



ANNUAL REPORT - October 2014 – October 2015
and
BUSINESS PLAN - October 2015 – October 2018



South Western Ambulance Service **NHS**
NHS Foundation Trust

NHS
North Somerset
Clinical Commissioning Group



Weston Area Health **NHS**
NHSTrust



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1 - INTRODUCTION

Foreword and Introduction.

As the chair of the Local Safeguarding Board for North Somerset, I am pleased to present its Annual Report covering the period from October 2014 to October 2015.

Safeguarding Children Boards are required by statute to publish an annual report. The report is intended to inform readers how effective all of the partners engaged in Safeguarding Children locally have been in keeping the Children and Young People of North Somerset safe and to answer the question, "So what difference have you made?"

This foreword is a snapshot of the Boards performance over the past year but I believe the report evidences the answer to that question.

It also demonstrates the commitment and determination among professionals and volunteers whose work results in measurable improvements for the Children and Young People of North Somerset.

I am acutely aware of the financial pressures which continue to affect statutory and non-statutory partners. I have been very clear that whilst these pressures continue I will robustly challenge any reduction in the level of commitment to Safeguarding Children.

In an attempt to help, over the past year the Safeguarding Children Board has linked 2 of its subgroups - Training and Public Promotion and Communications with the Safeguarding Adults Board. This has reduced the number of meetings partners have to attend. We have started to explore the opportunities in having a joint Sexual Exploitation sub group with a focus on victims of all ages and on perpetrators.

Quite properly there has been significant public interest in child protection over the past year particularly in the area of Child Sexual Exploitation - CSE. Whilst North Somerset may be considered to be a relatively small and predominantly rural area, we recognise we are not immune to this type of activity. To this end we have further developed our knowledge and understanding of CSE, refined our intelligence gathering processes and introduced mandatory training for key staff.

I have previously stated that I wanted North Somerset's Safeguarding Children Board to be a forward looking Board with an eye on preventative work rather than simply reacting to what has happened. To this end, over the past 12 months we have carried out a number of "learning reviews" not only in order to learn lessons from local cases which did not reach the threshold for a Serious Case review, but also looking at the lessons learnt from other areas in the country. I see this as a key aspect of our work.

The 2014 - 2017 Business Plan attached to the report is a living document which is reviewed at each Board meeting. That plan reflects our priority areas of work over a 3 year period and highlights areas of perceived risk and weakness in the form of a partnership risk log.

Finally, as we continue to reinforce the message that Safeguarding Children is everyone's business I would like to thank everyone on the Board and the sub groups for their work and commitment over the past 12 months with a special mention to our 2 very active lay members who give up their time voluntarily in the interests of the Children and Young People of North Somerset.



Tony Oliver
Independent Chair, North Somerset
Safeguarding Children Board
October 2015



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;

