



ANNUAL REPORT - October 2013 – October 2014
and
BUSINESS PLAN - October 2014 – October 2017



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1 - INTRODUCTION

Foreword and Introduction.

As the Independent Chair of North Somerset Safeguarding Children Board [NSSCB] I am pleased to present the annual report for the period from October 2013 to October 2014 and business plan for the period October 2014 to October 2017.

The LSCB is supported by an executive group and a number of sub groups that are responsible for the delivery of varying aspects the business plan. I would like to thank all members of each of these groups for their commitment and dedication to safeguarding the children and young people of North Somerset over the last year. I would also like to thank the LSCB's 2 lay members for their assistance at both Board and sub group levels.

In addition to the thanks given above, I would offer my thanks to all front line staff from all organisations who work each day to keep children and young people of North Somerset, safe.

There has been a significant amount of work completed over the past 12 months including very measurable progress and development of the Child Sexual Exploitation [CSE] sub Group, important work dealing with Early Help resulting in the formation of an Early Help sub Group and work linked directly with the Department for children, schools and families "Think Family" agenda. In addition the Board has closely monitored the progress of the action plan developed following our prior Ofsted inspection.

All this has been achieved despite ongoing financial challenges for both statutory and non statutory partners and considerable organisational changes within a number of partners - an achievement that reflects the priority given to Safeguarding across all partner organisations.

During the past 12 months the board has considered a number of local cases that potentially met the statutory requirements for a Serious Case Review (SCR). One of which was judged to have met the criteria and an SCR was commissioned. In other cases that did not meet the set criteria, without exception, we commissioned internal multi agency practice improvement reviews with a view to becoming a proactive learning Board. We have also looked at a number of significant SCRs from other areas around the Country in order to baseline ourselves against their recommendations.

The recommendations and action plans stemming from each of the case reviews and SCR will form part of our performance monitoring 3 year rolling audit calendar which I mentioned in last year's report. This is proving to be an effective 'check and test' process ensuring what we have committed ourselves to do, is done.

The next 12 months will undoubtedly have its challenges but I know that Safeguarding Children remains a top priority for the Board and all its Partners. As well as providing relevant information it is hoped that the report will assist in encouraging a continuing debate about the effectiveness of approaches to safeguarding children within North Somerset. If you have any observations, questions or suggestions arising from the content of this report or about safeguarding practices in our area, I would be very pleased to hear from you.



Tony Oliver
Independent Chair, North Somerset Safeguarding Children Board
September 2014.

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2 - LEGAL FRAMEWORK, MAIN FUNCTIONS AND RESPONSIBILITIES OF THE SAFEGUARDING CHILDREN BOARD

Section 13 of the Children Act 2004 requires each Local Authority to establish a Local Safeguarding Children Board (LSCB) for their area and specifies the organisations and individuals (other than the Local Authority) that should be represented on LSCBs.

Section 14 of the Children Act 2004 sets out the objectives of LSCBs, which are;

- To co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area of the authority; and
- To ensure the effectiveness of what is done by each such person or body for that purpose.

Regulation 5 of the Local Safeguarding Children Board's Regulations 2006 sets out that the functions of the LSCB, in relation to the above objectives under section 14 of the Children Act 2004, are as follows:

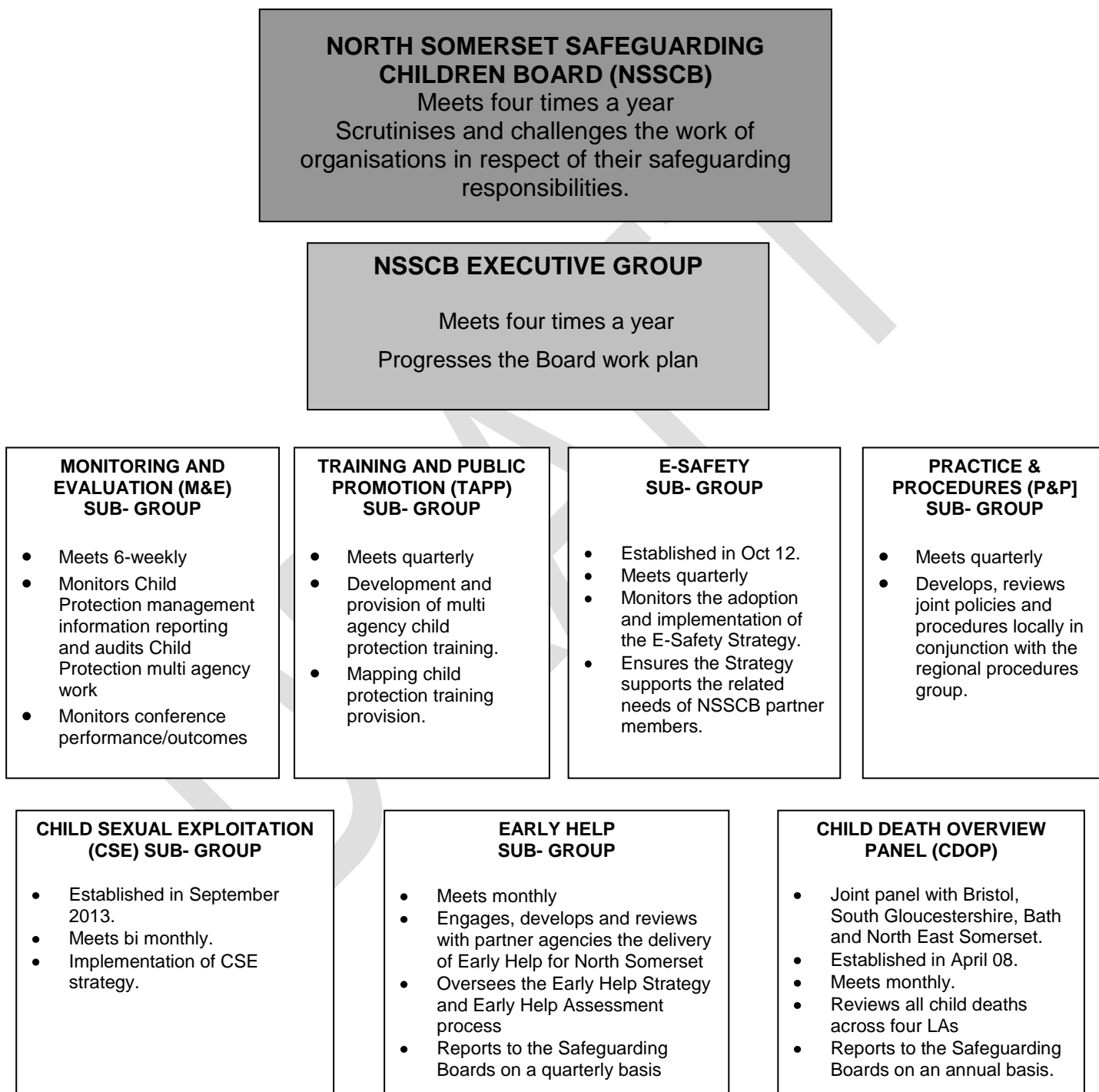
- Developing policies and procedures for safeguarding and promoting the welfare of children, including policies and procedures in relation to:
 - The action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention.
 - Training of persons who work with children or in services affecting the safety and welfare of children.
 - Recruitment and supervision of persons who work with children.
 - Investigation of allegations concerning persons who work with children.
 - Safety and welfare of children who are privately fostered.

- Co-operation with neighbouring children’s services authorities and their Board partners.
- Communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so.
- 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.
- Undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.

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STRUCTURE OF NORTH SOMERSET SAFEGUARDING CHILDREN BOARD (NSSCB)

2.1 Structure of NSSCB



3 - MAIN BOARD ACTIVITY 2013 - 2014

North Somerset continues to have good multi agency working relationships and the Local Authority performs well against national child protection indicators.

Key NSSCB Activity 2013-14

- CSE sub group – following the 2013 report commissioned from Barnardos in respect of the risk of sexually exploited children in North Somerset, the Board agreed a specific sub group to progress the outcomes of the report to include: the development of a CSE action plan, CSE MARAC meetings and a CSE strategy. The outcome of this work is to improve co-ordination of agency work in respect of CSE and to improve the protection of children from exploitation.
- Ofsted action plan - the Board has monitored progress of the relevant actions to provide a multi agency overview of performance against that plan.
- Presentations – throughout the year the Board has received presentations from a number of organisations: Early Help (strategy and services), Domestic Violence services, PREVENT (counter terrorist strategy), Cafcass (Changes in public and private child care law) and Health re: the new structure of the Health Service. The series of presentations provide the Board with the opportunity to scrutinise and challenge local arrangements to safeguarding children.
- Early Help – the Board has been in receipt of regular updates in respect of Early Help to maintain the Board’s understanding of (and scrutiny of), early help services that are provided to families in North Somerset. The work is integrated into an Early Help sub group to the Board.
- Agency risk reporting – agencies have reported to the Board risks in relation to capacity problems or changes to service provision and this has provided the Board with specific opportunities to monitor the impact on multi agency arrangements to safeguarding children.
- Section 11 Audit 2014 – following audit across agency partners, the main themes arising from the audit were reported to the September 2014 Board in order to provide a learning and further self-assessment opportunity for partner agencies, in respect of their safeguarding performance.
- Serious Case Review – the Board has commissioned a Serious Case Review following the serious injury of a child. The draft report was seen by the September 2014 Board and progress on the action plan will be monitored by the Board.

