment practice is audited and quality assured through process and policy reviews. Feedback is also gained through the internal Ethics Committee and the Constabulary Independent Advisory Group. Feedback and complaints about the recruitment and selection processes are also considered and where necessary acted upon.
2.2 Written references to be provided before work commences with children or young people and families	100%	100%	
Indicator 3: Attendance at the LSCB			
3.1 LSCB partner attends (or sends a representative)	75%	100%	



Agency Name: Avon Fire and Rescue Service			
Brief outline of agency function: The protection prevention and response in line with the fire services act to the community of Avon and the wider wellbeing of its residents in line with other partners objectives			
Achievements during 2016/17: (bullet points)			
<ul style="list-style-type: none"> Engagement with relevant SCR across the geographical boundary of Avon 			
Describe how you raise awareness of safeguarding in your agency:			
<ul style="list-style-type: none"> Elearning for all staff on safeguarding requirements as well as enhanced training for middle and senior managers 			
What difference has your achievements made to children, young people, parents /carers?			
The referral system in place in line with the services safeguarding policy ensures that those most vulnerable are referred to the most suitable agency and that the services personnel put in place any mitigation where appropriate			
Objectives for 2017/18:			
<ul style="list-style-type: none"> To further engage and assist in the safeguarding arena across Avon 			
Performance Indicators for LSCB 2016-17 (agreed March 2016)			
Indicator 1: Training	Target %	Outcome %	Comment
1.1 Relevant staff to have undertaken child protection standard training	90%	53%	All of our staff are required to complete a level 1 safeguarding awareness Elearning module. This was renewed and rolled out in March 17 and 53% of staff have completed it in the initial 3 month roll out period. It incorporates Training Indicator 1.1 through to 1.6.
1.2 Relevant staff to have undertaken child protection advanced training	90%	90%	See above
1.3 Relevant staff to have undertaken CSE awareness training	80%	53%	See above
1.4 Relevant staff to have undertaken FGM awareness training	80%	53%	See above
1.5 Relevant staff to have undertaken PREVENT awareness training	75%	90%	Relevant managers have received WRAP training
1.6 Relevant staff to have undertaken Domestic Abuse awareness training	80%	53%	See 1.1 comment
Indicator 2: Safer Recruitment	Target	Outcome %	Comment
3.1 Relevant staff to have an up to date DBS check	100%	100%	All staff requiring a DBS check have one prior to starting the role

3.2 Two written references to be provided before work commences with adults with care and support needs	100%		Our Safer recruitment policy does not require 2 references, only one. We have other security checks in place within our policy
Indicator 3: Attendance at the LSCB			
3.1 LSCB partner attends (or sends a representative)	75%	0%	Avon Fire & Rescue are associate members and so attendance is welcomed but not expected.

Agency Name: Avon and Wiltshire Mental Health Partnership Trust

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 BANES 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.

AWP promote the 'Think Family' principles (as defined by The Social Care Institute for Excellence Think child, think parent, think family: a guide to parental mental health and child welfare December 2014) to help practitioners ensure appropriate communication and joint working between agencies and services to enable joined up working, develop a complete picture of a child's experience, and better understand how to safeguard Children and Young People.

AWP has recognised the need to invest in safeguarding in order to ensure staff are able to maintain their compliance with standards and to meet the challenges of the future. A revised Trust Safeguarding and Mental Capacity Act service will be fully implemented as of April 2017 to provide enhanced capacity to support effective multi-agency partnership working, local support to practitioners and teams within BANES. The safeguarding children team has 2 newly appointed named Safeguarding Children Nurses one each for the East and West of the Trust, one of which will cover the BANES locality as part of their area of responsibility. The named Nurses will be responsible for distilling outcomes of case reviews and emerging safeguarding themes into bespoke team development sessions.

The Safeguarding team now operate a Single point of Contact for the requests for Child Protection Conference reports from Children's Social care, Additionally the team Quality assure all reports for initial and review that are received through the team, and encourage practitioners to work within the timescales for submission and for the report to be available to discuss with parents and Carers 48hours before the conference. The Single Point of Contact provides retrospective Quality Assurance of referrals for Early Help, Child in Need and Child Protection. There is further promotion planned of this system internally and externally with Children's Social Care.

Achievements during 2016/17: (bullet points)

- Trust Safeguarding Children and Young People Team has newly appointed 2 Named Safeguarding Children Professionals, one each for the East and West of the Trust. One of the Named Nurses will cover the BANES locality as part of their area of responsibility, and will be responsible for distilling outcomes of case reviews, Section 11 Audits, Joint Targeted Area Inspections and emerging safeguarding themes into bespoke team development sessions.
- Safeguarding children and Young people is a standing agenda item in supervision supported by a safeguarding supervision tool.
- All requests received for child protection conference reports are quality assured by the Safeguarding Children and Young People Team. Child Protection conference reports quality assurance system bedding in review of governance arrangements We have received 47 requests for conference reports during 2016-17, however we cannot triangulate with the Local Authority as to whether requests are coming directly to our Safeguarding Admin Team.
- There is increased contact to the Trust Safeguarding Children and Young People Team for safeguarding consultations and advice. The context of these consultations and advice are presenting more complex case discussions which is an indicator of increased knowledge, competence and confidence amongst operational staff in discharging their safeguarding duties. In 2015-2016 the team received 1866 recorded contacts with 155 of those contacts coming from

teams within BANES in comparison to 1956 recorded contacts in 2016-2017 with 204 of those from BANES. This Data reflects contacts for advice for all Safeguarding issues.

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- The Trust annual safeguarding survey indicated increased awareness and confidence with regards to identifying and responding to children at risk of FGM and CSE. Our Trust guidance is being reviewed to encompass the details of what to do if staff are concerned about FGM or CSE, which will also be a theme of the team development sessions in B&NES

Challenges

- The Trust Safeguarding team has agreed with CSC that all conference reports, initial and review are requested through the safeguarding team. There has been a decrease in requests for conference reports in the financial year 2016 -2017: 43 requests for reports for People that are known to AWP and 4 that are not known to AWP. This is decrease from the 60 Requests received throughout 2015-2016. The second challenge here is the timescales given to complete a process of report writing, quality assurance, discussed with parent carers and available 48 hours to conference. There will be further work completed within the organisation and externally with CSC to promote and to further embed this into practice. Additionally we are liaising with Children's Social care and local teams ensure that all invites & requests for reports for Child Protection Conferences come through to our Single point of contact admin team as this is how we record; monitor and quality assure this process.
 - AWP standard target for safeguarding training is 90% to accommodate new starters and leavers, this is currently at 72% and relates to 9 members of staff, 6 of which are booked on to attend the next course and 3 new starters. Access to Level 3 training can be problematic at times if a training course is not available until after a person's training has expired. The locality is monitoring Safeguarding Training rates with individual teams and ensures that staff are booked on to the next available training dates. Access to local authority training is being promoted and teams requested to inform AWP learning and development of attendance for recording.
 - There has not been representation of a Safeguarding Specialist at a local level; however from Quarter 2 Named Professional for Safeguarding Children will be an integrated aspect of local governance. In addition there will be bespoke team development sessions which will provide increased support and development to teams.
- The Trust Safeguarding children and young people Team will develop Trust modular safeguarding guidance to build upon guidance sections relating to FGM and children living with domestic abuse.

Describe how you raise awareness of safeguarding in your agency:

The induction of all new starters within the organisation includes a module on Safeguarding within the trust. In addition there are statutory and mandatory training encompassing Safeguarding Children and Adults. Safeguarding is discussed in team meeting and learning from cases is also disseminated.

There is a clear Safeguarding Strategy within AWP that includes Safeguarding supervision as a core element of the regular Clinical and Management supervision. In addition the trust has developed a Safeguarding Supervision checklist that covers all safeguarding Risks and Processes to support practitioners in operational teams. There is also a Safeguarding Children Assessment Checklist that acts as a guide for staff to consider issues or concerns in relation to Safeguarding Children that will inform the assessment of the risk / impact for the child within a family.

As well as the Named Professionals and Heads of Safeguarding Adults and Children that can provide advice and support to teams, there is also a Safeguarding Inbox where staff can seek support as well as a Single Point of Contact Administration Team who support with all issues in relation to Child Protection Conference requests, reports, Referrals into Children's Social Care and, MARAC referrals. This supports the monitoring and Quality Assurance of all referrals and reports and provides feedback and learning to the referring teams.

Safeguarding is a standing agenda item on the locality Integrated Governance Meeting Quarterly whereby key issues are communicated, findings are shared and action plans are monitored. These items are then disseminated through the individual team meetings.

Describe how you promote the South West Child Protection Procedures(SWCPP) within your agency:

- The SWCP online procedures are referenced within the Trusts Safeguarding Children's Policy and Guidance on Working with Families to Safeguard Children, which supports practitioners in implementing multi agency and LSCB procedures.

- There are direct links to the SWCPP website from our trust Intranet Safeguarding Children Pages
- When staffs contact the Safeguarding Children team for support and guidance, they are directed to the SWCPP pages to inform their practice.
- The 2015-2016 staff survey showed an increased awareness of the SWCPP, and further promotion of the procedures will be incorporated in to team development sessions planned for 2017.

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

- 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 conference reports and processes.

Objectives for 2017/18:

- Work to improve the functioning of electronic records systems (RiO) to ensure better and consistent recording of safeguarding children cases, and improved management oversight of cases. RiO project group intends the amendments to the system to be initiated by May 2017.
- To develop a Case Audit tool and framework for children’s safeguarding practice, to monitor the delivery and quality of Safeguarding Children’s Practice within the organisation.
- Improving the quality of Safeguarding supervision received by staff.
- Not seen not Heard (CQC) guidance incorporated with level 3 training
- Review of safeguarding children training and update training, including Prevent training
- Developing staff understanding of Human trafficking/Modern Day slavery pathways, FGM including Push and Pull Factors.
- Increased safeguarding specialist capacity to support operational staff and the interface with other agencies/organisations and the BANES LSCB.
- Named Professionals will be responsible for distilling outcomes of case reviews, CQC inspections, Staff Survey’s and emerging safeguarding themes into bespoke team development sessions.
- To complete a staff survey to test knowledge, competence and confidence in Safeguarding Children procedures and practice, and to implement any recommendations arising.
- To develop a Develop a strategy for accessible quality assurance systems to better coach and mentor operational staff to compile child protection conference reports, child protection referrals, and referrals in to Children’s Social Care to a professional standard.

