



# **Annual Report 2017 – 2018**

**and**

# **Business Plan 2015 - 2018**

## Chair's Foreword



This is the first occasion when I have written the Foreword to the Bath and North East Somerset Local Safeguarding Children Board's Annual Report. I became the Independent Chair of the Board in October 2017 taking over from Reg Pengelly who had served the Board with distinction and skill. On behalf of all of those involved in or receiving safeguarding services in Bath and North East Somerset, I would like to say a very big 'Thank You' to Reg for all his hard work.

The B&NES LSCB is in good heart, as evidenced by the findings of an Ofsted inspection published in July 2017. However, the Ofsted findings have not given the Board an excuse to sit back on its collective laurels but have encouraged us to continue to drive forward and do all we can to ensure that safeguarding services across the area are the best they can be. Working in partnership across the safeguarding agencies is vital but challenges to effective partnership working are still with us, not the least of which is the constant need to do more with less. It is to the credit of the partners in Bath and North East Somerset that they have continued to fully support the work of the Board.

The LSC Board is a strategic body: much of the detailed work of the Board is taken forward by our various sub-groups/task and finish groups. These are the real workhorses for safeguarding and I must 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. I would also want to place on record my appreciation of the work done by our Business Manager - without her skills, knowledge and seemingly endless patience, the Board would struggle to be as effective as it is.

I very much hope that the reader will find this Annual Report of interest. Just a few of the key developments/practice issues that have been noteworthy in 2017/18 include:

- The creation of a multi-agency safeguarding hub (Mash) which, together with a continued emphasis on the provision of Early Help, has helped to stabilise the numbers of children with whom child protection intervention has been necessary – the number of Early Help referrals, from all sources, is now averaging some 400 per quarter
- However, the number of children identified as being children in need has risen by 18% in the last year, a trend which will need to keep under close scrutiny
- We have welcomed new Lay Members to our Board who are making a very positive contribution to our work, which I am sure will continue.

As presaged in my predecessor's Foreword to the last Annual Report, the Children and Social Work Act is now requiring all LSCB's to consider how safeguarding arrangements in their areas should be organised. This work is well in hand across the Somerset and Avon area, and during 2018/19 decisions will need to be made as to how we can best organise to greatest effect. Whatever is finally agreed, we must ensure that safeguarding services to children, young people and their families continues to be the highest priority for all concerned.

I trust that you will find this report informative and readable. If you have any comments you would wish to raise with me, I can be contacted on [robert\\_lake@bathnes.gov.uk](mailto:robert_lake@bathnes.gov.uk)



Robert Lake 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 the Executive Summary of the 2017-18 Annual Report which is published as a separate document including the following areas:

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

The Executive summary is available on the LSCB website <http://www.safeguarding-bathnes.org.uk/>



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## Section 1: Local Context for B&NES 2017 - 18

- 1.1 Bath and North East Somerset (B&NES) is a Unitary Authority with 187,751 residents. According to the 2016 ONS Mid-Year Population Estimates 16.6% (31,116) of the population are 15 years or under, and 6.1% (11,538) 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%). 9.6% 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 January 2018 there were 1,185 children and young people with a Statement or EHC Plan normally resident in B&NES. Among the 0-19 population, our prevalence rate per 1,000 population of children and young people with a Statement or EHC Plan as at January 2017 is significantly higher compared to national – 24.4 and 21.3 respectively.
- 1.6 The large majority of pupils in Bath and North East Somerset are taught in 'Good' or 'Outstanding' schools and educational outcomes in line with or above national at most key stages. In some cases attainment in B&NES is the best or amongst the best in the South West. However the achievement of disadvantaged pupils (those eligible for Free School Meals, Children in Care and those adopted from care), those with SEND and some BME groups are much lower than similar pupils nationally. As a result pupils from these groups often achieve lower qualifications and fewer sustain education, employment or training destination post 18. As budgets shrink and more schools become academies it will be necessary for the local authority to work more closely with key partners to pool expertise and resources to ensure that actions to address the low performance of vulnerable pupils are successful."

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

- 2.1 Throughout 2017-18 B&NES recorded continued pressures in relation to safeguarding activity. Partners have continued to focus on the importance of developing early help resources that will prevent the escalation of concerns for many of our vulnerable families. The Multi-Agency Safeguarding Hub (MASH) and the work of the Early Help Board have continued to make significant contributions to this agenda. At the end of 2017-18 there were 176 young people subject to a Child Protection Plan, this represents a significant rise from the previous year (152) and illustrates both the local and national pressures in relation to Safeguarding activity. The number of children “Looked After” in B&NES has also increased in the past year up to 168 at the end of the year (from 160 in 16/17). The demand for services within both the Council Duty team and across many other agencies has also increased. The Council Duty team has seen a rise in “Requests for Services” of over 25% in the past two years. However, 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.
- 2.2 The Number of Common Assessment Framework’s (CAF) has fallen over the last 12 months. This is primarily due to the work that we are currently undertaking to review and refresh the template for these early intervention assessments. A number of agencies have been involved in designing and piloting the new templates which will be launched in July 2018. Despite the reduction of CAF’s, the overall number of referrals across all Early Help services remains strong with each quarter showing referrals in excess of 300. 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 At the end of March 2018, there were 610 children who were deemed as being Children in Need. This figure is slightly down from the previous year but is within our expected range and in line with national trends.
- 2.4 The LSCB has also:
- a) Further strengthened joint working arrangements between the LSCB and Local Safeguarding Adults Board (LSAB) through further joint policies, the launch of our new safeguarding website and the formation of a joint Communications sub-group which was implemented in May 2017 and is now well established and has involved consultation from young people.
  - b) 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.



- c) The LSCB has continued to support the work of the Willow Project and continues 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.
- d) The LSCB has continued to undertake work on the two SCR's that were commissioned last year one in relation to a young baby and the other for 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. We anticipate that both of these will now be published in the autumn of 2018/19. The SCR sub group has also considered two other requests for SCR's over the past year. Although the decision was not to proceed for both cases as they did not meet the threshold for an SCR, the SCR group agreed that both cases would benefit from internal leaning and review processes which are now underway.
- e) 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 the Child Sexual Exploitation Strategy 2017-2019, B&NES Domestic Abuse Statement 2017, the Board Assurance Framework, Private Fostering leaflets, LSCB and LSAB Modern Slavery Statement, Joint Working in Mental Health, Early Help Strategy and Threshold Document, and LSCB and LSAB Communications and Media Protocol.
- f) Robert Lake has now taken on the chairing of the B&NES LSCB. The hand-over from Reg Pengelly was very smooth and the board has retained a good sense of continuity and strength.
- g) Safeguarding Training we delivered:
  - 70 LSCB training sessions taking place comprising of 26 different courses
  - 1247 Inter-agency training places made available
  - 1151 Inter-agency training places booked
  - 1026 Inter-agency training places attended
  - 768 professionals trained across the LSCB partner agencies, Voluntary and Private sectors
  - 680 E-learning modules started and 472 completed through the Learning Pool
  - 14 Single agency training sessions taking place

## 2.5 The LSCB faces a major Challenge/Area for Development in 2018-19:

- a) In last year's report we highlighted the implementation of the Wood Report as one of the key challenges for the board. This challenge of what format the Board may take remains. Members of the LSCB have actively participated in a regional group which continues to look at future options for all agencies in light of the recommendations of the Wood report. This work will continue throughout 2018/19 in order to ensure that we have

inter-agency arrangements that ensure we are in-step with the overarching recommendations of the Wood report whilst at the same time seeking to protect and build upon the very positive observations that were central to the Ofsted report in May 2017. We have also met with our new safeguarding partners the BaNES NHS CGG and Avon and Somerset Constabulary to look at possible new safeguarding arrangements to replace the LSCB and the resource and financial implications that are inherent within any changes which are linked to continuing funding pressures for all partners. Once Working Together 2018 and the new Statutory Guidance are published we will have 12 months to inform the Government of our new safeguarding arrangements and then three months to implement the change.

## Section 3: Updates on the Legislative and Statutory Framework during 2017 - 18

- 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 2017-18 only.<sup>1</sup>
- 3.2 The Government Departments published the following statutory guidance:
- ***Child deaths reviewed in England 2016-17: Statutory guidance for child death overview panels for completion of the Local Safeguarding Children Board Child Death Data Collection (March 2017)***. The updated guidance on the data return that Child Death Overview Panels submit on behalf of their LSCB by 12 May 2017. In England approximately 4,400 child deaths registered each year. The key purpose of reviewing all child deaths is to learn lessons and reduce child deaths in the future.
  - In July 2017 the Home Office published guidance for frontline staff on ***Criminal exploitation of children and vulnerable adults: county lines***. This guidance sets out part of the governments approach to ending gang violence and exploitation it is part of a cross-government approach.
  - ***Working Together to Safeguard Children, new child death review guidance and new regulations***: the Government set out its consultation document on the proposed changes and consulted on this from 25<sup>th</sup> Oct 2017 to 31<sup>st</sup> December 2017. 703 responses were received of which B&NES LSCB was one. In February 2018 the Government published its response; ***Changes to statutory guidance: Working Together to Safeguarding Children; and new regulations: Government consultation response*** the Government are now waiting to debate the statutory instruments in both the House of Parliament and the House of Lords in the Spring. Whilst the guidance is not finalised as yet the consultation document and Government response set out the direction of travel for new arrangements and the new SCR national panel has been appointed to. The Clinical Commissioning Group, Council and Police are preparing now for what this arrangement might look like going forward in 2018/19
  - In November 2017 the Department for Education and the Home Office set out its ***Safeguarding strategy – unaccompanied asylum seeking and refugee children***. The aspiration of the strategy is that children have access to the care, services and support they need. Also that no one Local Authority should be caring for a

<sup>1</sup> An updated list of relevant legislation will be available on the LSCB website which agencies can refer to. Click [here](#)

disproportionate number of unaccompanied children. There was a 6% increase in UASCs from 2015/16 to 2016/17.

- The Department for Education also issues statutory guidance in November 2017 ***Care of unaccompanied migrant children and child victims of modern slavery*** setting out what Local Authorities and professionals must do.
- ***Keeping Children Safe in Education: statutory guidance for schools and colleges - guidance from 3 September 2018*** is published but not in force until that date and the September 2016 guidance remains the current statutory guidance. However the current guidance was updated in May 2018 with additional information on safer recruitment practices and disclosure and barring.
- Ofsted, the Care Quality Commission, HMIC and HM Inspectorate of Probation updated the guidance on the ***Joint Targeted Areas Inspections: Inspection framework and guidance*** (January 2018). The guidance makes it clear that there will be a focus on the effectiveness of agencies identifying abuse at the 'front-door' and in the MASH. Areas must demonstrate how they have learnt from previous JTAI reports and implemented change in accordance with this learning. The framework clearly sets out the agenda and timescales for the inspections. The JTAI focus has been on Neglect, CSE and Domestic Abuse and in 2018-19 will revisit these themes and look at interfamilial abuse and also County Lines.

3.3 In addition to the statutory guidance and consultations set out above the Government have published a number of reports regarding safeguarding children some of which are listed below. Others are found in the monthly email the LSCB Business Support Manager circulates.

- In December 2017 the Department for Education published the research report ***Evaluation of the Safeguarding Children Assessment and Analysis Framework (SAAF)*** by Geraldine Macdonald, Jane Lewis, Deborah Ghatge, Evie Gardener, Catherine Adams and Grace Kelly. The aim of the research was to determine whether complex assessments undertaken by social workers using a SAAF would result in children being 'less likely to experience maltreatment or re-abuse than children whose social workers do not use SAAF' (p11). The study found 'no evidence that SAAF resulted in fewer children being subject to a second Child Protection Plan or to a CPP following an assessment which had not initially resulted in a CPP.' (p151). The report goes on to conclude that 'in its present form, SAAF does not lend itself to routine use in complex cases and in this sense it cannot be described as a structure decision-making tool for frontline use.' (p156)
- The Department for Education published an advice note for Local Authorities (relevant also for partners) ***Advice for Local Authorities – Safeguarding Children Returning to the UK from Syria***
- The Home Office published information on Modern Slavery and Trafficking. ***Modern Slavery Awareness and Victim Identification Guidance*** which helps all agencies. The guidance raises awareness in a simple way and provides examples through case studies.

- On 6<sup>th</sup> December 2017 the Charity Commission for England and Wales published **Strategy for dealing with safeguarding issues in charities**. The strategy sets out a four strand approach to make sure charity trustees carry out their duties and responsibilities, included in this is the requirement for the trustees to carry out their legal duties in regard to safeguarding children and young people. It includes an annex which specifically explains safeguarding duties.
- In February 2018 Public Health England published its **Rapid review on safeguarding to inform the Healthy Child Programme 5 to 19**. The review was intended to update the evidence in relation to safeguarding guidance and set out 'what works' in prevention and early intervention as regards child abuse and neglect, CSE and exploitation, intimate partner violence, FGM and gang violence. The review sets out learning points and recommends changes to policy and practice for strategy and the workforce.
- Ofsted Safeguarding Policy** was published on 8<sup>th</sup> March 2018 it sets out the requirements for all Ofsted staff including the requirement to complete safeguarding training within three months of taking up post and then three-yearly intervals thereafter. Ofsted also updated their **Safeguarding concerns: guidance for inspectors** In March 2018.
- Individuals referred to and supported through the Prevent Programme, April 2016 to March 2017** was published in March 2018 it set out the national position on those referred and supported via Prevent and Channel programmes. There were 6093 individuals referred of which 3704 were 'referred for concerns related to Islamic extremism and 968 (16%) were referred for concerns related to right wing extremism (p11). 1146 individuals were discussed at a Channel panel. 57% were aged 20 years or under and they made up 61% of those referred to the Channel panel. The table below sets out the referral and support via each region with the South West being one of the lowest Prevent referrers (P13).

Region	Prevent Referrals		Discussed at a Channel Panel		Received Channel Support	
	Number	Proportion	Number	Proportion	Number	Proportion
East	496	8%	128	11%	23	7%
East Midlands	538	9%	108	9%	31	9%
London	1,502	25%	254	22%	41	12%
North East	773	13%	101	9%	32	10%
North West	745	12%	93	8%	22	7%
South East	787	13%	154	13%	56	17%
South West	468	8%	49	4%	24	7%
Wales	265	4%	43	4%	28	8%
West Midlands	519	9%	216	19%	75	23%
<b>Total</b>	<b>6,093</b>	<b>100%</b>	<b>1,146</b>	<b>100%</b>	<b>332</b>	<b>100%</b>

- In December 2017 Public Health England published guidance on **Developing local substance misuse safeguarding protocols** to help develop and improve protocols for joint working between drug and alcohol services and children and family services.

## Section 4: Lay Member's View

- 4.1 Below are the views of one of the three Lay Members supporting the work of the LSCB and giving effective friendly and independent challenge:

*I joined the Board as a Lay Member in late 2016. Despite 40 years spent in front line social work with children and families and a background knowledge of the existence of LSCBs, it was only when I attended my first business meeting, alongside 28 other Board members, that I began to fully comprehend the enormity, the scope and the reach of the LSCB task. Initially, due to issues of governance, confidentiality and legal requirements, I personally felt that my membership was a token membership only. Nevertheless, despite these constraints and with the dedicated help of some employed Board members, eventually, it has been possible to find ways to include us appropriately, as Lay Members, in the work of the Board. The challenges to the work of all Board members continue in the context of the myriad uncertainties as to potential future change of all types within every statutory and voluntary member agency. It is for this reason that I see the work of the Board as crucial to ensuring continuity in seeking and expecting high standards of all members involved in safeguarding and protecting children irrespective of the on-going change happening all around us at the present time.*

Anthea Pritchard

## Section 5: Significant Local Events and Response

- 5.1 Much of the activity throughout 2017-18 has focused on work relating to the two SCR's that are currently being undertaken by the LSCB. It is unfortunate that both processes have been delayed, however we remain of the view that it is important that these pieces of work are completed in a thorough manner and are sufficiently comprehensive in order to maximise the learning from them.
- 5.2 The LSCB was inspected by Ofsted in May 2018 and received the published Report in July. The Board were rated as Good and given three recommendations to complete which were added to the Business plan for 2015-18.
- 5.3 The other key area of response for the LSCB has been the work we have undertaken in conjunction with other Local Authorities to explore options for new regional Safeguarding arrangements which will be in line with the Wood report. This work will continue into 2018-19.



## 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 (RAG) (known as Community Safety Partnership in other areas)
- Early Help Board
- 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 Committee of the Health and Wellbeing Board.

Responsibility for reporting on the delivery of outcomes for children and young people as outlined in the Children and Young People's Plan 2018 - 2021 (CYPP) is undertaken by The Children and Young People's committee of the Health and Wellbeing Board (CYP sub group)

The new CYPP for 2018 - 2021 will be published in early June 2018. The CYP Plan delivery groups include:

- 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.

6.3 LSCB Challenges to the Children and Young People's committee 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 2017 - 18 these were:

- Improve information sharing between agencies at Early Help stage
- Progress targeted work with drug and alcohol agencies, mental health and domestic abuse services – seek assurance that effective co-ordinated work is in place

- Given the increase in children excluded and those home schooled assurance is sought that they are achieving good outcomes
- Given the commitment to Think Family the C&YP Sub Committee is asked to work with the Parenting Strategy Group and adult services to develop joint principles and actions that agencies can sign up to and implement.

The CYP committee is due to submit 6 monthly progress reports on these challenges to the LSCB at the June and December meetings.

#### 6.4 The Health and Wellbeing Board:

The LSCB works in partnership with the Health and Wellbeing Board to make sure that unborn babies, children and young people are protected and kept safe. The LSCB presents its Annual Report and business plans to the Health and Wellbeing Board. The Health and Wellbeing Board offer challenge to the LSCB to provide assurance that children are kept safe. This remains one of the areas of focus in the Health and Wellbeing Strategy 2015-19

[http://www.bathnes.gov.uk/sites/default/files/banes\\_health\\_and\\_wellbeing\\_strategy\\_2015\\_-\\_2019.pdf](http://www.bathnes.gov.uk/sites/default/files/banes_health_and_wellbeing_strategy_2015_-_2019.pdf)

#### 6.5 The Local Safeguarding Adult Board (LSAB)

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 continuation of the pilot joint Training and Development sub group; the work on a joint safeguarding website which launched in summer 2017; the continued development and publication of a joint six monthly LSCB and LSAB Newsletters; joint Modern Slavery Statement and Communications and media Protocol; joint working around Domestic Abuse Complex (Toxic) Trio and 'Think Family'; the updated Joint working plan (See Appendix 6); the continued working of the joint multi-agency task and finish FGM group which raised awareness of the issue, produced leaflets in 5 key languages and undertook an awareness audit amongst practitioners before ending in September 2017; 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 Responsible Authority Group (RAG)

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

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 Children and Young People Policy Development and Scrutiny Panel

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 2016-17 and Business Plan 2015-18
- IRO Annual Report 2016-17

## **Section 7: Governance and Accountability**

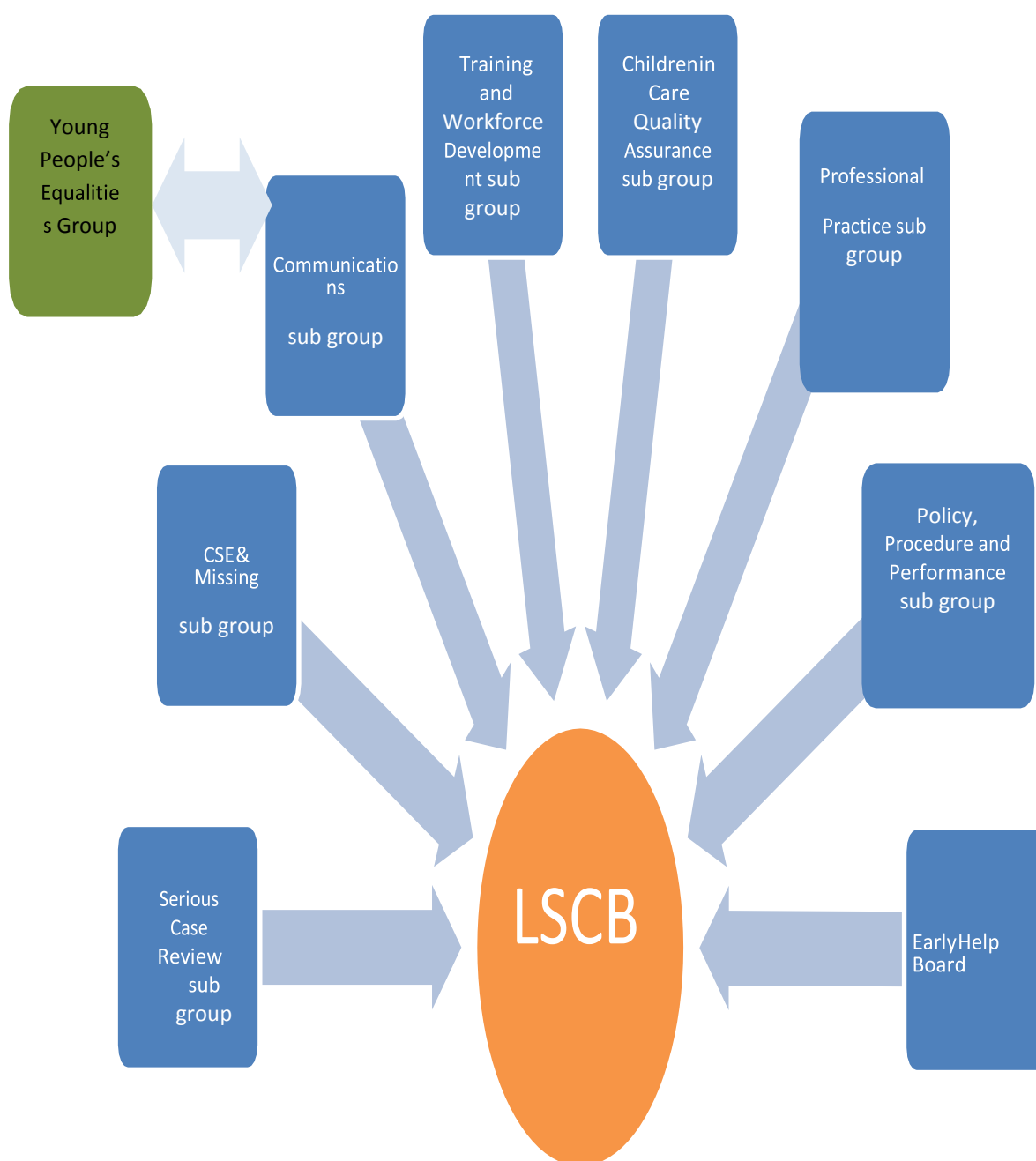
- 7.1 B&NES LSCB is a statutory body established under the Children Act 2004 (Section 13) and the Local Safeguarding Children Board Regulations 2006. It is independently chaired and consists of senior representatives of all the principle stakeholders working together to safeguard children and young people across the area. The Terms of Reference are set out in Appendix 1. The membership for the LSCB and subgroups during 2017 - 18 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
- 7.3 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. This was completed for the previous Chair, Reg Pengelly, prior to his leaving the role.
- 7.4 The Independent Chair is also Chair of the LSAB and there was a change in Independent Chair during 2017-18 with both Chairs attending the Boards in September and the new Chair then took over the role from that point. This joint role increases the joint working across the Boards and improves safeguarding outcomes for children, young people and their families/carers.
- 7.5 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.

7.6 The functions in relation to the above objectives are described in Regulation 5 of the Local Safeguarding Board Regulations 2006.

7.7 The LSCB structure is set out below and the work of the sub-groups is articulated in Section 8 of the report.



The Member of the Bath & North East Somerset Youth Parliament (MYP) attends the LSCB Communications sub-group and has been developing the Young Person's Guide to the LSCB and with the Youth Forum providing input into the new LSCB Strategic Plan 2018-21.