- Learning from case reviews – the Board has undertaken multi agency reviews of a number of cases that did not meet the criteria for an SCR. The reviews are undertaken to enhance learning and multi agency safeguarding arrangements. The Board is also progressing an analysis of the outcomes from prior SCR's and case reviews (2008 -14), in order to identify any common themes and potential areas of concern in respect of embedding learning.
- Lay person – the Board has successfully recruited to two lay person members. This will improve the challenge role of the Board and provide the lay person perspective to the work and operation of the Board.
- Voice of the Child – during the period July – September 2014, the Board has progressed work to collate the safeguarding concerns of young people using a series of consultations that include the outcomes of a recent schools survey. The subsequent report on children's safeguarding concerns is due to be presented will go to the December 2014 Board meeting to improve the Board's understanding of the priorities of children in the area and allow the Board to scrutinise how those priorities are progressed.
- NSSCB workshop January 2014 – Board members took part in a facilitated workshop to test the Board's compliance with the requirements of Working Together and to support the process of developing the 2014 – 17 business plan.

4 - NORTH SOMERSET SAFEGUARDING CHILDREN BOARD SUB GROUPS (NSSCB SUB GROUPS)

North Somerset Local Safeguarding Children Board – Sub Groups

Supporting the Local Safeguarding Children Board there are now six local sub-groups. Five of the groups will report in this section whilst Early Help is a stand-alone report this year (section 12) and will be integrated into this section in the future annual report.

In addition, the Child Death Overview Panel is also referenced on the structure chart as it has a key statutory function, the Panel reports annually across four local authorities and therefore a short report on the Panel is included in section 8.

4.1 Policy and Procedures Sub Group:

Following an internal review, a new procedure for managing the on-going updating of local protocols has been approved and implemented to ensure that all such documents accurately reflect both local conditions and national guidance'. The current work plan includes on-going review against 'Working Together 2013'.

In order to be able to maintain, develop and review inter-agency child protection procedures the Policy and Procedures (P&P) sub group continues to meet quarterly. The representatives of the group have a keen interest and commitment to this area of work resulting in a strong focus on the identification of policy and procedural tasks that need to be amended and put into practice.

The sub group receives policy update information from the South West Regional Child Protection Group (SWCPP). An Independent Health Colleague from Adult Mental Health Services represents the sub group at the SWCPP group.

Sub group members have access to draft documents and are able to feedback on line via the chair and vice chair of the Policy and Procedure Sub Group. The sub group continues to and will be working more closely with the Training and Publicity Sub Group to ensure that the South West Child Protection Procedures are more widely publicised across all organisations and are applied in practice.

Achievements over the last 12 months include significant contribution to the following areas of work:

- The chair of P&P represents the sub group on the SWCPP group to represent North Somerset's interests in the group. The SWCPP website development has been actively supported by the Sub Group.
- Updating, reviewing and agreeing policies written by the NSSCB and partner agencies.

- Supporting the Early Help Task and Finish Group in considering proposed guidance and associated documents.
- Reviewed and updated the sub group Terms of Reference and Job Description.
- The following SWCPP Groups guidance, protocols and procedures have been reviewed, agreed and adopted by the sub group during the past year
- Protocol in respect of arrangements for children missing in North Somerset. The protocol needed to be revised to take account of the ability to refer Child Sexual Exploitation matters to a Multi Agency Risk Assessment Conference (MARAC)
- Safeguarding Children and Young People affected by Domestic Abuse
- North Somerset Safeguarding Procedure for Early Years and Play Providers
- North Somerset Unborn Baby Protocol
- Model Safeguarding Policy for Schools
- ‘CHANNEL’ Referral Process Flowchart
- Addendum to schools guidance in respect of the use of mobile devices by contractors on school premises.

Future actions:

- Compile an Equalities statement and work closely with the Local Authority Diversity Manager to Equality Impact Assess NSSCB multi-agency policy and procedure when under review.
- Maintain and update the NSSCB website
- Liaise with the South West Child Protection Procedures Group
- Continue to update, review and agree multi agency safeguarding policies, procedures and guidance written by NSSCB and partnership agencies.

4.2 Training and Public Promotion Sub-Group

The Training and Public Promotion sub group meets quarterly in accordance with the Terms of Reference for the group. The group is made up from practitioners from a range of key partner agencies.

A Training Strategy has been developed and published by the group for 2014 – 17 that formalises the quality assurance of inter agency and single agency child protection training.

The strategy is designed to improve multi agency working practice to safeguard children and it is published on the NSSCB Website. This includes national training requirements alongside training that arises from local case reviews and multi agency practice priorities.

The training programme for Inter Agency Child Protection courses is subscribed to by practitioners from all agencies. Evaluations show a high level of satisfaction with the training. In the year from 1 September 2013 to 31 August 2014 a total of 1325 delegates attended courses as part of the Inter Agency Training programme.

Please see **Appendix 2** for a further breakdown of numbers of staff who attended training.

Recent developments:

- Delivery of a half day module relating to: Honour Based Violence, Forced Marriage and Female Genital Mutilation now delivered as a separate module from prior integrated training.
- Delivery of two levels of Child Sexual Exploitation training now delivered as a separate module from previously integrated training.
- Delivery of Emotional Abuse and Neglect training

4.3 Monitoring and Evaluation Sub-Group

The Monitoring and Evaluation sub group continues to meet approximately 6 weekly. Membership has been widened to include voluntary agencies and other multi agency partners. We also have access to other partner agencies that attend to provide advice and information as required on audits or specific focus.

The group has reviewed its membership, purpose and annual work programme. There continues to be strong commitment from agencies involved in the Monitoring and Evaluation sub group. The terms of reference have been revised and the ‘check and test’ audit calendar has been updated to include future themes for scrutiny that arise from prior audits, case reviews and local practice priorities.

The sub group audits a range of topics to address areas of concern, these include:

- Dissent issues and complaints related to Child Protection conferences.
- Agency attendance at conferences.
- Audit of the quality of agency reports to conferences.
- Review progress of cases where children are subject to a Child Protection Plan for 18 months and over
- Analysis of threshold and categories of Child Protection cases

In addition to this the sub group has undertaken a number of thematic reviews based upon audits, Serious Case Reviews (SCR), NSSCB areas of interest and/or areas of concern raised by partner agencies. These include:

- Audit of previous SCR action plans and their implementation
- Checking the recommendations from SCR's remain applicable or require modification due to local policy changes, and that any changes meet the safeguarding requirement of the original recommendation
- Audit of services received by disabled children and their families.
- Audit of pre-birth assessments and the liaison between Children's Services and midwifery services
- Audit of Children subject to a Child Protection plan for 3 months only and the liaison between Children's Services and Adult Mental Health Services
- Audit of changes of paperwork as a result of the implementation of 'Signs of Safety'
- Schools audit of performance in relation to Child Protection e.g. safety and safer recruitment policies and procedures and monitoring of Child Protection training.

Once completed the audit outcomes are fed back via the representatives on the sub group to each of the relevant agencies. The sub group also report the overall themes and outcomes to the Board as part of the quarterly report to the Board.

The group are continuously reviewing the feedback mechanism with a view to improving multi agency practice and joint safeguarding arrangements.

The group contributes to the work to populate the Performance Management Framework (PMF) and will continue to review the framework during 2014/2015. The PMF has also been amended during 2013/14 to take account of the recommendations from Eileen Munroe.

In addition, the group will action and monitor any tasks raised from individual or multi-agency inspections undertaken (for example CQC, Ofsted, internal agency assessments) and undertake audit work identified by the NSSCB.

Participation and the voice of children and families involved in child protection remain central to all work completed by the Monitoring and Evaluation sub group. Currently there is a further 3-month evaluation being undertaken which will be informed by conference attendees of their experience of the process and impact of 'Signs of Safety' in Child Protection in North Somerset.

Priorities:

The future focus for the Monitoring and Evaluation sub group will include following up identified areas from previous audits, for example:-

- Establish a minimum standard report required to improve information sharing and decision making when Child Protection concerns arise, this will include the Monitoring and Evaluation chair visiting all GP leads in North Somerset to improve communication and address any difficulties that arise.
- Build on the relationship with adult and children’s mental health services in North Somerset to share the audit function in respect of child protection concerns and parental mental health issues.
- Seeking to include more voluntary organisations in Monitoring and Evaluation to ensure wider involvement of specialist and community services
- Through future audits and developing relationships with specialist organisations Monitoring and Evaluation wish to improve the understanding of the impact of domestic violence, substance and alcohol misuse and mental health in child protection concerns in North Somerset.
- Recognising the impact of hate crimes in North Somerset, how these are being reported and collated across agencies and ensuring access to appropriate support and services for children and their families.

4.4 E-Safety Sub Group

This sub group was established in November 2012 with the remit of producing an updated strategic framework to support agencies and their partners in addressing e-safety issues in their work with children & young people.

Background

Local Safeguarding Children Boards have a statutory duty to safeguard and promote the welfare of children and as technology increasingly permeates into every aspect of a child’s life from an ever-younger age, e-safety must necessarily be part of this remit.

While it is clear that technology offers children unprecedented opportunities to learn, communicate, create, discover and be entertained in a virtual environment, there are some inherent risks. Whilst most children’s confidence and competence in using the technologies may be considered high, their knowledge and understanding of the risks may be low.

All agencies providing services to children have a duty to understand e-safety issues, recognising their role in helping children to remain safe online while also supporting adults who care for children. The emphasis should be very much on how to use digital technologies safely and responsibly, rather than on a blocking and banning approach.