Performance Indicators for LSCB. Note relevant means to their role and responsibilities, and awareness training can be face to face, e-learning or equivalent. All Child Protection training should be updated every 3 years (or every 2 years for DSLs)

Indicator 1: Training	Target%	Outcome%	Comment
1.1 Relevant staff to have undertaken child protection standard training	90%	97.8%	
1.2 Relevant staff to have undertaken child protection advanced training	90%	77.2%	This figure relates to 9 members of staff. 6 are booked on the training and the other 3 are new starters.
1.3 Relevant staff to have undertaken CSE awareness training	80%	97.8%	This is covered by intercollegiate compliant level 2 and 3 training.
1.4 Relevant staff to have undertaken FGM awareness training	80%	97.8%	This is covered by intercollegiate compliant level

			2 and 3 training.
1.5 Relevant staff to have undertaken PREVENT awareness training	75%	97.8%	This is covered by intercollegiate compliant level 2 and 3 training.
1.6 Relevant staff to have undertaken Domestic Abuse awareness training	80%	97.8%	This is covered by intercollegiate compliant level 2 and 3 training.
Indicator 2: Safer Recruitment			
2.1 Relevant staff to have a DBS check before work commences with children or young people and families	100%	100%	Recruitment undertake DBS for all employees on appointment with the trust.
2.2 Written references to be provided before work commences with children or young people and families	100%	100%	As above
Indicator 3: Attendance at the LSCB			
3.1 LSCB partner attends (or sends a representative)	75%	75%	



Agency Name: Barnardo's

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.
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 during 2016/17: (bullet points)

- Through our BASE project, we have supported 14 children who have faced child sexual exploitation.
- We have trained 40 professionals to improve the way they respond to child sexual exploitation and trained a further 17 professionals so they can continue to deliver training on CSE – building up the expertise of staff across agencies in B&NES.
- We have supporting children who have been sexually exploited through the criminal justice process, leading to convictions of 5 adults who'd exploited children.
- Children who have been sexually exploited have spoken to and trained professionals in how they can work better with victims of CSE.

Challenges

- As more children are identified as being at risk of CSE, BASE has been unable to work with many who are at risk. We have worked alongside the Willow Team which works with children at a lower level risk of CSE to try to make sure that children do not get support when it is needed. It is good that more children have been identified, as it shows a growing awareness of CSE.

- The intensity of supporting children through court processes, when they show exceptional bravery, is very demanding on the workers. We look to support our staff through such challenging times through support, supervision and a positive team culture.

Describe how you raise awareness of safeguarding in your agency:

- All BASE staff have to do Barnardo's own Safeguarding training and it is a regular item in supervision meetings. Team meetings also discuss Safeguarding and BASE staff have had specialist training on CSE, trauma, attachment to help them best support children.

Describe how you promote the South West Child Protection Procedures(SWCPP) within your agency:

- All staff are made aware of the procedures when they start work with Barnardo's.

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

- We work with these young people to help them stay safe, build better relationships, understand how CSE works, improve their school or college attendance, improve their mental health, along with other goals the children set with their BASE worker. The majority of children made positive changes in relation to a number of the goals they had set.

Objectives for 2017/18:

- To continue to deliver high quality CSE support until end of Sept 2017, when the service will be re-commissioned.
- To continue to support improved safeguarding thorough quality assuring Child Protection Conferences.

Performance Indicators for LSCB. Note relevant means to their role and responsibilities, and awareness training can be face to face, e-learning or equivalent. All Child Protection training should be updated every 3 years (or every 2 years for DSLs)

Indicator 1: Training	Target%	Outcome%	Comment
1.1 Relevant staff to have undertaken child protection standard training	90%	100%	
1.2 Relevant staff to have undertaken child protection advanced training	90%	100%	
1.3 Relevant staff to have undertaken CSE awareness training	80%	100%	
1.4 Relevant staff to have undertaken FGM awareness training	80%	100%	
1.5 Relevant staff to have undertaken PREVENT awareness training	75%	100%	
1.6 Relevant staff to have undertaken Domestic Abuse awareness training	80%	100%	
Indicator 2: Safer Recruitment			
2.1 Relevant staff to have a DBS check before work commences with children or young people and families	100%	100%	
2.2 Written references to be provided before work commences with children or young people and families	100%	100%	

Indicator 3: Attendance at the LSCB			
3.1 LSCB partner attends (or sends a representative)	75%	100%	

Bath & North East Somerset Council

Agency Name: B&NES Council
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. Public Health is 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 2016/17: (bullet points) <ul style="list-style-type: none"> • Implemented the Early Help Strategy • Ensure the LSCB Business Plan is achieved and led much of the work of the LSCB including driving forward the work on the Complex (Toxic) Trio • Implemented the MASH • Have begun the process on putting in place a new arrangement for the involvement of parents / families in Child Protection Plans • Continue to develop the work with CSE and reviewed service delivery options • Set out the safeguarding standards for the Your Care Your Way commission • Continued to prepare extensively for Ofsted to demonstrate that B&NES are keeping children safe and that appropriate thresholds are being applied • Sought to provide good quality services which have positive outcomes for children and young people
Challenges <ul style="list-style-type: none"> • The increase in requests for service has placed a considerable strain on the duty team. • The increase of children to a plan has placed considerable pressure on staff who are at their capacity in terms of caseloads leaving limited staff resilience • The delivery of MASH from within existing resources has also impacted on case work
Describe how you raise awareness of safeguarding in your agency: <ul style="list-style-type: none"> • Through team meetings, supervision, face to face staff briefings, emailed staff bulletin (Mikes Mike), dissemination of the LSCB and LSAB newsletters and bulletins • Sharing good practice from reviews, audits, research reports etc and through requirement to undertake mandatory and specialist training • Challenging staff on practice
Describe how promote the South West Child Protection (SWCPP) within your agency: <ul style="list-style-type: none"> • Through staff email reminders when new items are added • When reviewing cases remind staff to check the procedures
What difference has your achievements made to children, young people, parents / carers? <ul style="list-style-type: none"> • We have continued to prioritise advocacy services for young people to ensure that their views are represented at key meetings and when making plans for their future. • Despite financial pressures we have continued to develop Early Help services, and planning to launch our Early Help Hub in the Autumn of 2017. We also launched our Early Help App in January 2017 therefore ensuring support is available and timely. • We have listened to feedback from parents about the Child Protection process and are taking this into consideration as part of the parental involvement review being undertaken. • We have listened to the views of the In Care Council and Youth Forum and ensured these are

considered in service planning and responses.

Objectives for 2017/18:

- Implement the learning from the Ofsted inspection
- Review and revise activity and performance data
- Monitor use of activity and performance data to ensure it helps drive service delivery
- Review and remodel the MASH as required
- Remodel Children Service teams (including the introduction of an Adolescent Risk Team)
- Achieve the Councils saving plans at the same time as maintaining a quality service and keeping children safe
- Implement the new Quality Assurance Framework
- Launch the Early Help Hub
- Continue to develop our approach to Child Protection services and conferences to ensure that they highlight the importance of partnership working.
- Lead, draft and consult on the following strategies:
 - Children and Young People Strategy
 - LSCB Strategic Plan
 - LSCB Training and Development Strategy
 - Workforce and Training Strategy

Performance Indicators for LSCB 2016-17 (agreed March 2016) relates to Children Services Staff

Indicator 1: Training	Target %	Outcome %	Comment
1.1 Relevant staff to have undertaken child protection standard training	90%	98%	The level of staff attendance at CP training has increased significantly.
1.2 Relevant staff to have undertaken child protection advanced training	90%	68%	Staff are aware they need to complete the advanced training but were struggling to take two full days out of their diary to do so with increased work pressures. The LSCB Training and Workforce sub group are considering whether its possible to reduce the training from two days to one which will also help. Staff training is being monitored twice yearly to ensure this target is achieved and it is discussed in supervision and at team meetings.
1.3 Relevant staff to have undertaken CSE awareness training	80%	82%	The promotion of CSE issues and improving awareness continues to be a priority for the Council. This training will continue in 17/18.
1.4 Relevant staff to have undertaken FGM awareness training	80%	71%	Whilst the target has not been achieved we are confident it will be exceeded next year. Staff are aware of FGM via a number of other routes.
1.5 Relevant staff to have undertaken PREVENT awareness training	75%	67%	It was disappointing that this target was not achieved as the Council and training team have worked hard to promote the PREVENT awareness training. We are looking for alternative ways to ensure this is achieved e.g. though bespoke training at staff meetings to ensure it is achieved.

1.6 Relevant staff to have undertaken Domestic Abuse awareness training	75%	48%	Staff have been strongly encouraged to complete the e-learning package or attend the one day LSCB training course. This target is a priority for the LSCB and the Council and will be exceeded by 2017-18
Indicator 2: Safer Recruitment	Target	Outcome %	Comment
3.1 Relevant staff to have an up to date DBS check	100%	100%	The Council remains vigilant in monitoring the DBS status of all employees.
3.2 Two written references to be provided before work commences with adults with care and support needs	100%	100%	As above.
Indicator 3: Attendance at the LSCB			
3.1 LSCB partner attends (or sends a representative)	75%	100%	This figure confirms the continuing commitment of Council staff to the purpose of the LSCB.



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

Agency Name: NHS BaNES 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 Designated Doctor and Nurse for Looked After Children.

Achievements during 2016/17: (bullet points)

- Appointed new Designated Nurse
- Completed section 11 Children Act 2004 audit which fulfils part of the legal duty to monitor the effectiveness of local safeguarding arrangements. Actions being implemented met as per plan
- Revised and published Safeguarding Children policy
- Refreshed safeguarding children standards and key performance indicators in all CCG contracts for all providers. Additional requirements included were for Providers to provide information on CSE referrals and specific safeguarding children supervision information by service.
- Providers required to provide additional training compliance information for CSE, FGM and Domestic Abuse awareness in line with LSCB Assurance Framework requirements.
- Assurance of CAMHS and AWP safeguarding arrangements agreed between designated

nurses in the relevant CCG's.