- 7.8 The LSCB has commissioned one new SCR during 2017-18 which involves a baby and the SCR involving several young people is still in progress; two notifications have also been identified for Learning Reviews as they do not meet the SCR criteria. The Chair has also considered one recommendation from the SCR sub group for one other application which did not meet the SCR.
- 7.9 In line with the statutory requirement, the LSCB has in place a Learning and Improvement Framework, <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.
- 7.10 With the return of one Lay Member from a sabbatical year in March 2018, the LSCB now has four Lay Members. Lay Members give a unique, independent and valuable perspective on safeguarding children and young people. They are very involved and their work positively influences decisions of the Board.
- 7.11 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.
- 7.12 The LSCB 2016-18 Risk Register which has been regularly reviewed by the Business Support Manager and the Business Management Group. The current Risk Register was due to end in March 2018 and has been extended until a new format can be developed during 2018 -19. The LSCB developed a Board Assurance Framework in 2016 - 17 to monitor its effectiveness against various headings and this is monitored by the Performance Management Group (PMG). A new Board Assurance Framework will be agreed in June for 2018 -19.
- 7.13 The LSCB was part of the B&NES Council Ofsted Inspection in May 2018 (see section 12). The documentation Ofsted use for this was revised in October 2015 – set out in Ofsted Framework and Evaluation Schedule: children in need of help and protection CLA and care leavers and LSCBs. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/466008/Framework\\_and\\_evaluation\\_schedule\\_children\\_in\\_need\\_of\\_help\\_and\\_protection\\_CLA\\_and\\_care\\_leavers\\_LSCBs.doc](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/466008/Framework_and_evaluation_schedule_children_in_need_of_help_and_protection_CLA_and_care_leavers_LSCBs.doc)

#### 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 2017-18 there have been 3 occasions when the LSCB Escalation Policy has been formally used. These included concerns raised by the RUH and AWP. All issues were satisfactorily resolved at the early stages between managers without having to escalate to the Head of Safeguarding or the Independent Chair.

The LSCB will continue in 2018-19 to remind agencies of the need to use the Escalation Policy and proforma to register escalation concerns regarding safeguarding decisions made by other practitioners. The policy will also be reviewed in 2018 by the new Policy and Procedure Group and it is hoped to become a joint policy with the LSAB as with the Dispute Resolution Policy between Sub Group members or Board members. This latter Policy has not been used in 2017-18.

#### **LSCB Escalation Policy for Resolving Professional Disagreement**

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

#### **LSCB & LSAB Dispute Resolution Policy**

- ❖ [LSCB & LSAB Dispute Resolution Policy](#)

## **Section 8: LSCB Sub Group Achievements and Priorities**

- 8.1 The LSCB has eight sub-groups as set out in section 7.6 above. During 2017-18, the Policy, Procedure and Performance Monitoring Group (PPPG) changed its role due to the workload and became the Performance Monitoring Group (PMG). A new Policy and Procedure Group is due to form in early 2018. The Terms of Reference for each of the sub-groups is available on the LSCB web page [here](#)
- 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.

### **8.3 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 Toolkit/Offer was developed and shared with both internal and external colleagues and included information about how to access support from early help services and is now available on the Council website and Early Help App in the form of an information guide for



practitioners, a one-minute guide and a leaflet for families. All of which outline three processes which are:

- If needs are clear refer directly to the relevant service – details of which and how to refer available from the Early Help App
- If needs are unclear, multiple or complex begin a common assessment framework
- If the child is a risk of significant harm, contact the Duty Team and complete a Request for Service

The revised “Request for Support” form to Social Care now includes an option to refer to Early Help Services and any complex cases who do not meet threshold for Social Care intervention can be reviewed by the multi-agency Early Help Allocation Panel.

2. The Best Start in Life Sub-Group of the Early Help board action plan has incorporated actions identified by the Baby J SCR audit which highlighted the need for further assurance that support identified through the CAF process for vulnerable pregnant women was being accessed and that there is a comprehensive handover between Maternity, Health Visiting and Children’s Centre services. In response, a new Early Childhood Services Pathway which details potential vulnerabilities for pregnant women and the unborn child, has been developed jointly by Maternity, Health Visiting and Children’s Services which illustrates how each service can address such vulnerabilities and how they are working together (through robust referral and information sharing processes) to ensure that they provide the right help at the right time.
3. An Early Help Quality Assurance Framework has been developed for commissioned early help services is currently being consulted on and, once agreed, will be able to provide assurance on the quality of early help support available for families. The framework will be undertaken jointly with providers and is considered to be a robust, positive tool in which to enable them to evidence the quality of their early help support and the difference it makes to families receiving it.
4. The multi-agency CAF audit group audited 98 CAFs during 2017/18. The themes included midwifery, poverty (FSM & 2 year funding), toxic trio & adolescents. The outcome of these audits is reported into the Early Help Board. As a result a set of CAF minimum standards were developed which have been endorsed by LSCB with most partners providing assurance that they are adopting and complying with these.

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

1. The Early Help App has proved a popular way for practitioners to have access to information about early help services and thresholds. The number of users has increased steadily throughout 2017 from 114 in Quarter 1 to 265 in Quarter 4 and consistently the most visited sections are “Early Help”, “Health and Wellbeing” and “Family Support and Parenting”. Positive feedback has been received from colleagues including the Police, Housing and Voluntary Sector organisations particularly regarding how accessible the information is. The Early Help App now forms part of the Early Help Toolkit/Offer which was launched in October 2017.
2. Children’s Centre services and the adult substance misuse service (DHI) have continued to work together on a Think Family approach for parents in drug treatment and their children. This has led to positive

outcomes for parents and their children in terms of increased parental understanding of attachment and activities to support their children's learning and development. Both organisations are now able to promote each other's service offer, support access and "whole family" support.

3. The CAF audit process highlighted some significant quality issues which has led to the development of the CAF minimum standards and their endorsement by LSCB. Most partners have signed up to these and provided assurance to LSCB assurance that they are being implemented in relevant areas. This had led to an increase in management oversight and focus on improving the quality of assessments and plans as well as further training to support practitioners.
4. Early Help representation on the Domestic Abuse Partnership (DAP). There is a multi-agency programme to transform how domestic abuse is addressed locally from primary prevention through to supporting people with complex needs, funded by the VAWG (Violence against Women and Girls) Transformation fund for 3 years. Deliverables include delivery of CRUSH programme in secondary schools targeted at young people who have experience/witness domestic abuse or violence. Independent Domestic Violence Advisor (IDVA) Plus and Domestic Abuse support worker working with clients with complex toxic trio and requiring intensive support (based at Southside Family Project) A Single point of access service for domestic abuse in B&NES "IAN".

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

1. A reduction in resources both within the council and wider partners is having an impact on the delivery of the early help services. Many commissioned services are frequently reporting they are at capacity.
2. There are practical challenges for the council and partners involved in delivering early help. There is currently no shared electronic case management system for early help which makes case co-ordination difficult and case oversight and assurance about the effectiveness of early help difficult to establish. Data and information is spread across a number of different manual and electronic systems.
3. The implementation of Universal Credit and the impact this is having on vulnerable households increasing vulnerability.
4. The engagement of schools and academies in undertaking CAFs remains a challenge, particularly in terms of resourcing the interagency work.

### **Priorities for the Early Help Board**

1. The early help board will continue to drive improvements in the quality of early help assessments and plans and ensuring practitioners have access to training.
2. Supporting and promoting Think Family approach around early help work and engaging more effectively with adult services.
3. Improving and refining data collection particularly in relation to early help outcomes and evidencing the effectiveness of early help services.

## 8.4 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

1. The CSE/Missing sub group has continued to meet on a regular basis, meeting on six occasions throughout 2017-18. The group continues to be well attended which reflects the continued level of commitment to this high profile agenda.
2. Some of the key activity over the past 12 months has involved regular review of the Action Plan to ensure that it matches the development of national issues such as the emergence of “County Lines” and the increasing understanding that sexual exploitation has clear links with other types of exploitation such as criminal exploitation.  
The group has also work on the priority area identified within last year’s inspection of the LASCB. This focused on the need to strengthen engagement with the Licensing team around Taxi drivers and Hotels. In response to this the sub-group has worked on ensuring that the re-licensing of all taxi drivers will now include mandatory CSE training. In addition we have also written to all Hotels in the B&NES area and sent out promotional materials along with an offer to come and speak to staff about CSE. To date we have received three responses to undertake this.
3. The group has begun to undertake multi-agency audits of CSE cases.

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

1. 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.
2. The strength and value of the Willow Project continues to be demonstrated by all staff involved in this. We have recently recruited four new members of the Willow Project.

### Challenges Faced in Delivering the Agenda

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 and the emergence of “County Lines”.

## **Priorities for the CSE and Missing sub group**

1. 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 will continue to develop publicity materials and campaigns both locally and nationally with a continued focus on the nighttime economy. We recently took part on the National CSE Awareness Week.
2. 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.

### **8.5 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**

1. Auditing of 16 cases, covered three separate themes – UASC, Domestic Violence, Trafficked children & Risk of CSE
2. Allowing Looked after Children (LAC) to have the Health Plan completed even where the child refuses to meet.
3. Feedback to providers and staff where examples of good practice have been uncovered.

#### **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**

1. Whether the membership is at the correct level
2. Whether audit tools provide appropriate level of detail

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

1. Ensuring that the CICQA sub group contributes to the LSCB Strategic Plan
2. Ensuring the group's membership is a suitable level to influence change
3. Updating the Terms of Reference
4. Looking at the learning from Serious Case Reviews, where relevant
5. Auditing children who have a parent in prison

## 8.6 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

1. The Communications sub group has continued to meet on a quarterly basis and now feels well established in its new format as a joint Adults/ Children's group. The new joint LSCB/LSAB Website was launched in July last year and has been well received by all who use it. Feedback has confirmed that people find it easy to navigate, and that the majority of the content on the web-site is appropriate and informative.
2. The Joint Communications group has confirmed that it will focus on the theme of "Think Family" for much of its activity over the coming year. The group has also continued to lead on the production of a joint adults/children's newsletter which is sent twice a year.
3. The Communications sub group has continued to actively involve and consult with 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?

1. The outcomes for the group have included the launch of FGM campaign and the resulting raised awareness of both staff and public.
2. The establishment of the joint 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 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

As previously highlighted, the challenge for the sub-group in the coming year will be the establishment of the "Think Family" agenda across both boards.

### Priorities for the Communications sub-group

1. To ensure continued representation and input from young people.
2. 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.

## 8.7 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. From September 2017 the group split into the Performance Management Group (PMG) and a separate Policy Group will start in April 2018 (P&PG). The P&PG will be responsible for LSCB policy development and review.

### **Key achievements**

1. Reviewed and monitored the LSCB Assurance Framework for 2017/18 ensuring the Board receives assurance reports as set out in the framework including putting in place the recommendations from multi-agency audits and the section 175 schools safeguarding assessment. Set the LSCB performance indicators for 2017/18
2. Ran the second year of the schools validation visits
3. Ensured the LSCB Ofsted three recommendations have been put in place (there remains some work with the taxi driver training in CSE and the CSE and Missing sub group are working on this)
4. Received and reviewed the first safeguarding overview assurance report from Council Childrens and Public Health Commissioned Services. This requires further development however the LSCB were assured by the report
5. Continued to triangulate data and monitor performance activity in order to provide assurance to the LSCB particularly from the Police and Council
6. Continued to develop and enhance performance reports particularly the report the Council provides to the LSCB in respect of Early Help, Children in Need, Child Protection and Children Looked After
7. Monitored progress on the work the Council are doing on Private Fostering and language schools arrangements
8. Reviewed the following:
  - LSCB and LSAB Modern Slavery Statement
  - Domestic Abuse Statement
9. Received updates on the Multi-Agency Safeguarding Hub (MASH)
10. Progressed work in Parental Involvement Review which is being launched in June 2018
11. Received information in relation to learning from Joint Targeted Area Inspections – neglect
12. Agreed that the remit of the sub group was too large and have agreed the separation out of some of the work into a new Policy and Procedures sub group from April 2018.
13. Responded to the Government consultation on Working Together to Safeguard Children
14. Reviewed IRO, LADO and Health LAC activity via their Annual Reports from 2016/17
15. Contributed to the development of the new LSCB Strategic Plan for 2018/2021
16. Reviewed the Sufficiency Statement
17. Received a report regarding the changes to On Call arrangements for Paediatricians and the potential impact of this. The group agreed to monitor this.

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

1. Through monitoring and refining the performance information have ensured that the LSCB focuses on the areas needed to keep children safe in B&NES
2. The Police have reviewed their notifications to the Council which has



- reduced the volume of information coming to the Council enabling them to focus on children at risk
3. Through the school section 175 safeguarding assessment schools have self-assessed themselves as improving. New questions on Early Help will be included in the 2017/18 assessment as these have been identified as ones where further assurance is needed
  4. Highlighted that provider services need to address the issue of diversity as this was the weakest area identified from the annual safeguarding return from commissioned providers
  5. Signed of a revised joint protocol for families where the adult has a mental health need. This has led to improved working across the mental health teams, other services and Council services
  6. Delivered the majority of the Ofsted recommendations eg, additions have been made to this Annual Report and core group visits are being monitored
  7. Raised awareness of Modern Slavery to ensure that the workforce is prepared and aware

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

1. The remit for the group is substantial and it has been a challenge to get through this hence the agreement to separate out the policy and procedure development from the multi-agency performance management.
2. There has been a falloff in partner attendance at the group during the second half of the year. This is being addressed by the Chair of the sub group whilst appreciating the pressure on all agencies.
3. The work on Neglect has not progressed at the pace the group would like. This will be an area of focus for 2018/19

### **Priorities for PMG**

1. Write the work programme for 2019/2021 to ensure areas of focus deliver the new LSCB Strategic Plan
2. Ensure the implementation of the Neglect Strategy and promotion at the stakeholder event
3. Develop a multi-agency dashboard – this was an action from the previous year but has been slow to develop
4. Ensure the work to increase parental and young people participation is delivered
5. Review the proposed new Safeguarding Arrangements and present to the LSCB
6. Deliver the Board Assurance Framework 2018/19

## **8.8 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**

1. In the last year, PPG has looked at the following themes - how effectively there is professional challenge in Child Protection work; how well disabled children are protected; how well children who present with harmful sexual behaviours are responded to; if children whose cases that are “stepped

down” from Social Care get the support they need; and whether we can learn from cases that were at Child Protection level for only a short period of time.

2. We continue to see 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).
3. We have started rating the multi-agency response to a family by using the Ofsted grading system.

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

1. When PPG has been concerned about the response to a family, it has asked agencies to take actions to improve the situation. PPG has received a number of reports that actions it had asked for had been undertaken.
2. Last year we set a number of priorities. These included reviewing the support for children with autism, especially in cases where there was a history of them behaving in a sexually harmful way to another child. PPG has seen improvements in this area of work.
3. Said we would look at how well children whose parents’ drug use causes them risk are protected and supported. Though we made recommendations for improvement, we noted the active involvement of adult drug services in thinking about the needs of the children.
4. We also looked at how well agencies challenge each other in Child Protection Conferences and have made recommendations for how this might improve.

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

We have looked at cases where children live with a number of risks – parental substance misuse; domestic violence and abuse; and parental mental ill health. We have continued to see a lack of progress for children living in these situations. Supporting an improvement to the response to this complex trio of risks is a priority for PPG.

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

In the coming year, PPG plans to look at the following issues:

1. Adolescents in CP process and how well their voice is heard;
2. Long term Neglect cases and children living with parental substance misuse,
3. Domestic violence and abuse, and parental mental ill health;
4. How well the arrangements work between Children’s Social Care and adult Mental Health services;
5. And to review how well professionals challenge each other – this is to follow up from our meeting in November 2017.

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

The Serious Case Review sub group has met six 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.

The group have received four SCR applications during this financial year (this includes one which was received in late March 2017 and has been processed during the year). Of the four applications one met the criteria for a SCR and is being progressed in line with the Procedures (a separate SCR Panel has been convened for this case); two did not meet the criteria for a SCR however the group were of the view a Learning Review should take place for each case and this was approved by the LSCB Chair as a proportionate response in line with Working Together to Safeguard Children guidance and the final one did not meet the criteria and no further action was taken. One SCR continues from the previous year and the draft report is expected in early July 2018. Therefore currently the LSCB has two SCRs and two learning reviews underway.

### Key achievements

1. The group have signed off the final single agency actions in relation to E family a learning review which was undertaken last year
2. Identified SCRs published by other LSCB to review and have discussed these at the meeting. Learning has been shared with the Early Help Board for one particular SCR and a B&NES action plan developed to ensure issues identified in that SCR would not happen; from another SCR findings have been shared with the Acute Trust and GPs as they were particularly relevant; for a further one slides have been developed and published on the LSCB website for stakeholders to be aware of the learning
3. Received regular updates on the progress of the SCRs and Learning Reviews throughout the year
4. Reviewed the revised CDOP Protocol in terms of reporting SCRs
5. Reviewed the NSPCC and SCIE learning (via practice sheets) from SCRs and developed a B&NES action plan to ensure staff and stakeholder agencies learn from the findings
6. Reviewed the CCOP report for 2016/17

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

1. The learning from a Wiltshire LSCB SCR Baby J has been effective in B&NES with changes made to some ways of working and processes
2. 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 timescale for the first SCR has slipped however the sub group have been monitoring and reporting this. The challenge has been caused due to capacity issues.

### Priorities for the SCR sub group

1. Develop a system for reviewing SCRs (this remains outstanding from the previous year and the group have been sharing SCRs which they feel are pertinent to B&NES)
2. When B&NES LSCB SCRS and learning reviews are published ensure they are disseminated and recommendations implemented

## 8.10 Joint LSCB & LSAB Training and Development sub-group (T&D)

This sub group is responsible for ensuring the continuing development of all staff in order to safeguard and promote the welfare of children and young people and adults at risk. The group focuses on the skills, knowledge and behaviours required for inter-agency working and provides training and development opportunities in order to meet statutory functions and to respond to national and local issues. The group also sets standards and learning outcomes for single agency and multi-agency safeguarding training. The group has been undergoing a pilot as a joint sub group with the LSAB for 18 months.

### Key Achievements

An extensive LSCB inter-agency training programme was provided across 2017 – 2018 which resulted in:

- 70 LSCB training sessions taking place comprising of 26 different courses
- 1247 Inter-agency training places made available
- 1151 Inter-agency training places booked
- 1026 Inter-agency training places attended
- 768 professionals trained across the LSCB partner agencies, Voluntary and Private sectors
- 680 E-learning modules started and 472 completed through the Learning Pool
- 14 Single agency training sessions taking place

### Strategic Developments

1. The LSCB training strategy 2015 – 2018 was delivered through the training and development opportunities provided. The 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 focused on ensuring the availability of training related to 'core' safeguarding areas identified by the Board, which has resulted in the development of a CSE Early Help Course, a Complex / Toxic Trio Awareness session and training on Raising Awareness of Child Protection and Poor Parental Mental Health. Sessions on Private Fostering and 'Holding Difficult Conversations' have also been introduced onto the programme.

2. The pilot to merge the LSCB and LSAB training groups has been further extended, as unfortunately the challenges that were experienced in 2016 – 2017 remained in this financial year. There were continued difficulties with chairing arrangements and membership of the group which resulted in delays in the achievement of some developmental work. Therefore it was not possible at the end of the year to gain a true and accurate reflection of the effectiveness of the venture. A new chair was appointed to the group in April 2018 who has significant knowledge of the challenges experienced and has proposed a new structure and work plan to move the developmental work forward in a timely and constructive manner.
3. Whilst some developmental projects of the sub group have been delayed, joint learning opportunities have been created. For example several courses include specific 'think family' information and practice techniques, and a number of courses are jointly available to the adult's and children's workforce which allows a shared understanding of roles and responsibilities. Additionally the group created FGM 'awareness slides' (suitable for those who work with adults or children) which have received a positive response from a wide range of partners. A joint training strategy has also been adopted by the Boards, which is designed to support the learning and development of both the adult's and children's workforce. The strategy has shared principles and standards and recognises the importance of adopting a 'think family' approach to ensure better outcomes can be achieved.
4. 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. Evaluations have particularly highlighted an increase in practitioners understanding of multi-agency working, applying the skills and knowledge gained on training into practice, and adopting a 'think family' approach in the work undertaken.

### **Challenges faced in delivering the Agenda**

1. As mentioned above, challenges have continued to be experienced following the merging of the LSCB and LSAB sub group, with issues of representation and continuity of attendance being faced.
2. Limited expansion has taken place to the modules available in the e-learning library, due to reduced availability of technical support. It would be beneficial to grow on-line methods of learning, to provide an additional flexible method of learning.
3. Levels of 'non-attendance' on training courses have slightly increased across the training programme. This issue has been specifically noticeable in attendance levels on the Standard and Advanced Child Protection courses.
4. The review of the charging policy has been extended due to complexities involved in specific contractual arrangements.

### **Priorities for the joint sub group**

1. To develop an annual training and development work plan, incorporating actions allocated to the subgroup in the LSCB and LSAB Business Plans and development work agreed by the group.
2. Revise and approve training levels for the workforce and review and agree

- standards and required outcomes for 'core' safeguarding courses.
3. Develop and disseminate mandatory 'awareness raising' slides to cover all topics relating to Board performance indicators.
  4. Adapt working practices to support and respond to changes arising from the publication of Working Together to Safeguard Children 2018 and the Children and Social Work Act 2017
  5. Submit a charging proposal to the Board to ensure the charging policy is fair, constantly applied and protects the sustainability of the training programmes.

## **8.11 Task and Finish Groups**

### **Female Genital Mutilation (FGM):**

The FGM group was established in January 2016 and completed in September 2017. The focus of the group was to provide the LSCB and LSAB with 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 were tasked with:

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

### **Key Achievements**

1. FGM survey audit completed and audit report presented to LSCB/LSAB in September 2017
2. FGM leaflet for professionals and the public were made available in 5 different languages.
3. FGM awareness level training requirements included in LSCB/LSAB quality assurance framework.
4. FGM awareness level training package is available to agencies via LSCB/LSAB website and agencies are encouraged to incorporate material into single agency and LSCB/LSAB training packages
5. Ongoing work is now embedded in the work of both Boards.



# Female Genital Mutilation (FGM)



FGM causes serious health and emotional consequences that last a lifetime.

**It is also illegal in the UK.**

**For advice, support or to report FGM, please call:** Children's Social Care on **01225 396312** or **01225 396313** or B&NES Community Services on **01225 396000**

If you would like this information in another local community Language or a different format, please ring 01225 396350



Thanks to Oxford Against Cutting for allowing us to use the image of the young woman.

## 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**

#### **9.2.1 Ofsted Inspection May 2017 Outcome and recommendations**

Mike Bowden and Richard Baldwin introduced this item and gave a brief presentation, a summary of which is set out below.

**Children's services are "Good"**

**Leadership, management and governance is "Good"**

**Particular strengths:** Willow Project – CSE / Connecting Families / Commissioning arrangements / Advocacy arrangements and take-up / Approach to Corporate Parenting / Partnership working / Voice of CYP – eg In Care Councils / Skilled and effective workforce / 'Culture'

#### **Recommendations for B&NES Council**

- Improve quality of plans – (CIN, CP, pathway) – actions / timescales / contingencies
- Ensure rigorous oversight of pre-proceedings to prevent drift and delay
- Strengthen Private Fostering arrangements
- Address rising number of fixed term exclusions for children look after
- Ensure care leavers get proactive support and visiting as needs escalate

**LSCB is "Good"**

**Strengths:** Strong commitment from agencies / Clear governance / Comprehensive evaluation and monitoring of service effectiveness / Joint working with LSAB / Engagement of CYP / Audit, challenge, training / CSE and missing

#### **Recommendations**

- Performance data to include timeliness and frequency of visits
- Annual report to include Private Fostering and IRO Annual report findings plus assessment of performance
- Strengthen CSE awareness-raising through licencing activity (e.g. taxi drivers)

#### **What next?**

- B&NES Council to submit an Action Plan by mid-October
- Progress reporting
- Be prepared for JTAI, SEND, and new 2018 inspections
- Sustain focus on delivery and improvement in challenging context

The Chair said that the LSCB rating of "Good" is a well-deserved achievement and he praised the work of the Board's Sub-Groups. He added that the

recommendations were areas that the Board were aware of and would seek to address them in the coming year. The LSCB is not required to submit an Action Plan and all 3 actions are now included in the LSCB Business Plan.

### **9.2.2 Review of MAPPA Briefing on SCRs**

The Avon and Somerset MAPPA Coordinator gave a presentation on the Constabulary review to examine whether MAPPA (Multi Agency Public Protection Arrangements) were effectively applied and whether agencies worked together to do all they reasonably could do to manage effectively the risk of further offending in the community. It focused on both mandatory and discretionary SCR processes and looked at the 2 cases that had taken place. The findings of the review looked at three key areas for development: Assessment of sex offenders, Information Sharing and MAPPA meetings

#### **Actions included:**

- Agencies should not accept the offenders' version of events/denial
- Account should be taken of all previous behaviour and not just the index offence
- Chairs should be inquisitorial regarding "expert" views given on likely "target victim groups" in relation to Registered Sex offenders
- Key use of the Violent Sex Offenders Register (ViSOR) for information sharing—expectation of regular ViSOR audits
- Ensuring Prisons have information re: victim and potential risk
- Relevant information identified at prisons is passed on to Offender managers/Police/MAPPA meetings. NB prison can only pass on "relevant information" if they have all the significant risk information relating to victims. Lead agencies must ensure that this occurs after a recall/remand in custody
- NB. following recent MAPPA 3 case Chairs should routinely place an action for the lead agency/offender manager to be notified prior to any prison transfer taking place
- The Chairs should ensure that safeguarding actions are not discontinued on the basis of a return to custody
- Although MAPPA is not responsible for "management "of the offender, Chairs should take into consideration the pressure that the professionals' involved are put under by the offenders. Such pressure does not necessarily manifest itself overtly aggressively.
- Where an offender managed at level 2 or 3 is recalled the case should be heard at least at level 2 upon a further release.
- The reason for a move from level 2 to level 1 management must always be supported by evidence which must be documented in the relevant minutes.
- Agencies failing to attend level 2 and 3 meetings should be held to account

### 9.2.3 Analysis from the complex (toxic) trio work

As one of its key priorities in 2017-18, the Board had a presentation on the work undertaken since in 2016, the Council began a Toxic/Complex Trio Profile to develop a better understanding of the prevalence of children in Bath and North East Somerset where at least one parent/carers is experiencing one or more of the Toxic/Complex Trio issues; with particular focus on those that are experiencing all three. The purpose of this project was also to identify the support and safeguarding being provided to these families. This information will identify strengths and weaknesses within the system to help develop more effective, coordinated and targeted support and interventions. This is in line with the Munro Review, Children's Act, the adult's Care Act, Ofsted requirements and the Local Safeguarding Children's Board's (LSCB) commitment to keep children in B&NES safe. The profile was developed in five stages.