It must be recognised that e-safety is not simply a technological issue and is not limited to settings where children have access to technology. Likewise, responsibility for e-safety must not be delegated to technical colleagues or those with a responsibility for ICT, but must be firmly embedded within safeguarding policies, practices and responsibilities.

Activity

During the 2013/14 year the group developed the framework, which was then signed off by the Board at its meeting in July 2014.

The strategic framework sets out the Board’s expectations of partner agencies under the headings of:

- Definition and scope of e-safety
- Vision and aims of the framework
- Expectations of agencies
- Core e-safety messages for agencies to disseminate
- Resources available to agencies
- Ongoing monitoring arrangements

The framework and the supporting resources will be located on the Board’s website for reference and use by agencies with a view to improving e-safety safeguarding practice across agencies.

On the adoption of the framework the Board determined that a dedicated subgroup was no longer required and so ongoing monitoring of e-safety compliance will be picked up by the main Board through the Section 11 audit process and in specific development work that includes Child Sexual Exploitation.

4.5 Child Sexual Exploitation Sub Group

This sub group has been in operation for one year and has set a strategy to respond to child sexual exploitation across North Somerset. The aim of the group is to improve multi agency practice in relation to children at risk of, or who are subject to, sexual exploitation and there is a good level of involvement in the sub group from a wide range of organisations and the group meets every other month.

The strategy has the headings of:

- Preventing child sexual exploitation
- Protecting children who are sexually exploited
- Pursuing adults who sexually exploit

Strengths of the sub group’s work are:

- The group’s strategy is based on a piece of work that Barnardo’s carried out for the Board to scope Child Sexual Exploitation in North Somerset. The group has good evidence of what we need to prioritise

- There is strong ‘buy in’ across the Board to tackle child sexual exploitation.

Areas for the sub group to develop:

Much of the action plan from the group’s strategy is in the early stages of being implemented. The group has set key priorities from the action plan it needs to achieve most quickly. These include:

- Training on how to support young people who have been sexually exploited as part of the Board’s training programme
- Supporting schools to effectively deliver messages about personal relationships that help young people to stay safe from exploitation including online safety.
- Having a monthly inter-agency meeting (titled ‘CSE MARAC’), that discusses individual young people at high risk of exploitation to plan how to support them and how to tackle their abusers
- Provision of support for young people who are being exploited to help them to escape and avoid abuse.

5 – SAFEGUARDING IN EDUCATION

The Safeguarding in Education Officer supports schools across North Somerset. The role continues to develop and is well established in the authority. Communication and engagement with schools is strong and consistent approaches to safeguarding children in schools are embedded.

The post holder works with a range of partner agencies and works closely with the NSSCB Multi-Agency Safeguarding Officer who provides safeguarding training and support to other agencies working with children and young people. Both posts are hosted in the Integrated Workforce Development Team within People & Communities Directorate and receive safeguarding supervision from the Quality Assurance Team.

Aims for 2013-2014

- To deliver a high quality safeguarding service to school
- To continually review delivery and priorities in light of local and national safeguarding developments
- To respond to recommendations from Serious Case Reviews and embed learning across schools in north Somerset
- To support schools to meet legislative and statutory requirements in relation to safeguarding

Strengths / Outcomes for 2013 – 2014

1. Basic Safeguarding Awareness Training. A continuous rolling programme of training for members of school staff (whole school and targeted staff groups).
2. Designated Safeguarding Leads Network meetings held through the year used as the primary vehicle to update, communicate with and support schools.
3. Staff briefings held for all schools/governing bodies following the publication of Statutory Guidance – Keeping children safe in education April 2014.
4. Delivery of Safer Recruitment training to school staff and multi-agency partners.
5. Domestic Abuse work with schools to raise awareness. Named advocates for each school to lead the work, training offer for each school and a network to follow.
6. Maintained a database of all school staff with responsibility for Safeguarding.
7. Supported Early Help and threshold criteria including membership of the Early Help Task and Finish group representing schools.
8. Provided safeguarding advice and guidance to individual schools.
9. Provided Safeguarding support and training to school governors.
10. Supported and attended the anti bullying strategic group working with the Local Authority lead on anti bullying.
11. Provided education-focussed input to Advanced Inter Agency Safeguarding Courses.
12. Quality assured Safeguarding training designed and delivered in-house by schools via NSSCB training sub group.
13. Represented education on the NSSCB Training sub group and Policy & Procedures sub group.
14. Joint working with the e-safety specialist.

Areas for Development

1. Work with the Designated Teachers/Governors for Children Looked After (CLA), to improve safeguarding of CLA
2. Launch networks for governors to ensure lines of communication and a vehicle for updates

3. Support the implementation of the Early Help Strategy and support schools in the work
4. Support the Think Family agenda and co facilitate multi agency workshops
5. Roll out a multi agency training course to raise awareness of teenage relationship abuse

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6 – SAFEGUARDING IN HEALTH

The CCG is a statutory partner on the North Somerset LSCB with the Chief Nursing Officer delegating representation on the Board to the Designated Nurse, Designated Doctor and Named GP. North Somerset Community Partnership, Weston Area Health Authority and Avon and Wiltshire Partnership are also represented on the LSCB

The CCG holds a statutory responsibility for ensuring that the health contribution to safeguarding and promoting the welfare of children is carried out effectively. The Chief Nursing Officer is the CCG lead for safeguarding children. North Somerset CCG employ a Designated Nurse on a full time basis. The Designated Doctor and Named GP are contracted to work for the CCG on a sessional basis. Working Together to Safeguard children (2013) recommends that all GP practices should have a Lead and Deputy for safeguarding children who should work closely with the Named GP.

The CCG is currently looking to work with NHS England to begin to co-commission primary care (GP services) and specialised services. The CCG provides safeguarding children training to the GP practices which is delivered by the Designated Nurse and Named GP.

All providers of NHS funded health services including NHS Trusts, NHS Foundation Trusts and public, voluntary sector, independent sector and social enterprises should identify a Named Doctor and a Named Nurse (and a Named Midwife if the organisation provides maternity services) for safeguarding.

The main health providers commissioned by the CCG to provide services to children and families in North Somerset are Weston Area Health Trust (WAHT), North Somerset Community Partnership (NSCP) and Avon and Wiltshire Mental Health Partnership (AWP). Each of these organisations employs Named Professionals who deliver safeguarding training, supervision, expert advice to staff and contribute to the work of NSSCB. The Designated Professionals and Named Professionals work together and with partner agencies, to ensure that children and young people are protected and their welfare promoted across the health community of North Somerset.

All services commissioned by North Somerset CCG are required to have a safeguarding children policy and to have safeguarding standards attached to the contract. These are reviewed and developed by the Designated Nurses from North Somerset, South Gloucestershire and Bristol to ensure they reflect local and national guidance. Assurance of compliance with these standards is achieved by an ongoing quality assurance process of quarterly reporting and annual audit.

Priorities 2014/15:

- To further develop the safeguarding training for primary care, following the publication of the new intercollegiate document: (Safeguarding children and young people: roles and competences for health care staff: Intercollegiate Document. Third edition: March 2014).
- To support General practitioners with their knowledge and competencies in safeguarding, to assist with the appraisal process
- To support WAHT with the repatriation of Child protection Services and work with the Named Nurse and New Named Dr.
- To continue to embed the changes resulting from reviews of services for looked after children

7 – MISSING PERSONS

The joint Police and Social Care Protocol was subject to review in 2014 to take account of:

- New police definitions of ‘missing and ‘absent’ (without authority).
- Improvements in the provision of return home interviews to include the facility to have Barnardos undertake interviews on our behalf.
- The integration of questions into the return home interview that include prompts for consideration of exploitation
- The facility to refer a case to the North Somerset Child Sexual Exploitation Multi Agency Risk Assessment conference (CSE MARAC).

This updated version is available at
<http://www.northsomersetlscb.org.uk/uploads/files/325.pdf>

Practice in respect of missing children:

- The police take details of all children who are reported to them as missing from their family home or from local authority care. This includes an assessment of the vulnerability of the child and whether or not the child is absent without leave or missing with whereabouts unknown.
- When a child is found, a police ‘Safe and Well’ interview is undertaken in every case. This is to establish that children who have been missing are being returned to a safe environment. The interview is also used to ascertain whether they have been involved in any offending behaviour or whether they have been subjected to any abuse during their absence. The information is analysed for repeat runaways or significant patterns such as children who may be subject to exploitation.
- An interview of missing children is offered to all children and is managed through social work management.

Data in respect of missing children and process monitoring for missing children continues on a quarterly basis and involves Police and Children’s Social Care managers.

The monitoring meeting looks at:

- Overall number in respect of rises in number and comparison with neighbouring Local Authorities.

- Functioning of the system (e.g. is information about children being shared in a timely way?)
- Trends including ‘hotspots’ (e.g. common/repeat locations and concerns around individual adults in the area) and children who repeatedly go missing.
- Responses to exceptional cases (e.g. very young children, very vulnerable children, known exploitation).
- Return home interviewing.

The data continues to show a lower number of children going missing in North Somerset than in the neighbouring Avon and Somerset police area (typically 17-22 children each 3 month period).

The majority of children are between that age of 14 and 17 years and are predominantly female. Most of these are missing for 24 hours and are with friends or partners.

The pattern of 15 -17 yr olds staying out later than expected is a trend that concurs with the police view of national data on missing children and is likely to be reduced by the police classification of missing or absent without authority.