- Full delegation of commissioning arrangements of primary care agreed by CCG Board which commenced April 2017
- 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, Designated doctor and Named GP represented health system at LSCB subgroups
- Designated Nurse Chair of LSCB Children in Care Quality Assurance subgroup and joint LSCB/LSAB FGM subgroup
- Designated nurse provided expert advice to commissioners as part of Your Care Your Way process.
- Supported implementation of BaNES MASH
- Established process to share learning from multi agency case review and SCRs.
- Implemented process to ensure GPs are informed of children who are on a child protection plan.
- Provided twelve month funding for IDVA services in the RUH, jointly commissioned with funding from Public Health B&NES and Wiltshire Local Authority due to positive outcomes reported.
- Provided joint funding between NHS BaNES CCG & PCC for IRIS Programme (for general practice)
- Safeguarding e-newsletter is being sent to GPs on a quarterly basis.
- Facilitated GP practice Safeguarding Children Leads Network
- Facilitated Safeguarding Children Health Professionals Network
- Revised New Starter Induction package to include information on Safeguarding children responsibilities.
- Confirmed CCG Safer Recruitment Practice is in place with commissioned HR service to CCG

Challenges

- Over sight of contracts where BaNES CCG is not the lead commissioner
- BaNES CCG to work with BaNES Local Authority and Avon & Somerset Constabulary to agree and implement requirements of Children & Social Work Bill.

Describe how you raise awareness of safeguarding in your agency:

- Staff required to complete Safeguarding children mandatory training relevant to role.
- Safeguarding Children Policy available to support practice.
- Designated professionals provide advice and support to staff as required
- LSCB newsletter and updates circulated internal via Communication team
- CCG staffing is under 60 WTE so there is adequate opportunity to ensure that individual staff are aware of their responsibilities

Describe how you promote the South West Child Protection Procedures(SWCPP) within your agency:

- South West Child Protection Procedures(SWCPP) Information included in Safeguarding Children Policy
- CCG staff sent individual email providing information and link to SWCPP .
- Safeguarding Children webpage includes information and link to SWCPP.
- Specific question related to staff awareness of SWCPP included in quarterly Knowledge

and Skills audit.

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

As noted above, CCG's are responsible for commissioning most hospital and community healthcare services for their local community and to support NHS England ensure that quality in primary care is improved.

BaNES CCG needs to assure ourselves that these organisations have effective safeguarding arrangements in place and that they comply with all statutory guidance related to safeguarding children. Delivery of these key objectives (achievements) throughout the year ensures that the NHS England (NHSE) 'safeguarding vulnerable people in the NHS – accountability and assurance framework' (updated, 2015), is met.

- Proactive collaborative working to resolve issues in challenging and complex situations
- Raising awareness in primary care
- Provided evidence that our providers have effective safeguarding arrangements in place.

These all serve to make a difference by ensuring that children, young people, parents and carers are safeguarded to the best of our ability.

Objectives for 2017/18:

- Safer recruitment audit of CCG staff and appointments to be undertaken before end Q2 to confirm adherence to DBS and reference requirements
- Establish additional assurance systems with commissioners in primary care to monitor safeguarding arrangements in GP services
- Establish additional assurance systems with Providers to evidence how learning that has been shared from multi-agency case reviews and SCRs has impacted on practice.
- Designated Nurse and Named GP to work with BaNES CSC and Health Providers to review child protection Strategy process
- Establish additional assurance systems to evidence CCG process for cascading LSCB policy/guidance information with Health providers, impact on professional practice.
- Implement process to ensure GPs are informed of children who are Looked After Children
- Implement process to ensure GPs receive Niche DA notifications from Avon and Somerset Constabulary
- Implement process to ensure GPs receive MAPPA notifications.

Performance Indicators for LSCB. Note relevant means to their role and responsibilities, and awareness training can be face to face, e-learning or equivalent. All Child Protection training should be updated every 3 years (or every 2 years for DSLs)

Indicator 1: Training	Target%	Outcome%	Comment
1.1 Relevant staff to have undertaken child protection standard training	90%	100%	Designated professionals and Named GP
1.2 Relevant staff to have undertaken child protection advanced training	90%	100%	Designated professionals and Named GP
1.3 Relevant staff to have undertaken CSE awareness training	77%		BaNES CCG Level 1 e learning package includes information on FGM, CSE and DA . BaNES CCG plan to incorporate BaNES LSCB FGM,

			CSE and DA awareness level training material in face to face Level 1 training sessions when available.
1.4 Relevant staff to have undertaken FGM awareness training	77%		SA
1.5 Relevant staff to have undertaken PREVENT awareness training	75%	100%	
1.6 Relevant staff to have undertaken Domestic Abuse awareness training	77%		SA
Indicator 2: Safer Recruitment			
2.1 Relevant staff to have a DBS check before work commences with children or young people and families	100%	100%	<p>Receipt of satisfactory DBS check where appropriate required before employment commences</p> <p>Safer recruitment is in place ensuring DBS checks are made where relevant. Most CCG staff do not require checks due to the nature of their work</p>
2.2 Written references to be provided before work commences with children or young people and families	100%		<p>All pre-employment checks undertaken in accordance with NHS Employment Checks.</p> <p>Receipt of two satisfactory references is a requirement of managers before new staff commence</p> <p>CCG staff due to the nature of their work are not required to work directly with children or YP or families.</p>
Indicator 3: Attendance at the LSCB			
3.1 LSCB partner attends (or sends a representative)	75%	100%	



Agency Name: Bath College

Brief outline of agency function:

Further Education College: Over 2000 learners 16-18, 19+, Apprenticeships, HE, Adult Community Learning, SEND and Love2Learn evening classes.

Achievements during 2016/17: (bullet points)

In addition to the function and last year's achievements:

- Introduced student online peer mentoring
- Introduced annual safeguarding updates for ALL staff
- Introduced a mental health policy and wellbeing statement.
- Added mental health to the College's risk register.

- Increased the profile of the College's 'Got Y Back' campaign
- Strengthened the Safeguarding Team by employing an additional dedicated safeguarding lead
- Additional campaigns:
 - Think Tolerance and Respect Campaign
 - New Prevent Campaign
 - Male Mental Health 'Have You Got the Ball?' campaign
 - FGM campaign
- Introduced 'Holly Guard' to staff and students
- Increased the profile of the Student Welfare Team around College
- All Student Welfare Team have undertaken mental health awareness training
- Engaged with the CAMHS Hub and training
- Celebrating success with vulnerable learners (e.g. LAC, YC etc.)
- Introduction of Smoothwall web filtering (safeguarding and Prevent)
- Modernised the College's counselling provision
- Increased campus security

Challenges

- Funding and finance
- Cutbacks to community provision
- Volume of disclosures

Describe how you raise awareness of safeguarding in your agency:

- Staff updates and training
- Student portal advertising of provision
- Tutorial provision
- Distribution and awareness of publications from DfE, e.g. Keeping Children Safe in Ed
- New staff inductions
- Poster campaigns
- SMT updates
- Joint policy group with H&S, EDI
- Information to Parents
- Safeguarding training for employers, subcontractors and host families

Describe how you promote the South West Child Protection Procedures(SWCPP) within your agency:

- HR process including induction package, ongoing training and updates.

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

- Strong retention in the College and within vulnerable groups
- Overwhelmingly positive response to counselling and welfare provision has demonstrated improvements in resilience, self-esteem etc.
- 99.9% of students report that they feel safe at College
- 99% of parents report that they feel their son/daughter/ward is safe at College
- Continuing the high level of safeguarding at the College.

Objectives for 2017/18:

In addition to maintaining the high standards of safeguarding in the College, the focus for 17/18 will be on mental health:

- Continue to prioritise, promote and embed the Health and Wellbeing Services in association with the Health and Wellbeing Statement across College.
- Propose the recruitment of a PT Mental Health Advisor as one of the designated people to work with students with an identified mental health and emotional needs.
- Secure recurrent funding from the EHWP Transformation Fund for the continued provision of the College Counselling Service delivered by OTR for 2017/18.
- Continue to work in collaboration with the Self-harm & Suicide Prevention Board
- Set up regular wellbeing surgeries within a designated area to provide a safe place for the delivery of wellbeing advice delivered by the MHA and counsellor.

- Implement and deliver lunchtime group workshops lead by the counsellor on: Exam Stress, Anxiety, Depression Self Care, Mental Health Self Care/Resilience Self-Worth/Esteem, Body Image, Relationships online & offline, Bullying/Cyber Bullying, Social Responsibility & Life in the 21st Century
- Implement and deliver small closed therapy groups focusing on: Anxiety, Depression, Eating Disorders, LGBTQ (Off the Record), Bullying, Self-Harm,
- Promote and implement a new regular short meditation group around Mindfulness lead by the counsellor
- Implement Healthy Friendship tutorials with targeted groups
- Continue to work in collaboration with the BANES EHWP Transformation Group on Young Men and MH in Construction Project at SVC from Sept 2017.
- Work in collaboration with Bath MIND around training and funding opportunities.
- Investigate 'Investors in' kite mark to ensure the College is doing everything it is required around EDI.
- In liaison with the SU set up a LGBT forum within the College in liaison with the OTR, LGBT & Space Champion to raise awareness and offer guidance on LGBT issues
- Develop student recruitment and pre-arrival material on "looking after your mental health when you start at College" for use in recruitment, outreach and pre-arrival activities including material for use in overseas markets (in other languages as needed) including Open Days, including addressing issues such as cost of living, accommodation, alcohol etc.
- HR to consider introducing Mental Health First Aid to all staff
- Work with the Futures Team to introduce a Welcome Day in August- a pre-enrolment fun day /orientation day to better the pre-enrolment support

Other objectives:

- Continue to raise the profile of the College Nurses
- Fully embed the new campus safety measures

Performance Indicators for LSCB. Note relevant means to their role and responsibilities, and awareness training can be face to face, e-learning or equivalent. All Child Protection training should be updated every 3 years (or every 2 years for DSLs)

Indicator 1: Training	Target%	Outcome%	Comment
1.1 Relevant staff to have undertaken child protection standard training	90%	100%	
1.2 Relevant staff to have undertaken child protection advanced training	90%	100%	One new member of staff about to undertake.
1.3 Relevant staff to have undertaken CSE awareness training	80%	100%	
1.4 Relevant staff to have undertaken FGM awareness training	80%	100%	
1.5 Relevant staff to have undertaken PREVENT awareness training	75%	100%	
1.6 Relevant staff to have undertaken Domestic Abuse awareness training	80%	100%	
Indicator 2: Safer Recruitment			
2.1 Relevant staff to have a DBS check before work commences with children or young people and families	100%	90%	Though all staff without current DBS check confirmation are fully risk-assessed prior to commencing work and until their DBS is returned.
2.2 Written references to be provided before work commences with children or	100%	100%	

young people and families			
Indicator 3: Attendance at the LSCB			
3.1 LSCB partner attends (or sends a representative)	75%	25%	Previous representative retired and place on LSAB not replaced until December



Brief Outline of Agency Function.