#### Key Findings

- From the 22 services that provided suitable data there are 1,110 parent/carers with one or more Toxic/Complex Trio needs. 335 (30%) of these have two needs and 105 (9%) of these have all three.
- The most common need type is mental health, known to be experienced by 72% (802) of the 1,110 parents/carers, followed by domestic abuse with 44% (487) and then substance misuse with 33% (366).
- The proportion of parent/carers identified as being of high and medium risk increases with the number of Toxic/Complex Trio needs they have. 20% of those with one need, 48% of those with two needs, 62% of those with three needs. For over half (53%) of parents/carers with one or more Toxic/Complex Trio needs services did not identify their level of risk, and for almost a third (32%) of parents/carers with all three.
- Services are particularly poor at identifying the level of risk for parents/carers with mental health needs, not identifying the level of risk for 60% of the parents/carers with mental health needs, compared to 27% with substance misuse needs and 42% with domestic abuse needs.
- Of the 1,110 parents/carers with one or more Toxic/Complex Trio needs 77% (857) are female, compared to 23% (253) who are male. Of the 105 parents/carers with three Toxic/Complex Trio needs 80% (84) are female, compared to 20% (21) who are male.
- Of the 979 parents/carers with one or more Toxic/Complex Trio needs and a date of birth 70% (689) are 25-44 years old, 37% (366) are 25 – 34 years old.
- Of the 82 parents/carers with three Toxic/Complex Trio needs and a date of birth 83% (68) are 25-44 years old, 45% (37) are 25 – 34 years old.
- Twerton (14%) is the ward of residence for by far the highest number of the 702 parents/carers with one or more Toxic/Complex Trio needs with an identified B&NES postcodes, followed by Westmoreland (7%), Combe Down (6%) and Radstock (5%). Twerton (15%) is also the ward of residence for by far the highest number of the 97 parents/carers with three Toxic/Complex Trio needs with an identified B&NES postcodes,

followed by Abbey (7%), Peasdown (6%) and Westmoreland (6%).

- The majority of parents/carers with two (65%) or three (63%) Toxic/Complex Trio needs have some or all of their children living with them. However... the services did not identify whether over half (52%) of parents/carers with one Toxic/Complex Trio need have any of their children living with them, 23% of parents/carers with two Toxic/Complex Trio needs and 10% of parents/carers with three needs.
- According to the questionnaire results.... The majority of services decide what needs their service users have via self-reporting: 70% in the case of mental health needs, 82% in the case of domestic abuse and 84% in the case of substance misuse needs.
- The top three interventions identified as being carried out for the children of parents/carers with one or more Toxic/Complex Trio needs were: Family Support Work, Parenting Assessment and Support and Domestic Abuse Support.
- The top three interventions identified as being carried out for the children of parents/carers with three Toxic/Complex Trio needs were: Family Support Work, Social Worker, and Southside's IDVA Service.
- Responses from 15 services indicate that the most pressing unmet training need is for Toxic/Complex Trio training (7 services) followed by mental health training (6 services).

#### What does this all mean for the Council and other relevant services?

- It supports raising awareness of mental health needs and their potential impact on parenting. It indicates that more work could be done to ensure a wide range of agencies and services are assessing risk levels particularly in relation to long-term accumulative impacts, the impacts on children and in relation to mental health needs.
- It suggests more could be done by services to upskill staff so they are better able to assess mental health needs and support or refer people to relevant services as appropriate.
- It supports targeting more preventative programmes at women aged 25 - 44 years old.
- It also indicates that more could be done to focus on the needs and role of fathers/male carers - The comparatively smaller proportion of fathers/male carers recorded with Toxic/Complex Trio needs suggests fewer men access services and / or that services tend to focus on women as the care givers of children.
- The findings support targeting of preventative services towards most deprived communities particularly in Twerton, Combe Down and Radstock.
- The findings also suggest more could be done to find out whether parents/carers are living with their children - The services did not identify whether over half (52%) of parents/carers with one Toxic/Complex Trio have any of their children living with them.
- It indicates that more work could be done to ensure services are

assessing the level of risk to service users' children - A significant proportion (46%) of the children have not had their level risk identified.

- In many cases the recording practices and IT systems/databases of the Council and other relevant services were either ill-equipped or completely unable to extract data on the Toxic/Complex Trio needs of parents/carers.
- The findings support a review of Council and CCG contracts with relevant commissioned services to make sure they stipulate the recognition, recording and reporting of service users with Toxic/Complex Trio needs and whether they have children. As well as the risk/needs assessments and interventions carried out for each service user and their children and the services and agencies they are referred to.

#### What has already been done?

- Actions have already been taken as a result of the Toxic/Complex Trio Profile. Amendments to recording practices have been carried out by a number of services. For example, Children's Social Care have added Toxic/Complex Trio factors to Child in Need Plans and Child Protection Plans in Liquid Logic Children's (LCS) and Julian House have added a Toxic/Complex Trio flag to their reporting database.
- Work has also been done as a result of the list of 105 parents/carers with all three Toxic/Complex Trio needs. This list has been checked to make sure that all those that need support and protection from Children's Social Care and other relevant services are receiving it.
- All but 5 parents/carers on the list are currently receiving or have received Social Care support within the last 6 months. Actions have been taken to ensure that these remaining 5 parents/carers are receiving the appropriate support where required.

#### Next Steps

The Toxic/Complex Trio Profile Steering Group that consists of representatives from a wide range of services including Safeguarding, Connecting Families, Children's Social Care, CCG and AWP has outlined that the following steps will now be taken:

- That letters will be sent to relevant services and agencies requesting assurance from them that they have the right checks in place to ensure they meet the long-term safeguarding needs of their service users.
- That a review of Council and CCG contracts with relevant commissioned services will be conducted to make sure they stipulate the recognition, recording and reporting of service users with Toxic/Complex Trio needs and whether they have children. As well as the risk/needs assessments and interventions carried out for each service user and their children and the services and agencies they are referred to.
- The key findings will be presented or provided to other relevant groups such as the Health and Wellbeing Board and Domestic Abuse Partnership.
-

- The key findings of the Toxic/Complex Trio Profile and resulting actions will be published on the Joint Strategic Needs Assessment (JSNA).
- There will be a review of available Toxic/Complex Trio related training to make sure there is sufficient training available and that this training is fit for purpose. As well as wider publication and dissemination of information on Toxic/Complex Trio training courses.

### **9.3 Young Persons experience and participation**

The former Member of the Youth Parliament (MYP) gave a presentation to the Board on the work of the Youth Forum, Senior in Care Council (SICC) and Youth Parliaments.

She explained that the Make Your Mark event would take place in July where young people can vote on their priorities for the coming year. The new MYP for 2018-19 is Hannah Powell.

The B&NES Secondary Parliament took place in February at Hayesfield School.

There were four workshops:

- Dealing with Discrimination
- Mental Health and Gender
- Sugar Smart
- Wellbeing

During 2017-18 the Youth Forum and the Senior In Care Council have helped to develop the Young Persons Guide to the LSCB and worked with the British Youth Council.

Hannah's current campaigns focus on:

- Votes at 16
- End Period Poverty
- Public Transport

The SICC were involved in the recent Ofsted inspection and have developed a question bank alongside other resources that can be used a resource for years to come. The MYP said that she hoped these could be launched before the end of the current academic year.

They are currently producing a Foster Care film, designing their own hoodies and continue our work on the Curriculum for Life.

### **9.4 LSCB THEMATIC REVIEWS:**

The Board has undertaken two themed reviews in their quarterly meetings during the period:

#### **9.4.1 June 2017: Parental and Young People's participation in Child Protection meetings**

This themed review started with a brief presentation to the Board which included explaining the evolution of the Child Protection Process in B&NES which has remained relatively unchanged in B&NES since its introduction, with just minor adaptations to updates in guidance and legislation. B&NES has a proven track record for keeping children safe, is responsive to changes in circumstance and has helped to safeguard over 1000 children and young people.



One issue for the LSCB to consider was 'How do we tackle the rising numbers of child protection and repeat child protection plans?'

### Background

In Feb 2016 a scoping paper, commissioned by B&NES Children's Social Care and following a parental challenge to the LSCB, set out to review parental involvement and engagement within the existing child protection arrangements was published.

The findings of this scoping paper indicated that there was evidence of positive practice which supported families. The paper also set out that there was work which could be undertaken to further improve collaboration between families and professionals within the process.

A task and finish group was established to look at the challenges around the child protection process with consultation with families and Local Authority Groups.

### Child's Voice

Ultimately, effective safeguarding of children can only be achieved by putting children at the centre of the system, and by every individual and agency playing their full part, working together to meet the needs of our most vulnerable children.

### Involvement of the LSCB

Developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority.

Monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve.  
Participating in the planning of services for children in the area of the Authority.

### Key Priorities to development

A Multi-Agency conversation about LSCB priorities for change.  
How can we include Families in the process more effectively?  
How can we reduce re-plans, and length of time on plans?

Members of the Board were then asked to take part in a group exercise and write down what would be in their House of Worries, House of Good Things, and House of Dreams for new process.

The ideas raised were then discussed as part of the ongoing development process and at further consultation events. This work is due to complete in 2018-19 to ensure that parents and young people are more engaged and participate in CP meetings

#### **9.4.2 December 2017: Consultation on Revised Working Together, B&NES LSCB Response**

The Chair introduced this item. He explained that a discussion had taken place with the 3 proposed Safeguarding Partners (Police, CCG and Council) and CDOP (Child Death Overview Panel) following the issue of the consultation on 25th October 2017. The documents enclosed in the agenda pack summarised the outcome of the discussions and provided a draft response which the Board debated the full consultation and response which was later submitted on behalf of the Board before the deadline. B&NES LSCB is listed in the Government response as one of the organisations that responded to the consultation. The changes will see a move from a national statutory LSCB framework to locally agreed safeguarding arrangements.

**9.5 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.

**9.5.1 Child Death Overview Panel (CDOP):** In the area of the former county of Avon, four neighbouring LSCBs (Bristol, North Somerset, South Gloucestershire and Bath and North East Somerset) have come together to form a single West of England (WoE) CDOP. The child death review process is administered on behalf of the WOE CDOP by University of Bristol.

Throughout 2017 - 18 B&NES have maintained a regular presence as part of the CDOP. In September 2017, the Designated Doctor for Child Deaths presented the CDOP Annual Report for 2016-17 at a single event for all four LSCBs rather than a brief attendance at each Board. The West of England CDOP has an excellent reputation nationally and is being used as the model for the new CDOP arrangements proposed as part of Working Together 2018. There have been eight children resident in B&NES that have died during the 2017-18 year. Not all these deaths have been reviewed by CDOP yet. There is an inevitable time-lag (4-12 months) between notification of a child's death and discussion at CDOP. There are various factors that contribute to this: the return of Form Bs from professionals, the completion of the final post mortem report by the pathologist and receipt of the final report from the local child death review meeting. On occasion when the outcome of a Coroner's inquest is awaited, there may be a delay of over a year before a case might be brought before CDOP. The undertaking of a criminal investigation or a Serious Case Review will also affect when a case is discussed at Panel.

There have been three children resident in B&NES discussed by CDOP this year and one of those deaths identified modifiable factors. 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 focus of the report in 2016-17 was 'Deaths of Children with Life Limiting Conditions where there had been 77 cases in the West of England area in 5

years. The concerns were often about medication issues (administration method/strength/palliative care doses) and the coordination of specialist care teams.

**Actions taken since the last CDOP Annual Report include:** Writing to commissioners regarding the shortage of mother and baby unit beds nationally and in particular in the South West. Ensuring development of appropriate care standards for children with specific conditions, awareness raising of emotional support for bystanders in the event of a serious incident and Awareness raising of the BTP suicide prevention strategy and public information campaigns in relation to suicide

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 2016-2017](#)

**9.5.2 Private Fostering 2017-18:** 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. Currently there are no children being privately fostered within B&NES of which the Local Authority have been made aware. Two formal Private Fostering assessments were completed in 2017-2018 both of which have now ended. The LSCB continues to work with the Council on a Private Fostering action plan and had an annual report to the Board in June 2017 and follow up in September 2017. The action plan has been completed as follows: Specific questions were asked as part of the 2016-17 Section 175 Safeguarding in Education Self-assessment and the responses were then triangulated. The Private Fostering lead contacted all schools that submitted a positive return to clarify the definition of private fostering and offered support. The Lead also presented a report and all the new leaflets and posters in line with the action plan to the Child Protection Forum in May 2017.

A new policy, procedure and guidance document was written which outlines specific actions to be taken with timescales, a local authority statement etc. This was distributed to staff across the service. The Private fostering page on the B&NES website has been updated and links to all of the newly formed advertising materials and notification forms will be downloadable from the website:

<http://www.bathnes.gov.uk/services/children-young-people-and-families/adoption-and-fostering/private-fostering>

The Lead compiled a spreadsheet of local language schools and disseminated the new materials to them outlining the actions they must take if any children they work with fit the private fostering requirements. Contact has been made with several language schools to discuss what they offer/how they operate and it seems that many schools offer placements of less than 28 days to students and as such do not qualify as private fostering arrangements.

Private foster carers will be given the same training opportunities as local authority foster carers. The Private Fostering question in the S175 2017-18 education safeguarding audit has been repeated and the full report will come to the LSCB in June 2018.

**9.5.3 LADO:** The total number of referrals to the LADO during this period was 198. This is an increase of 160% over 3 years which puts significant pressure

on the capacity of the existing service provision to respond. The most notable change is the increase in safeguarding enquiries from schools which has risen by 76%, these tend to be lower level concerns about staff conduct or physical handling of children by staff.

Of the allegations referred, 44 were sufficiently serious or complex to require a full multi-agency response and investigation, including the police. Of these we saw a higher number of cases requiring further multi-agency planning meetings than in previous years. This increase reflects the complexity of a small number of very complex cases which required robust multi-agency scrutiny and oversight.

The highest category of referral relates to 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. There has been a substantive 525% increase in allegations of sexual abuse, from four the previous year, through to 25 this financial year, over half of which went on to formal police investigations.

For this annual period, there were<sup>[1]</sup>:

- 93 disciplinary investigations carried out in B&NES area
- 19 criminal investigations

Of these:

- 26 allegations were substantiated
- 17 allegations were eventually recorded as unfounded
- 20 allegations were recorded as unsubstantiated following investigation
- 3 referrals were made to the Disclosure and Barring Service,
- 4 cautions, convictions or imprisonments were made

There are currently 24 ongoing investigations, with 11 awaiting investigation outcomes from the police.

Our substantiated findings are in line with other Local Authorities in the South West.

**9.5.4 Independent Reviewing Officer (IRO) 2016-17:** During this reporting period the number of children in Care continued to steadily increase following regional and national patterns. The number of children experiencing unplanned placement breakdowns and moves increased notably, directly impacting the care experience for those children, this was therefore identified as a priority issue to be taken forward in the next financial year.

Children's participation remains at the heart of the IRO services work, and during the reporting period 95% of young people able to participate in their reviews did so in a form appropriate to their needs.

During this reporting period the service undertook several key audits in relation to Ethnicity, escalations and children placed at distance. The work from these themed audits has influenced service development and practice.

2017-18 has seen a change of leadership for the IRO Service, however it has a full complement of dedicated and experienced staff. The service has seen a

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<sup>[1]</sup> NB the total number of recordings will be more than the total number of Allegations going through to a multi-agency meeting because recordings change as the case moves through a criminal investigation to a disciplinary hearing and ultimately to its final recording.

rise in demand, and a challenge in matching appropriate local placements for a minority of complex needs with challenging behaviours. The IRO service remains dedicated to ensuring that children in the Care of the Local Authority have the best possible outcomes, and ensuring robust challenge when services fall short.

The IRO team plan for 2017/2018 identifies a number of key development areas:

- Further develop the quality assurance framework for the systematic scrutiny of care planning and practice.
- Focus on improving the quality of needs assessments informing pathway planning for post 16's.
- Key audits on out of county placements, placement stability and outcomes for children in long term foster care.

**9.5.5 Child Protection Chairs:** In the presentation of the Annual Report 2016/17 the Board was asked to note that there are concerns about fathers' attendance at both ICPCs and RCPCs. It is hoped the parental involvement work will address this. The report makes a number of recommendations which are being progressed

During this reporting period the number of children in need of protection increased steadily, following the regional and national patterns, however the overall number lying higher than regional comparators. Due to the rise in numbers caseloads were very high, sitting around 116FTE, and additional resource was sought to support the service.

Families' participation in conferences is a priority for the team, with families attending 97% of initial conferences and 87% of review conferences. Although participation figures are favourable, further work is being undertaken to understand the drop off in participation and to look at how this can be addressed. Feedback received from families following the conference indicates that 100% of parents felt able to say everything they wanted to say.

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.

**9.5.6 Police and HMIC Report 2016:** The LSCB noted the content of a report from Avon & Somerset Constabulary to provide an overview of the key findings from the recent publication of the HMIC PEEL Police Effectiveness 2016 report that relate to safeguarding and vulnerability. The overall judgement of Avon and Somerset Constabulary in the 2016 PEEL inspection was that the Constabulary is 'Good' at keeping people safe and reducing crime. This is an improvement on the previous year's finding when the force was judged to require improvement. The report focused on 3 of the 5 core questions asked in order to make the judgement and all 3 were rated as good and showed improvements in practice.

The report also contains information on how effective the force is at tackling serious and organised crime and the force's specialist capabilities in relation to the Strategic Policing Requirement and ability to respond to a firearms attack. The HMIC will assess progress on areas of improvement identified through regular updates from forces and will re-assess as part of the annual PEEL Inspection programme. The findings and judgments from this year's PEEL

effectiveness inspection will be used to design the next cycle of effectiveness assessment although it will continue to assess how forces keep people safe and reduce crime in order to ensure that findings are comparable year on year.

To find out further detail of the HMIC PEEL inspections see

<http://www.justiceinspectorates.gov.uk/hmic/peel-assessments/peel-2016/>

- 9.6 Children Placed ‘At Distance’:** The Annual Sufficiency Statement 2017 provided assurance to the LSCB via the Performance Monitoring sub group (PMG) 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.

The B&NES requirements remain similar to 2016:

- Foster placements in bath city an within a reasonable travelling distance of B&NES schools
- Foster placements for children aged 14-17 with challenging needs
- Residential step down placements in B&NES
- Residential children's homes closer to B&NES who accommodate children with very challenging behaviour
- Increased market capacity for 16-25 accommodation and support.
- Appropriate placements for unaccompanied asylum seeking children (UASC)

## **9.7 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. 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.

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.

The 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.
- 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.

The Board resolved to undertake one themed audit in 2017-18 and one in 2018-19. The theme for 2017-18 across the four LSCBs was 'Interagency Working and Information Sharing'. Walkabout visits were agreed to take place with each LSCB undertaking one visit to an agency working across the region and two agencies specific to their own LSCB area. Due to difficulties arranging visits at mutually acceptable times for the agency, Board reps and Lay Members, by the end of 2017-18, we have only completed our visit to Oxford Health CAMHS and visits to the RUH and Avon & Somerset Constabulary are due in early 2018-19. A full report on our visits and those undertaken on our behalf by other LSCB will come to the September LSCB. A meeting is planned in May 2018 with all the relevant Board Managers to plan the S11 process and theme for 2018-19 as agreed.

**9.8 Safeguarding in Education Section 175 Audit:** The Safeguarding self-assessment audit was completed by 100% of education establishments in B&NES by March 2017 on their safeguarding practice in 2016-17. Establishments had to give their own examples of best practice and RAG rate themselves against all the standards and prepare an action plan.

A full report was presented to the LSCB in June 2017. A random selection of 10% of establishments in B&NES were then visited in June 2017 to quality assure the audits 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.

Establishments report that they are generally strong on training and induction; safer recruitment, training and record keeping; management of SCRs; anti-bullying and Equality Teams which continue to increase with more still being considered; involving and listening to children and young people; engagement with other services and the LADO; CP policies and procedures; Online Safety.

Developments and improvements in the last year include: all now have an established safeguarding action plan; the sign up and awareness of the LSCB Managing Allegations Policy; identifying a Lead Governor for online safety; and engagement with and by Governors including minuted discussions and review of action plan/safeguarding/SCR. The most notable improvements are on questions 4.6 and 4.7 regarding training and awareness of FGM/ WRAP/Prevent.

In October 2017 the LSCB contacted all 11 establishments that had identified a total of 20 'reds' on their action plan and 10 of these returned updated action plans after six months showing that 16 of their 18 reds were now at least amber. 13 establishments also updated the LSCB on their 'ambers' when no reds were identified and this had not been requested to return. The audit has since been amended for 2017-18 included new questions relating to mental health training and support, an addition requested by the Youth Forum; as well as questions on



early help; CSE and Harmful Sexual Behaviour; PHSE content and delivery; and support t teachers in undertaking their safeguarding role. It was sent out to all education establishments in January 2018 and completed by April 2018. The LSCB very gratefully received again an impressive 100% return from all establishments. The overview report is being presented to the Board in June 2018.

## 9.9 Engagement with Children and Young People:

B&NES Council has a contract with Off the Record (OTR) to promote the participation of children and young people, particularly those who are most vulnerable, in order to ensure their voices are heard and responded to, and to encourage their active involvement in decision-making, service delivery and strategic development.

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

The following is an overview of the participation work undertaken by the In Care Councils, Youth Forum which includes the Young Inclusion Advocates (Young People with SEND) and covers the period April 2017 - March 2018.

### 9.9.1 Senior in Care Council - SICC:

- Wrote and scored interview questions for IRO/CP chairs, LSCB Independent Chair, OTR Listening and Support worker and maternity cover for the Participation Worker
- 3 members attended a national Mental Health Consultation in London
- 2 members delivered Participation training for B&NES staff
- Met with and gave feedback to an inspector, as part of the Ofsted Inspection in 2017. Highlighted within the Ofsted report:

*“The Junior and Senior Children in Care Councils are very focused and active groups. They provide strong representation on behalf of Children looked after. And are active members of the corporate parenting group and the Children in Care Council steering group. They campaign effectively on a number of relevant issues and have recently promoted their group by means of a radio podcast. This includes work to develop child-friendly care plans, the development of health passports for younger children in care and engagement in a fitness targeted consultation event to gather feedback on health reviews. The Children in Care council won the award for ‘Young Volunteer of the Year’ award at the Chairman of Bath awards 2016, of which they are rightly very proud. Their commitment to supporting young people in Care is highly commendable.”*

- Wrote and delivered presentations to Corporate Parents and PDS
- Worked with the Virtual Head to resolve the issues they had with the proposed changes to the Pupil Premium.
- Were involved with the election process for the Member of Youth Parliament.
- Worked with B&NES Head of Safeguarding and the LSCB Business Manager on promotion of safeguarding of young people.
- Worked with the Youth Forum to deliver a workshops at both Secondary and Primary School Parliaments 2017/2018
- Planned resources for inclusion in Health Care packs
- Supported with the Off the Record Team’s development day
- Developed and filmed their Personal, Social, Health Education (PSHE) on Being in Care.