Outcomes

- Monitoring ensures that actions are taken in a timely way on exceptional cases (e.g those where the child is missing for more than 72 hours, where the child is considered to be highly vulnerable and those children who go missing repeatedly)
- Monitoring has identified specific locations that have been targeted by police and social work with a positive outcome
- Monitoring has identified a high percentage of CLA going missing compared to their peers and past data.
- Children’s homes in North Somerset have good working relationships with the police missing children co-ordinator
- Contracts for care providers in other Local Authorities, includes requirements of the North Somerset Missing Children Protocol.
- Independent Reviewing Officers are notified where their allocated children go missing to allow for monitoring of actions to support the child
- The number of unaccompanied children entering the area and subsequently going missing has reduced significantly following work between police, social care and UKBA. This continues to be the case.

2014-15 priorities are:

- Monitoring and Improvement in respect of return home interviews.
- Data in respect of return interviews requires improvement, client records often show return home action taking place but not specific ‘interview returns’.

- LSCB to challenge LA arrangements for missing CLA due to increase in % data.

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8 – ALLEGATIONS AGAINST ADULTS WORKING WITH CHILDREN

As required by regulation (Working Together 2013), North Somerset has a Local Authority Designated Officer (LADO), with responsibility for the oversight of how allegations against people who work with children are managed.

In North Somerset the LADO role is undertaken by the Service Leader – Quality Assurance with cover arrangements provided through the Quality Assurance Team.

The regulations require all organisations who work with children to liaise with the LADO where there are concerns about a practitioner’s behaviour in relation to children, in order for the LADO to provide advice and have oversight of how such referrals are managed.

The LADO role provides organisations with the opportunity to access child protection advice on specific cases, guidance in respect of appropriate actions, the opportunity to compare the actions of staff with their peers in other organisations and the opportunity to compare how the organisation should respond in line with their peers.

North Somerset LADO plays an active role in the regional LADO network that provides an opportunity to share casework practice and provides an opportunity to shared themed issues and solutions.

The LADO procedure is at: <http://www.northsomersetlscb.org.uk/uploads/files/353.pdf>

The key themes arising from allegation management during 2013-2014 are:

- Referrals to the LADO continue to be made at a much earlier stage of agency concerns. This accounts for a large part of the increase in LADO referrals over the last two years and represents a positive development as issues of staff behaviour are being dealt with prior to incidents against children occurring.
- Earlier intervention in respect of unwanted behaviours does raise challenges in respect of taking appropriate and proportionate action and close work between police, children’s social care staff and agency HR services are required to ensure that staff are dealt with fairly and in keeping with their peers.
- In the two year period 2012 - 14 the LADO dealt with approximately 120 cases each year. This represent a trebling of referrals compared with prior years.
- Whilst the majority of these cases are dealt with by providing advice, there is a significant amount of ‘follow up’ work in relation to ongoing agency liaison, records updating, monitoring progress of a case and ensuring case resolve with a final outcome.
- The bulk of LADO referrals come from local schools and Early Years settings. The Safeguarding in Education post holder and the Early Years Advisors are very active

in providing direct support to schools as well as working closely with the LADO and multi-agency trainer to improve the training support to schools.

- Specific training has been delivered in respect of helping organisations to improve their safeguarding culture and to self assess themselves in this respect.
- Referrals from health staff remain at a very low level and some health staff have reported little or no awareness of the LADO role. The basic awareness training for health staff now has an improved LADO element and the role is strengthened within the GP Child Protection training.
- Referrals in respect of police staff are also very low and work is underway to link with the police standards authority.

Priorities for 2014-15:

- Continue work to promote the LADO role across agencies.
- Progress discussions with Police and Health colleagues in respect of referrals from their agencies.

9 – CHILD DEATH OVERVIEW PANEL

Since 1 April 2008, North Somerset has played an active part in the joint Local Authority arrangements to provide both a rapid response to child deaths and a Child Death Review Panel (CDOP). The joint arrangements are between North Somerset, Bristol, South Gloucestershire and Bath & North East Somerset and the requirement to have such arrangements is detailed within Working Together 2013: Chapter 5 Child Death Review Processes.

In addition to responding in the event of a child death the local authorities also have to collect and analyse information about the deaths of children up to the age of 18. From this information the panel identifies patterns and trends and take specific action to prevent similar deaths in the future. 483 child deaths were notified to the West of England Child Death Enquiries Office between 1st April 2010 and 31st March 2014.

There are no specific trends identified for North Somerset.

Important issues highlighted by CDOP were disseminated through their constituent agencies and the Chairs of the Local Safeguarding Children Board's. In certain situations, CDOP sought assurance from specific agencies that action following a death had been followed through. Examples of the above include:

- Certain deaths from trauma and injury have led to direct liaison with agencies such as Avonsafe and the Canal and Rivers Trust regarding improved safety advice to parents.
- Safeguarding training for health professionals has been revised to ensure consideration of any children in the care of adult patients whose illness or treatment may affect their ability to provide appropriate care
- SIDS deaths have highlighted the lack of a formal Care of the Next Infant programme in this area, and commissioners have been made aware of this
- Good practice by a GP providing medical leadership of a package of home-based palliative care led to further discussion with commissioners in recognising that coordinated medical advice is not always available in this situation
- In some hospital deaths CDOP has noted the absence of or lower than expected quality of a Root Cause Analysis or other enquiry, and CDOP always liaises closely to ensure any actions are completed
- Delay in detecting pulmonary hypertension in a child with Down Syndrome led to a case for a local screening programme being raised with commissioners in line with RCPCH guidelines.

Certain themes have emerged from reviewing children's deaths in the West of England include issues in respect of:

- Safe sleeping advice - CDOP has reviewed written and verbal advice given to parents and is supporting research into factors influencing parental decision making about sleeping arrangements. To ensure a national approach to this important issue, local data is being contributed to the NICE review of co-sleeping.
- Child Death Review process - training to partners to ensure submission of appropriate information and convening of robust Child Death Review Meetings
- Family follow up - CDOP continue to fund a Bereavement Nurse based in UH Bristol and have arranged training from the Lullaby Trust for professional involved in the rapid response team
- Voice of Parents - some cases reviewed have drawn attention to less than optimal communication with parents during their child's illness and CDOP has supported processes to address this. Efforts are made to ensure effective parental involvement in the Child Death process, in particular ensuring parental questions and concerns are addressed.

Further detail is contained within the 2013-2014 annual report from the Child Death Overview Panel – <http://www.northsomersetscb.org.uk/uploads/files/370.06>.

10 – CHILDHOOD UNINTENTIONAL INJURY REDUCTION

The North Somerset (Avonsafe) Injury Reduction Group meets four times a year and members from a range of agencies work to progress the AVONSAFE strategy as it relates to North Somerset.

The group is chaired by a Service Leader from the People & Communities Directorate and attendance from a range of agencies is good.

The main source of information for the group is the rate of emergency hospital admissions in children under 18, which is also a key Public Health Indicator. Using this data, supplemented by road traffic data and Frenchay burns unit data, the following issues have been identified as causing the most concern in North Somerset:

- There has been a rising trend in the rates of burns and scalds, falls, accidental poisoning and strikes, crushes and jams among under 5 year olds in North Somerset since 2004. Looking at emergency department data from 2008 to 2013, hot water burns are much higher than the average for England
- There has been a rising trend in the rates of accidental poisonings and strikes, crushes and jams among 5-17 year olds in North Somerset since 2004
- Rates of incidents among 17 year old drivers, suggests this should be the biggest priority in terms of road safety.

However, rates of unintended injury in under 18s in North Somerset are relatively small compared to the national and regional average.

As a result of the rising trend in the 4 major causes of emergency admissions in the under 5s, the main activity of the group this year has been to focus on under 5s. Work has included:

- Providing safety information leaflets to the School Nursing Service, to be used during meetings with parents of new reception children
- Design and printing of a Home Safety Checklist for distribution to various organisations who work with parents, such as Children’s Centres
- Providing training at the Lifeskills Centre for Children’s Centre staff to enable them to take groups of parents to use the centre
- Providing training to Children’s Centre staff to deliver First Aid training to parents
- Working with the Childminder’s Network to deliver safety information to childminders

- Designing and printing a leaflet to be used as part of an unintentional poisoning campaign, targeting, Children’s Centres, Pharmacists and A&E
- Increasing publicity, with two articles in ‘Life’ magazine about childhood injury and more regular information in the Early Years newsletter
- Increasing take up of the ‘Wrecked’ safety education programme for young drivers
- Increasing take up of Bikeability training in Primary schools

In June 2014 a report was released from Public Health England entitled ‘Reducing unintentional injuries in and around the home among children under 5 years’. This report suggests that the following areas could be strengthened:

- Links with housing, Homestart and the High Impact Families programme
- Supporting Health Visitors, midwives and A&E to deliver safety messages to parents
- Focusing on the two biggest causes of deaths, choking, suffocation and strangulation and drowning (and not just on the biggest causes of emergency admissions)

The strength of the strategy in North Somerset is a well attended, supportive steering group, where there is a useful exchange of information and sharing of ideas. In terms of working with front line staff, links are particularly good with Children Centres. We also have an established safety equipment fitting scheme, which is well supported by Health Visitors and enables injury prevention support to be directed at the most vulnerable families.

There are some gaps in the steering group, which has led to attention being more focused on settings where there is good representation, such as Children’s Centres. We need to broaden engagement with a wider range of agencies in the coming year. We also need to improve our monitoring, so the link between the actions we take as part of our strategy and outcomes achieved is clearer.