Cafcass (the Children and Family Court Advisory and Support Service) is a non-departmental public body sponsored by the Ministry of Justice. The role of Cafcass within the family courts is: to safeguard and promote the welfare of children; provide advice to the court; make provision for children to be represented; and provide information and support to children and their families. It employs over 1,500 frontline staff.

The demand upon Cafcass services grew substantially in 2015/16 with a 13% increase in care applications and an 11% increase in private law applications. The grant-in-aid provided by the Ministry of Justice was smaller than the previous year. Notwithstanding this, Cafcass has met all of its Key Performance Indicators.

Achievements

The following are examples of work undertaken by Cafcass in 2015/16 to promote the continuous improvement of our work and support reform of the Family Justice:

Revision of both the **Quality Assurance and Impact Framework** and **Supervision Policy** which together set out the organisation’s commitment to delivering outstanding services, and the ways in which staff are supported to achieve this and the quality of work is to be monitored. The Framework integrates the impact of the work on the child into the grade descriptors so that evidence of positive impact is to be present, alongside compliance with the expectations of Cafcass and the Court, for an outstanding grade to be achieved.

Implementation of the **Equality and Diversity Strategy**. This entails: a network of Diversity Ambassadors who support the development of staff understanding and skill; the holding of workshops; a themed audit on the impact of diversity training on practice.

Extending the **Child Exploitation Strategy** introduced in 2014/15 to include trafficking and radicalisation as well as sexual exploitation. Key elements of the strategy include: Ambassadors (at a service area level) and Champions at a team level to have a ‘finger on the pulse’ of local issues and to support learning; training and research (including a study of 54 cases known to Cafcass in which radicalisation was identified as a feature).

Working with a **range of partners** across family justice, children’s services and the voluntary sector. Examples include Local Family Justice Boards (Cafcass chairs 12 of the 46 of these), the judiciary, the Adoption Leadership Board and the Association for Directors of Children’s Services with whom Cafcass has developed the social work evidence template for use in care cases, and with whom we are developing good practice guidance for children who are accommodated by the local authority

The development of **innovations** that are aimed at improving our practice and supporting family justice reform. These include: piloting the provision to our Family Court Advisers of consultations with a clinical psychologist; the extension of Family Drug and Alcohol Courts; *the supporting separated parents in dispute* helpline (a pilot across five service areas aimed at promoting out-of-court settlements of disputes where safe to do so).

Contributing to the government **review of Special Guardianship Orders**, including a small piece of research that was included in the government's response to the consultation.

A **Service User Feedback Survey**, which looked at the interim outcomes of children six to nine months after private law proceedings concluded. Specifically the survey looked into whether arrangements ordered by the court had sustained; how effective communication was between parents before and after court proceedings; and whether participants believed that the court order was in their child's best interests.

Locally, in the A7 Service area, that encompasses BANES Local Authority, we have been involved in working with one other Local Authority (Swindon) in responding to learning from a recent SCR in respect of the assessment and presentation of neglect to Family Court Proceedings, and the Cafcass Neglect Appraisal tool has been utilised to support this learning.

This SCR has now been taken to the Local Family Justice Board and learning circulated there.

Cafcass chair the Wiltshire Local Family Justice Board, where Care Duration has been maintained within the KPM of on average completing all proceedings below 26 weeks (21.2 Oct-Dec 2016) and at least 64.3% of all cases complete within 26 weeks (same period). This is slightly reduced so the Board continue to look at those cases that are taking us over for learning. Cafcass are present at the Avon Family Justice Board, but these links are yet to be made between all the LSCB's in the Service Area.

We have planned to deliver training to Local Authority Social Workers in respect of Working Alongside Children's Guardians in Care Proceedings, and this will be delivered in May 2017 and June 2017 to 2 Local Authorities (Swindon and Gloucester). Cafcass are happy and keen to extend this to other Local Authorities.

We have also continued to maintain and strengthen our relationship with Swindon IRO's and a Cafcass-IRO Workshop is also planned for May 2017. This work to be extended to other IRO services in the areas we cover.

A leaflet designed to support children and young people visiting Judges and Magistrates in Family Courts has been developed, in conjunction with Cafcass and the Local Family Justice Board, as well as the National Young Peoples Family Justice Board.

We have re-structured the work allocation in the Service area so that this area now falls into the A7 Service Area and supports the spread of demand across the East of the Service Area.

We continue to allocate all public and private law at a 100% rate per month over the last year, despite increases of on average 50% in public law over a period of 6 months up to November 2016.

Key actions 2017-18:

- Maintain delivery of service and continue to aim for intended Quality and Impact of all assessments at GOOD or OUTSTANDING. (Area Quality Review intended for 2017-2018, as well as National Ofsted Inspection likely)
- Chair of Wiltshire LFJB to ensure long running private law cases (16.4) over 40 weeks are targeted and oversight is taken to understand what is preventing resolution. This to be extended to Avon FJB.
- Deliver planned training as outlined above.
- Maintain partnerships with Stakeholders of Family Justice, such as IRO's, Local Authority, Commissioned Contact Services, and Domestic Violence Forum.

Children and Young People Voluntary Sector Representative

Agency Name: First Steps (Bath)

Brief outline of agency function:

Charity and social enterprise delivering early years care, education and family support to improve

outcomes for children in areas of need.			
Representing the voluntary sector			
Achievements during 2016/17: (bullet points)			
<ul style="list-style-type: none"> Disseminating updates on policy and procedures Workshop on the voice of the child under 5 Further clarity on information sharing, document March 2017 			
Challenges			
<ul style="list-style-type: none"> Representing the diverse 3rd sector in B&NES, no control over the uptake of policies and procedures in each agency. 			
Describe how you raise awareness of safeguarding in your agency:			
<ul style="list-style-type: none"> Through induction, supervision, in service training days and discussions within team meetings. 			
Describe how you promote the South West Child Protection Procedures(SWCPP) within your agency:			
<ul style="list-style-type: none"> Referred to within policy statements, use flowcharts as display 			
What difference has your achievements made to children, young people, parents /carers?			
<ul style="list-style-type: none"> Raised staff awareness of the key policies and therefore increased understanding of their role 			
Objectives for 2017/18:			
<ul style="list-style-type: none"> To integrate Safeguarding Adult procedures into practice. To continue to disseminate the key information to the 3rd sector in B&NES To ensure that the 3rd sector continues to have affordable access to safeguarding training opportunities 			
Performance Indicators for LSCB. Note relevant means to their role and responsibilities, and awareness training can be face to face, e-learning or equivalent. All Child Protection training should be updated every 3 years (or every 2 years for DSLs)			
Indicator 1: Training	Target%	Outcome%	Comment
1.1 Relevant staff to have undertaken child protection standard training	90%	100%	
1.2 Relevant staff to have undertaken child protection advanced training	90%	100%	
1.3 Relevant staff to have undertaken CSE awareness training	80%	18%	In service day planned to address training need
1.4 Relevant staff to have undertaken FGM awareness training	80%	18%	In service day planned to address training need
1.5 Relevant staff to have undertaken PREVENT awareness training	75%	100%	
1.6 Relevant staff to have undertaken Domestic Abuse awareness training	80%	89%	Inset day some staff on annual leave

Indicator 2: Safer Recruitment			
2.1 Relevant staff to have a DBS check before work commences with children or young people and families	100%	100%	Not applicable as we do not work with children or young people
2.2 Written references to be provided before work commences with children or young people and families	100%	100%	Not applicable as we do not work with children or young people
Indicator 3: Attendance at the LSCB			
3.1 LSCB partner attends (or sends a representative)	75%	75%	



Agency Name: Bristol Gloucestershire, Somerset and Wiltshire Community Rehabilitation Company
Brief outline of agency function: Delivery of Probation Services to Low and Medium Risk of Harm individuals. The CRC does not work directly with those under 18 years of age.
Achievements during 2016/17: (bullet points) <ul style="list-style-type: none"> • The CRC is implementing a range of new working practises to support a new operating model • The CRC has migrated from the Government supplied IT infrastructure to a new CRC owner version with new email addresses.
Challenges <ul style="list-style-type: none"> • The CRC continues to face challenges with the overall contract value • The move to the new email addresses have caused difficulties in communications with some agencies via secure email • The reshaping of the workforce has resulted in loss of continuity in attendance at some partner meetings • The lack of clarity on how the Wood Review is being implemented across Safeguarding Children Boards across the South West has led to inconsistent attendance. • The CRC has significantly reduced its headcount of employed staff.
Describe how you raise awareness of safeguarding in your agency: <ul style="list-style-type: none"> • Safeguarding remains a piece of key training for all staff. • Development of a new suite of online training materials
Describe how you promote the South West Child Protection Procedures(SWCPP) within your agency: <ul style="list-style-type: none"> • SWCPP area available via corporate internet provision.
What difference has your achievements made to children, young people, parents /carers?

- The CRC does not directly work with or supervise ethos under 18 years of age.