### **9.9.2 Junior in Care Council - JICC:**

- Social Care and OTR have undertaken two social events, and additional 1- 1 visits to children aged 7+ (as part of advocacy consultation)
- SICC worked with the JICC on the presentation given to Ofsted
- SICC consulted the JICC on what they would like to see in the PSHE being in care film.
- The work with the JICC will be further developed during 2018-2019

### **9.9.3 Care Leavers:**

- One social event and a care leaver attended the filming of the PSHE film.
- Support to Care Leavers and the Local Offer will be further developed during 2018-2019

### **9.9.4 Youth Forum:**

- Planned and delivered workshops for the Secondary and Primary Parliaments 2017/2019
- Member of Youth Parliament (MYP) gave a speech at the Primary Parliament Day
- Worked on ballots and campaigning ballots for the Make your Mark National Youth Campaign
- Members of Youth Forum attended Youth Parliament convention in Plymouth
- Member of Youth Forum (Young Inclusion Advocate) attended the British Youth Council Convention in Exeter, networking with members from across the SW and delivered a speech on Parliament Days
- Worked on the Curriculum for Life - PSHE resource
- Member of Youth Parliament (MYP) training and development day for potential MYP candidates - 14 young people from across B&NES attended
- Worked with CAMHS participation group
- Worked with B&NES Head of Safeguarding and the LSCB Business Support Manager on the LSCB Strategic Plan for 2018 - 2021.
- The Member of the Bath & North East Somerset Youth Parliament (MYP) has continued to attend the LSCB Communications sub-group in 2017-18 and has been developing the young people's LSCB webpages.

#### **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

**9.10 LSCB Stakeholder Event:** The LSCB was not able to hold a stakeholder event in 2017-18 although there were many conversations about whether to hold one for the LSCB only or jointly again with the LSAB. The priority in 2017-18 was the development of the new Strategic Plan. An LSCB Stakeholder event is planned for November 2018 on neglect and it is hoped that both boards will be able to do a joint one in 2018-20 depending on their strategic needs.

**9.11 Board Development:** the LSCB usually holds two Business Development Days every year. The purpose of these half-day events is to explore the mechanisms by which the Board undertakes its business and to identify improvements to our effectiveness.

In 2017-18 only one Development Session took place in 2017. The purpose was to work with both the full LSCB and sub group members on developing the new Strategic Plan for 2018-21. This then led on to a lot of work within the sub groups to complete a draft plan and Plan on a Page by the March 2018 LSCB.

Unfortunately it was not possible to organise a joint Development Session with both the LSCB and LSAB due to the workloads of each Board in developing their new Strategic Plans.

**9.12 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.

**9.12.1 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 644 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 159 families during 2017 / 18 and to date we have claimed a payment by results for 307 families, this means we are on track for 2017 / 18 targets. In a recent annual report for England completed by the Troubled Families Unit we have been benchmarked as 6<sup>th</sup> in England out of 152 Local Authorities and the best performing authority in the South West.

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 implementing the Troubled Families transition plan for Early Help Services in B&NES.

**9.12.2 Work of the MASH Project Board:** The MASH went live in September 2016 and throughout the year has continued to flourish from the children MASH perspective with increased number of referrals coming through. The MASH Operations Group have undertaken a review into the effectiveness of the children element of the work and are refining processes in a timely way and new revised Operational Procedures have been put in place and a Memorandum of Understanding is being drafted. The adult side of the MASH remains under review with an options paper being taken to the MASH Project Board in May 18 as referrals have been very low.

**9.12.3 Work with Asylum Seekers and Refugees** Over the past 12 months B&NES Council has accepted seven Unaccompanied Asylum Seeking Children (USAC); all 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 18.

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 B&NES this means that we may be required to place up to 23 young people through this scheme.

A significant number of these young people have been placed in within South Wales, although in recent months we have also placed three young people in Croydon. 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 of these young people continue to have come from Syria, Eretria or Ethiopia. Most of the young people have settled well and have made reasonable in the time that they have been in foster-care, although it is also important to note that some young people have begun to display behaviours that are in line with Post Traumatic Stress, and in one instance we have needed to move two young people because of threats of violence to the female carer. 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 2018- 19.

#### **9.12.4 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. 20 certificates were achieved by schools and early year's settings in 2017/18.

Additional work:

48 members of Primary school staff in total trained in Mindfulness and Relax Kids (mindful activities to use with children in class)

Liaised with national Mental Health First Aid (MHFA) trainers to encourage Secondary staff to attend free one day training (5 schools attended the first course offered)

Public health funded a local trainer in MHFA to deliver a 2 day training course aimed at other workforce staff and Primary school staff. To date 15 staff have received training (January 2018) and a further 16 are booked on to upcoming courses (June and October 2018)

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.
- 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 SPACE at Off the Record to ensure the continuation of our 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 disseminate 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.

New for 2017-18:

- Developed a multi-agency mental health approach and strategy for boys & young men (Boys in Mind) , with work in schools , colleges , parents' groups, information about which was shared at a Conference on April 18<sup>th</sup>.
- Developed a staff well-being toolkit for schools, consisting of a survey and good practice guidelines. This has been developed by Kate Murphy and Judy Allies in collaboration with teaching unions, the Bath & Wells Diocese and local Headteachers and has been shared with all schools, including academies and independent schools.

#### The Prepare 4 Success Virtual School:



The new Children and Social Care Act 2017 has increased the responsibility of virtual schools. Children in Care and Post Care children (including those with adoption and Special Guardianship orders start with the disadvantage of their pre-care experiences and, often, have special educational needs. The headteacher of the virtual school has a key role in ensuring these children have the maximum opportunity to reach their full educational potential - an important part of why this role was made statutory.

The key **new** duties for the future in terms of the increased role are:

#### **Children in Care**

Strengthened Duties of virtual school in regards to Children in Care: Pre-school (aged 2 years up to and including 18 years) are statutory in terms of having Personal Education Plans and these should now be reviewed 3 times a year. All Children in Care must have a care plan, of which the PEP is an integral part. It is also hoped that supporting young people transitioning to continue their education and achieve their aspirations. VSH have an important role in them achieving this on top of their main role of those in pre-school to 18. The other area is ensuring robust procedures are in place to monitor educational progress of unaccompanied asylum seeker children. This includes securing a culture of commitment to promoting the highest possible educational outcomes for unaccompanied children or child victims of modern slavery

#### **Post Care Children**

**New additional duties for these children involve any in preschool upwards who are educated within B&NES:**

- Respond to parental requests for advice and information and sign-post parents to other services that can offer advice and support;
- Respond to requests for advice and information from providers of early education, designated teachers in maintained schools and academies, and providers of alternative provision in their area in respect of individual children supported by the local authority.

- Make general advice and information available to early years settings and schools to improve awareness of the vulnerability and needs of previously looked-after children.
- Satisfy him or herself that the child is eligible for support by asking the child's parents for evidence of their previously looked-after status.
- The guidance also states it is expected Headteachers of virtual schools ensure that there are appropriate arrangements in place to meet the training needs of those responsible for promoting the educational achievement of Children in Care AND Post Care children. This may include his or herself, carers, adoptive parents, designated teachers, other school staff, social workers and IROs.
- As part of keeping their knowledge and skills current, he or she should keep up-to-date and engage with research and emerging good practice.
- For Post Care children, Headteachers of virtual schools should signpost schools to appropriate tools to help them measure this group's emotional and behavioural difficulties.
- Where a school has concerns about the behaviour of a previously looked-after child which could result in the child being excluded from school, the child's parents or the school's designated teacher, following discussions with the child's parents, may seek the advice of the Headteacher of the virtual school on strategies to support the child to avoid exclusion.
- Where a child is leaving care through adoption, special guardianship or a child arrangement order, the Headteacher of the virtual school should discuss with their parents or carers what information they are content for VSH to share with the child's school or education setting. This will be of particular importance if the child is moving to a new school on leaving care.

### **All Children in Care and Post Care**

- Supporting schools and Designated Teachers with the fact that Children in care and post care are more likely to experience the challenge of social, emotional and mental health issues than their peers, such as executive functioning skills, forming trusting relationships, social skills, managing strong feelings (e.g. shame, sadness, anxiety and anger), sensory processing difficulties, foetal alcohol syndrome and coping with transitions and change which can impact on their behaviour and education.
- ensuring that schools are able to identify signs of potential mental health issues and know how to access further assessment and support where necessary; making links with mental health services such as educational psychology to work effectively in partnership with health agencies to support wellbeing and, in turn, educational attainment.

### **Targets 2017-2018**

- 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  
*This is very much in place but will continue in the future.*
- Tracking individual performance information on progress, attainment and attendance and intervening quickly when these are not as expected  
*Monitoring has been strengthened and Progress Visits introduced including work scrutiny and discussions with the child and leadership*
- Training all Designated Teachers, named Governors or equivalent, Social workers and other professionals on role responsibilities, educational changes and expectations, best practice and resources.  
*This year there has been a very packed training programme with all the above being trained based on focused need*
- Empowering carers in how to support learning at home  
*This will continue with the new website being created*

- Supporting with Personal Education Plans (PEP) for Children in Care within nursery provision to support early intervention within learning  
*This is now statutory as is Post 16 but preschool was a focus already*
- 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 31<sup>st</sup> 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.  
*This was included within the annual report*
- Evaluating impact and reporting to the Corporate Parenting Panel  
*Corporate Parenting Panel, Policy and Scrutiny and Performance group*  
*Meetings ensure there is a report 7 times a year*

### **Targets 2018-2019**

- Strategic planning for new duties from the Children and Social Care Act 2017
- Focus on reducing exclusions for children in care
- Focus on improving outcomes in each key stage
- Focus on improving provision and tracking at KS5

**9.12.5 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 2017-18 meetings include: CAMHS presentation on their work in B&NES supporting children and young people's mental health; Mental Capacity Act (MCA) - what you need to be aware of in terms of parents and their capacity and for children over 16; Unaccompanied Asylum / Children Refugees – update on B&NES position and support available; work with the Complex (toxic) Trio; the Section 175 Self-Assessment Safeguarding in Education Audit Report; Private Fostering in B&NES – information and support to schools; LADO concerns; Child Sexual Exploitation update; Harmful Sexual Behaviour in B&NES; New Ofsted Framework for Inspections and LSCB updates.

**9.12.6 Work of Youth Connect:** In all its work, Youth Connect helps young people to stay safe by raising their awareness of the risks of certain behaviour or situations, empowering them to make positive, informed decisions and build their confidence and self-esteem. This can be seen in the twice-weekly open access youth work at Southside, Riverside and Peasedown St John Youth Hubs and in Radstock and also in the mobile youth provision in Foxhill, Bishop Sutton, Chew Stoke, Paulton and Timsbury and the detached work in central Bath and in Foxhill. It does this through building positive relationships and using a wide range of activities, some of which can be accredited. All Youth Connect Hubs are SAFE accredited which means they can deliver a range of sexual health services to young people and a range of partner agencies including Project 28 support this work. 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.

Youth Connect also works with young people aged 13-19 (up to 25 with SEND) who would benefit from additional support, in accordance with the Early Help Strategy and during 2017-18, 296 young people received a targeted service. Some of these were at high risk of not being in education, training and employment, which can also affect mental health and well-being. They also worked as lead professional with young people with a range of issues such as



living with domestic abuse, homelessness, risk of suicide and self-harm and with others as part of a statutory Social Care Plans. They also provided targeted group work sessions to reduce isolation and help build support networks for young people. In partnership with Julian House, they also continued to deliver the 10-week Crush programme, to help develop thinking and skills in relation to safe, positive relationships.

The Service supports young people through key transitions, including work with young people who have been unable to access education and employment due to physical or mental ill health issues or have been excluded from provision. Young people who are actively engaged in education, employment and training are likely to have a more positive mental health and wellbeing.

**9.12.7. Youth Offending Service:** The service works to prevent offending by young people aged 8-17. The team have regular multi-agency case-based discussions that focus on safeguarding and risk and all supervision is reflective and includes consideration of vulnerability. The Custody Review Panel addresses safeguarding in Police custody and the youth secure estate.

Achievements in 2017-18 include:

- The appointment of a co-ordinator for harmful sexual behaviour work
- Identification of children at risk of CSE and referral in to Social Care and/or Willow
- Keeping young people out of court through the Out of Court Disposal Panel
- Staff training in readiness for roll out of AMBIT
- Information sharing and enquiries to safeguard young people from criminal exploitation (drugs)
- Bespoke education programmes for young people returning home from custody

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

#### **1. Domestic Homicide Reviews**

- a) During 2017-18 two domestic homicide referrals were made by the police; RAG was consulted on each case. One Domestic Homicide Review (DHR) is currently underway as a combined process with a Safeguarding Adults Review. The second referral is currently pending decision to proceed or not, awaiting further pathology and police information.
- b) The results of both DHRs from 2017 have been approved by the Home Office and are published on the Council website at [Domestic Homicide Reviews](#).

#### **2. Domestic Abuse Partnership and Violence against Women and Girls (VAWG) grant.**

The [Domestic Abuse Strategy](#) was consulted and worked on this year and a 'Statement of Intent' has been drafted underpinning the strategy.

- a) **Identification and Referral to Improve Safety (IRIS).** Primary Care training for GPs and Nurse Practitioners. This has been evaluated and 92% of GPs received training between June 2015 and August 2017 and there have been 270 referrals.

- b) **Independent Domestic Violence Advisor (IDVA).** Based at the RUH, also co funded by Public Health, B&NES CCG and Wiltshire CCG. Members of staff who work in the Casualty Department at the RUH have received training to spot issues of domestic abuse and violence, this has proven successful. Southside has been the provider of this training. This has been evaluated and there have been 134 referrals between April 2016 and April 2017.
- c) **CRUSH** Continuing the programme for young people focussing on healthy relationships to prevent people from becoming a victim or a perpetrator. To date 4 training programmes have reached 120 young people and trained 30 professionals.
- d) **Appointments have been made to:**
  - The IDVA Plus role accepts complex cases in order to enable the IDVA to accept more relevant referrals.
  - Support worker – supports the IRIS worker and IDVA worker to free up more time for them.
  - Information and Advice Navigator (IAN) – a single point of access to Domestic Abuse services is able to provide information and advice to all who require support. In support of the IAN role the DAP has made s commitment 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’.

### 3. **Work with Communities**

- a) 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.
- b) RAG has investigated the nature of this issue locally, with particular focus on ‘youth’ anti-social behaviour in Keynsham town in recent months.

### 4. **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 VAWG strategy is resourced and supported.

### 5. **Modern Slavery:**

- a) 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.
- b) The local ‘Disrupt’ panel meets regularly, the Council is a lead member of this group and works proactively with strategic partners to disrupt serious organised crime.

### 6. **Prevent & Channel:**

- a) The Prevent Steering Group has continued to meet six monthly. During 2017-18 of concerns raised into the Prevent programme, on advice from the Avon & Somerset Police Prevent Team none of these were progressed to the Channel Panel.
- b) WRAP training is carried out by training Officers within the Council as part of the corporate training programme.

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

- ❖ SEND: The numbers of young people requiring EHCP's entering the system in each year has doubled in the last 3 years
  - Despite the increase in demand, all Education Statements were converted into EHC Plans by April 1<sup>st</sup> 2018.
  - The rate of increase within the SEND population in B&NES continues to be one of the highest in the SW region.
  - All local special schools continue to experience considerable pressures on SEND placements, one fifth of places in B&NES schools are occupied by non B&NES children
  - The numbers of children travelling outside B&NES to attend mainstream special school has reduced slightly this year, but is still over 25 young people.
  - 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)

#### Progress on EHCPs:

- In the past 18 months the performance of completing EHC plans within the 20 week time-scale has improved significantly. Over the past nine months this has consistently been above 85%, having been reported as just over 65% in the 2016-17 Annual Report
- As previously stated, all Statements of Education need were converted to EHC plans by the national deadline of 1st April 2018.

#### Work stream to Alleviate Demand & Pressures

- A review of SEND thresholds has been carried out, with new thresholds in draft format with consultation from all stakeholders. Implementation due September 2018
- A monitoring visit by the DfE in March 2018 confirmed that the key actions and activity of the Service is in line with their priorities and expectations.
- Core standards for what schools should deliver for SEND children and young people prior to needing an EHCP also being drafted to deliver better clarity for all stakeholders. Implementation due in September 2018
- Preparation for the anticipated CQC/Ofsted inspection of SEND services continues to be overseen by the SEND Strategic Board. We are now one of only three SW areas not to have had an inspection.

- ❖ **Disabled children's Team (DCT):** The thematic report, [Protecting disabled children](#), recommended what local authorities and LSCBs should do. The team have considerable 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 211 active cases (191 in 2016-17). Of these there are 9 child protection plans (5 households) and 18 children are looked after (9 are in specialist residential provision).

The remaining cases 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.

### Future developments

- We have developed the role of family support practitioners in the team to work with families receiving children in need plans and ensuring the timely review of plans, especially the Direct Payment scheme.
- The team provides a consultation role for other staff across the division where a child may have a degree of disability/special need but not to a level that requires allocation to the Disabled Children's team.
- The team co-author EHC plans closely alongside SEN 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.

**9.12.10 Emotional Health and Wellbeing** – Emotional Health and Wellbeing of children and young people continued to be a key priority in the CYPP 2014-2018 and the refreshed Health and Wellbeing Strategy 2015. The CYP Sub-group (of the Health and Wellbeing Board) has lead on the 2017-2018 annual review of the CYPP and the development of the new 2018-2021 CYPP. Significant consultation with Children, Young People, Parents, Carers and Professionals, resulted in support for Emotional Health and Wellbeing to remain a key priority area in the new CYPP. The group also agreed some key shared outcome measures with partner agencies that will be monitored during 2018-2021. The group has ensured the effective delivery of the 2016/2017 CAMHS Transformation Plan which has resulted in an increase in interventions available to support Children and Young People. Interventions currently include:

- On-line emotional and mental health support and counselling services provided by KOOTH: This service has seen significant usage during 'out of office' hours and weekends and the service is well used by males and females with a locally recorded 17% uptake from BME groups.
- Face to face counselling services have been available across maintained secondary schools and college sites: These services, provided by Off the Record and Relate Mid-Wiltshire are well regarded with waiting lists in all areas

- Resilience Hubs, supported by named CAMHS practitioners from Oxford Health Foundation NHS Trust continue in secondary schools and colleges in B&NES. The CAMHS practitioner liaises with each school and can provide training, advice and consultation.
- The new children and young people's community Eating Disorder Service (TEDS), delivered by Oxford Health was launched across the B&NES, Swindon and Wiltshire STP footprint in April 2017.
- Increased support for the workforce, including training early years settings and school staff to identify and support pupils with common problems e.g. regulating emotions, increasing self-esteem, managing exam pressures etc.
- The Emotional Health and Wellbeing strategic group will lead on developing the 2018/2019 CAMHS Transformation Plan.

During 2017 there were also further developments in the provision of specialist mental health provision (CAMHS):

- A specialist mental health service for children and young people was recommissioned across the STP during 2017. A new delivery model, based on a national iThrive will commence in April 2018.
- Self-referral to CAMHS for young people and their families is now established in B&NES:
- On-line referrals to CAMHS are now also available in B&NES.
- Transitions to adult services for Young People using CAMHS was identified as a national and local priority. Oxford Health and AWP (adult mental health provider) have both been incentivised to improve transitions.
- The Mental Health Review initiated in B&NES IN 2017 will also consider whether current support services for 18-25 y/o's are sufficient and appropriate.
- Regional work continues around the use of Health based Places of Safety (Section 136 suites)
- Acute Mental Health Liaison practitioners for children and young people are now based at the RUH to offer mental health assessments and support for children and young people attending ED or staying on the children's ward.
- BlueICE (self harm App for CYP) and HarmLess <https://www.oxfordhealth.nhs.uk/harmless> (a self-harm website for practitioners), developed by Oxford Health, were launched in B&NES.

**9.12.11 Work of Public Health:** The public health team at the Council makes a range of contributions to the safeguarding work of the Council and also to some extent, of the NHS. This year we have had a major focus on the mental health of children and young people and so this update will mainly cover that aspect of public health work.

#### 1. Mental health

In the spring and summer terms of 2017, B&NES Public Health surveyed school pupils about their health and wellbeing. The Health Related Behaviour Questionnaire was used to ask pupils questions about a range of health issues including mental health. 36 out of 54 primary and 14 out of 16 secondary schools (including 2 studio schools) took part. The survey provides a window into the lives of children and young people in B&NES and is used by individual schools and the local authority to inform planning to improve children and young people's health and well-being. Results showed that around three quarters of those children and young people surveyed were 'quite' or 'very' unhappy with their life

at the moment. However, of the pupils surveyed 20% of primary and 22 % of secondary had low to medium levels of self-esteem and 83% and 88% respectively reported worrying 'quite a lot' or a 'lot' about a range of issues with SATS and exams and family matters being the top issues.

Mindful of the stress that exams can cause both to those young people taking them and to those they live with, a short guidance sheet has been developed to help parents and carers support their children during exams including a list of helpful digital tools for pupils to use to aid revision, calm nerves and access emotional support.

Work to improve the emotional health and wellbeing of children and young people is a key focus of the B&NES Suicide Prevention Action Plan. In September 2017 the online resource HarmLESS was adopted and promoted across the authority. Developed by Oxford Health Foundation Trust HarmLESS replaces previous guidance for professional working with young people who self-harm and provides a set of assessment tools, safety plans and links to further help and support. Oxford Health has also developed the Blue Ice App as self-care aid to CAMHS users.

In early 2018 schools were provided with locally developed guidance to support educational settings in the event of a suicide. This resource was produced by the B&NES Suicide Prevent Strategy Group in conjunction with LSCB and is hosted on the LSCB website. This guidance brings together in one place existing resources and support available making these easier to navigate. It provides support in the event of a death by suicide, or a death where suicide is suspected, signposting to support from the local authority and other organisations and providing links to suicide prevention messages and resources.

Public Health have provided a number of training opportunities to help staff better understand the emotional health and wellbeing needs of the children and young people they are working with. Applied Suicide Intervention Skills Training (ASIST) has been attended by school and organisations working with children and young people throughout 2017/18. Three Youth Mental Health First Aid Training courses have also been planned with the first of these being delivered in January 2018. All three courses were fully booked within a few weeks.

Meeting the mental health needs of men has been an ongoing priority within the B&NES Suicide Prevention Strategy. Following a successful pilot period, work focussing on the emotional needs of boys and young men has developed into the 'Boys in Mind' strategy promoted across schools, Bath College and partner organisations and services working with children and young people. This work focusses on reducing stigma around mental ill health problems amongst young males, increasing awareness of sources of support and encouraging help seeking behaviours.

## 2. Trauma-informed Care

In February 2018, B&NES hosted a regional conference to explore how to develop services that are responsive to the adverse childhood experiences (ACE) their clients have experienced, recently or in the past. Experiencing four or more ACEs makes people much more likely to engage in a range of harmful behaviours as an adult and to experience a range of poor outcomes such as incarceration, violence or suicide. One of the key aspects of taking a trauma informed approach is to enquire about past ACEs, to recognise how they may be contributing to current problematic behaviours and to consider the current impact that the adult's behaviour may be having on their children. And from that forms a need to work proactively with both the adults and children to make changes, but with a slightly different perspective built on greater understanding and

rapport. Local services in B&NES are looking at how this work could be strengthened further, including substance misuse services and children and family services.

### 3. Children's public health services

The Council's public health team commissions three main services for children from 0-19. The Health Visiting and Family Nurse Partnership have continued to operate fully since the transfer of the contract to Virgin Care, with the FNP also continuing with its widened criteria so that mothers in the 19-24 age group who are considered to have added vulnerabilities are also eligible.

Health Visitors make important contributions to children's safeguarding both through the wide support that they give to new mothers giving them skills and confidence in parenting, and through being in an especially good position to spot possible dangers early on as a universal service which sees all mothers (and many fathers) in their own homes at different stages of early childhood.

The school nursing service is also operating well post transfer to Virgin Care and plays a role in the physical and mental wellbeing and safeguarding of children of school age. One of the important areas of focus of school nurses is young people's sexual health, and many run clinics which help both with advice on relationships and sex and also with the provision of contraception. Partly as a result of their efforts teenage pregnancy rates in B&NES are some of the lowest in the country.