11 – PRIVATE FOSTERING

In North Somerset all notifications regarding potential private fostering arrangements are made to the SPA and passed to the Referral and Assessment team who identify the relevant Community Family team (in which the child is living). The case will then be allocated to a social worker in the CFT who will have responsibility for the child, visiting every fortnight during assessment of the placement and thereafter every 6 weeks. This was done within the 5 working days required with all 7 notifications received within 2013/14.

An assessment of the adults offering the private fostering arrangement is undertaken by the Family and Friends Team, this assessment will look at the suitability of the applicants to offer care to the child and also assess their ability to meet the needs of the child placed.

Children Privately Fostered in North Somerset 2013-14

In North Somerset, similar to the national picture, the numbers remain very low of both notifications and suitable private fostering arrangements being supported.

In 2010/11 the local authority was notified of 3 private fostering arrangements.

In 2011/12 there were 5 young people living in private fostering arrangements, 3 notified that year and 2 carried forward from the previous year

In 2012/13 there were 9 young people monitored in private fostering arrangements and 7 of those started within the year, 2 carried forward from the previous year.

In 2013/14, 9 young people were monitored in private fostering arrangements, 7 of these were started during the year with assessments undertaken regarding the suitability of the private foster carers. Of the 7 assessments undertaken all were agreed to be suitable.

Again similar to the national picture, all of the young people living in private fostering arrangements in 2013/14 were teenagers aged 14 to 16 years. However, unlike the national picture, in North Somerset all these young people were sofa surfing and finding their own solutions to difficulties at home. There were no young people privately fostered from abroad or attending language schools.

By the 31st March 2014 all of the private fostering arrangements worked on during the year had come to an end except one. The placements ended because the young people reached 16 and no longer came under private fostering regulations – there were 5, or the young person came into care – there were 2.

Records show that all these young people were visited every 6 weeks except one – this young person is now in care.

Duty to Notify and Promoting Awareness of Private Fostering

Under the private fostering regulations the local authority has a duty to promote public awareness of the requirement for the family or relatives of the child, the prospective private foster carer and any member of the public or professionals to notify the local authority of any private fostering arrangement.

In North Somerset we have followed a program of public information through advertisements in North Somerset Life, leaflets available in public places such as libraries, GP practices etc and information raising workshops provided bi-annually, one for staff of the council and partner agencies and one for the general public. This was provided by the Fostering Recruitment team until April 2014 and following a re-structure will now be led by the mainstream fostering team who will link closely with the Adoption and Permanence team who undertake the assessments.

In 2013 a leaflet was sent by email to all staff working in relevant departments within the council to remind them of their responsibilities to notify and how they should do this. A similar leafleting exercise will be undertaken again in September 2014 to include all schools and partner agencies. It will also be important to include professionals outside the children's workforce as those working within the adult care sector and housing services are quite likely to come into contact with private fostering arrangements through their service users.

Workshops and awareness raising sessions will be offered during the winter of 2014/15, along with an ongoing program of public information through advertising and leaflets in key places.

The notifications of private fostering arrangements to North Somerset Council have increased with the promotion that has been undertaken in recent years however the numbers remain very low. It would suggest that there is still a great deal of work to be done – particularly amongst those agencies working with children to inform staff to be vigilant about potential arrangements that they may come across in their work.

Conclusion

The national picture indicates that there is an ongoing problem making the general public, as well as staff working in the relevant sectors, aware of the need to notify the local authority of any private fostering arrangements.

The evidence even on the low numbers in North Somerset, is that the children in private fostering arrangements are likely to be in need or 'on the edge of care'. It is a priority for North Somerset to increase awareness and ensure that the process of notification is simple and understood more widely, this requires multi-agency support and commitment.

12 – EARLY HELP AND INTEGRATED WORKING

In North Somerset the Early Help agenda is being supported and driven by the Safeguarding Board. This enables us to promote inter-agency cooperation to improve the wellbeing of children under section 10 of the Children Act 2004 and adhere to the precepts of Working Together 2013 that effective early help relies upon local agencies working together to identify and undertake an assessment of the need for children and families who would benefit from early help. Early Help in North Somerset is set out in the NSSCB document the Threshold Criteria for Children in Need and Child Protection Referrals to Children’s Social Care (2012).

The multi –agency Early Help group has been constituted into a formal sub-group of the NSSCB since June 2014 in recognition that Early Help is core business of the safeguarding board and to support and ensure the embedding of Early Help pathways and assessments in North Somerset. The number of Early Help Assessments completed in North Somerset remains lower than we would like, especially for children over 5 years old. We will continue to support the work of all agencies and schools to increase the number of Early Help Assessments completed.

The new statutory guidance to schools Keeping Children Safe in Education highlights that: ‘Governing bodies and proprietors should ensure that the school or college contributes to inter-agency working in line with statutory guidance *Working Together to Safeguard Children 2013*. This includes providing a co-ordinated offer of early help when additional needs of children are identified and contributing to inter-agency plans to provide additional support to children subject to child protection plans’.

Health has a similar focus on Early Help through the CQC Inspection Guidelines 2014-15. There will be reviews in Local Authority areas looking at the quality and effectiveness of the arrangements that health care services have made to ensure children are safeguarded. The review will be conducted under section 48 of the Health and Social Care Act 2008 and will focus on evaluating the experiences and outcomes for children, young people and their families who receive health services including: Assessing need and providing early help; Identifying and supporting children in need; The quality and impact of child protection arrangements.

A recent case review commissioned by the North Somerset Safeguarding Board NSSCB has identified a number of key learning points relating to Early Help. The first was to use the Early Help Assessment (CAF) to ensure that children and families receive the help they require at the earliest opportunity and ensure that the NSSCB Threshold Criteria for Children in Need and Child Protection Referrals to Children’s Social Care (2012) is implemented. This states that level 2b, ‘when two agencies or more need to be involved, is the level at which there is a need for a clear coordinated multi-agency response and therefore an Early Help Assessment (CAF) should be completed and a ‘Team around the Child’ should be put in place.’ This was not put in place for the child subject to the review. A further recommendation was that North Somerset Safeguarding Board should receive reports on the uptake of Early Help (CAF) Assessments detailing which agencies initiate these.

An Interim simplified arrangement for the CAF has been put in place, in response to feedback from agencies. Support has been made available to understand and complete the Interim CAF.

We will continue to work with agencies to emphasise the need to provide appropriate services, at the right level of need in order to prevent issues from escalating to the point of referral to children’s social care. Professionals wishing to make a Children’s Social Care referral should attach an Early Help Assessment (CAF) or other assessment that has been completed (e.g. ASSET). If there has been early support and intervention and an Early Help Assessment completed, then this is important information to help inform the screening and assessment process. However, it is recognised that some situations will immediately meet the criteria for a direct referral as a Child in Need, which may include a ‘Child in Need of protection’, and referrals will be accepted without an Early Help Assessment.

The new electronic Early Help Module has been designed with a simplified workflow that is far more flexible and easy to use. The Module incorporates the Early Help Assessment and Plan, which has been designed with feedback from all agencies. We are working hard to establish a step-up and step-down process between Early Help and Children’s Social Care systems to support agencies sharing information effectively at different thresholds of need in partnership with parents. This will be launched with a series of training events.

North Somerset have developed expertise in system design, so we can regularly review and improve the Early Help Assessment and system within North Somerset to ensure it continues to meet our needs and statutory requirements. The new system will incorporate a distance travelled tool so that all agencies will be able to track outcomes for individual children.

The draft of the Early Help Strategy has been published for consultation and sets out:

- The need for agencies to engage with the process of defining their Early Help Offer
- The need for agencies to commit to undertake an assessment where Early Help is identified
- The expectation that they will formally sign up to the “Early Help Pledge”
- That the joint commissioning arrangements being developed by the People & Communities Partnership Board will support implementation of the strategy

APPENDIX 1 – BUDGET STATEMENT 2013-2014

NORTH SOMERSET SAFEGUARDING CHILDRENS BOARD		
<u>Activity (W Tog. 2010)</u>	<u>Budget</u> <u>2013/14</u>	<u>Expenditure</u> <u>for 2013/14</u>
	£	£
Multi agency trainer 30hrs	37,190	37,190
Training venues and related costs	18,075	14,268
Child death overview panel	5,000	4,810
South west procedures	1,000	750
Chairperson	12,000	12,000
SCR independent Authors	6,000	4,321
Lay member expenses	1,000	
Office and administration costs	7,600	7,600
Management	6,940	6,940
Total expenditure	94,805	87,879
<u>Income:</u>		
<u>Source</u>	<u>Financial</u> <u>contributions</u>	
	£	£
-		
Training income	15,500	11,835
<u>Agency contributions: Multi Agency Trainer</u>		
Health PCT	6,997	6,997
Police	6,997	6,997
Learning Partnership West	881	881
<u>Agency contributions: Multi Agency Trainer</u>		
Health PCT	6,997	6,997
Police	6,997	6,997

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Learning Partnership West	881	881
<u>Agency contributions: Operating costs</u>		
Police	3,816	3,789
Health trusts	6,259	6,259
North Bristol NHS Trust	3,136	3,137
United Bristol Healthcare trust	3,136	3,137
Probation	1,575	1,575
CAFCASS	550	550
S.S.F. Contribution to Chair	2,000	2,000
Avon Fire & Rescue Service	0	1,000
North Somerset Council	43,958	43,958
Total	94,805	92,115
Creation of SCR Additional capacity		-4,236

APPENDIX 2 – MULTI AGENCY TRAINING AND ATTENDEE DETAILS

Title of Course	Length of Course	Total number of Delegates
Basic Awareness Child Protection	Half day	142
Inter Agency Child protection – Introduction	1 day	308
Advanced Inter Agency Child Protection	2 days	179
Advanced Inter Agency Child Protection Update	half day	189
Inter Agency Child Protection: Emotional Abuse	1 day	20
Inter Agency Child Protection: Effective Participation at Case Conferences	half day	37
Families with Multiple & Complex Needs	1 day	36
Inter Agency Child Protection: Hidden Sentence – Parents in Prison and the Impact on Children	1 day	54
Inter Agency Child Protection: Sexual Abuse & Exploitation	1 day	80
Wrap: Workshop to Raise Awareness of Prevent	2 hours	37
Criminal Justice Workshop	half day	26
Inter Agency Child Protection: Managers	1 day	25
Safer Recruitment	1 day	84
Inter Agency Signs of Safety	1 day	108
Total Number of Delegates attending Inter Agency Child Protection Training 1 Sept 2013 – 31 August 2104		1325

PART 2

NORTH SOMERSET SAFEGUARDING CHILDREN BOARD

PERFORMANCE MANAGEMENT FRAMEWORK

OCTOBER 2014

DRAFT

INTRODUCTION

PART 2 – NSSCB Performance Management Framework 2013 – 2014

This section contains the performance management framework for the Board that includes an introduction and main themes arising in the reporting year.