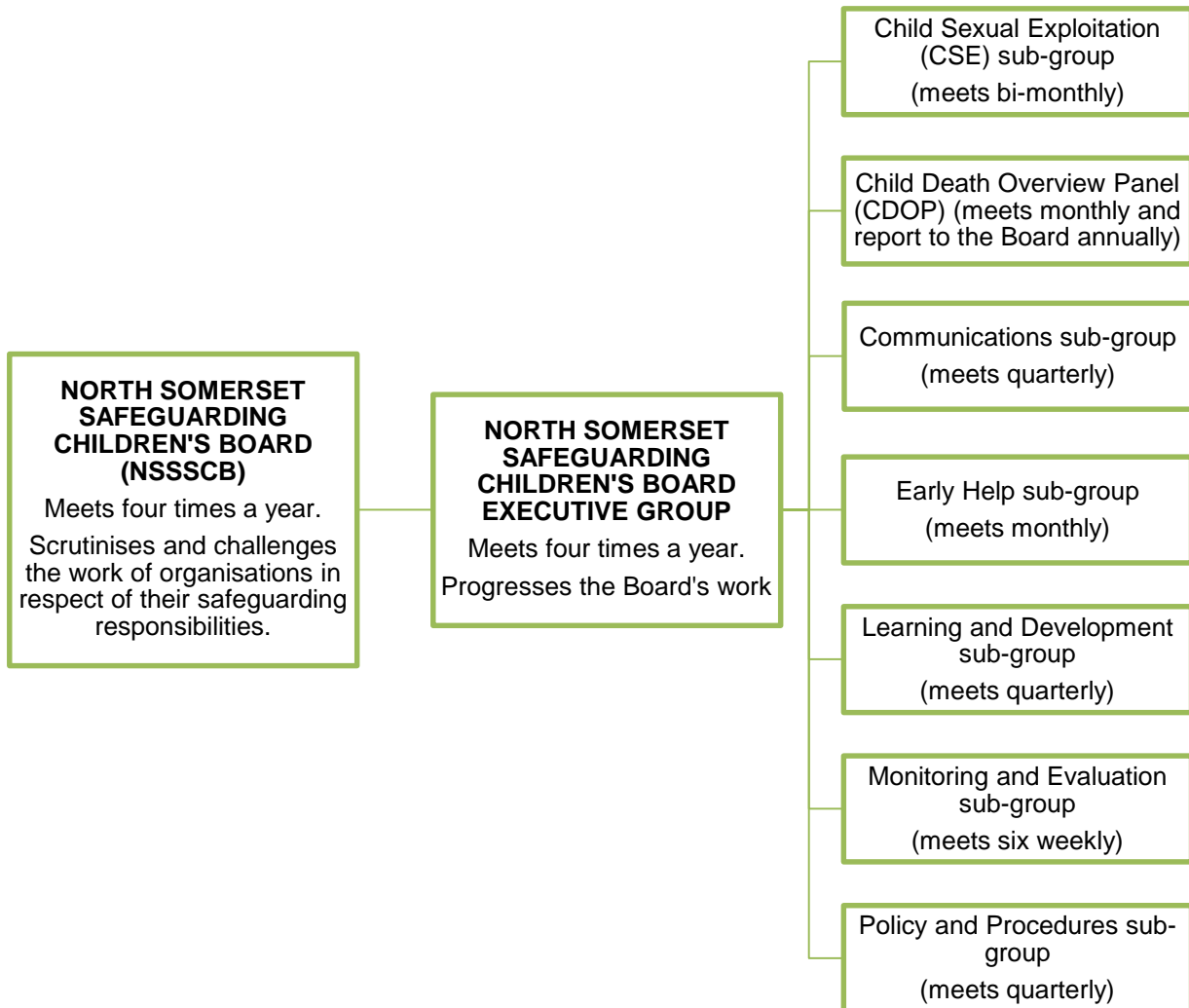
- To co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area of the authority; and
- To ensure the effectiveness of what is done by each such person or body for that purpose.

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.

STRUCTURE OF NORTH SOMERSET SAFEGUARDING CHILDREN BOARD (NSSCB)

2.1 Structure of NSSCB



3 - MAIN BOARD ACTIVITY 2014 - 2015

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

Key Achievements during 2014-2015

CSE Sub Group

The 12 month funding & recruitment of a CSE Lead Practitioner to act as a multi-agency coordinator for CSE, currently occupied on an interim basis pending interviews being held November 2015.

Appointment of 2 FTE CSE support workers employed via Barnardo's and funded through the West of England CSE Victim Identification and Support Service.

The implementation of a new multi-agency risk assessment for CSE which includes request for wider information to better understand locations, venues, networks of potential victims and perpetrators.

The introduction of the Enhanced CSE Strategy Meeting to replace the CSE MARAC.

There is a Councillor CSE working group which meets every 6 months, this references the training of Licensees and taxi drivers to recognise the signs of CSE before their licence will be renewed.

Outline agreement for a cross-agency risk assessment tool for use by all agencies

Increased focus on perpetrator activity and finding ways to intervene and disrupt this.

Communications Sub Group

In the last 10 months we have worked to raise the profile of safeguarding children across our organisations and in the public arena. We have published numerous articles to multi-agency digital platforms, raised awareness via leaflets and posters and secured editorial space for safeguarding messaging in local authority publications that are delivered to every household.

Early Help

(i) In respect of the actions within the annual report

The Early Help Assessment was launched in October 2014. This is part of the Early Help Module. A new and updated assessment was created after consultation with NSSCB members based on the assessment framework and Signs of Wellbeing. This is a more family friendly assessment and the system is simple to use and has been designed following feedback from agencies.

Early Help Conference was held on the 29th September 2015 and there was an overwhelming attendance and engagement from agencies.

(ii) In respect of their agency which is relevant to safeguarding but outside the board’s involvement

Recruitment of an Early Help Advisor was delayed due to the wider transformation programme. This post has now been appointed to and employment commenced on 18th May 2015.

Assessment processes

The provision of early help services is part of a continuum of help and support in North Somerset, responding to the different level of needs of children, young people and families.

The [North Somerset Threshold Document](#) gives clear criteria for taking action and providing help across the full continuum. Multi-agency training, provided at its launch in 2013 (revised in 2015) ensured that these thresholds for action are understood by all professionals and applied consistently. Early Help sits at level 2b in this model. This indicates that the child has multiple needs.

iii) Examples of good or outstanding practice

A recent in-house audit undertaken by Children Social Care (CSC) and graded as ‘good’ due to the multi-agency working, support to the family and step-down to Early Help from CSC.