## **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 year until 2019, 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. as a result B&NES LSCB has undertaken 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](http://www.swcpp.org.uk)
- 10.3 All multi-agency policies and procedures the LSCB approves are placed on the public website. We are mindful that poor oversight and assurance of implementation was a failing in the Rotherham Inquiry. As a result in 2015-16, the LSCB has implemented a dissemination process whereby all members of the

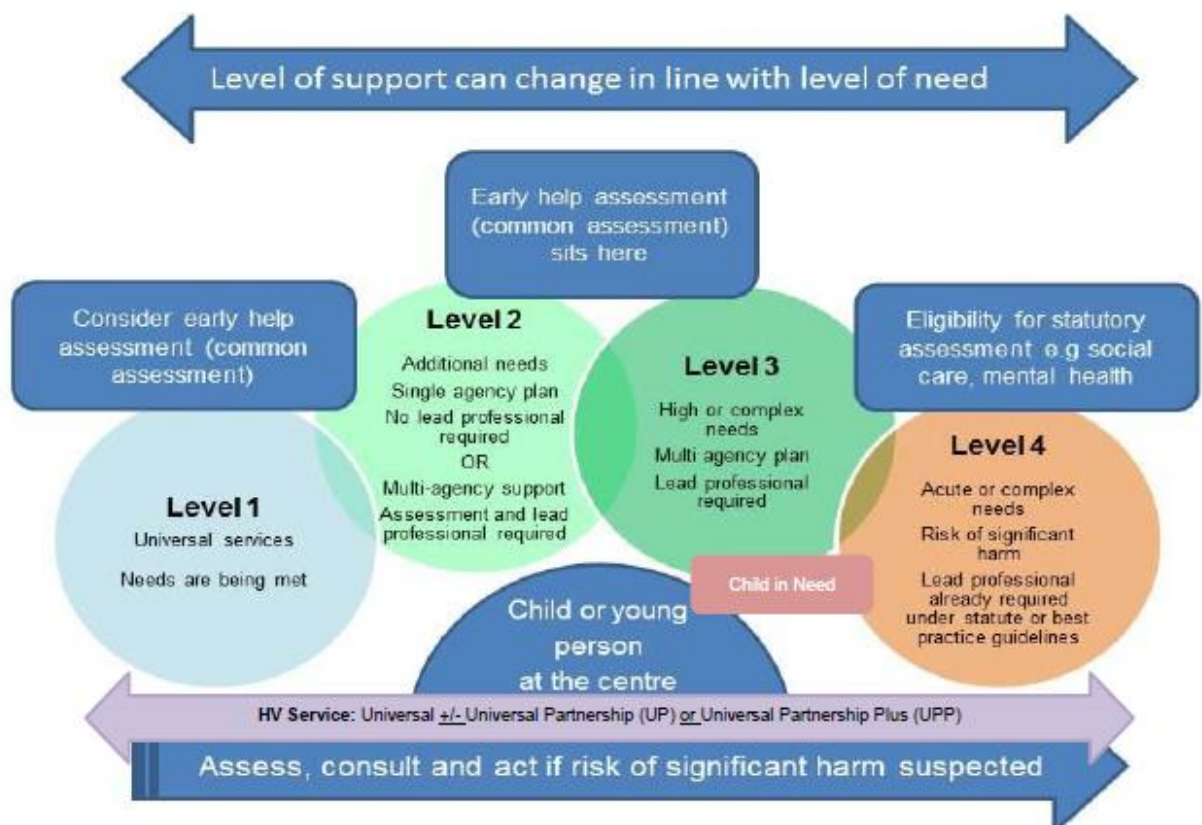


Board, education establishments and commissioned providers are made aware of the new/revised policies and procedures; Commissioners and LSCB partners are then asked to confirm this dissemination with the LSCB / LSAB Business Support Manager.

- 10.4 The Council delivers its statutory duty through its Children, Young people and families Division and the 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.

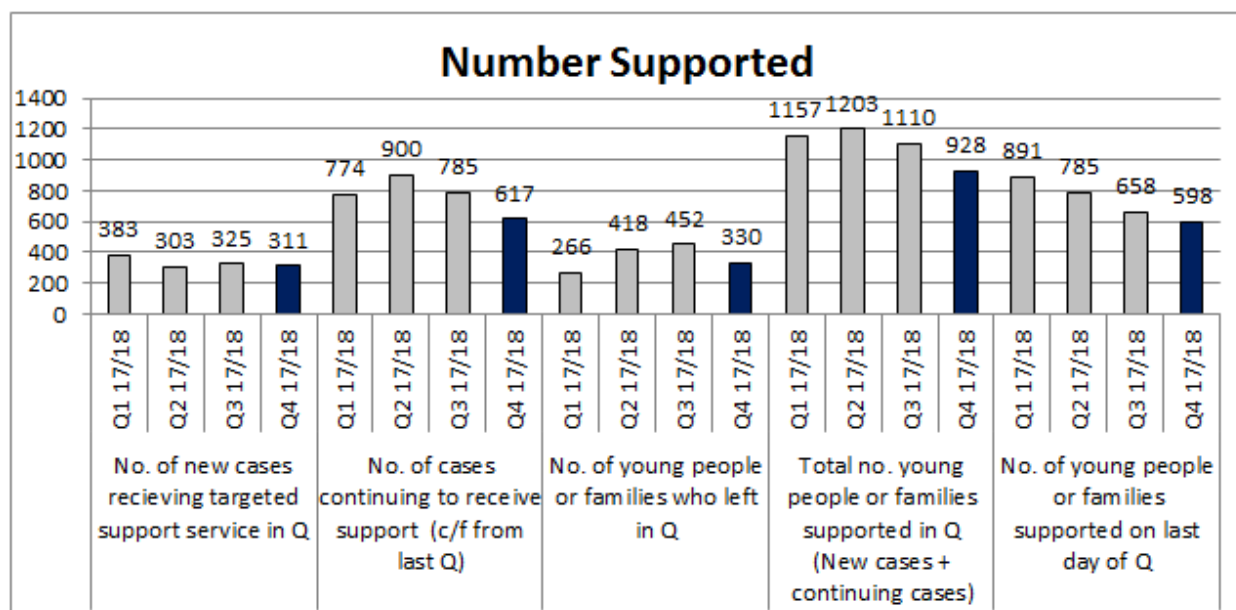
## Section 11: Summary of Activity in Relation to the Support and Interventions Provided for Children and Young People

- 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.  
[https://www.safeguarding-bathnes.org.uk/sites/default/files/threshold\\_for\\_assessment\\_2016v4.pdf](https://www.safeguarding-bathnes.org.uk/sites/default/files/threshold_for_assessment_2016v4.pdf)  
 which was amended in 2017 to take account of the new Parenting Strategy and revised windscreen to include Early Help.



- 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** – Throughout the year the Board has received enhanced early help reporting. Activity has been reported from a range of indicators for both Council run and externally commissioned services. These include Mentoring Plus, Youth Connect, Children's Centre Services, the Family Support and Play Service, Theraplay and Connecting Families. During 2017/18 1,653 referrals were received by early help services of which 78% of these were accepted and started to receive a service within the same quarter they were referred. A further 18% of the referrals were pending allocation. The graph below shows the number of families or children and young people supported through preventative early help services.

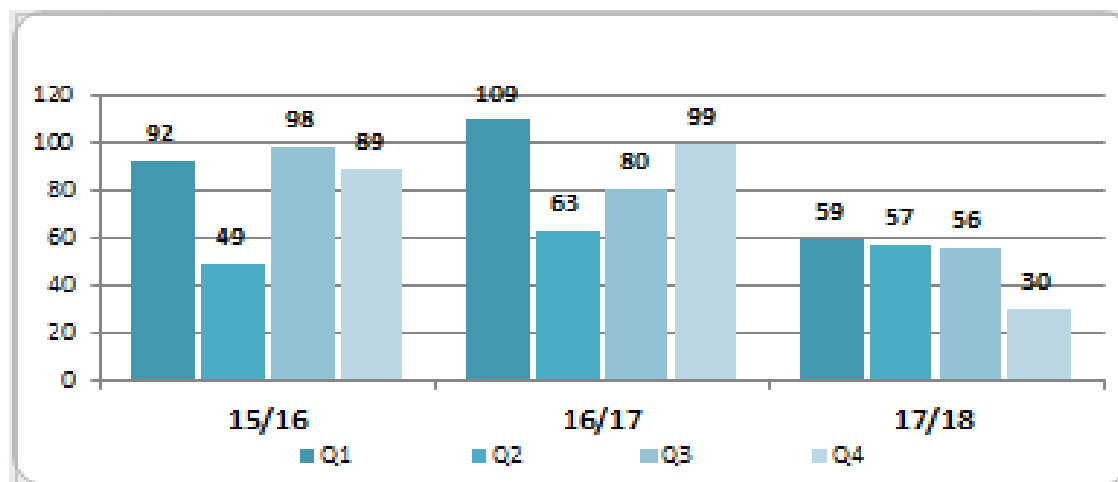
**Diagram 1: Number of Families, Children or Young People Supported by Preventative Early Help Services**



- 11.4 This year has seen an increase in referrals to early help services from the Council Children Services duty desk. This increase has been primarily influenced by the development and launch of the Early Help Hub which has assisted in directing requests for services to the most appropriate area of provision. The onward referrals are made when Requests for Services have been triaged and found not to meet the threshold for social care and therefore appropriate referrals to early help are made. Referrals from Health visitors and from Primary and Secondary Schools remain the highest across the year with a marked increase in quarter three and four in referrals from CAMHS. Referrals from adult services remain low and further concentrated awareness raising is required.

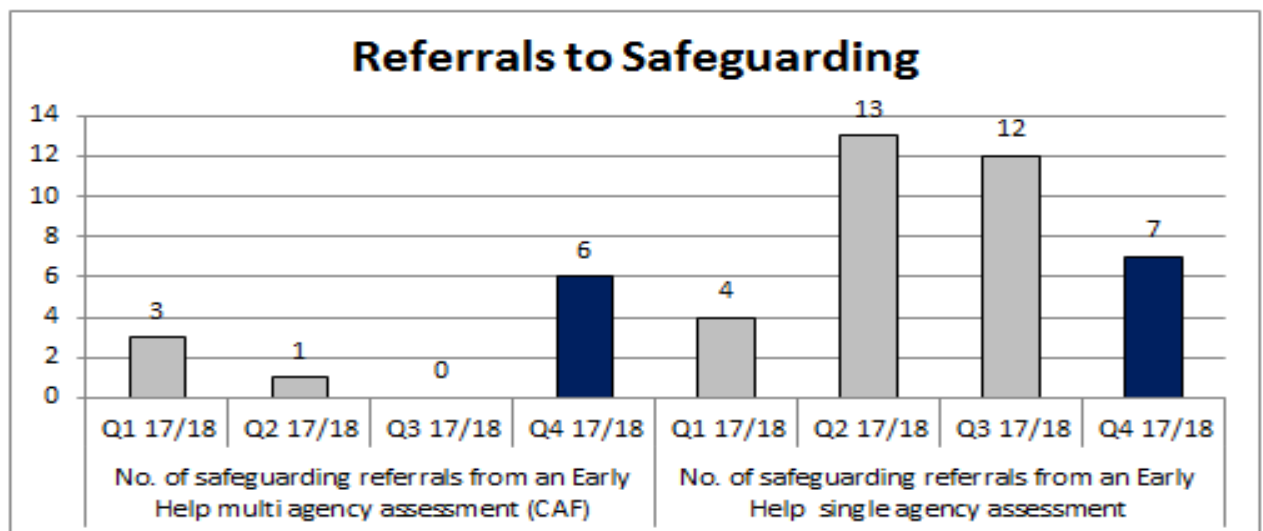
- 11.5 The age range and gender of children, young people and adults receiving early help services is broadly similar to 2016/17. 35% of cases remained open for three months or less and 24% of cases for over 12 months
- 11.6 198 common assessment forms were received, some of which included information for siblings as well. Hence the number of children assessed in the financial year 2017-2018 was 202. This is a significant decrease on the previous year when 351 were received.

**Diagram 2: Number of Common Assessments (CAFs) by Year and Quarter**



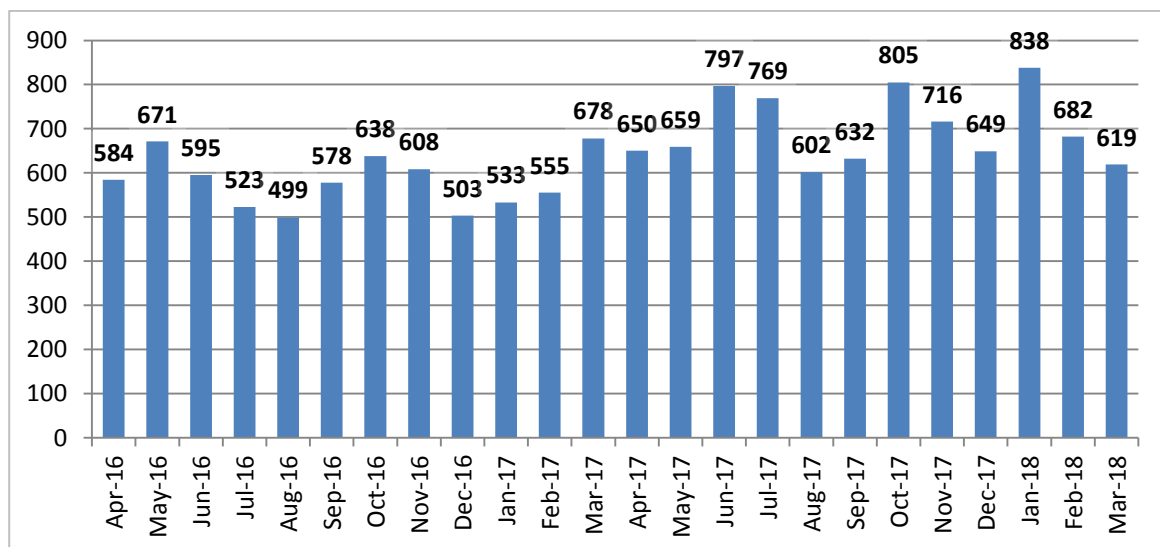
- 11.7 The number of CAFs was expected to diminish this year since the requirement for a completed CAF to enable transition funding was removed. There has been a drive to improve the quality of the CAF information and this has led to it taking longer to complete assessments; a further reason for the decrease in numbers
- 11.8 The conversation rate from CAF to social care assessment is taken as a proxy indicator to assess the effectiveness of early help in preventing escalation of need, the target of 10% was only achieved in quarter one during 2017/18 and fell to just under 9% in quarter four. 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.
- 11.9 The LSCB continues to receive information on the progress of the work of the Connecting Families programme in B&NES. The programme has a target to work with 700 families by 2020 and by the end of 2017/18 identified 644 families – all of whom have an assessment and lead worker. The programme is complimented on benchmarking sixth in England out of all Local Authorities and being the best in the South West.
- 11.10 For the first time the Early Help Board has reported the number of safeguarding referrals made as set out in the diagram below. Whilst Council and CCG commissioners have routinely collected this and the Council record system can extrapolate this the diagram provides assurance that safeguarding concerns are routinely raised when needed:

**Diagram 3: Number of Safeguarding Referrals Made**



11.11 B&NES Council Children, Young People and Families Division 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 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 4: Number of Contacts per Month 2016 – 18**



11.12 The average monthly number of **Request for Service** continues to increase and is 701 whereas during 2016-17 was 565, in 2015-16 this was 415. The increase continues to place a significant strain on Children Social Care. The Police requests make up a significant proportion of these followed by Schools and then health services which is as the LSCB would expect. During the last six months of the year the Police made changes to their triage arrangements during the year in response to requests from the Local Authorities they cover to reduce inappropriate information being shared with Children Social Care, whilst they still make the most requests out of all agencies this figure has reduced. The new triage arrangements are being monitored to ensure incidents of concern are not missed.

11.13 The table below shows the reason for the requests. The Council took the decision to remove the option to code the requests as advice at the beginning of quarter two and risk taking in quarter three as it wanted to be more specific in its categorisation to look for themes. Removing the option for advice and adding in more categories is the reason for some of these having a 0 figure in quarter one, this is true also for the removal of the risk taking category as the LSCB can now see the number of concerns which relate to negative peer involvement / gangs for example which rose in quarter four. Highlighted in yellow are of the ones which are of particular note to the LSCB. Domestic abuse and neglect are significant and this is in line with national trends and data. The LSCB also note the rise in homelessness as a request for service and will monitor this.

**Table 1: Reason for Request for Service to Council Children Social Care Service by Quarter**

Contact reason	Q1 2017/18		Q2 2017/18		Q3 2017/18		Q4 2017/18	
Acrimonious relationship between parents/carers	0	0.0%	169	8.4%	156	7.2%	179	8.4%
Advice	911	40.9%	59	2.9%	0	0.0%	0	0.0%
Alcohol misuse	0	0.0%	45	2.2%	37	1.7%	36	1.7%
Anti-social behaviour (perpetrator)	0	0.0%	41	2.0%	53	2.4%	42	2.0%
Anti-social behaviour (victim)	0	0.0%	36	1.8%	54	2.5%	52	2.4%
Blank/ In progress	0	0.0%	122	6.1%	208	9.6%	150	7.0%
CIN	0	0.0%	0	0.0%	0	0.0%	0	0.0%
CPP	3	0.1%	0	0.0%	0	0.0%	0	0.0%
Criminal behaviour/risk of offending	0	0.0%	53	2.6%	74	3.4%	54	2.5%
CSE	29	1.3%	61	3.0%	60	2.8%	123	5.8%
DA (perpetrator) and honour based and forced marriage	0	0.0%	19	0.9%	16	0.7%	17	0.8%
Disability	13	0.6%	2	0.1%	0	0.0%	0	0.0%
Domestic abuse (victim)	0	0.0%	234	11.7%	358	16.5%	282	13.2%
Domestic Violence	471	21.1%	52	2.6%	0	0.0%	0	0.0%
Emotional Abuse	46	2.1%	21	1.0%	20	0.9%	8	0.4%
Harmful sexual behaviour	25	1.1%	0	0.0%	22	1.0%	17	0.8%
Homelessness	0	0.0%	55	2.7%	53	2.4%	78	3.6%
Hospital admission	0	0.0%	67	3.3%	155	7.1%	124	5.8%
Learning needs including learning disabilities / difficulties (EHC/SEN)	0	0.0%	18	0.9%	23	1.1%	20	0.9%
Mental health issues/emotional well-being	0	0.0%	149	7.4%	189	8.7%	200	9.4%
Missing	10	0.4%	1	0.0%	0	0.0%	0	0.0%
Negative peer group/gang involvement	0	0.0%	0	0.0%	4	0.2%	9	0.4%
Neglect	302	13.6%	184	9.2%	196	9.0%	153	7.2%
Other LA Children In Care	17	0.8%	0	0.0%	0	0.0%	0	0.0%
Other LA Child Protection	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other	0	0.0%	216	10.8%	98	4.5%	0	0.0%
Parenting capacity	0	0.0%	126	6.3%	132	6.1%	237	11.1%
Physical Abuse	111	5.0%	79	3.9%	135	6.2%	177	8.3%
Physical health issues including limiting long term illness	0	0.0%	4	0.2%	5	0.2%	8	0.4%
Poor attachment / emotional well-being	0	0.0%	14	0.7%	4	0.2%	25	1.2%
Prison (family member has had a custodial sentence or recently released)	0	0.0%	3	0.1%	8	0.4%	4	0.2%
Private Fostering	0	0.0%	6	0.3%	2	0.1%	4	0.2%
Radical extremism	3	0.1%	0	0.0%	0	0.0%	0	0.0%
Risk to Self	55	2.5%	2	0.1%	0	0.0%	0	0.0%
Risk taking	181	8.1%	27	1.3%	0	0.0%	0	0.0%
Sexual Abuse	50	2.2%	83	4.1%	58	2.7%	61	2.9%
Substance / drug misuse	0	0.0%	41	2.0%	47	2.2%	76	3.6%
Toxic Trio (domestic abuse, mental ill health and substance misuse)	0	0.0%	14	0.7%	3	0.1%	3	0.1%
Total	2227	100.0%	2003	100.0%	2170	100.0%	2139	100.0%



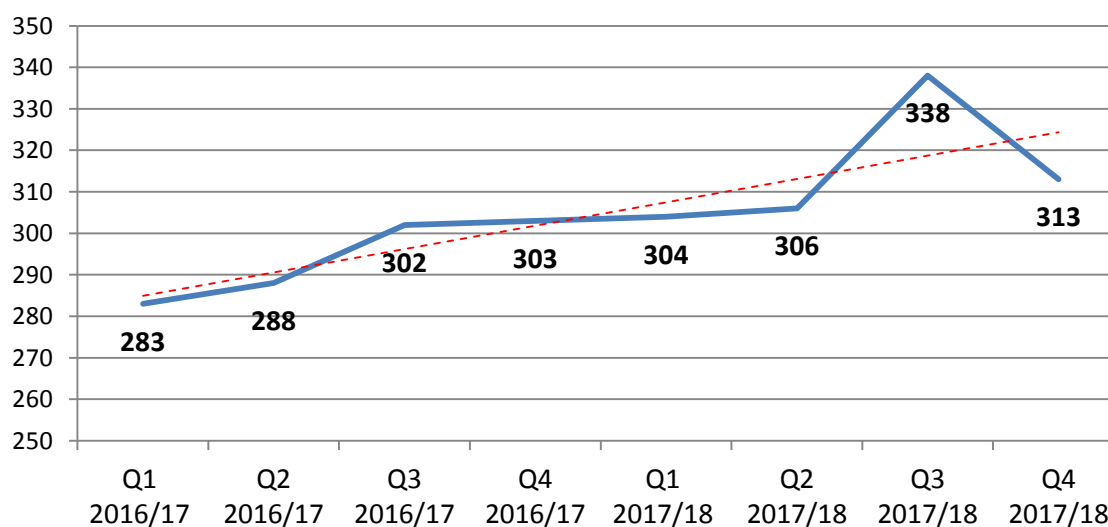
- 11.14 The outcome of the Request for Service to the Council service is reported below. The reduction in the no further action is related to the Police triaging their requests and the number of referrals to the Multi-agency Safeguarding Hub appears to have stabilised and remain consistent. Figures for application for adoption order and occupational therapy are available but have been removed because they are so small and families may be identifiable because of this.

**Table 2: Outcome of Request for Service**

	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18
Request for Service outcomes	No.	No.	No.	No.
No Further Action	1089	953	993	968
Link to Existing Referral	622	530	462	514
Progress to Referral	272	276	285	300
Referral to MASH	96	153	262	267
No Outcome	53	109	170	96
Provision of Information/Advice	14	29	120	194
Details of Application for Adoption Order				
Occupational Therapy				
Referral to Other Agency	1	0	39	40
<b>Total</b>	<b>2150</b>	<b>2053</b>	<b>2331</b>	<b>2380</b>

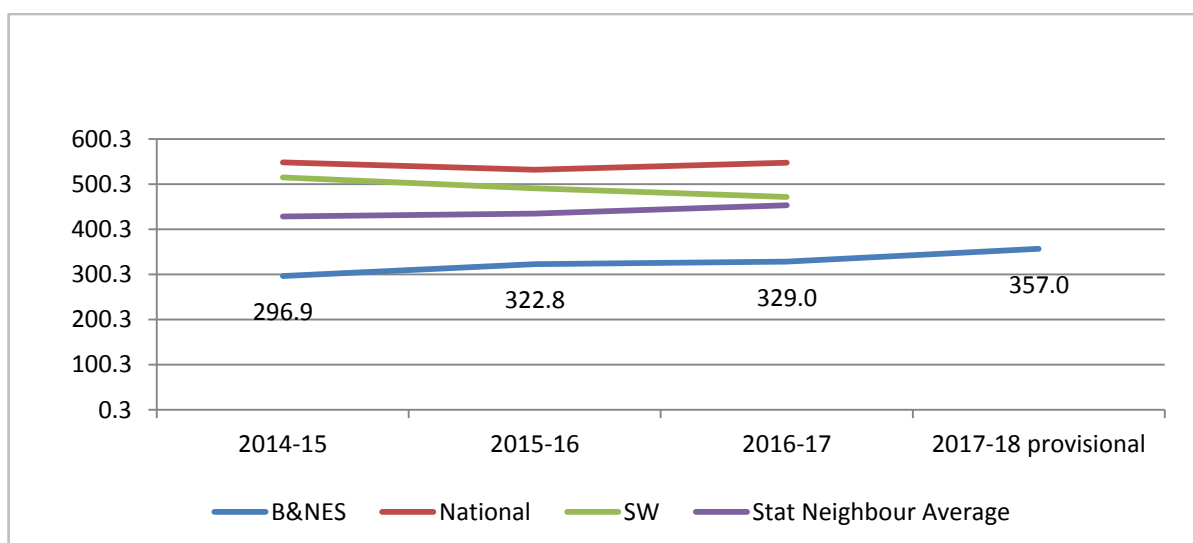
- 11.15 The number of **Referrals** received has increased slightly from the previous years to 1,261 for 2017/18 from 1,143 in 2016/17 and 1,125 in 2015/16. The diagram below shows this by quarter for 2016/17 and 17/18. In 2016/17 the Department for Education reported via the *Characteristics of Children In Need: 2016 to 2017* (referred to in this report as CIN data) report published in November 2017 a national increase of 4%. This confirms a continuing rise in demand which is in line with the general national trend.

**Diagram 5: Number of Referrals per Quarter (contacts which progress to single assessment)**



- 11.16 The diagram below sets out the comparison data from the CIN data - Census data for England per 10,000 referral rate. B&NES has been consistently lower than National, Regional and statistical neighbour (Like authority) data. This remains the case for 2016/17 at 329.0 and the LSCB and Council would expect the same for 2017/18 when the data is released.