The data for the framework included relevant data from a range of agencies that include:

Police, youth offending services, LADO, Health and includes recommended indicators from the Munro Report together with comments from agencies on performance and planned actions.

The intention is for the PMF to provide the reader with data on how North Somerset performs in relation to key indicators and to show how agencies are seeking improvement in the performance.

The key performance questions raised by the data are:

- Child injury: unintentional injury and deliberate self poisoning.
- Persistent absentees data of Children in Need and Child Protection.
- The prevalence of domestic abuse and parental mental health in social work assessment (link to Think Family work).
- Suitability of accommodation for Care-leavers from 19 through to 21 years of age.
- Engagement in education, training or employment of Care-leavers from 19yrs of age to 21yrs.

The performance data questions are presented within the Business Plan (see Part 3).

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Children & Young People are Protected from Abuse.

Reference - Munro (N) / Local (L)	Description	2011/12	2012/13	2013/14	What does this indicator mean?	Comment	Actions to improve
N12	Children becoming the subject of a CPP for physical, emotional, and sexual abuse or neglect (rate per 10,000 of the CYP population).				We would expect the proportions of the categories of risk to be similar to the national proportions and would investigate if there was a marked difference, to find out the reasons.		
N12 a	Physical	6.5	8.3	8.4		2012/13 England 5.4; Statistical Neighbours; 5.4	The overall relationship of these categories is in line with national figures. The rate of children registered under sexual abuse will be monitored to compare with referral rates.
N12 b	Emotional	13.5	15.4	17.2		2012/13 England 14.6; Statistical Neighbours; 14.5	
N12 c	Sexual	2.4	0.5	1.9		2012/13 England 2.2; Statistical Neighbours; 2.6	
N12 d	Neglect	11.8	7.6	20.6		2012/13 England 18.9; Statistical Neighbours; 13.9	
N17	Percentage of Child Protection Plans lasting two years or more at 31 March and for child protection plans which have ended during the year				Is change taking place in a child's situation in a timely manner to minimise the time the child spends in a high risk situation? Provides an indication of whether case drift is occurring or issues not being resolved.		
N17 a	CP Plans which have ended during the year lasting for two years or more	6.4%	0.0%	2.7%		Good Performance - 2012/13 Comparators: Statistical Neighbours 5.1% England 5.2%	

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N17 b	CP Plans at 31 March lasting for two years or more	0.0%	0.0%	0.0%		Good Performance - 2012/13 Comparators: Statistical Neighbours 4.2% England 3.2%	
N18	Percentage of children becoming the subject of Child Protection Plan for a second or subsequent time (within two years of the previous plans end date).	6.8%	4.3%	9.0%	Provides an indication of the effectiveness of the original CP plan.	No comparator information available	The current target and outrun on this new indicator are in line but may require adjustment as the comparator data develops
N19	Number of children who are the subject of a Child Protection Plan (rate per 10,000 of the CYP population).	28.4	23.4	26.8	Allows comparison to national rate for consideration of appropriate threshold for having a CP Plan.	2012/13 Comparators: Statistical Neighbours 33.1 England 37.9	Some variation in our rate is due to the small cohort of children and numbers of children per family. The number of families shows much less variation. A rate of 26.6 (110 children), is expected for NS.
N21	Percentage of CIN cases that close within 6 months of:				To provide an understanding of whether step-down support is provided to the child and family to avoid re-referral.		
N21 a	a) the child protection plan end date	30%	24%	38%	Better performance than comparison Las.	2012/13 Comparators: Statistical Neighbours 42.3% England 42.7%	This measure is still relatively new and further work is required to determine optimum performance. .

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N2	Attendance at school of school aged CIN, excluding those who are looked after children, including a breakdown of children who are the subject of a child protection plan.	<u>Academic year 2011/12</u>	<u>Academic year 2012/13</u>		Poor attendance at school is likely to lead to poor attainment and poorer life chances.		
N2	1. Percentage of sessions missed.						
N2	CIN	10.2%	10.9%			Academic Year 2012/13 England 10.4% Statistical Neighbours 11.0% North Somerset (all children) 5.2%	
N2	CP	10.2%	11.0%			Academic Year 2012/13 England 10.5% Statistical Neighbours 11.0%	
N2	2. Percentage classed as persistent absentees.				Poor attendance at school is likely to lead to poor attainment and poorer life chances.		
N2	CIN	14.3%	16.1%			Academic Year 2012/13 England 15.4%. Statistical Neighbours 15.8% North Somerset: all children 4.5%, secondary only 6.4%	
N2	CP	16.8%	19.6%			Academic Year 2012/13 England 17.1% Statistical Neighbours 16.9%	

Munro: Outcomes for children, young people and families

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N1	Educational attainment of school aged Children in Need (CIN), excluding those who are looked after children, including a breakdown for children who are the subject of a child protection plan.	<u>Academic year 2011/12</u>	<u>Academic year 2012/13</u>				
N1	1. Percentage of children achieving at least level 4 at KS2 in Reading, Writing and Maths	English and Maths	Reading, Writing and Maths		Children in Need are a particularly vulnerable group and are at high risk of social exclusion, inequalities in educational attainment and wider negative outcomes.		
N1	CN	(39.2%)	45.1%			Academic Year 2012/13 Good performance: England 42.3% Statistical Neighbours 37.6% North Somerset (all children) 77.7%	
N1	CP	(25.0%) (1 out of 4)	33.3% (2 out of 6)			CP numbers are very small. CP attainment is not published by DfE	
N1	2. Percentage of children who achieve 5+ A* -C grades at GCSE including English and Maths				Children in Need are a particularly vulnerable group and are at high risk of social exclusion, inequalities in educational attainment and wider negative outcomes.		
N1	CN	14.8%	19.6%			Academic Year 2012/13 Good Performance: England 16.1%. Statistical Neighbours 14.8% North Somerset (all children) 58.5%	
N1	CP	0.0% (0 out of	0.0% (0 out of			CP numbers are very small.	

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		2)	2)			CP attainment is not published by DfE	
N4	The rate of violent and sexual offences against children aged 0-17 per 10,000 CYP population.	62.8	45.9	63.3	An important contextual indicator of the level of violence affecting children and young people in any area which may be used locally to inform strategies and approaches to tackle these issues.	No comparator information available. Crime in Avon and Somerset and North Somerset overall fell after 2011/12. Improvements in crime recording and increased reporting (which has been encouraged by the force across the board for domestic abuse and serious sexual offences) explain the increase in 2013/14.	
N5a	The rate of hospital inpatient admissions caused by unintentional and deliberate injuries to children and young people aged 0-17	89.6	69.4	No longer reported	The figures are representative of finished emergency hospital admissions caused by deliberate (potential child protection) or unintentional (wider safeguarding) injuries to children and young people under 18 years. (With an external cause of morbidity or mortality in ICD-10 range V 01 to Y98 (excluding x39 and x52) for North Somerset resident pop.) From 2013, rates of admission for 0-17 are no longer reported, as the figures are reported for 0-4, 5-14, 15-17, 0-14 or 15-24.	The rate of emergency admissions for 15-17 Year olds was 162.6 per 10,000 in 2013-2014. This is the highest rate since 2006. Of most concern is Intentional self-poisoning with 67 incidents (The previous highest number of cases since 2006 was 38). Most of these incidents are likely to involve paracetamol or Ibuprofen (49 incidents) Intentional self poisoning accounts for 58% of the total number of emergency admissions for 15-17 Year olds.	This is an area which needs addressing and falls outside the remit of the unintentional injury reduction group.