Objectives for 2017/18:

- To roll out new online Safeguarding training provision

Performance Indicators for LSCB. Note relevant means to their role and responsibilities, and awareness training can be face to face, e-learning or equivalent. All Child Protection training should be updated every 3 years (or every 2 years for DSLs)

Indicator 1: Training	Target%	Outcome%	Comment
1.1 Relevant staff to have undertaken child protection standard training	90%		Due to the migration between systems and it has not been possible to get the training numbers
1.2 Relevant staff to have undertaken child protection advanced training	90%		
1.3 Relevant staff to have undertaken CSE awareness training	80%		
1.4 Relevant staff to have undertaken FGM awareness training	80%		
1.5 Relevant staff to have undertaken PREVENT awareness training	75%		
1.6 Relevant staff to have undertaken Domestic Abuse awareness training	80%		
Indicator 2: Safer Recruitment			
2.1 Relevant staff to have a DBS check before work commences with children or young people and families	100%		
2.2 Written references to be provided before work commences with children or young people and families	100%		
Indicator 3: Attendance at the LSCB			
3.1 LSCB partner attends (or sends a representative)	75%	25%	

**Agency Name: 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

We are a thriving ethical business, with a mission to make a positive and profound contribution to the neighbourhoods we work in – inspiring and empowering people to succeed in life

We own a range of property, from rural starter homes to Grade I Listed Buildings in the centre of Bath, and we have an extensive development and land acquisition programme

We provide award-winning support services to a wide range of people, including young people and teenage parents, older and disabled people, people at risk of homelessness and people affected by memory loss

Achievements during 2016/17: (bullet points)

- Our Support Services have generated a social value saving of 14.3 million
- Curo have now rolled out Safeguarding e-learning to all colleagues. The course is sent to colleagues annually and reflects any changes in legislation and/or practice
- Curo now have a Safeguarding board which is led by a member of the Executive team Members include Curo's named lead for Children, named lead Adults and all relevant leaders across the business
- Multi Agency meetings were held with partner agencies to reflect on complex cases, improving process and practice
- Curo's development of Mulberry Park at the Fox Hill estate. The first houses are now complete; with the first round tenants moved in. These include existing members of the community. This development will offer modern housing to new and existing residents, regenerating the whole area
- The DCLG have awarded us funds for the Foxhill community to enhance and collaborate existing services, creating new groups and sharing skills sets
- Curo now have a Modern Slavery working group with members from each area of the business. Our statement is visible on our website outlining our efforts to mitigate areas of concern where possible in both our housing stock and supply chains
- Curo have secured a further 2 years funding to provide Housing and Support Services to our young people's contracts until April 2019
- Children in Need have awarded 3 years funding for our Working Well Service to help younger people access education, training and employment

Challenges

The government's proposal to stop housing costs for the under 22s has now been in place since the 1st April 2017 and understandably caused confusion and concern amongst our younger customers and housing providers

Curo continue to work closely with Housing Options, DWP, Housing Benefit & the Commissioner exploring the list of exemptions and doing all we can to mitigate this being a barrier for move on

Introduction of the Local Housing Allowance has now been put back until 2019, but will impact all tenancies for single under 35s that started after 01 04 2016

We have seen an increase in homeless families, with demand in excess of provision available

Describe how you raise awareness of safeguarding in your agency:

Safeguarding is on the agenda of every team meeting and supervision

Reflective practice is held on complex cases

Curo participate on a multitude of partnerships' including LSCB Board & Sub groups, feeding back to colleagues any changes needed and to share best practice

Some colleagues blog topics of interest <http://www.curo-group.co.uk/news/news-stories/safeguarding-children-is-everyones-business/>

Our safeguarding board meet regularly to review practice, exploring ways we can keep our colleagues in the loop that fits with their roles. For example customer facing colleagues receive a different type of training to our trades people and our Policies and Procedures enable them to report concerns differently

Describe how you promote the South West Child Protection Procedures(SWCPP) within your agency:

- Our Safeguarding procedure encourages all colleagues to discuss cases with their manager
- The <https://www.proceduresonline.com/swcpp/> website is made available on our internal intranet, promoted by internal media and referred to in our Safeguarding training for colleagues
- The website is reference in our Safeguarding Training

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

Over 70 homeless families have been through our supported schemes, securing new homes.

Our Working Well Project funded by NatWest and Children in Need has helped 156 Young people access Education, Training and employment. We continue to run our Job Café sessions every week, and are seeing lots of positive engagement with young people across all services

As more and more recruitment is carried out online, our Job Cafes provide a safe place to access the internet and friendly non-judgemental support to learn and develop their work search skills. Job cafes will continue to operate as part of Curo's Working Well offer into the future

We have worked through over 200 safeguarding alerts with partner agencies, sharing information and taking a multiagency approach to meet individuals needs

Objectives for 2017/18:

Our Independent Lives offer is central to supporting communities and improving lives. It is a financially resilient business promoted across Curo and local area to people who want to maintain independence, connect with others and give opportunities to maximise their life chances. The team is focussed on their wellbeing & that of our customers resulting in an effective and modern offer as lead provider

We will include a GIS feature to our Curo website – This can include information on where customers can find on a map the nearest foodbanks, including locations of other agencies where they can access specialist support and guidance

Creation of a Safeguarding space on Curo's intranet giving colleagues access to lots of information on Safeguarding as a whole – includes information on Curo's Safeguarding Board, procedures for reporting a potential safeguarding issue or how to spot it, who to speak to (internally and externally), information on training that can be done and so on

Working to get Safeguarding e-learning completed by Curo's Board members

Creation of The Missed Opportunity training tool led by Andrew Snee. We worked with Suited and Booted to create short films using actors to portray situations where DA is occurring. This will now be used by other HAs, Local Authorities, schools, colleges, universities and the police

Embed our Working Well offer up at the Fox Hill estate, with thanks to the DLCCG

Performance Indicators for LSCB. Note relevant means to their role and responsibilities, and awareness training can be face to face, e-learning or equivalent. All Child Protection training should be updated every 3 years (or every 2 years for DSLs)

Indicator 1: Training	Target%	Outcome%	Comment
1.1 Relevant staff to have undertaken child protection standard training	90%	100%	All new colleagues have Safeguarding Awareness Training. All Colleagues who work within commissioned Young people's Services attend additional Curo training.
1.2 Relevant staff to have undertaken child protection advanced training	90%	0%	We have not sent Curo leaders on the B&NES advanced training. Relevant leaders will be tasked to do so this year.
1.3 Relevant staff to have undertaken CSE awareness training	80%	100%	Public Health recommends the below link which has been delivered in team meetings https://www.youtube.com/watch?v=sC4Nn_mYKu0 https://hee.nhs.uk/our-work/developing-our-workforce/spotting-signs-child-sexual-exploitation
1.4 Relevant staff to have undertaken FGM awareness training	80%	100%	The below course is available to relevant colleagues. https://www.fgmelearning.co.uk/ This course will be rolled out further in May 17
1.5 Relevant staff to have undertaken PREVENT awareness training	75%	50%	We will be looking into rolling out PREVENT training to all relevant colleagues in 2017
1.6 Relevant staff to have undertaken Domestic Abuse awareness training	80%	60%	Curo have a package of accredited training with planned role out to all relevant colleagues in June 17
Indicator 2: Safer Recruitment			
2.1 Relevant staff to have a DBS check before work commences with children or young people and families	100%	80%	Colleagues who start without DBS completed by Curo are thoroughly risk assessed on the information they provide at point of recruitment and information provided by employer. 100% of colleagues do not work alone until their DBS is through Any undisclosed information may lead to instant dismissal.
2.2 Written references to be provided before work commences with children or young people and families	100%	100%	As standard.
Indicator 3: Attendance at the LSCB			
3.1 LSCB partner attends (or sends a representative)	75%	100%	We have 2 named leads and substitute representatives available

National Probation Service Annual Report to Local Children's Safeguarding Board

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 managers which covered those areas in 2015 - 2016 are:

Bath and North East Somerset: Kevin Day
Somerset - Bridgwater: Angela Powell
Somerset – Yeovil: Claire Evans
Somerset – Taunton: James Knight
North Somerset: Andy Harris and Gemma Willcox/Emma White.

Glogan House – Approved Premises is part of the National Probation Service and these premises are in Bridgwater. The manager there is Kerensa Holgate, and the Assistant Chief Officer responsible is Mark Benden.

NPS - Youth Offending Service. Liz Spencer is a Board member of all three Youth Offending Service Management Boards, and Chairs the Youth Offending Service Board in North Somerset. NPS Probation Officers work in all three teams.

Multi Agency Public Protection Arrangements - the MAPPA Unit for the whole Avon and Somerset Area is based at Avon and Somerset Constabulary Police Headquarters. The MAPPA Coordinator is David Miners, who works at Police HQ. This post is two thirds Police funded and one third Probation funded, but sits within the NPS line management structure. MAPPA meetings are held in each local authority area, with a local panel and is co-Chaired by Police and NPS.

The Avon and Somerset MAPPA Annual Report is published every year in October, by the Office for National Statistics, containing the statistics for all the MAPPA (violent and sexual) offenders managed in this police force area.

Liz Spencer is the Co-Chair of the Avon and Somerset MAPPA Strategic Management Board on behalf of the NPS.

Outline of Agency Function

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 have implemented a new operating model which provides consistency of service and resources across the country. We have provided information relating to the particular resource requirements for the NPS in providing a service within remote and rural communities. We are still recruiting for more Probation Officers and Administrative staff, and are receiving applications, although there is a national shortage of Probation Officers.

3 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. We have changed our configuration to provide 1 ½ Probation Officers for Somerset, 1 for North Somerset and will be providing a part time Probation Officer for Bath.

Mandatory training in Safeguarding has been carried out.

We continue to improve our performance in relation to our timeliness of recalls, provision of Parole Reports and risk escalation of cases from the Community Rehabilitation Companies.

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

An Avon and Somerset wide Reducing Reoffending Board is being set up and NPS are represented.

We have held a well-received seminar jointly with the University of the West of England discussing research on Child Sexual Abuse images over the Internet to inform our practice.

We continue to develop our learning as a result of Serious Case Reviews and audits and make sure that the information is regularly shared with staff.

Our NPS Probation Officers are providing representation to the Child Sexual Exploitation Sub Groups of the Safeguarding Children Boards.

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.

New Strategies have been issued to share with partners in relation to MARACs, Domestic Homicide Reviews, Community Safety Partnerships and Youth Offending Service.

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

We have been proactive in liaising with and informing Childrens' Services about potential risks to children and areas of need. We have also liaised to ensure that Childrens' 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.

The National Probation Service provides the Victim Contact Service for victims of serious sexual and violent crime and this service is available to children, their parents and to adults.

Objectives

Our objectives are set nationally for the NPS, but locally we 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 are trying to increase the identification of care leavers in our services and make sure they are flagged correctly and linked to the appropriate services. There are also area wide MAPPA Audits to which the standing members including Childrens' Services standing members, will be invited.

We have implemented the further national guidance as the National Probation Service work on consistency in safeguarding continues via a nationally led group.

The NPS overall commitment to the Safeguarding of children in this area remains a significant and high priority.