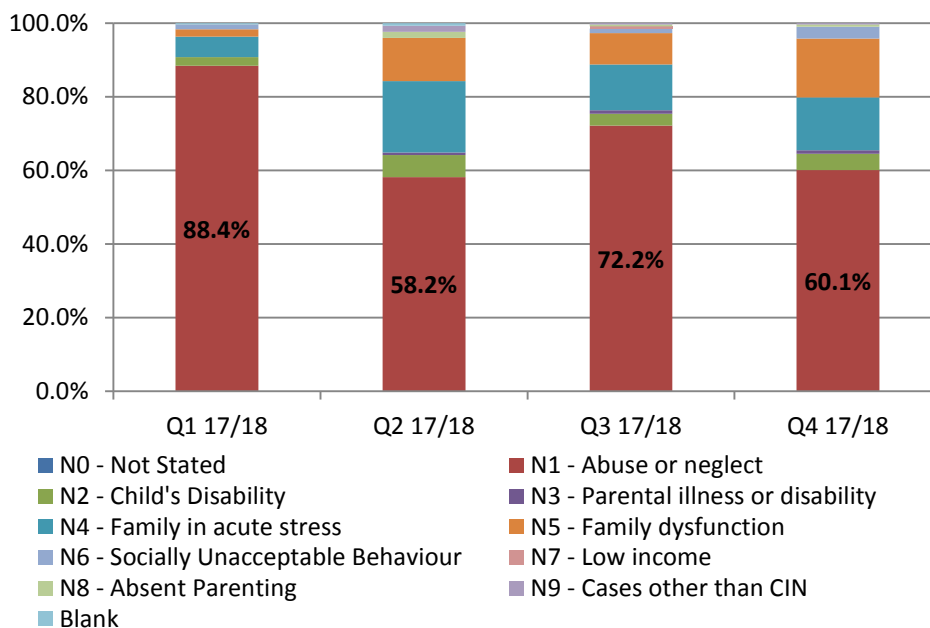
**Diagram 6: Trend in Referral Rates per 10,000: B&NES, National, South West Regional and Statistical Neighbour Average**



- 11.17 The majority of referrals have come from the Police followed by schools. This is the same as the national picture and in line with previous reporting.
- 11.18 Council Children Social Care continue to monitor the timeliness of their response to referral and improvements are being shown with a significant reduction in the number of cases taking longer than five days to agree a decision to proceed to a fuller Assessment. In line with this improvement the number of children seen within five days is increasing.
- 11.19 The primary need identified for referral continues to be abuse or neglect; this is in line with national trends reported in the CIN data, however B&NES report a higher percentage (60.1%) than the national figure from 2016/17 (52.3%). B&NES figure at the for children identified with a disability or illness in quarter four (4.5%) is almost half of those reported in the national picture for 2016/17 (9.4%) and the LSCB through the Performance Management Group continue to monitor this as does the Professional Practice audit Group. Family dysfunction is the same as the national reporting and family in acute stress is higher.



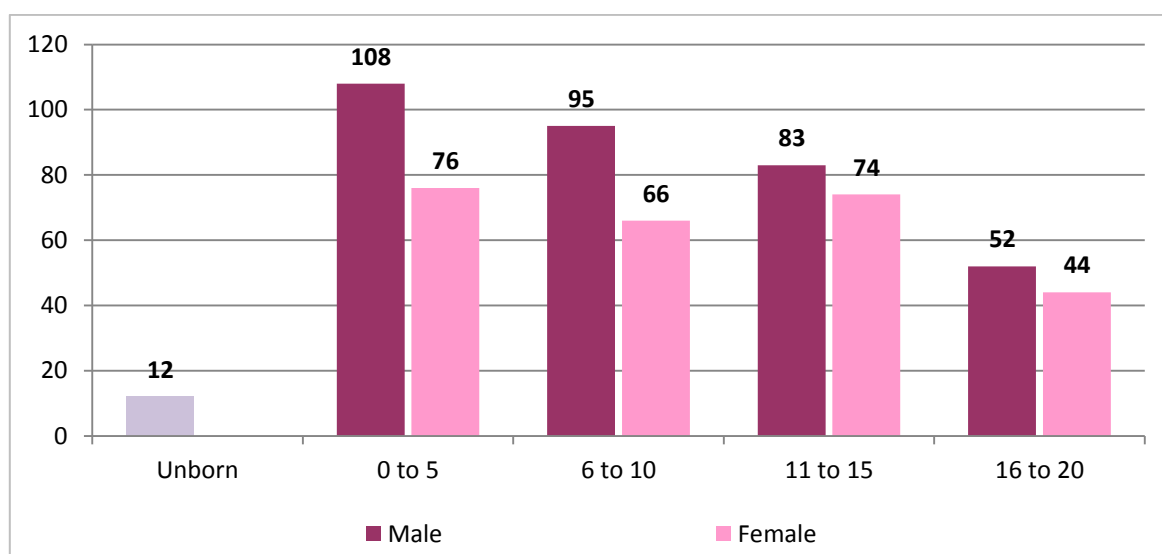
**Diagram 7: Category of Need Breakdown for Referrals Received per Quarter**



11.20 There has been continued decrease during the year with the number of children referred again to Children Social Care within a 12 month period with re-referrals at 15.7% for quarter four 2017/18. The reduction is in line with the national picture where there has also been a reduction from 22.3% for 2015/16 to 21.9% in 2016/17. *The low rate of re-referrals is indicative of agencies getting decision making and interventions right “first time”, enabling fewer families needing to return to Social Care for support.* (Divisional Director for Children Services April 2018)

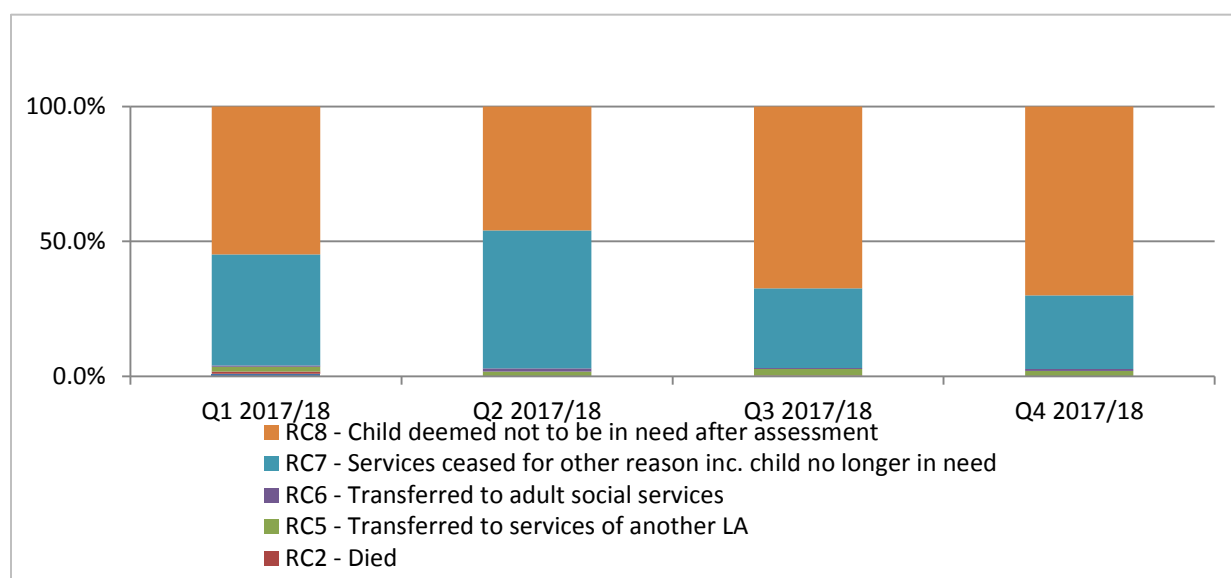
11.21 **Children in Need Interventions** - there were 610 Children in Need (CIN) open to Children’s Specialist Services at the end of March 2018. A fall of 74 (11%) from 31<sup>st</sup> March 2017. The CIN data (2016/17) also reported a decrease of 1.3%.

**Diagram 8: Breakdown of Children in Need by Age and Gender at 31<sup>st</sup> March 2017**



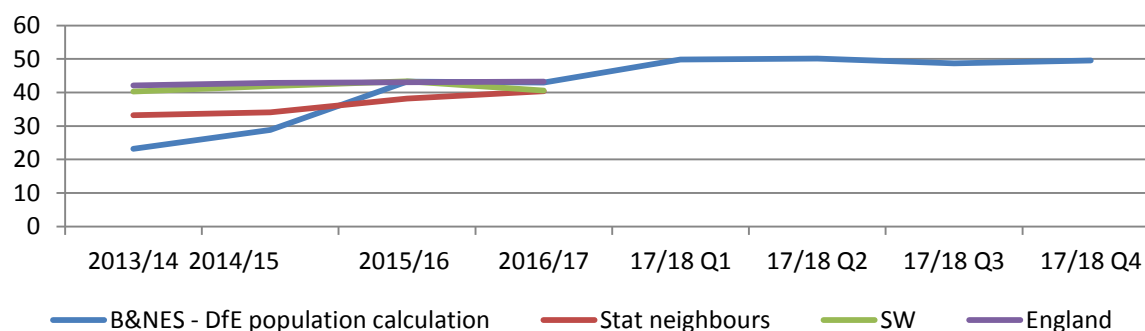
- 11.22 This year, like last has seen an increase in the number of younger children in need and unborn children identified. The gender split of children in need remains very similar to the national picture with 54% being male, 43% female and 3% unborn. The CIN data for 2016/17 is 53% for male, 45% female and 2% unborn the same as the previous year. The age range in B&NES is not in line with the national report which shows more children aged 10-15 years in need.
- 11.23 The timeliness of visits continues to be monitored in addition to children being seen and the duration of CIN plans. Over 70% of visits are on time and like the national data the majority of CIN cases closed within the first six months of intervention. The reasons for the closure of cases are set out below. The Council will break down RC7 further to enable a clearer understanding of what the other reasons are for cases closing.

**Diagram 9: CIN Outcomes at Case Closure by Quarter**



- 11.24 **Strategy Discussions and Child on Child Protection Plans** - there were 908 strategy discussions were held during the reporting period resulting in comparison to 481 from the previous year. 174 children being on child protection plans on the 31<sup>st</sup> March 2018 up from 152 on 31<sup>st</sup> March 2017 an increase of 14%. Nationally there has been an increase of 1.5%% in 2016/17. B&NES continues to place higher than CIN comparator data 2016/17. See section 11.27 for more information in relation to this.

**Diagram 10: Child Protection Plans, Rates per 10,000 Comparator Data**

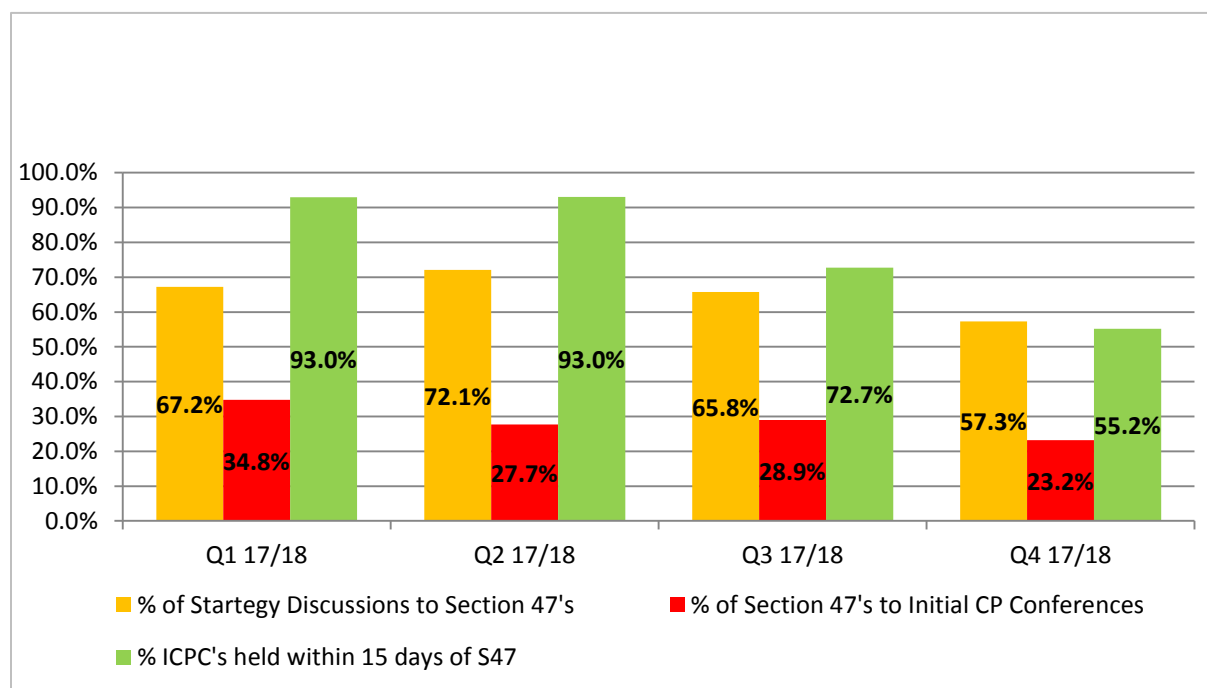


11.25 Quarter four shows the number of children subject to a section 47 and an Initial Child Protection Conference decreasing, this decrease has continued in the first quarter of 2018/19.

11.26 The table below shows three sets of information:

- the percentage of strategy discussions which have converted to section 47 investigations during the period
- the number of section 47 enquiries which progressed to an Initial Child Protection Conference
- The number of ICPCs which are held within 15 working days of the section 47 – this is a national timescale set out in Working Together to Safeguard Children. Whilst quarter one and two demonstrate good performance, quarter three and four deteriorate. The Child Protection Chairs have accommodated the ICPC requests they have had however there has been delays in notifying them in a timely way. This is being looked into as usually performance in this areas is good.

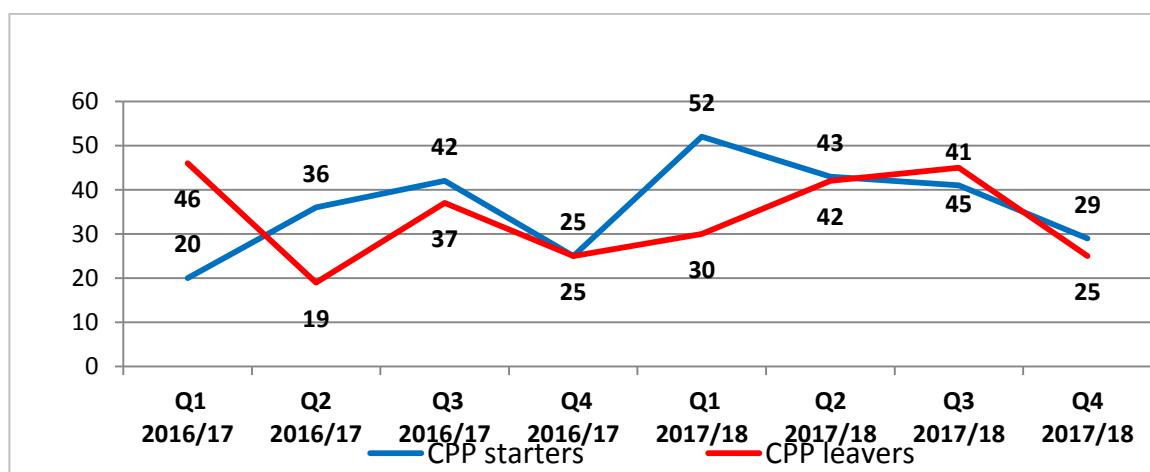
**Diagram 11: % of Strategy Discussion's converted into ICPCs Held Within 15 Working days of Section 47 by Quarter**



11.27 **Initial Child Protection Conferences** – the diagram below sets out the number of children by month who became subject to a Child Protection Plan. One reason for the number of children on a plan being above comparators is that there were a number of large families whose children came onto a plan, also that de-planning has slowed. There is also a concern from Children Social Care that there is

*'a reluctance from agencies to agree "step-down" plans on the basis that on some occasions there is a perception that remaining on CP plan can mean a greater access to resources for the family. We are currently seeking to address this by including a new section within RCPC reports which will articulate more clearly steps taken to support families and progress made.'* Council Divisional Director Children Services (April 2018).

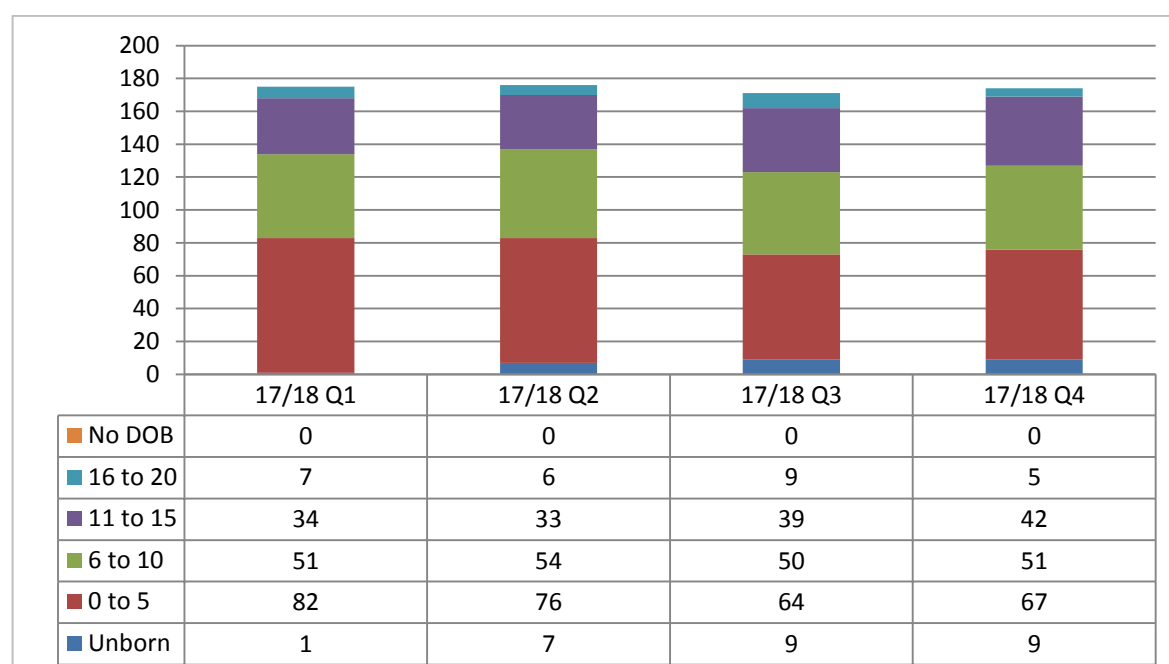
**Diagram 12: Number of Child Protection Plans Started and Ended by Quarter**



11.28 The diagram above shows the number of children subject to a plan by quarter. Quarter one 2017/18 had the highest number of children on a Plan and a reduced percentage of children removed from a plan, 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.

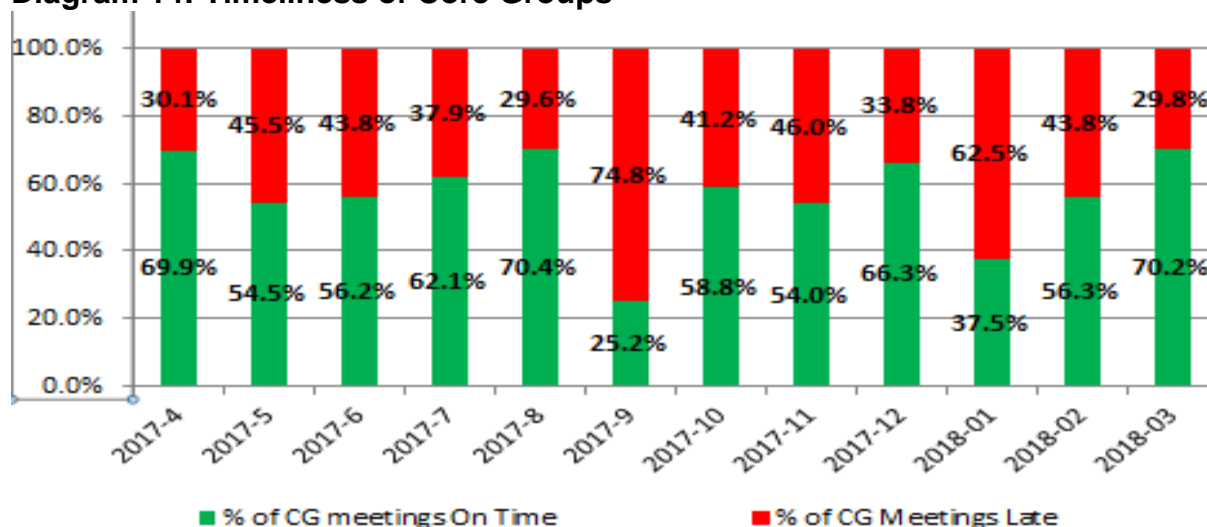
11.29 The diagram below shows the age of the children on Child Protection Plans – this remains similar to previous periods. The number of un-born babies that are being identified as requiring pre-birth plans are continuing to be identified which is indicative of good pro-active planning by agencies.

**Diagram 13: Number of Children and Young People on a Child Protection Plan by Age**



11.30 Regarding the timeliness of Core Groups the general picture for these is improving however there is more work to be done and this is being monitored routinely by Children Social Care managers.

**Diagram 14: Timeliness of Core Groups**



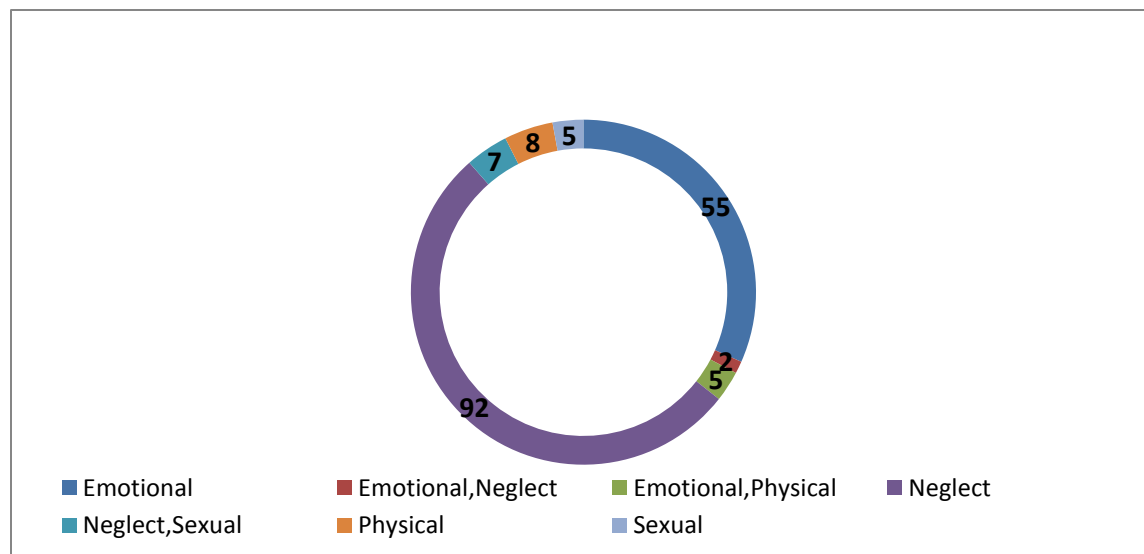
11.31 The table below sets out the length of time a child is on a Plan. It is important to note that one of the impacts of the increased activity in Child Protection activity over the past two years has inevitably meant an increase in the number of children have been on a Plan for more than two years especially given there were 0 on a Plan on the 31<sup>st</sup> March 2016. Agencies are aware of this and have reported that there has been increased pressure given the rise in children on a Plan during 2017/18 which has affected their capacity to work as intensely with families as they would like. There has however been an increase in the number of cases that have closed by 18 months which is encouraging meaning over 90% of children are on plans for less than 18 months. The LSCB PMG continue to monitor this and the new Strategic Plan 2018/2020 sets a target of less than 4% of children being on a Plan for more than two years for 2018/19. The aim being to reduce that figure further the following year. All children on a Plan for longer than 15 months are audited by an independent consultant from Barnardo's; Service Managers also audit all cases over 12 months.