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N5b	The rate of hospital inpatient admissions caused by unintentional and deliberate injuries to children and young people aged 0-14	104.3	80.4	101.3	Finished emergency hospital admissions caused by unintentional or deliberate injuries to children and young people under 14 with one or more ICD-10 diagnosis code in range VO1 to Y36 and or S00 to T79 in any diagnosis field within North Somerset resident population.	<p>The figures for 2013-2014 show a sharp rise in unintentional injury in the 0-4 age group from 2012-2013, which was an unusually low year. Generally the trend for unintentional injury in the 0-4 age group is up, whereas the trend for 5-14 year olds is down. The 2013-2014 rate of emergency admissions for 5-14 year olds was not particularly high, but it is noteworthy that there were 18 incidents of 'Intentional self poisoning/exposure to nonopioid analgesic antipy & antirheum (likely to be paracetamol or ibuprofen). This is the highest rate since 2006 ,with the previous highest being 14</p> <p>Areas of concern in the 0-4 age group include accidental poisoning by, and exposure to, chemicals & noxious substances with 20 incidents (previous highest 17); strikes crushes and jams with 19 incidents (previous highest 15); contact with hot appliances with 7 incidents (previous highest 2), 6 of them being with household appliances or heating appliances. Burns and scalds and unintentional poisoning should continue to be the focus of injury prevention activity.</p>

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							incidents, and is consistent with increasing rates amongst 15 to 17 year olds.
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Munro: Child Protection activity including providing early help

N7	Rate of assessments per 10,000 of the CYP population.						
N7	Initial Assessments	508.4	368.8	N/A	Provides a comparable measure of the number of assessments carried out.	2012/13 England 387.4 Statistical Neighbours 319.3	
N7	Core Assessments	204.8	189.1	N/A		2012/13 England 204.2 Statistical Neighbours 193.6	
N7	Single Assessments			Not available		Single assessments were fully used part way through 2013/14.	
N8	Rate of section 47 enquiries per 10,000 of the CYP population.	127.9	104.3	178.4	Provides a comparable measure of numbers of section 47 enquiries carried out.	2012/13 England 111.5 Statistical Neighbours 89.8	The higher rate reflects the increase in children subject to a CP Plan during the year. The rate is likely to reduce.
N9	Percentage of referrals leading to the provision of a social care service (as defined by the child becoming a child in need).		57%	Not available	Provides data on flow through the children's social care system.	New indicator	

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N10	Percentage of referrals to children’s social care from different agencies, such as health visitors, accident and emergency services, probation trusts, police services, schools, etc and the percentage that result in no further action following the referral and also following the assessment.				Taken together will give an indication of where referrals are coming from and the level of understanding of referral thresholds.		
N10a	% referrals by agency						
	Police	28%	24%	26%			
	Schools & Education	14%	15%	17%			
	Health	14%	14%	17%			
	LA Services (excluding housing)	11%	12%	8%			
	Housing	2%	2%	2%			
	Other Sources	31%	33%	30%			
N10b	% referrals by agency that result in NFA			Not available			
N10c	% referrals by agency that result in NFA following the assessment			Not available			
N13	Rate of Initial Child Protection Conferences per 10,000 of the 0-17 aged population.	40.7	36.8	57.4	Allows comparison to national rates for consideration of appropriate threshold for being subject to an initial CP conference.	2012/13 England 52.7 Statistical Neighbours 46.7	
N11	Potential child and parent or carer risk factors identified at assessment	Percentage of single assessments identifying the risk factor			Provides a comparable measure of assessments where parental/carers’ problems are a contributory factor.	New indicator	
	1A - Alcohol misuse: child			1%			
	1B - Alcohol misuse: parent/carers			9%			
	1C - Alcohol misuse: another person			1%			

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2A - Drug misuse: child			2%	Multiple factors will be recorded to collect the range of risk factors which have been identified. The factors recorded will be identified by the social worker as risk factors and are not necessarily diagnosed conditions.		
2B - Drug misuse: parent/carer			7%			
2C - Drug misuse: another person			1%			
3A - Domestic violence: child subject			8%			
3B - Domestic violence: parent/carer subject			18%			
3C - Domestic violence: another person subject			1%			
4A - Mental health: child			7%			
4B - Mental health: parent/carer			18%			
4C - Mental health: another person			1%			
5A - Learning disability: child			5%			
5B - Learning disability: parent/carer			1%			
5C - Learning disability: another person			0%			
6A - Physical disability or illness: child			4%			
6B - Physical disability or illness: parent/carer			1%			
6C - Physical disability or illness: another person			0%			
7A - Young carer			2%			
8A - Privately fostered			0%			
9A - UASC			0%			
10A - Missing			2%			
11A - Child Sexual Exploitation			1%			
12A - Trafficking			0%			
13A - Gangs			0%			
14A - Socially unacceptable behaviour			5%			
15A - Self-harm			3%			

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16A - Abuse or neglect - neglect			14%			
17A - Abuse or neglect - emotional abuse			15%			
18A - Abuse or neglect - physical abuse			12%			
19A - Abuse or neglect - sexual abuse			11%			
20 - Other			19%			
21 - No factors identified			9%			

Munro: Quality and timeliness

N14	Distribution of working days taken from referral to assessment completion: Initial Assessments	N/A	WEEKS: < 1 week: 18% 1-2 : 24% 2-3 : 22% 3-4 : 10% 4-5 : 11% 6-12 : 10% >12 weeks:5%	Not available	Provides an indication of how quickly the assessment and provision of help to CIN takes place. The indicator covers the time from the referral being taken, up to the Social Worker's manager approving the assessment.	England 2012/13 Started and finished same day = 15% 1-5 days = 21% 6-10 days = 40% 11-15 days = 9% 16-20 days = 4% 21 days + 11% Not directly comparable with NS due to uncertainty in data accuracy on assessment end date in CIN Census. Data prior to 2013/14 may not have included the time from a Social Worker completing the assessment up to the approval by a manager.
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N15	Distribution of working days from Child Protection strategy meeting to Initial Child Protection Conference (ICPC): Percentage of ICPC within 15 working days of the strategy discussion that initiated the s47 enquiries	94.1%	95.5%	91.3%	Provides an indication of how quickly the safety of children who are judged to be continuing to, or likely to, suffer significant harm is being considered by a multi-agency meeting.	Good performance - 2012/13 England: 70.0% Statistical Neighbours: 68.9%
N16	Length of time child is considered to be a Child in Need				This is useful information for councils to understand their pattern of service compared to other areas.	
	<u>Children in Need at 31st March</u>					2012/13
	3 months or less	392 (28.7%)	221 (17.2%)	293 (22.7%)	These figures cover all Children in Need, including those who are looked after. Some episodes of need will be longer, for example, if the child is looked after, or is the subject of a child protection plan, or is disabled, therefore a range of durations is expected.	England 22.9%; Statistical Neighbours 20.5%
	More than 3 months to 6 months	121 (8.9%)	141 (11.0%)	135 (10.5%)		England 12.1%; Statistical Neighbours 10.5%
	More than 6 months but less than 1 year	160 (11.7%)	291 (22.7%)	182 (14.1%)		England 14.9%; Statistical Neighbours 16.0%
	1 year to under 2 years	199 (14.6%)	197 (15.4%)	203 (15.7%)		England 15.9%; Statistical Neighbours 16.6%
	2 years and over	495 (36.2%)	433 (33.7%)	476 (36.9%)		England 34.2%; Statistical Neighbours 36.5%
	<u>Episodes of need which have ended during the year</u>					2012/13
	3 months or less	1277 (64.1%)	1275 (67.9%)	Not available		England 51.8%; Statistical Neighbours 53.1%
	More than 3 months to 6 months	255 (12.8%)	189 (10.1%)	Not available		England 17.0%; Statistical Neighbours 16.9%
	More than 6 months but less than 1 year	201 (10.1%)	164 (8.7%)	Not available		England 12.3%; Statistical Neighbours 11.5%
	1 year to under 2 years	146 (7.3%)	105 (5.6%)	Not available		England 9.8%; Statistical Neighbours 10.3%

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	2 years and over	112 (5.6%)	145 (7.7%)	Not available		England 9.2%; Statistical Neighbours 10.0%	
N20	Percentage of cases where the lead social worker has seen the child/young person in accordance with the timescales specified in the child protection plan. For all children who were the subject of a child protection plan during the year.			42.3%	It is crucial that the child is seen (alone when appropriate) by the lead social worker in accordance with the CPP: the child should be spoken and listened to and their wishes and feelings ascertained (in accordance with their age and understanding). The worst failures have occurred when social workers have lost sight of the child.	No comparator information available yet.	Audits have shown that visits are carried out within timescales. The low figure reported is due to social workers incorrectly inputting data onto the IT system which is used to generate reports. All staff are frequently reminded of correct procedures.
L1	Suitability of accommodation of Care Leavers aged 19	94.4%	87.5%	84.8%	Care Leavers are a key group at risk of social exclusion. Having suitable accommodation will help minimise the risk of care leavers being in unsuitable housing or becoming homeless.	2012/13 England 88.0% Statistical Neighbours 88.4%	Following a restructure, the care leavers team in the resource service will work with housing and education to focus on meeting the care leavers targets. There are three obsessions for staff to focus on in their work: ensuring the young person is in suitable accommodation, that their health needs are met and that they are achieving their potential within education, training and employment.