Agency Name: NHS England South Central Team
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Brief outline of agency function:
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NHS England has a statutory duty to ensure that it makes arrangements to safeguard and promote the welfare of children and young people, to protect adults at risk from harm or abuse.
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NHSE sets out how health systems operate, and how they will be held to account both locally and nationally, making clear the arrangements and processes to be undertaken to provide assurance to the NHS England Board with regards to the effectiveness of safeguarding arrangements across the health system and to provide system leadership and expertise across the Health system.

Achievements during 2016/17: (bullet points)

- | |
|---|
| <ul style="list-style-type: none">○ NHSE South Central has funded a number of training events across the Region, in partnership with the charity 'Unseen' to raise awareness of modern slavery. NHSE South Central maintain good links with regional and local modern slavery multiagency groups in South Central○ NHS South Central continues to work in Partnership with other agencies to raise awareness of FGM. NHSE took part in the National FGM awareness day by circulating the nationally supplied materials on FGM to our Provider agencies.○ NHSE South Central has a named lead who contributes to regional SEND agenda by attending Regional meetings and progress the work stream locally.○ NHSE South Central has commissioned a piece of work that will seek to demonstrate what assurance is in place for health Looked after Children Services in South Central Region. The first draft of this report is due to be published in April 2017.○ NHSE South Central has funded and facilitated Historical Sex Abuse training for professionals in partnership with NAPAC across the Region.○ NHSE South Central has funded and facilitating Level 4/5 safeguarding conferences in Partnership with BASCPAN. These events were well attended by Specialist Health Professionals and received positive evaluation.○ NHSE South Central has commissioned a piece of work that will explore the safeguarding and patient experience for users of SARC services. The report will examine best practice guidance and will be Nationally published March/April○ NHSE continue to work in Partnership with the PREVENT Boards to promoting the PREVENT agenda in South Central○ NHSE South Central has looked at what Local assurance there is regarding safeguarding practices in f Dental and Pharmacy services. A paper has been completed and will be presented to the Regional team– work is ongoing to improve assurance across all services. |
|---|

Challenges			
<ul style="list-style-type: none"> NHS England South Central is a large area so the Geography alone causes challenges. 			
Describe how you raise awareness of safeguarding in your agency:			
<ul style="list-style-type: none"> Through strategic systematic leadership and assurance frameworks 			
Describe how you promote the South West Child Protection Procedures(SWCPP) within your agency:			
<ul style="list-style-type: none"> We can put a link to the Procedures on our web site, 			
What difference has your achievements made to children, young people, parents /carers?			
<ul style="list-style-type: none"> We continue to seek assurance that the safeguarding commissioning standard set are complied with. 			
Objectives for 2017/18:			
Continue to develop systems to gain better safeguarding assurance from Health services commissioned by NHSE			
Performance Indicators for LSCB. Note relevant means to their role and responsibilities, and awareness training can be face to face, e-learning or equivalent. All Child Protection training should be updated every 3 years (or every 2 years for DSLs)			
Indicator 1: Training			
Indicator 1: Training	Target%	Outcome%	Comment
1.1 Relevant staff to have undertaken child protection standard training	90%		NHS E has a mandatory training system in place and as part of this all relevant staff are required to undertake safeguarding training. Relevant training is discussed as part of the annual appraisal process for all staff.
1.2 Relevant staff to have undertaken child protection advanced training	90%		All staff are trained to level 1 safeguarding
1.3 Relevant staff to have undertaken CSE awareness training	80%		All the safeguarding team have undergone CSE training
1.4 Relevant staff to have undertaken FGM awareness training	80%		NHSE has a named FGM lead who has been appropriately trained
1.5 Relevant staff to have undertaken PREVENT awareness training	75%		NHSE has a PREVENT Lead and all the safeguarding team are PREVENT trained
1.6 Relevant staff to have undertaken Domestic Abuse awareness training	80%		All relevant staff have received DA training
Indicator 2: Safer Recruitment			
2.1 Relevant staff to have a DBS check before work commences with children or young people and families	100%	100%	

2.2 Written references to be provided before work commences with children or young people and families	100%	100%	
Indicator 3: Attendance at the LSCB			
3.1 LSCB partner attends (or sends a representative)	75%	50% Post was vacant for 1 Board	NHSE provide a representative to attend the LSCB when possible but because South Central region is so large it is not possible to service all the Boards in this region.

Agency Name: Oxford Health NHS FT Child & Adolescent Mental Health Services (CAMHS)
Brief outline of agency function: Delivery of comprehensive 24/7 mental health services for under 18s including community and inpatient care
Achievements during 2016/17: (bullet points) <ul style="list-style-type: none"> • Active contribution towards MARAC process including DA workshops for CAMHS staff • Invitation to negotiate on new CAMHS contract from 2018 following award of Preferred Bidder in February 2017 • Launch of TEDS – the Eating Disorder Service in March 17 with 120 people attending from a wide range of services. Excellent feedback received, especially for the CPD event in the afternoon. We have been very fortunate to have had great support from the young people in our participation group who have guided and contributed actively to enable us to set up the service in a young person friendly and accessible way. • Successful bid to commence a CAMHS Hospital Liaison service at the RUH (start April 2017) • Implementation of HarmLess – a web based tool to assist professionals supporting young people with deliberate self-harm • Successful research trial of Bluelce developed by OHFT and funded by the Health Foundation. An app designed as an adjunct to treatment for DSH which has helped 73% of young people who were self-harming to stop or to reduce their self-harming • Flexible transition for a number of over 18's has been very well received and this has enabled particularly vulnerable young people to continue in CAMHS until discharge from mental health services is appropriate beyond their 18th birthday • All secondary schools now have the opportunity to meet with CAMHS monthly for 3 hours and have training of their choice for three days over the academic year.
Challenges <ul style="list-style-type: none"> • Uncertainty of renewal of current contract due to ongoing competitive tendering process • Recruitment of senior mental health workers (nurses, OTs and social workers) is proving challenging although we have managed to successfully recruit to the majority of posts. The position reflects the national shortage of trained staff. • Increasing demand for the service has meant it has been very challenging to see routine referrals as quickly as we would like to although our outreach service (OSCA) continues to be able to respond to high risk emergency cases without delay.
Describe how you raise awareness of safeguarding in your agency: Safeguarding Children is a core priority in the work of CAMHS. Awareness is raised through a number of measures.

- Safeguarding Children is a standing agenda item on all CAMHS teams meetings as well as the Managers monthly meeting and the Operational and Governance Meeting attended by Senior Management members
- A monthly safeguarding newsletter is produced by the Safeguarding Children Team containing latest news, recommendations from SCR's and changes in legislation/guidance
- LSCB information is cascaded from the Board member, via the Senior Named Nurse Safeguarding Children to all team managers to their teams.
- In addition to level 3 training, a themed workshop is rolled out to all staff- last year focused on Domestic Abuse and messages from Serious Case reviews.
- The Senior Named Nurse Safeguarding Children has an active presence across all CAMHS teams providing quarterly group supervision and ad hoc supervision as required

Describe how you promote the South West Child Protection Procedures(SWCPP) within your agency:

- The use of SWCPP procedures is discussed in all training. CAMHS staff are actively encouraged to use the guidance policies and procedures through the Oxford Health Safeguarding Children Intranet page and through Banes LSCB webpage. The link to SWCPP is available through these routes and staff are encouraged to practice using the pages so that they are familiar with them

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

- There has been a noticeable increase in the awareness of Domestic Abuse and the use of the risk identification tool for young people experiencing domestic abuse. CAMHS professionals are now engaged in the MARAC process. This helps to safeguard children from the effect of Domestic Abuse
- CAMHS staff continue to keep the child central to their work which was evidenced through the Safeguarding Children review and through completing the IMR for the Serious case review into CSE. The voice of the child was strongly present in the audit of safeguarding Referrals to Children's Social Care.
- A range of digital innovations have been designed and implemented as part of CAMHS treatment during the last 12 months and the feedback from young people and their families has been very positive
- Children and young people are very firmly embedded in the development of our services and have co-designed our new eating disorder service TEDS, consulted and advised on the new model of service for the recommissioning of CAMHS, participated in the design of online referral and digital developments, facilitated training for staff on eating disorders, and presented at conferences locally and nationally.

Objectives for 2017/18:

- Contract award for CAMHS across Swindon, Wiltshire & Banes commencing April 2018
- Introduction of new CAMHS model in line with aspirations of Future in Mind
- Implementation of online referral including self referral for young people and parents/carers
- Continued programme of innovation and design linked with Bath, Reading and Oxford Universities

Performance Indicators for LSCB. Note relevant means to their role and responsibilities, and awareness training can be face to face, e-learning or equivalent. All Child Protection training should be updated every 3 years (or every 2 years for DSLs)

Indicator 1: Training	Target%	Outcome%	Comment
1.1 Relevant staff to have undertaken child protection standard training	90%	100%	
1.2 Relevant staff to have undertaken child protection advanced training	90%	81%	Additional sessions have been booked

1.3 Relevant staff to have undertaken CSE awareness training	80%		Covered in Advanced training. Staff have completed CSE training but this is not recorded separately on the Learning and Development portal
1.4 Relevant staff to have undertaken FGM awareness training	80%	N/A	Covered in Advance training
1.5 Relevant staff to have undertaken PREVENT awareness training	75%	67%	Additional session booked for May 2017
1.6 Relevant staff to have undertaken Domestic Abuse awareness training	80%	94%	DA awareness is covered in advanced training but 94% of staff attended the specialist workshop on DA and using the risk assessment tool.
Indicator 2: Safer Recruitment			
2.1 Relevant staff to have a DBS check before work commences with children or young people and families	100%	100%	
2.2 Written references to be provided before work commences with children or young people and families	100%	100%	
Indicator 3: Attendance at the LSCB			
3.1 LSCB partner attends (or sends a representative)	75%	75%	One meeting missed due to an unavoidable clash with major launch of new Eating Disorder Service and requirement for relevant senior staff to be present

Agency Name: Royal United Hospitals Bath NHS Foundation Trust

Brief outline of agency function: The Royal United Hospital Bath NHS 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 occupies a 52-acre site about 1½ miles from Bath city centre and became a National Health Service Trust in 1992.

The Trust provides 732 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 4,800 staff, some of who also provide outpatient, diagnostic and same day case surgery services at local community hospitals in Bath & 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.