**Table 3: Lengths of Time Children are Subject to a Child Protection Plan at 31<sup>st</sup> 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 <sup>st</sup> March 2017)	Children on a Plan 2017/18 (as at 31 <sup>st</sup> March 2018)
Lasted less than 3 months	11.7%	21.4%	16.4%	16.1%
Lasting 3-6 months	10.9%	2.7%	30.9%	21.3%
Lasting 6-12 months	35%	45.5%	18.4%	37.4%
Lasting 12-18 months	18.2%	16.1%	10.5%	16.1%
Lasting 18-24 months	19.7%	13.4%	23.7%	4.6%
Lasting more than 24 months	4.4%	0.9%	0%	4.6%

- 11.32 When looking at the categories of abuse recorded for children on Plans (see diagram below) the most common initial category is neglect. This is in line with the national picture with 47.8% of children in need at the 31<sup>st</sup> March 2017 followed by emotional abuse with 36.7% (CIN data). B&NES is above that figure with 53% of children with initial category of abuse as neglect followed by 32% with emotional abuse.

**Diagram 15: Recorded Actual Number of Children on Child Protection Plan by Categories of Abuse at the 31<sup>st</sup> March 2018**



- 11.33 The LSCB through the PPG undertook an audit of children with a disability on child protection plans and confirmed arrangements were robust. The number of children with a disability at the 31<sup>st</sup> March on a Plan was 9.
- 11.34 The table below identified the reason for the children being closed from a Plan. The reasons were modified in quarter 3 to better illustrate this enabling greater oversight of reasons. This explains the reason behind the 0% in quarter four for Change of Plan and for quarter one and two for three of the reasons.

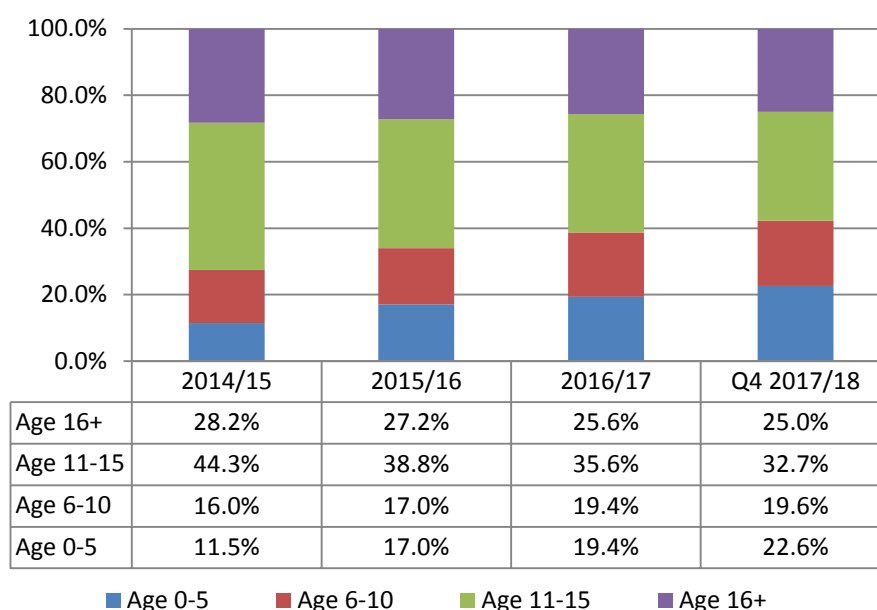
**Table 4: Reason for Plan Closure by Percentage and Quarter 2017/18**

End Reason	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18
Change of Plan	86.2%	89.4%	68.2%	0.0%
Reached 18 Years	3.4%	0.0%	2.3%	0.0%
Moved Permanently to Another LA	0.0%	0.0%	2.3%	0.0%
No Longer at Risk of Significant Harm	10.3%	10.6%	22.7%	76.0%
Transfer to another LA	0.0%	0.0%	0.0%	12.0%
Child/YP no longer resides at home – LA Accommodated	0.0%	0.0%	6.9%	12.0%
Total	100.0%	100.0%	100.0%	100.0%

11.35 **Looked After Children** - On the 31st March 2018 there were 168 children in care in B&NES this is a 5% increase from 160 in the previous year, 154 in 2015/16 and 131 in 2014/15. Nationally there was a 3% increase from 2015/16 to 2016/17 as reported in the *DfE Children looked after in England (including adoption), year ending 31<sup>st</sup> March 2017* data (referred to as CLA data through this section of the report). The DfE are clear that the change in the characteristics of looked after children and care leavers nationally is because of the cohort of unaccompanied asylum-seeking children who tend to be 'non-white British, older children, with a main category of need of absent parenting.' (p5). The yearend figure places B&NES South West average, statistical neighbours and significantly below the national average per 10,000 population figures.

11.36 The age breakdown of Children in Care remains broadly similar to the previous years picture with a slight increase in the 0-5 years. This is thought to be directly related to increased activity in Care Proceedings. Nationally there has also been a slight increase in the number of children under 1 year old,

**Diagram 16: CIC Age Breakdown by Year**



11.37 There proportion of females to males remains broadly in line with the national picture with B&NES being 54% male and 46% female in comparison to the national figure of 56% male and 44% female (for 2017 same as 2016).

11.38 The ethnicity of B&NES Children in Care is predominantly White British at 70% this is broadly similar to last year which was 71%. The CLA data year end 31<sup>st</sup> March 2017 – reports that looked after children are predominately white (75%) the same as last year. There has been a slight increase in non-white which reflects the increase in number of unaccompanied asylum seeking children. The DfE are clear that the change in the characteristics of looked after children and care leavers nationally is because of the cohort of unaccompanied asylum-seeking children who tend to be 'non-white British, older children, with a main category of need of absent parenting.' (p5)

11.39 The local reports do not currently capture the reason for children being looked after however this will be available for next year's Annual Report and will be reported on from quarter two 2018/19 to LSCB PMG. Nationally 61% of children are looked after due to an initial need of abuse of neglect, 15% family dysfunction, 8% family in acute stress and 7% absent parenting (CLA data 2017 page 7).



11.40 The legal status of children and young people is set out in the table below with comparators from other periods included.

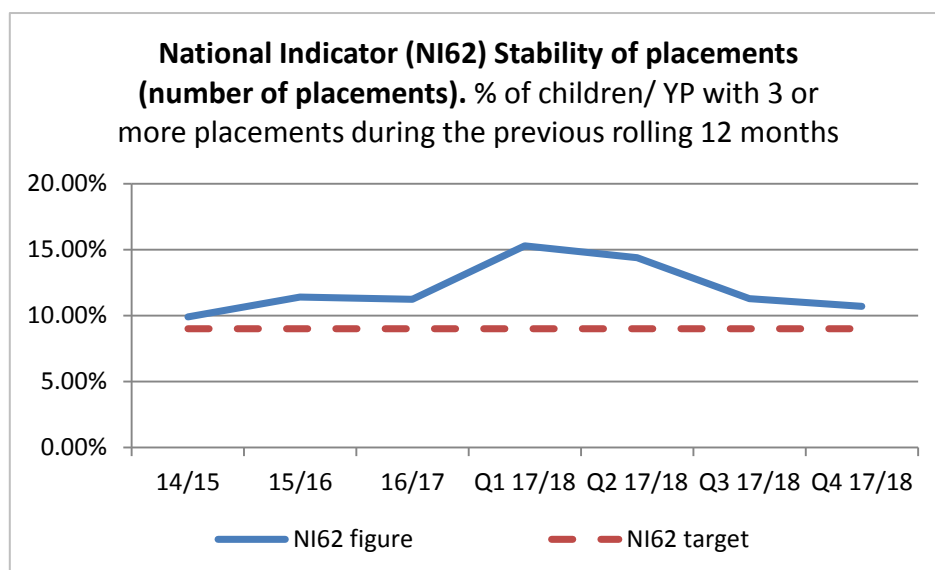
**Table 5: Legal Status of Children in Care**

<b>Legal status</b>	<b>14/15</b>	<b>15/16</b>	<b>16/17</b>	<b>Q4, 17/18</b>	<b>Age 16+ Q4, 17/18</b>
Full Care Order	65	67	65	68	13
Section 20 (voluntary)	54	54	60	55	29
Placement Order	6	13	12	24	0
Interim Care Order	6	13	23	21	0
Short Breaks	12	4	4	3	2
Total with Short Breaks Included	143	151	164	171	44
Total without Short Breaks Included	131	147	160	168	42

11.41 The table above shows a broadly similar range from previous years with the exception of the category Placement Order which confirms the increase in adoption activity however this increase is not in line with the national trend which is decreasing. Section 20 arrangements in B&NES have decreased however which is in line with the national trend. Interim Care Orders remains similar to last year which highlights the increase in Court activity experienced by both B&NES and other parts of the country in the same period.

11.42 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 just over 10% of children do not move more than 3 times. The CLA data 2016/17 shows that 11% (18/168) of children move three or more times, we continue to be just above this at the 31<sup>st</sup> March 2017 however the diagram shows that there were periods through the year where we were significantly over and the Corporate Parenting Board will continue to keep a watch on this. It is however important to note that placement moves include both planned and positive moves as well as those that are unplanned and the Corporate Parenting Board have asked for this to be broken down to explain this to understand moves which are of concern.

**Diagram 17: Placement Breakdown: 3 or more moves in 12 months**



11.43 The Independent Reviewing Service has ensured reviews are carried out in a timely way. During this period we are reporting two figures, the national indicator 66 and the local one.

- NI66 reviews on time for children and young people in care for over a year for 2017/18 was in line with the target of just over 87% at 87.6% this is a decrease on last year (93%). Quarter one, two and three remained consistently high at 93% or over but 31<sup>st</sup> March 2018 performance had dropped. The performance report states that the figure is being checked by the IRO service and may increase but this is the current reported figure.
- Local NI66 review on time for children and young people in care (including those in care for less than a year) was also less than last year and on the 31<sup>st</sup> March 2018 reported as 81.5% against the more than 87% target. In quarter one and two performance was on average at 93% but this fell in quarter three and four. Again there is a health warning on the end of year figure at the moment but this is the current report.

11.44 461 reviews were carried out during the year 57 more than the previous year; children and young people are encouraged to participate in these and in 93% of cases some form of participation took place. Note good practice recommends not including children under the age of four in such reviews and their involvement has been removed from the calculation.

11.45 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 and these issues can be viewed in more detail. The escalations are routinely monitored as part of the quality assurance role of the service.

#### **11.46 Outcomes for Looked After Children**

11.47 During the year 58 children and young people left care, 12 of whom were adopted. There are an additional 2 children where a match for adoption was agreed.

11.48 On 31<sup>st</sup> March 2018 79% of young people (aged 19, 20 and 21) leaving care have suitable and stable accommodation; this compares to 83% in 2016/17 and 92% in

2015/16 and 98% in 2014/15. Performance until 2015/16 was significantly above benchmark data however the CLA data 2016/17 shows that national figure of 84% and South West at 86%; statistical neighbours average however was 82% therefore B&NES in 2016/17 was slightly higher. This remains an area of concern for the Council.

- 11.49 58% of young people leaving care are in employment, education or training, this figure has lower than previous years with the exception of 2014/15. This is an area of focus as part of the Ofsted inspection highlighted however it is important to note it is higher than the national benchmark figure which continues to shows 40% of young people who had left care were not in education, employment or training for 2017.
- 11.50 91% of care leavers on 31<sup>st</sup> March 2018 remain in touch which is higher than the national average of 89% in 2017.

### **11.51 Other Activity Information Relevant for the LSCB**

- 11.52 During quarter one, two and three there were 195 missing episodes reported to Children Specialist Services. The data for quarter four is currently being checked for accuracy. 77% were offered return home interviews however not many were completed within 72 hours in line with statutory guidance however there are a number of reasons for this one is caused by the lack of capacity to respond but secondly because of the delay in reporting from the police which makes the 72 hour interview impossible to achieve.
- 11.53 The number of children identified at risk of Child Sexual Exploitation has increased during the year and this is shown in Table 1 with 80 more children being identified as at risk of CSE during 2017/18 than 2016/17. The Divisional Director monitors the situation and the Service is working closely with the Police and states:

*'Much of this increase is founded on the growing understanding of the impact of so called "county lines" and a subsequent growth of criminal exploitation. The growth of the county lines appear to be linked to two key routes, one along the M5 corridor from Birmingham and the Midlands, and the other along the M4 corridor from London. We are currently working with Police colleagues to update our Problem Profile to highlight particular hot-spots associated with the County lines.'* April 2018

- 11.55 The number of Unaccompanied Asylum Seeking Children is 15 and there are currently two young people identified as having been trafficked. One child was referred to the Counter Terrorism Intelligence Unit however no Channel Panels were held.

## **Section 12: External Assessments**

- 12.1 As highlighted earlier in this report, the LSCB was expecting an inspection of its effectiveness as part of the Ofsted Single Inspection Framework (SIF).
- 12.2 **Ofsted Review of B&NES LSCB (July 2017)**  
The final report from the team of inspectors, who visited in April and May, gives the Council an overall rating of 'Good'. The review of the multi-agency arrangements to protect children through the Local Safeguarding Children Board, carried out alongside the inspection of Council services, also received a 'Good' rating.  
Ofsted's review of the effectiveness of the LSCB reflects some fantastic working between local partners, including the Board's three active lay members, and the strong work we do to

'actively seek the views of children through the Senior in Care Council (SICC) and Youth Forum'. There is an acknowledgment that we have created a 'culture of openness, purposeful challenge and a well-driven and sustained focus on safeguarding performance' ensuring that 'outcomes for children in the area continue to improve'. It was also positive to see that partners confirmed that thresholds are appropriately set to meet the needs of local children who need help and protection'.

The Board picked up three recommendations - to broaden the range of performance information we review; to add some additional areas of focus into our annual report; and to extend to a wider audience the ongoing work to raise awareness of child sexual exploitation. These recommendations were then built into the Business Plan 2015-18 and two have carried over to the new Strategic Plan 2018-21.

[Ofsted Report on B&NES LSCB](#) Inspection of B&NES Children's Services and review of B&NES LSCB (July 2017)

## Section 13: Priorities for 2017 - 18 and Beyond

### 13.1 LSCB Business Plan outturn 2017 – 18

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

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

<http://www.safeguarding-bathnes.org.uk/>

The three year plan has now been completed and is available on safeguarding website:

[Business Plan 2015-18 - Final Out Turn](#) Year End March 2018

Many actions have been completed or are continuing as business as usual within sub groups or operational work. Any outstanding actions have been transferred to the new Strategic Plan 2018-21. The LSCB has now finished its three year Joint Working Plan with the LSAB (see Appendix 7).

### 13.2 LSCB Strategic Plan 2018-21

During 2018, the LSCB partners and Business Management Group have been working on the development of a new Strategic Plan for 2018-21. This will be more outcomes or impact focused and will be finalised in June 2018 and then published on the safeguarding website. The Business Management Group will then agree the reporting process for the new Plan to the LSCB so that regular updates can be posted on the website as before after each Board meeting.

The LSCB agreed the one page version of the Strategic Plan in March 2018 which is available on the safeguarding website:

[LSCB Strategic Plan 2018-21 on a page](#)

The new Plan has 5 key outcomes and 13 priorities in order to meet them.

#### **Five Outcomes**

- All children and young people are safe
- Children, young people, carers and families contribute to the way services respond to child protection and children in care safety concerns
- LSCB is assured that safeguarding is embedded; is delivered to a high standard and is effective across all partner agencies
- A skilled, trained and competent workforce
- The LSCB is effective and responds to the new legislative requirements

## 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 Executive.
- 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](mailto: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.

In 2017 the LSCB developed a Board Memorandum of Understanding for all partner Agencies which has been fully signed up to by all partners.





## Appendix 2: LSCB Members and Attendance 2017-18

Name	Agency	Role
1. Andrea Harris	Independent	Lay Member
2. Anthea Pritchard	Independent	Lay Member
3. Bruce Laurence	B&NES Council	Director of Public Health
4. Charlie Leason	Avon & Somerset Police	Safeguarding Co-ordination Unit Manager
5. Dami Howard	B&NES Council	LSCB/LSAB Business Support Manager
6. Dawn Clarke (until Sept 2017)	BaNES NHS CCG	Director of Nursing & Quality
7. Debbie Forward	B&NES Council	Senior Commissioning Manager-Preventative Services
8. Deborah Murphy- Smith	CAFCASS	Service Manager
9. Donna Redman	BaNES NHS CCG	Named GP
10. Duncan Stanway	Barnardo's	Assistant Director, Midlands and SW
11. Dr Fiona Finlay	Virgin Care & BaNES NHS CCG	Designated Doctor
12. Harriet Bosnell	Curo	Director of Health & Support
13. Helen Blanchard	RUH NHS Trust	Director of Nursing
14. Helen Crystal	NHS England South & Central	Safeguarding and Patient Experience Manager
15. James Knight	National Probation Service	Senior Probation Officer
16. Jayne Davis	Bath College	Deputy Principal Curriculum & Quality: FE Advocate
17. Jenny Daly (until June 2017)	BaNES NHS CCG	Designated Nurse Safeguarding Children & Integrated Quality
18. Jon Peyton	AWP (Avon and Wiltshire Mental Health Partnership Trust)	Head of Safeguarding Children and Domestic Abuse Lead
19. Kevin Day (until Sept 2017)	National Probation Service	Senior Probation Officer
20. Lesley Hutchinson	B&NES Council	Head of Safeguarding and Quality Assurance
21. Lesley Jones	Independent	Lay Member
22. Lisa Cheek	RUH NHS Trust	Deputy Director of Nursing & Midwifery
23. Lisa Ring (until Sept 2017)	Community Rehabilitation Company	Senior Probation Officer and Team Manager
24. Liz Plastow	BaNES NHS CCG	Designated Nurse Safeguarding Children & Integrated Quality
25. Liz Spencer	National Probation Service	Head of SW National Probation Service
26. Marilyn Harrison (from Oct 17)	Community Rehabilitation Company	LDU Head Of Operations
26. Matthew Woodville	Wellsway Academy	Head Teacher: Secondary Heads Advocate
27. (Cllr) Michael Evans (until June)	B&NES Council	Cabinet Member for Children's Services



28. Mel Argles (until June 2017))	B&NES Council	Principal Social Worker Children and Families (March – Sept) Deputy Safeguarding Lead: Children & QA Sept 2016
29. Michelle Maguire	Oxford Health	Head of Service
30. Mike Bowden	B&NES Council	Corporate Director
31. Neil Liddington	Avon Fire & Rescue	Associate LSCB Member
32. Nicki Smith	St Nicholas CofE Primary School	Head Teacher: Primary Heads Advocate
33. (Cllr) Paul May (from Dec 2017)	B&NES Council	Cabinet Member for Children's Services
34. Penny McKissock	Southside	CYPN Voluntary Network
35. Peter Brandt (until Sept 17)	Community Rehabilitation Company	Assistant Chief Officer
36. Reg Pengelly (Until Sept 2017)	Independent	Independent Chair
37. Richard Baldwin	B&NES Council	Divisional Director Safeguarding & Social Care
38. Robert Lake (from Sept 2017)	Independent	Independent Chair
39. Sally Churchyard	B&NES Council Youth Offending Service	Service Manager 11-19 Outcomes
40. Simon Hester	SWAST	Named Professional for Safeguarding
41. Sue Lane (from Oct 17)	Community Rehabilitation Company	Senior Probation Officer
42. Val Janson (from Sept 2017)	BaNES NHS CCG	Deputy Director of Nursing and Quality
43. Val Scrase (from June 2017)	Virgin Care	Head of Operations

<b>LSCB Attendance by Agency - representation only, not always from the designated lead from each agency.</b>				
<b>Name</b>	<b>June 2017</b>	<b>Sept 2017</b>	<b>Dec 2017</b>	<b>March 2018</b>
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)				
Bath College				
Designated Doctor				
Executive Lead Member				
Curo - Housing Advocate				
Lay Members				
Named GP				
National Probation Service				
NHS England South				
Oxford Health				
Primary Head Representative				
Royal United Hospital				
Secondary Head Advocate				
SWASFT				
Virgin Care				
Voluntary Sector Advocate – CYP Network				

## 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	Virgin Care/CCG
Liz Plastow	BaNES NHS CCG
Margaret Simmonds-Bird	B&NES Council
Richard Baldwin	B&NES Council
Deryck Rees	Avon and Somerset Constabulary

Performance Management sub group	
Member	Agency
Lesley Hutchinson	B&NES Council (Chair)
Caroline Dowson	B&NES Council
Val Scrase	Virgin Care
Dami Howard	B&NES Council
Val Janson	BaNES NHS CCG
Judith Steele	Virgin Care
Lesley Hutchinson	B&NES Council
Mel Argles	B&NES Council
Elliott Davis	B&NES Council
Richard Baldwin	B&NES Council
Lisa Furby	Avon and Somerset Constabulary
Tori Mitchell	AWP
Jane Murray	Oxford Health - CAMHS
Caroline Dowson	B&NES Council

CSE and Missing sub group	
Member	Agency
Richard Baldwin	B&NES Council (Chair)
Cathryn Brown	B&NES Council
Carl McMurtry	Curo
Chris Wilford	B&NES Council
Dr Donna Redman	BaNES NHS CCG
Ian Read	AWP
Jamie Luck	Mentoring Plus
Leigh Zywek	B&NES Council
Liz Bryan	Project 28
Lorraine Beasley	Hayesfield Academy
Sarah Treweek	Avon and Somerset Constabulary
Lisa Miller	Oxford Health - CAMHS
Elliott Davis	B&NES Council
Rachel Allen-Ringham	B&NES Council
Sally Churchyard	B&NES Council
Mike Menzies	RUH
Cathryn Brown	B&NES Council

Communications sub group	
Member	Agency
Sonia Hutchison	Carers Centre (Chair)
Richard Baldwin	B&NES Council (Vice Chair)
Alison Gerrard (job-share with Stacey James)	B&NES Council
Bev Craney	Swallow
Dami Howard	B&NES Council
Debra Harrison	RUH
Li Rawlings	Avon & Wiltshire Partnership MH Trust
Marjorie Stephinson	Independent
Martha Cox	Virgin Care
Jasmin Miller	SICC
Jen Russell	B&NES Council
June Thompson	RUH, Bath.
Sarah McCluskey	B&NES Council
Sharon Prowse	Freeways
Stacey James (job-share with Alison Gerrard)	B&NES Council

Joint LSCB & LSAB Training and Development sub-group	
Member	Agency
Fran McGarrigle	AWP (Chair)
Stephanie Peppard (shares attendance with Clare Hurford)	Way Ahead
Clare Hurford (shares attendance with S. Peppard)	Way Ahead
Dawn Kingman	B&NES Council
Debra Harrison	RUH
Geoff Watson	Virgin Care
Helen Heal	B&NES Council
Simon Crisp	Avon and Somerset Constabulary
Jen Russell	B&NES Council
Judith Steele	Virgin Care
Karyn Yee-King	B&NES Council
Kitty Crowther	B&NES Council
Maggie Hall	Virgin Care
Marjorie Stephinson	Independent
Mike Menzies	RUH
Ralph Lillywhite	St Mungo's/Volunteer Network
Roanne Wootten	Julian House
Sue Lee	CAFCASS
Vicky Christophers	Diocese of Bath and Wells

Professional Practice sub group	
Member	Agency
Duncan Stanway	Barnardo's (Chair)
Donna Redman	BaNES NHS CCG
Hilary Marcer	Virgin Care
Helen Roberts	Virgin Care
Mel Argles	B&NES Council
Judith Steele	Virgin Care
Lisa Miller	Oxford Health - CAMHS
Mel Holt	B&NES Council
Mike Menzies	RUH
Sally Churchyard	B&NES Council
Sara Willis	B&NES Council
Donna Redman	BaNES NHS CCG

Children in Care & Quality Assurance sub group	
Member	Agency
Liz Plastow - Chair	BaNES NHS CCG (Chair)
Ian Tomlinson - Deputy	B&NES Council (Deputy Chair)
Bev Coles	B&NES Council
Carla Cooper	B&NES Council
Jackie Wrench	Virgin Care
Lisa Miller	Oxford Health - CAMHS
Louise Nichols	Oxford Health - CAMHS
Lynda Williams	Off The Record
Pete Campbell	B&NES Council
Ruth Loughridge	B&NES Council
Victoria Duke	Head of Virtual School

## Appendix 3: Budget 2017 - 18

	2017 - 18	
	Budget	Actuals
<b>Income</b>		
B&NES Council	47,495	52,473
Avon & Somerset Constabulary Amount now received (includes £5,200 outstanding amount re 2014/15)	9,200	14,400
BaNES NHS CCG	20,102	20,102
National Probation Service	485	485
CAFCASS	550	550
Community Rehabilitation Company	500	500
SCR contributions (external)	0	9,682
SCR contribution (LSCB)	0	10,000
Training	10,196	13,506
Fees and Charges	9,450	8,982
SWCPP Manual contributions	11,402	11,458
Miscellaneous contributions	1,650	3,240
<b>Carry Forward</b>	<b>42,422</b>	<b>32,322</b>
<b>Totals</b>	<b>153,452</b>	<b>177,700</b>
<b>Expenditure</b>		
Staff Salaries (Business Manager 60% allocation)	25,250	25,168
Staff Salaries (Other)	44,650	47,662
Travel / Car Parking	1,000	934
Printing / Design	100	88
Independent Chair	15,000	14,269
CDOP	3,666	3,666
Training	10,000	13,789
SWCPP Manual	12,500	12,500
SCR expenditure. Detailed below - this is the maximum sum that will be paid	0	24,527
Contracts	10,000	9,900
Contracts	15,000	15,040
Website Development	1,000	975
Other expenses	15,286	9,182
<b>Totals</b>	<b>153,452</b>	<b>177,700</b>

### SCR expenditure

(to be paid equally by Council,  
CCG and Police)

Author 1	4,307
Author 2 (maximum to be paid)	10,000
Author 3 (maximum to be paid)	10,000
Other costs	220
	24,527



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

## **Evaluation of LSCB Inter-agency training**

**(April 2017 – March 2018)**



## Executive Summary

### Core Business Objectives 2017 – 2018

Our role is to ensure 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. We review and evaluate the quality, scope and effectiveness of single and inter-agency training to ensure it is meeting local need.

| LSCB training is child centred, evidence based, promotes the need for working in partnership, and informed and governed by issues of equality and diversity.

| LSCB training is accessible to all B&NES individuals who work with children, young people and /or their carers and is subjected to regular rigorous review and evaluation.