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L2	Care Leavers aged 19 in Education, Training or Employment (ETE)	38.9%	45.8%	48.5%	Care Leavers are a key group at risk of social exclusion. This indicator is a proxy measure of the success of the support the young person has had in accessing ETE.	2012/13 England 58.0% Statistical Neighbours 50.8%
	Suitability of accommodation of Care Leavers aged 20			82.1%	Care Leavers are a key group at risk of social exclusion. Having suitable accommodation will help minimise the risk of care leavers being in unsuitable housing or becoming homeless.	New indicator
	Care Leavers aged 20 in Education, Training or Employment (ETE)			42.9%	Care Leavers are a key group at risk of social exclusion. This indicator is a proxy measure of the success of the support the young person has had in accessing ETE.	New indicator
	Suitability of accommodation of Care Leavers aged 21			71.4%	Care Leavers are a key group at risk of social exclusion. Having suitable accommodation will help minimise the risk of care leavers being in unsuitable housing or becoming homeless.	New indicator

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	Care Leavers aged 21 in Education, Training or Employment (ETE)			57.1%	Care Leavers are a key group at risk of social exclusion. This indicator is a proxy measure of the success of the support the young person has had in accessing ETE.	New indicator	
L3	% children leaving care aged 16+ who remained looked after until their 18th birthday	35%	54%	61%	In general, outcomes improve for Care Leavers the longer the young person stays Looked After from the age of 16.	2012/13 England 68.0% Statistical Neighbours 67.1%	Over the past 2 years this has improved and we continue to work with young people to encourage them to remain looked after and provide sufficient and suitable accommodation for them in care.
L4	Children looked after reported as missing overnight (individuals)	17	25	20	Children Looked After are some of the most vulnerable young people in society and are particularly at risk when away from their agreed placement.		Improvement planned in respect of independent interviews
L5	Children reported as missing from home for more than 24 hours (individuals)	67	47	54	Any child missing from home is potentially vulnerable and at risk.	The Police view NS as an area of low missing children concerns.	Ongoing quarterly monitoring between agencies.
L6	Number of CAF's completed	241	247	176	Indication of extent of use of North Somerset Safeguarding Children Board's threshold criteria for CP referrals by multi-agency partners		The new early help assessment will be launched in the new year. This will raise the profile and be a simpler assessment than the current CAF.

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L7	Number of allegations against people who work with children that are progressed to LADO strategy meeting	23	32	48	Indication of extent of allegations against people who work with children that require progression to a joint agency/employer strategy mtg.	Total number of allegation referrals Oct12- 13 = 121. This is a marked increase from prior years. The majority of referrals are dealt with as advice to the employer.	<ul style="list-style-type: none"> ○ Continue work to promote the LADO role across agencies. ○ Progress discussions with Police and Health colleagues in respect of referrals from their agencies.
L8	Reoffending rates by young offenders after 12 months (frequency rate – average number of re-offences per offender, and % of offenders who re-offend)	1.35 (July 09 - June 10 cohort) 40.5%	1.12 (July 10 - June 11 cohort) 40.3%	0.94 (July 11 - June 12 cohort) 33.8%	Shows whether re-offending by North Somerset's young people is in line with national levels and trends over time	England 1.02 (July 11 - June 12 cohort) 35.3%	
L9	First time entrants into the youth justice system	153 (785 per 100,000)	134 (717 per 100,000)	97 (518 per 100,000)	Shows the trend in young people entering the youth justice system and overall whether activities to deter young people from offending are succeeding.	These are local YOS figures. England 12 months ending December 2013: 441 per 100,000 uses PNC data Improving performance	
Environment is safe for children and young people							
N22	Number per 10,000 children aged 0-17 years of children and young people who are the subject of an application to court in past year (including care and supervision orders).	6.0	8.8	7.0	To understand the profile of children that have been the subject of orders, the throughput of work and the journeys for children and young people in each authority.	2013/14 Statistical Neighbours 5.6 England 9.2	Having seen a rise in the previous year the rate is now returning to the norm.

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L10	Initial CP conf. where substance misuse was a risk factor	65	51	63	This gives an indication of trends in risk factors		
L11	Initial CP conf. where adult mental health was a risk factor	43	45	63	This gives an indication of trends in risk factors	Concerning increase in this data	Subject to review re: joint adult/children working.
L12	Initial CP conf where Domestic abuse was a risk factor	66	61	78	This gives an indication of trends in risk factors	Proportion of cases where domestic abuse is a factor is 64% (78 out of 121). This is an increase of 25%, alongside the actual number of cases having decreased by 22%.	Investigate reasons for the increase - is this due to improved identification?
L13	Repeat incidents of domestic violence reviewed at MARAC. (Number of second and subsequent MARAC reviews of cases during 12 month period)	24.2%	27.4%	31.1%	Multi-Agency Risk Assessment Conference (MARACs) focus on high risk victims of domestic violence.	Coordinated Action Against Domestic Abuse (CAADA) collate the national dataset on MARACs. CAADA states that “for an established MARAC the expected level would be in the range of 28%-40%’.	LSCB monitoring
L14	Number of children aged under 18 involved in cases of repeat incidents of domestic violence reviewed at MARAC.	79 (32%)	63 (21%)	74 (22%)	This gives an indication of trends in repeat domestic violence where children are involved	In 2013/14 the percentage of children involved in repeat cases remained lower than the over all repeat rate (L13) as was the case in 2012/13. This gives an indication that the MARAC response is particularly effective for cases where there are children perhaps due to increased opportunities for agency involvement when there are children in the household.	

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L15	Number of children discussed at MARAC	247	296	334	This gives an indication of trends in domestic violence where children are involved	Target of 10% increase is being met. According to CAADA the average number of children discussed per MARAC case in England and Wales is 1.3. In North Somerset this is 1.25, the A&S average is 1.27
L16	Number of child deaths (children aged 0-18, excluding stillborn)	16 (4 modifiable)	10 (2 modifiable)	13	<p>Based on children normally resident in North Somerset.</p> <p>Each death is reviewed by the Child Death Overview Panel (CDOP) to determine if there were modifiable factors.</p> <p>Modifiable is defined as "factors 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".</p>	<p>The death rates for each of the Bristol, Bath & North East Somerset, South Gloucestershire and North Somerset areas are below the England and Wales rate. North Somerset is just below the three year number of south Glos. deaths. They are our closest comparator LA.</p> <p>Regarding modifiable factors, in 2012/13 in one case there was not enough information to make a judgement. Only one case for 2013/14 deaths has been reviewed.</p>

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L17	Number of children aged 0-15 killed or seriously injured in road traffic accidents.	(2011) 4	(2012) 5	(2013) 6	As description but figures refer to calendar year.	<p>North Somerset is currently in the lowest 10 local authorities for child road casualties per 1000 population (Reported road casualties in Great Britain, 2012)</p> <p>Joint Local Transport Plan set a reduction target of 30% from a baseline figure across the child/adult age range. 2005/9 reduction of 30% by 2020 Baseline data was 6.6; the target reduction for 2020 is 4.6. We are currently on target for the reduction and this year's figure represents an annual fluctuation in a small number of casualties</p>	
L18	% of schools with a travel plan implemented (all schools)	100%	100%	100%	This is a proxy measure of whether schools have considered the safety of children travelling to and from school.	All schools should review their STPs annually but we do not believe this happens	

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L19	Number of privately fostered children registered with Children's Social Care at year end (31 March)	3	4	1	These children are living with someone who is not a close relative due to a private agreement between the parent and the person the child is living with. These children are potentially vulnerable and require regular visits from a Social Worker.	The England rate is 1.6 per 10,000 children, which would provide an expected number of around 6 privately fostered children in North Somerset if rates were assumed to be the same across the country.	A publicity campaign to promote public awareness will be put in place between September and December 2014 with a view to running workshops between January and March for multi-agency staff who are likely to come into contact with children. This is to provide more detailed information about private fostering, the need to notify the local authority and the methods for notification.
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Munro: Workforce

		As at 30 September 2013				
N23	Vacancy Rate of social workers		6.0%	Together, these provide a good picture of social worker capacity and workforce stability, factors which contribute to overall quality of service provision.	2013 Comparators: Statistical Neighbours 12.2% England 14.0%	Recruitment is an ongoing process
N24	Turnover Rate of social workers		17.0%		2013 Comparators: Statistical Neighbours 14.4% England 15.0%	
N26	Percentage of agency workers		4.0%		2013 Comparators: Statistical Neighbours 7.25% England 12.0%	

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PART 3

**NORTH SOMERSET
SAFEGUARDING CHILDREN
BOARD**

BUSINESS PLAN

OCTOBER 2014 – OCTOBER 2017



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PART 3 – NSSCB BUSINESS PLAN 2014-17

Business priorities are taken from: the LSCB workshop, performance questions arising from data and additional priorities arising from key national and local issues.

Priority	Actions	Lead/s	Timescale	Outcome
Audit learning from case reviews.	Ensure implementation of action plans. Audit prior case reviews for implementation of learning.	M&E T Oliver		Progress improvement to safeguarding children. Check that learning from case reviews is embedded into organisation arrangements to safeguard children.
Improve the range and updating of relevant safeguarding performance indicators.	Improve and update indicators used by the NSSCB to judge safeguarding performance.	Chair M&E sub group		Provide the Board with data to better judge agency performance to safeguard children.
Improve NSSCB understanding of the safeguarding priorities for local young people.	Collate safeguarding elements of Pupil survey. Incl. Care leaver survey. Establish Safeguarding priorities and report to People and Communities Board. Specific action is respect of suicide prevention and missing CLA figures.	M Reay		Assist the Board to focus efforts on the safeguarding priorities of young people in the area. Improve LSCB understanding of Safeguarding priorities for local children. Improve services to most vulnerable children.
Support safeguarding work across People and Communities Directorate.	Ensure close working arrangements across the two Safeguarding Boards. Maximise appropriate opportunities to work on a joint safeguarding	T Oliver		Improve services to families within model of 'Total family'.

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	agenda.			
Maintaining oversight of key development and performance areas.	<p>Board to scrutinise and challenge areas of concern identified in performance data</p> <p>Monitor the progress of key local priorities that include: Education attainment of looked after children, Early Help, CSE, Think Family. Child injury. Care leavers.</p>	T Oliver		Improve LSCB challenge to LA safeguarding arrangements.

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