Achievements during 2016/17: (bullet points)

- Appointment of new Named Nurse for Safeguarding Children and Young People May 2016.
- Level 3 safeguarding children training compliance reached 90%. Development of in house level 3 training in September 2016 alongside LSCB level 3 training. Currently level 3 compliance 85.17%
- Development of safeguarding supervision model across the children's workforce. Identified Named leads 1:1 supervision compliance over 90%. Group supervision model being embedded in designated areas as per policy.
- Lead practitioners network (chaired by Named Nurse quarterly) used to facilitate information sharing/learning both internally and externally.
- Combining lead practitioner meeting and supervisors meeting to work SMART in facilitating development of practitioners and information flow
- Completed JTAI with Wiltshire LSCB with positive feedback for processes and IDVA role at RUH. Supported BaNES LSCB/ Local Authority with planning for future JTAI's.
- Continued engagement with LSCB board and sub groups.
- Maternity training for CAF in both Wiltshire and Banes completed.
- Maternity engagement and support for the Maternal perinatal mental health pathway in Wiltshire and BaNES
- Development of Safeguarding Discharge guidelines and following up process for ensuring safe discharge of new born/children and young people from hospital.
- Continued development of information flow process from within the hospital to our external partners e.g. maternity to health visitors.
- Development of short hit training to support learning from Case reviews etc, such as Family E , Baby J Serious Case Review.

Challenges

- To continue to support level 2 and 3 safeguarding training internally and externally, to ensure compliance remains at 90%.
- To embed the supervision model particularly at the front door of Community maternity services and the Emergency Department. There is full engagement of staff across the children's workforce
- To continue to support the working with external partners in the CCG's/LSCB, particularly around audits and the challenges of ensuring there is capacity to achieve these.
- For the Named Nurse to continue to facilitate the implementation of Child Protection Information System (CP-IS) within the hospitals unscheduled care settings. (Emergency Department, Maternity , Paediatric ward).
- To continue to work with the Nursing and Maternity management team on the flow of information from the hospital to external partners.

Describe how you raise awareness of safeguarding in your agency:

- The Safeguarding Children and Young People Committee meet quarterly to discuss ongoing concerns and risks, fed in to CCG quality assurance process.
- The Maternity Safeguarding Committee meets monthly to discuss ongoing issues, risks and information sharing.
- Maternity newsletter weekly.
- In house level 2 and 3 training. Level 2 currently 2-3 a month. Level 3 training monthly.

- Lead practitioner/supervisors network (identified leads in each of the children's workforce areas) for disseminating internal learning and external information sharing. E.g. policy updates, learning from case reviews.
- Embedding supervision in each of the children's facing workforce areas, supported by trained supervisors, gives the opportunity to raise the awareness of safeguarding and reflect learning/policy updates etc. both locally and nationally.
- Use of the supervisors and lead practitioners to disseminate safeguarding updates as received internally and externally to their own teams.
- Safeguarding team monthly walk round to the children's workforce areas with the named doctor, named nurse and any other members of the safeguarding team.
- Delivery of short hit training to areas such as Emergency Department, Paediatric ward, Maternity Committee, Lead Practitioners Network in relation to current learning from action plans- for example CSE updates, learning from family E review and Baby J Serious Case Review.

Describe how you promote the South West Child Protection Procedures(SWCPP) within your agency:

- The links to the site have been shared via the routes described above alongside the recent survey monkey audit of knowledge of the site.
- We will continue to share the site on a regular basis via the routes above mainly through training, and the lead practitioner's network.

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

- The achievements outlined above are part of the wider perspective to improve the child's journey through safeguarding within the organisation. E.g. to embed the learning from Baby J re unborn baby protocol to ensuring the discharge protocol is embedded to facilitate safe discharge when there are safeguarding concerns.

Views of children, young people and carers is tested as follows:

- Friends and family test is used within the maternity services: Antenatal, on delivery suite, the postnatal ward and in the community postnatally.
- Maternity Birth reflection is advertised through the in-house magazine, via the trust Facebook page and via a leaflet designed of health visitors. Feedback is facilitated via the midwives working within the reflections service.
- The themes from the "family and friends" analysis are shared with the Board and divisional leads for disseminating to staff.
- Family and friends child friendly feedback cards.
- Working closely with the Patient Advisory Liaison service (PALS) within the Trust to support ongoing issues of a safeguarding nature with young people, families and carers.
- "See it my way" events- to capture patient stories. (e.g transition event Nov 2016)
- The use of the in-house RUH magazine.

Objectives for 2017/18:

- To continue to support the level 2 and 3 safeguarding children training to ensure compliance is maintained above 90%.
- To examine the provision of a team of resilience trainers to support the development of further bespoke training opportunities in house.
- To continue to embed and support the current supervision policy and strategy across the identified areas. To ensure the Key Performance Indicators reflect the supervision compliance data/ rates in maternity community services.

- To support the development of practitioners within the Safeguarding team.
- To support the newly appointed team of nurses in the Emergency Department who will be facilitating the review process.
- To integrate the Child Protection Information System in the Emergency Department, Maternity and Paediatrics.
- To work closely with our management team to improve the flow of information from the hospital to ensure safeguarding information is shared with external partners in a timely way.
- To work closely with our external agencies such as the CCG and LSCB to continue the quality assurance processes.

Performance Indicators for LSCB. Note relevant means to their role and responsibilities, and awareness training can be face to face, e-learning or equivalent. All Child Protection training should be updated every 3 years (or every 2 years for DSLs)

Indicator 1: Training	Target%	Outcome%	Comment
1.1 Relevant staff to have undertaken child protection standard training	90%	85.17%	Has met 90% earlier in the year. 1-2 sessions month aim is to return to 90% by June 2017
1.2 Relevant staff to have undertaken child protection advanced training	90%	90.58	
1.3 Relevant staff to have undertaken CSE awareness training	80%	87.59	
1.4 Relevant staff to have undertaken FGM awareness training	80%	87.59	
1.5 Relevant staff to have undertaken PREVENT awareness training	75%	50.3%	Prevent training schedule in place, supported by the Safeguarding team and Head of Security as Prevent lead.
1.6 Relevant staff to have undertaken Domestic Abuse awareness training	80%	87.59	
Indicator 2: Safer Recruitment			
2.1 Relevant staff to have a DBS check before work commences with children or young people and families	100%	100%	All new staff to the RUH have to undergo a DBS check at the relevant DBS level and workforce for the role that they will be undertaking. A risk assessment process is in place to assess the risks if new staff need to start before their DBS check is received. This process is not applicable for individuals starting in Maternity Services, Paediatrics, NICU, ED or the Older Person's unit. Staff working in the following

			<p>areas will have a new DBS check processed every 3 years:</p> <p>Maternity Services Paediatrics New-born Intensive Care Unit Emergency Department</p>
2.2 Written references to be provided before work commences with children or young people and families	100%	100%	The Trust adheres to the NHS Employers guidance regarding references and requests a minimum of 3 year's references for all new staff to the Trust. For staff joining from another NHS organisation, a reference is obtained from their current/most recent NHS employer. Risk assessments are in place if a member of staff needs to start before all references are received.
Indicator 3: Attendance at the LSCB			
3.1 LSCB partner attends (or sends a representative)	75%	100%	



Agency Name: Sirona Care & Health
Brief outline of agency function: Community Health Services for Children and Adults, plus Adult Social Care
<p>Achievements during 2016/17: (bullet points)</p> <p>CQC Inspection October 2017. They said:</p> <p>“There were arrangements in place to safeguard children from abuse that reflected the relevant legislation and local requirements. Staff understood their responsibilities and were aware of the provider’s policies and procedures.”</p> <p>“The Sirona safeguarding children’s policy had been reviewed in April 2016. During induction all staff members received children’s safeguarding training at level 1. This provided them with a range of information including how to access the South West child protection procedures. Level 1 is provided face to face at induction and subsequently by e-learning. Level 2 training was delivered as part of a 3 yearly mandatory training cycle. The latest figures for level 3 training showed that 79% had completed the training at the current stage of the training cycle. The previous year showed the completion rate for all services at the end of the year had between 98% and 100%.”</p>

“Staff in the health visiting teams and the family nurse partnership teams had completed training on FGM (female genital mutilation). Input on this had also been provided by the community paediatric team.”

- Family Nurse partnership presented at the LSCB in partnership with Barnado’s describing and furthering the Voice of the Child

Challenges

- Staff attending all the levels of training a set out by the intercollegiate document, especially with part time/unsocial hours and spread over a wide geography for our Lifetime service
- MASH is a big challenge as it was set up with no new resources. Therefore safeguarding specialist nurses are more stretched and MASH start up issues has been a big focus of our work in Quarter 3 and 4.

Describe how you raise awareness of safeguarding in your agency:

Sirona Board presentation in June 2017 on Safeguarding Children and Adults
 Take part in regulated activity inspections eg CQC inspection in October 2017.
 Contribute to inspection planning eg JTAI audits
 Regular membership of LSCB and Sub groups
 Supporting LSCB Multi agency Training
 Safeguarding Supervision on quarterly basis for staff who directly provide services
 Distribution of LSCB newsletter and updates
 Safeguarding Champions meeting across all services

Describe how you promote the South West Child Protection Procedures(SWCPP) within your agency:

- Training
- Encourage short cut on Desktop
- Instructions at induction

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

- **CQC comments – see inspection report and performance data via CCG and Local Authority commissioners**

Objectives for 2017/18:

- Sirona care & health is no longer part of the commissioned B&NES children community and have resigned formally from the LSCB

Performance Indicators for LSCB. Note relevant means to their role and responsibilities, and awareness training can be face to face, e-learning or equivalent. All Child Protection training should be updated every 3 years (or every 2 years for DSLs)

Indicator 1: Training	Target%	Outcome %	Comment
1.1 Relevant staff to have undertaken child protection standard training	90%	90%	
1.2 Relevant staff to have undertaken child protection advanced training	90%	90%	
1.3 Relevant staff to have undertaken CSE awareness training	80%	75%	100% of school nurses are trained in CSE
1.4 Relevant staff to have undertaken FGM awareness training	80%	80%	Part of level 2 and Level 3 Training

1.5 Relevant staff to have undertaken PREVENT awareness training	75%	Unknown	
1.6 Relevant staff to have undertaken Domestic Abuse awareness training	80%	Not available as a category	Combined in all levels of training and at induction
Indicator 2: Safer Recruitment			
2.1 Relevant staff to have a DBS check before work commences with children or young people and families	100%	100%	
2.2 Written references to be provided before work commences with children or young people and families	100%	100%	
Indicator 3: Attendance at the LSCB			
3.1 LSCB partner attends (or sends a representative)	75%	100%	



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.