### Delivery in 2017 – 2018

- 70 LSCB training sessions taking place comprising of 26 different courses
- 1247 Inter-agency training places made available
- 1151 Inter-agency training places booked
- 1026 Inter-agency training places attended
- 768 professionals trained
- On average over 80% completed evaluations and these are demonstrating impact.
- 7.5 % increase in attendance from Voluntary & Independent sector
- 14 Single agency training sessions taking place
- 680 E-learning modules started and 472 completed through the Learning Pool

### Outcomes as reported / evidenced by practitioners

Evaluations highlight an increase in practitioner's confidence in applying knowledge and skills following training, thus being more responsive to the needs of children and families in B&NES.

Practitioner evaluations identify an increased understanding of multi-agency roles and improved communication and information sharing between professionals.

Practitioners have advised that they are embracing adopting a 'think family' approach in the work they undertake.

The LSCB FGM 'awareness slides' have been utilised and there is a good response from a wide range of partners.

The success of the training and development programme and the impact of learning on practice was further confirmed through the findings made by Ofsted during the inspection process.

### Challenges

Limited expansion has taken place to the modules available in the e-learning library, due to reduced availability of technical support.

The Standard Child Protection training longer term evaluation project remained on hold throughout 2017 – 2018, due to capacity issues within the Children's Workforce Training Team.

An increase of 5% of 'non-attendance' on Standard Child Protection training and 4.5% on Advanced Children Protection training from the previous year's programme.

The review of the charging policy has been extended due to complications concerning contractual arrangements, it is planned that a charging proposal will be presented to the Boards in September 2018.

### The next steps –

- Deliver the joint LSAB and LSCB Training strategy 2018 – 2021.
- Continue to deliver a high quality multi-agency training and development programme, which provides meaningful safeguarding training across all service areas.
- Maintain the robust evaluation processes and Quality Assurance mechanisms in place for LSCB training, refreshing methods of course and trainer evaluation as appropriate.
- Build upon the work undertaken with the Adult Workforce to further embed a culture and practice of 'Think Family'.
- Revise and approve training levels for the workforce and review and agree standards and required learning outcomes for 'core' safeguarding courses.
- Focus on prevention and Early Help to reduce significant harm and promote improved outcomes for children and young people.
- Provide learning from Serious Case Reviews, Safeguarding Adult Reviews and Domestic Homicide Reviews.
- Supply additional training and learning opportunities to support the workforce in protecting children and young people against the impact of neglect.
- Develop and disseminate mandatory 'awareness raising' slides to cover all topics relating to Board performance indicators.
- Review the e-learning library modules for children and add additional units if practicably possible.
- Adapt working practices to support and respond to changes arising from the publication of Working Together to Safeguard Children 2018 and the Children and social Work Act 2017.
- Confirm Charging Policy

## **Training delivery: 1<sup>st</sup> April 2017 – 31<sup>st</sup> March 2018**

	Course Title	Number of Sessions run	Duration of course	Places Available	Places Booked	Delegates attended	% of places allocated	% Actual course take up *
LSCB	Standard Child Protection	18	7hrs	324	340	311	91%	96%
LSCB	Advanced Child Protection	12	14hrs	221	232	211	91%	95%
LSCB	Toxic Trio & Child Protection	3	7hrs	54	54	48	89%	89%
LSCB	CSE – Awareness Raising	2	3hrs	43	40	35	88%	81%
LSCB	CSE Working with Parents	2	7hrs	36	25	23	92%	64%
LSCB	Working with CSE: Skills and Practice	3	7hrs	58	57	46	81%	79%
LSCB	CSE Early Help	1	7hrs	18	11	10	91%	56%
LSCB	Child Sexual Abuse & Child Protection	1	7hrs	18	16	16	100%	89%
LSCB	Disabled Children & Child Protection	2	7hrs	20	8	7	88%	35%
LSCB	Domestic Abuse & Child Protection	3	7hrs	54	49	38	76%	70%
LSCB	Neglect & Child Protection	1	3.5hrs	18	10	8	80%	44%
LSCB	Common Assessment Framework Training	3	4hrs	60	36	33	92%	55%
LSCB	Lead Professional / TAC	2	6hrs	36	16	16	100%	44%
LSCB	Substance Misuse & Child Protection	1	7hrs	18	16	15	94%	83%
LSCB	Online Safety	2	3.5hrs	36	26	21	81%	58%
LSCB	Safer Recruitment	2	7hrs	36	18	17	94%	47%
LSCB	Train the Trainer	2	7hrs	38	33	29	88%	76%

LSCB	Human Trafficking & Modern Slavery	2	3hrs	32	18	17	94%	53%
LSCB	Rapid Response	1	7hrs	25	34	30	88%	120%
LSCB	Critically Curious Conversations	1	7hrs	18	15	15	100%	83%
LSCB	Toxic Trio Awareness	1	3.5hrs	18	16	14	88%	78%
LSCB	Private Fostering	1	1hr	10	9	3	33%	90%
LSCB	Mental Health Awareness	1	3.5hrs	18	25	22	88%	122%
LSCB	Holding Difficult Conversations	1	3.5hrs	20	27	23	85%	114%
LSCB	Fabricated Induced Illness	1	3.5hrs	18	20	18	90%	100%

\*Attendance based on potential course capacity

### Single Agency Training provided by LSCB training co-ordinator

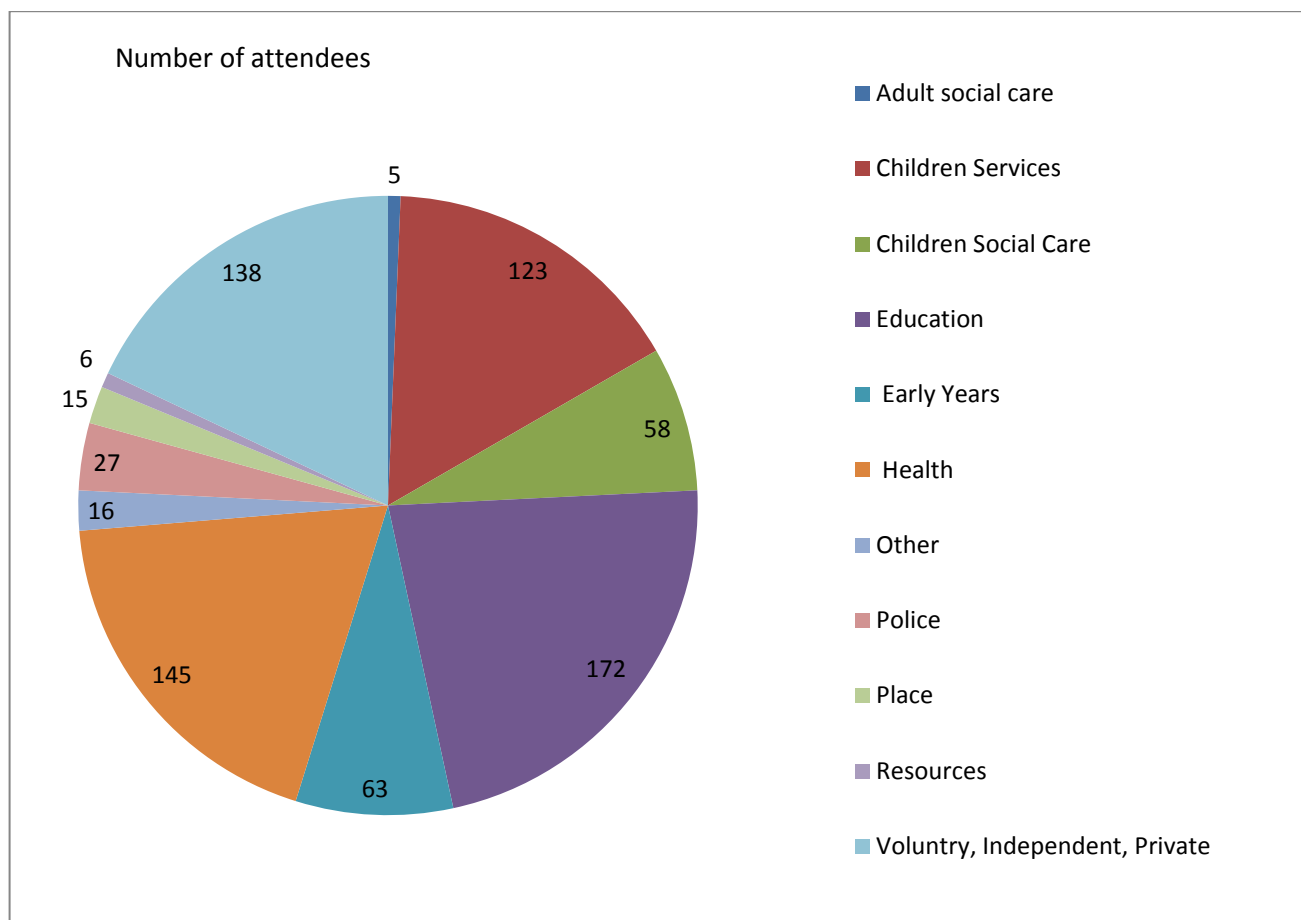
Organisation / Sector	Course title	Number of sessions run	Delegates attended
Southside Volunteers	Child Protection	3	20
Bath Welcomes Refugees	Child Protection	1	22
Bath Spa Uni	Child Protection	3	187
Crossing Patrol B&NES	Child Protection	2	21
St Nicholas Primary	Child Protection	1	26
Music Staff – B&NES	Child Protection	1	30
Paragon School	Child Protection	1	51
Foster Carers	Child Protection	1	5

### E-Learning Courses completed through LSCB

Course Title	Complete	Incomplete	Total
Prevent	123	61	184
Child Sexual Exploitation	111	70	181
Domestic Abuse	118	32	150
Introduction to Safeguarding and Child Protection	107	41	148
Common Assessment Framework	13	4	17

It should be noted that E-Learning / online learning material is also available for Awareness of Forced Marriage, Modern Slavery and Human Trafficking, Children of Prisoners, and Female Genital Mutilation. However, it is not possible to gain figures of completion for the B&NES workforce as the materials are hosted on separate booking sites.

## Agency Representation: 1<sup>st</sup> April 2017 – 31<sup>st</sup> March 2018



Agency Code	Number of Attendees
Adult social care	5
Children Services	123
Children Social Care	58
Education	172
Early Years	63
Health	145
Other	16
Police	27
Place	15
Resources	6
Voluntary, Independent, Private	138
<b>TOTAL</b>	<b>768</b>

## Appendix 5: Safeguarding Assurance Indicators for 2018-19

The following indicators were approved by the Board in March 2018 for the following year 2018 -19. Partner Reports in Appendix 6 report on those indicators that were agreed by the Board in June 2017 for this 2017-18 Annual Report.

### Board Performance Indicators 2018-19

#### Indicator Set 1: Training

- 1.1 90% Relevant staff to have undertaken child protection standard 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 85% Relevant staff to have undertaken WRAP training
- 1.6 85% 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: the LSCB has agreed that it is each agencies responsibility to determine which of their staff members fall into the category of 'relevant'. For example a social worker, GPs, a school nurse, beat officers staff supporting children in face to face activities would be considered 'relevant' however an administrator in a nursery setting who has no contact with children would not be. The staff to be considered 'relevant' for child protection advanced or WRAP training need to be determined by each agency but the expectation is they would have completed the awareness and standard training indicators above and have progressed to the more advanced eg, GP Cluster Leads

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.

#### Indicator Set 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 Set 3: Attendance at Board

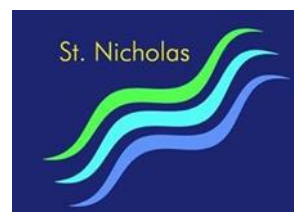
- 3.1 75% Attendance at the LSCB

#### For 2019/20 the Board agreed:

- 80% relevant staff trained in Complex (Toxic) Trio



## Appendix 6: Partner Reports



A new process is being trialled with the 2017-18 Partner Reports which have all been read and by an audit group reporting back into the Performance Management sub group (PMG) and quality assuring all partner reports and commenting in terms of:

1. Do the Partners meet the LSCB indicators?
2. Overview of the quality of the reports
3. Highlights of achievements in 2017/18
4. Summary of the Partners objectives for 2018/19

Partner Reports were not received from the following agencies:

National Probation Service (Apologies given and unable to complete due to preparation for Her Majesty's Inspectorate of Probation Inspection)

South West Ambulance Trust (Apologies given as SWAST Annual Report being prepared so not able to provide the information)

The secondary and primary school advocates did not complete as they had completed the S175 Safeguarding in Education Audit for 2017-18.

## 1. Do the Partners meet the LSCB Indicators?

All agencies that provided data largely met or exceeded the LSCB training indicators. CRC were not able to provide the training data. B&NES Council, AWP and RUH had not fully met all training indicators, the RUH and AWP were very close to doing so, but all gave detailed commentary and given the size of the organisations, the audit group were not concerned and could see evidence of efforts made to address this. Virgin Care could not provide all training data as they need to separate training from safeguarding adults training records. The Police were unable to give training data but gave very detailed commentary which fully explained the training and even named specific staff trained and responsible for certain areas. Areas that showed a need to increase training were particularly the awareness of FGM, PREVENT, WRAP, Domestic abuse and for some more staff to attend advanced CP training.

Attendance at the LSCB was not fully met by all agencies although many exceeded the 75%. Attendance is an issue in smaller agencies to ensure senior staff at appropriate levels can attend or when staff are called away to safeguarding issues.

CAFCASS submitted their national report and so did not cover the LSCB indicators.

## 2. Overview of the quality of reports

Generally, the reports were detailed and impressive. Those that were brief were succinct and answered all the necessary questions. Especially notable were Curo, RUH, Avon & Somerset Constabulary, Bath College, B&NES Council, Southside, Youth Offending Service and Youth Connect.

The challenges to each agency and how safeguarding is promoted with staff were well described.

Agencies will be given individual feedback in June or July 2018 and individual questions and concerns will be addressed where identified. The full report will then be shared with the Performance Monitoring Group (PMG) as part of the quality assurance process for the LSCB.

### 3. Highlights of achievements in 2017/18

This section of the reports was very thorough. There was evidence of the voice of the child and children being listened to. There was clear evidence of evaluation and auditing of training and Child Protection work.

The QA group were particularly impressed by:

CAMHS for their after-training telephone interviews;

Curo for their mandatory FGM training for all front facing staff, amended safeguarding training for all tradespeople, reflective practice meetings, and having a Modern Slavery Board.

AWP and RUH both referencing their Think Family role very clearly;

NHS England for their Modern Slavery event and neglect being a key theme;

Barnardo's for supporting an average of 10 young people at a time throughout the year from diverse backgrounds;

BaNES CCG for their effective management of vacancies and cover to ensure that gaps were not evident and also for their participation in the LSCB at all levels;

B&NES Council for their Ofsted rating, work with MASH, CSE and Early Help and raising the profile of and hearing the voice of children and young people through the work of the In Care Councils and Youth Forum;

Bath College for their liaison with Public Health England and the Charlie Waller memorial Trust, their increasing work to support young men in accessing support and their work to promote wellbeing and mental health;

Virgin Care for their work to capture the voice of the child and for parents, for carers' voices being heard through Think Family approaches, with referrals to services as required; and for both their proactive and responsive services;

Avon & Somerset Police for their Visualisation Apps, innovative programmes, delivering 6 Specialist Child Abuse Investigators Development Programme (SCAIDP) and another 6 due in 2018/19, and the amount of training delivered including further CSE training to in excess of 600 Neighbourhood and Response Officers in the Force area;

Southside for their fortnightly supervision and for developing and training 16 new Family Champions who are all previous service users;

RUH for the views of children, young peoples and carers being sought and tested – 'See it My Way' events - and for the safeguarding team's monthly walkabout;

Youth Connect for their work with approximately 1,000 young people including 296 who received a targeted service, supporting young people through key transitions and with sexual health, safe relationships and mental health, reducing unemployment and increasing participation in education;

And the Youth Offending Service for the appointment of a co-ordinator for harmful sexual behaviour work, and their work to support those at risk of CSE and criminal exploitation, helping to keep young people out of custody.

### 4. Summary of the Partners' Objectives for 2018/19

The objectives identified were strong, appropriate and should lead to positive outcomes. They include: developing the Think Family agenda; mental health training and support; quality assurance secondment to Primary care for 1 year, creative ways to capture the voice of the child and working with their team of Young advocates, developing and embedding supervision (clinical and safeguarding); seeking evidence of the impact of interactions; evaluation of the impact of training and workshops; developing a new model for harmful sexual behaviour; considering more evidence based ways of working to improve outcomes for children; and increasing Domestic Abuse and Modern Slavery training.

## Appendix 7: B&NES LSAB / LSCB JOINT WORKING 2017 - 2018

Theme	Opportunity	Relevance	Progress in 2017/18	Ongoing work needed to progress
<b>Communications</b>	<ul style="list-style-type: none"> <li>Joint safeguarding advice to public / professionals e.g. via media / newsletters</li> <li>Joint conferences / workshops</li> <li>Develop opportunities for joint participation activity</li> <li>Smarter use of budget</li> </ul>	<ul style="list-style-type: none"> <li>Relevant to “Think Family”, Young carers, DVA, disabled children and adults, carers.</li> </ul>	<ul style="list-style-type: none"> <li>Launched the joint website</li> <li>Wider promotion and development of website</li> <li>Ensured website is relevant and used.</li> <li>Ensured Children’s pages on website use appropriate language.</li> <li>Developed joint Newsletter: develop further as an active tool to achieve aims of the Boards.</li> <li>Joint Communication Sub Groups.</li> <li>Share Key Messages from the Chair across adult and children’s Boards</li> <li>Monthly update emails to be shared between Children’s and Adults areas.</li> <li>Updated the easy read leaflet</li> <li>C&amp;YP rep joined communications group to provide input from a YP perspective.</li> <li>Reviewed the joint communications protocol</li> </ul>	<ul style="list-style-type: none"> <li>Share Newsletter via registering on new website. <b>Requesting this functionality can be added.</b></li> <li>Investigate sharing sub group minutes via ‘members only’ section on website. <b>Requesting this functionality can be added.</b></li> </ul> <p><b>Operational work in 2018</b></p>

Theme	Opportunity	Relevance	Progress in 2017/18	Ongoing work needed to progress
Quality Assurance	<ul style="list-style-type: none"> <li>Shared audits where VA and Children are relevant</li> </ul>	<ul style="list-style-type: none"> <li>Relevant to DVA, Substance / alcohol abuse, mental health (adult and child)</li> <li>Voice of adult/child</li> <li>Evidencing quality</li> </ul>	<ul style="list-style-type: none"> <li>PPG now regularly holds joint discussions with adult services in our QA work. We have recently had drug &amp; alcohol, DVA, Mental Health adult care staff in attendance at PPG.</li> <li>The LSAB's MCA group have begun to share relevant anonymised cases to share learning (this includes adults and children cases)</li> <li>Developed a template for the JTAs which is multi-agency</li> <li>Completed Assurance with all Board partners on understanding of information sharing protocols</li> </ul>	<ul style="list-style-type: none"> <li>Consider developing a joint multi-agency chronology, template and audit tool to complete deep dive audits.</li> </ul> <p><b>Action closed</b></p> <ul style="list-style-type: none"> <li>Establish process to share learning from adult/children's reviews – key partner agencies.</li> </ul> <p><b>In new Strategic Plan for 2018 - 21 re SCR/SAR</b></p>

Theme	Opportunity	Relevance	Progress in 2017/18	Ongoing work needed to progress
<b>Policy and Procedures</b>	<ul style="list-style-type: none"> <li>Assure guidance for adults does not bring conflict with guidance for children (&amp;vice versa)</li> <li>Assure guidance is consistent across both Boards and service type</li> </ul>	<ul style="list-style-type: none"> <li>Assurance and QA exercise to be undertaken</li> </ul>	<ul style="list-style-type: none"> <li>Developed joint Human Trafficking and Modern Slavery statement.</li> <li>Renewed LSCB CSE Strategy and Protocol. It was not appropriate to make joint with LSAB</li> <li>LSAB and LSCB Policy and Procedures reference South West CP Procedures and Care Act as required.</li> </ul>	<ul style="list-style-type: none"> <li>Development of LSAB Sexual Exploitation Policy</li> <li>Develop LSAB Adult Exploitation Policy (not appropriate to make these joint with LSCB)</li> <li>Consider LSCB Consent Policy (not appropriate to make these joint with LSAB)</li> <li>Review MCA &amp; DOLS joint policy statement in line with government response to law commission work. (No update re implementation of changes so not required yet)</li> </ul> <p><b>All actions are operational within P&amp;P sub groups</b></p>

Theme	Opportunity	Relevance	Progress in 2017/18	Ongoing work needed to progress
<b>Training</b>	Actively look for opportunities for bring appropriate aspects of training together (i.e. convergence)	<ul style="list-style-type: none"> <li>• ‘Think Family’ approach</li> <li>• Challenge generic perceptions of safeguarding</li> </ul>	<ul style="list-style-type: none"> <li>• MCA/DOLS training – taking place for adult and children’s services.</li> <li>• LSCB interagency child protection training now available to adult colleagues.</li> <li>• FGM awareness training slides are available to all agencies on the safeguarding website.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop awareness training slides on specialised themes (e.g. Adult Mental Health and Child Protection, CSE, DA, Modern Slavery to be made available on the joint website.</li> <li>• Develop joint training in Early Intervention/Complex (Toxic) Trio/Mental Health and Child Protection.</li> <li>• Develop e-learning training packages and other modes of delivery to be made available on the joint website</li> <li>• Develop core train the trainer sessions.</li> <li>• Organise joint thresholds awareness sessions for stakeholders.</li> <li>• Slides and training around MCA/DoLS available and MCA group members reviewed training materials.</li> <li>• NEW: Review the MCA/DoLS e-learning package and amend where necessary in line with legal updates</li> </ul> <p><b>All actions are in Strategic Plan for 2018-21</b></p>



Theme	Opportunity	Relevance	Progress in 2017/18	Ongoing work needed to progress
<b>Exchanging Information</b>	<ul style="list-style-type: none"> <li>Improved early identification of risk and referral</li> <li>Joint Planning -- Annual Joint Business Development Session</li> </ul>	<ul style="list-style-type: none"> <li>Joint development of MASH</li> </ul>	<ul style="list-style-type: none"> <li>MASH is live and still developing.</li> <li>Further developed the Joint Working Mental Health Protocol between agencies.</li> <li>Reviewed the effectiveness of the MASH as a whole and also the individual agencies (Local Authority, Health, Police etc).</li> <li>Improved information-sharing with GPs.</li> <li>Joint Business Development Sessions.</li> </ul>	<ul style="list-style-type: none"> <li>Test out barriers to information sharing.</li> </ul> <p><b>Ongoing operational work</b></p>

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

Theme	Opportunity	Relevance	Progress in 2017/18	Ongoing work needed to progress
<b>Think Family</b>	Enhance prevention and early intervention  Prevent silo working  Upskill the workforce	Better outcomes for families  Improved interagency/partnership working  Smarter Working	<ul style="list-style-type: none"> <li>• Embedded Think Family in the revised Protocol for Joint Working across Adult Mental Health, Primary Health and Children's Services</li> <li>• Developed joint training opportunities for adult and children workforce</li> <li>• </li> </ul>	<ul style="list-style-type: none"> <li>• Develop a programme of joint audits</li> <li>• Consider joint assessment templates; joint risk management meeting and develop a campaign Coordinated campaign to promote 'Think Family' training; promotion and materials.</li> </ul> <p><b>Actions in new Strategic Plan 2018 - 21</b></p>

### Across all themes:

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