Achievements for 2016/17

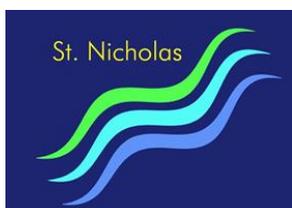
- 14,100 referrals submitted (up 37% on previous year).
- 32 allegations managed.
- 2021 external enquiries answered.
- 102 Serious Case Review requests received.
- 74 chronologies completed.
- 322 staff advice calls.
- 74 Safeguarding Board meetings attended.
- 83 training sessions provided.
- 107 Child Death Form Bs completed.
- 23 Child Death Reviews attended.

Themes noted in 2016/17

- Most common category for child safeguarding referrals was domestic abuse.
- An increase in teenage suicides noted from child death reviews.

Priorities for 2017/18

- The referral process to be fully embedded in the Electronic Patient Care Record (ePCR) function with updates agreed and functioning.
- The Administration Team to undertake all of the triaging with support only from the Named Professionals.
- The Named Professionals to be fully competent in the management of allegations.
- A reduction in the number of unrecognised NAI's.
- Staff to be confident in notifying Police when crimes are disclosed to them.



Agency Name: St Nicholas Primary school
Brief outline of agency function: Primary School
Achievements during 2016/17: (bullet points) <ul style="list-style-type: none"> • Audits set up and working well • Child Protection Forums led by LSCB and B&NES Council are well attended • LSCB & LSAB's newsletter being sent to all schools has been very helpful and ensures everyone gets the information required regarding government and LA changes in policy and procedures.
Challenges <ul style="list-style-type: none"> • 100% attendance at Safeguarding forums • Ensuring that all settings are up to date and safeguarding compliant
Describe how you raise awareness of safeguarding in your agency: <ul style="list-style-type: none"> • Through the Norton Radstock heads meetings • Through individual contact. • Within my own school it is part of everyday life, everybody receives updated training • I help with forums and audits whenever I am asked to do so.
Describe how you promote the South West Child Protection Procedures(SWCPP) within your agency: <ul style="list-style-type: none"> • I signpost people to where they will find them and support them in using them when asked to do so.
What difference has your achievements made to children, young people, parents /carers? <ul style="list-style-type: none"> • Pupils are safer • Parents are well supported with Early Help
Objectives for 2017/18:

- Consider audits/visits for Early years settings and clarify who represents them on the board
- To look at electronic options for keeping files for safeguarding

Performance Indicators for LSCB. Note relevant means to their role and responsibilities, and awareness training can be face to face, e-learning or equivalent. All Child Protection training should be updated every 3 years (or every 2 years for DSLs)

Indicator 1: Training	Target%	Outcome%	Comment
1.1 Relevant staff to have undertaken child protection standard training	90%	100%	These replies are based on my own setting only!
1.2 Relevant staff to have undertaken child protection advanced training	90%	100%	
1.3 Relevant staff to have undertaken CSE awareness training	80%	100%	
1.4 Relevant staff to have undertaken FGM awareness training	80%	100%	
1.5 Relevant staff to have undertaken PREVENT awareness training	75%	100%	
1.6 Relevant staff to have undertaken Domestic Abuse awareness training	80%	100%	
Indicator 2: Safer Recruitment			
2.1 Relevant staff to have a DBS check before work commences with children or young people and families	100%	100%	
2.2 Written references to be provided before work commences with children or young people and families	100%	100%	
Indicator 3: Attendance at the LSCB			
3.1 LSCB partner attends (or sends a representative)	75%	50%	

Appendix 7: B&NES LSAB / LSCB JOINT WORKING 2016- 2017

Theme	Opportunity	Relevance	Progress in 2016/17	Work needed to progress in 2017/18
Communications	<ul style="list-style-type: none"> • Joint safeguarding advice to public / professionals e.g. via media / newsletters • Joint conferences / workshops • Develop opportunities for joint participation activity • Smarter use of budget 	<ul style="list-style-type: none"> • Relevant to “Think Family”, Young carers, DVA, disabled children and adults, carers. 	<ul style="list-style-type: none"> • Joint Website achieved. • Joint Newsletter and Chair’s Key Messages to disseminate information from each Board meeting. • Sharing sub group minutes across the Board e.g. Policy/QA/Training/Comms • Monthly LSCB progress updates via email. • WT2015 and updates is distributed across agencies. 	<ul style="list-style-type: none"> • Launch the joint website • Wider promotion and development of website • Ensure website is relevant and used. • Ensure Children’s pages on website use appropriate language. • Develop joint Newsletter: develop further as an active tool to achieve aims of the Boards. • Share Newsletter via registering on new website. • Investigate sharing sub group minutes via ‘members only’ section on website. • Join Communication Sub Groups. • Develop C&YP reps input in joint communications group. • Share Key Messages from the Chair across adult and children’s Boards • Monthly update emails to be shared between Children’s and Adults areas.

Theme	Opportunity	Relevance	Progress in 2016/17	Work needed to progress in 2017/18
Quality Assurance	<ul style="list-style-type: none"> Shared audits where VA and Children are relevant 	<ul style="list-style-type: none"> Relevant to DVA, Substance / alcohol abuse, mental health (adult and child) Voice of adult/child Evidencing quality 	<ul style="list-style-type: none"> Have undertaken one joint audit (members of Adults/Children's Boards). Council commissioning have developed a streamlined safeguarding toolkit for adults and children. 	<ul style="list-style-type: none"> Consider developing a joint multi-agency chronology, template and audit tool to complete deep dive audits. Establish process to share learning from adult/children's reviews – key partner agencies. Consider the value of developing a joint dashboard. Quality assurance that Information-Sharing Protocols being used.

Theme	Opportunity	Relevance	Progress in 2016/17	Work needed to progress in 2017/18
Policy and Procedures	<ul style="list-style-type: none"> Assure guidance for adults does not bring conflict with guidance for children (&vice versa) Assure guidance is consistent across both Boards and service type 	<ul style="list-style-type: none"> Assurance and QA exercise to be undertaken 	<ul style="list-style-type: none"> Joint FGM and Dispute Resolution complete. Joint MCA policy statement complete. Policy and Procedures lists held for both LSCB/LSAB by Business Support Manager. LSCB has developed a Risk Register in same format as LSAB, reviewed by Business Management Group and then annually by each Board. Information sharing Protocols now in place for both Boards (legislation made it too difficult to share a protocol). Both have same policy dissemination process in place. 	<ul style="list-style-type: none"> Check children's and adult's Policy and Procedures reference South West CP Procedures and Care Act as required. Development of Joint Sexual Exploitation Policy Consider Joint Consent Policy Develop joint Human Trafficking and Modern Slavery statement. Review MCA & DOLS joint policy statement in line with government response to law commission work.

Theme	Opportunity	Relevance	Progress in 2016/17	Work needed to progress in 2017/18
Training	Actively look for opportunities for bring appropriate aspects of training together (i.e. convergence)	<ul style="list-style-type: none"> • 'Think Family' approach • Challenge generic perceptions of safeguarding 	<ul style="list-style-type: none"> • MCA/DOLS training – taking place for adult and children's services. • LSCB interagency child protection training now available to adult colleagues. • Joint Stakeholder day took place • LSCB interagency child protection trainer provides information on child protection and Think Family in adult level 2 safeguarding 	<ul style="list-style-type: none"> • Develop awareness training slides on specialised themes (e.g. Adult Mental Health and Child Protection, FGM, CSE, DA, Modern Slavery to be made available on the joint website. • Develop joint training in Early Intervention/Complex (Toxic) Trio/Mental Health and Child Protection. • Develop e-learning training packages and other modes of delivery to be made available on the joint website • Develop core train the trainer sessions. • Organise joint thresholds awareness sessions for stakeholders.

Theme	Opportunity	Relevance	Progress in 2016/17	Work needed to progress in 2017/18
Exchanging Information	<ul style="list-style-type: none"> • Improved early identification of risk and referral • Joint Planning -- Annual Joint Business Development Session 	<ul style="list-style-type: none"> • Joint development of MASH 	<ul style="list-style-type: none"> • MASH is live and still developing. • LSCB Child Protection Information Sharing Protocol and Guidance. • Reviewed LSAB Information Sharing Protocol. • Joint Working Protocol between AWP and Children's Social Care. • Joint Stakeholder event on domestic abuse. • Joint Sub Groups Chairs Meeting to plan collaborative arrangements between children and adults sub groups. • Joint Business Development Session on Think Family (complex/toxic trio). 	<ul style="list-style-type: none"> • Review effectiveness of MASH as a whole and also individual agencies (Local Authority, Health, Police etc). • Improve information-sharing with GPs. • Consider more Joint Business Development Sessions. • Test out barriers to information sharing.

NEW 2017-18 following LSCB and LSAB Joint Business Development Session February 2017

Theme	Opportunity	Relevance	Progress in 2016/17	Work needed to progress in 2017/18
Think Family	<p>Enhance prevention and early intervention</p> <p>Prevent silo working</p> <p>Upskill the workforce</p>	<p>Better outcomes for families</p> <p>Improved interagency/partnership working</p> <p>Smarter Working</p>	<p>Joint Business Development Session on Think Family (complex/toxic trio).</p> <p>Added a statement to Terms of Reference Think Family opportunities in the work of all the sub groups</p>	<ul style="list-style-type: none"> • Develop joint training opportunities for adult and children workforce • Develop a programme of joint audits • Embed Think Family in the revised Protocol for Joint Working across Adult Mental Health, Primary Health and Children’s Services • Consider joint assessment templates; joint risk management meeting and develop a campaign Coordinated campaign to promote ‘Think Family’ training; promotion and materials.

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 8: LSCB Business Plan outturn 2016 - 17

Available on B&NES public website

[LSCB Business Plan 2015-18](#) Year End March 2017

Appendix 9: LSCB Business Plan 2015-18

The LSCB adopted a three year Business Plan from September 2015 to March 2018. This is monitored by the Business Management Group (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.safeguarding-bathnes.org.uk/>

The Board's priorities for 2017-18 have been described in Section 13 of this Annual Report.