One school has started to use and apply the Threshold Document and the ‘Continuum of Need’ to guide them how much support a family needs.

Nearly all schools have been trained in the Early Help Module (EHM) and Children Centres use EHM as their case management system. Other agencies have been trained and bespoke training for small groups is available.

Training, Development and Promotion

Joint Safeguarding Children’s and Adults’ Learning sub groups have now joined up and meet up to discuss joint learning matters, for example tailored CSE training for Adult Care practitioners who provide services for vulnerable young adults with learning disabilities or Mental Health issues. The joint learning group has also worked in collaboration to provide Mental Capacity Act training for Child Care practitioners who are working with young people with Mental Capacity Act issues.

The sub-groups meet twice a year and have a shared agenda.

Monitoring and Evaluation

Achievements

- M&E subgroup has met consistently despite having fewer attendees.
- The work has proceeded despite low attendance.
- We have ensured the work is completed by being creative with what we ask multi-agency partners to do.
- Work is well prepared, sent out in advanced and those attending arrive prepared and ready to discuss key issues or cases they've analysed.
- Gaining agreement for better communication with adult mental health services were parents have mental health issues.
- Improvement in GP's sending in CP5's.
- Clarity over safety of children subject to a plan for 3 months only and dissemination of the outcome of this.
- Completion of an overview of all SCR's as a first part of understanding common themes with a view to further in depth analysis.
- Promoting and highlighting themes of hate crime, radicalisation and the prevent channel agenda with plans to improve understanding and recording.
- Disseminating statistical information relating to attendance at CP conferences and completion of CP5's and reporting back to agencies where concerns are raised.
- Disseminating statistical information to look at anomalies with our partner Local Authorities for further audit.

Future

- The commitment of multi-agencies attending the M&E subgroup has reduced in line with changes in their roles.
- It has been a difficult time for consistent membership by multi-agencies against a backdrop of organisational change.
- As a result a new format for delivery of M&E work for the board is being outlined.
- A quality assurance subgroup is being considered. This is currently being put forward as a proposal for the work of the subgroup going forward.

Policy & Procedures

- i. The sub group has maintained the NSSCB website
- ii. The sub group has continued to liaise with the regional SWCPP sub group and Heads of Department commissioning group to facilitate the transitions of provider and agree an improved site with Tri x.
- iii. The sub group is currently in the process of developing to compile an equalities statement and is working closely with the Local Authority Equality & Diversity

Manager to identify a tool and process to equality impact assesses policy and procedures when under review. Progress is subject to receipt of comment from key stakeholders and it is expected to be submitted to the Board for approval after the planned meeting of the Policy & Procedure sub group in November 2015.

- iv. In addition to these aims the sub group has representation from the Safeguarding Adults Board Policy and Procedure sub group and attends the Safeguarding Board Policy and Procedure sub group bi-annually. This develop reinforces and supports Think Family principals in ensuring policies and procedures developed and reviewed by both Boards are Think Family compliant.

Safeguarding in Education

Strengths / Outcomes for 2014 – 2015

1. Basic Safeguarding Awareness Training. A continuous rolling programme of training for members of school staff (whole school and targeted staff groups) – updated to include CSE, FGM and Radicalisation and Extremism
2. Designated Safeguarding Leads Network meetings held through the year used as the primary vehicle to update, communicate with and support schools.
3. Launched the Prevent Duty Agenda and the National WRAP training workshop.
4. Delivery of Safer Recruitment training to school staff and multi-agency partners.
5. Launched the Early help Module and delivered Early Help training to all schools.
6. Supported Early Help and threshold criteria including membership of the Early Help Task and Finish group representing schools.
7. Written and distributed the S175 audit.
8. Provided safeguarding advice and guidance to individual schools.
9. Provided Safeguarding support and training to school governors.
10. Worked with schools and CSE sub group to embed CSE awareness.
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.

Safeguarding in Health

- The GP training matrix and training resources have been updated to take into account 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). Additional topics have been incorporated, to include Child Sexual Exploitation, Female Genital mutilation, Fabricated and or Induced Illness Syndrome and Prevent. Domestic abuse remains a topic within the training.
- WAHT successfully repatriated Child protection Services in September 2014 and have full support of a Named Nurse and Named Dr within the trust.
- In the area of Looked after Children, there has been great improvement in the compliance with the statutory time framework for health assessments. In June 2015 a Designated Dr for Looked after Children was successfully appointed into post and chairs the health subgroup for the North Somerset Council Looked after Children Strategic progress group. A full time Designated Nurse for Looked after Children has also been successfully appointed and is due to commence in post in late 2015.

Weston Area Health Trust

'Flagging' system for vulnerable children improved

Alert on electronic care records of every child on a Child Protection Plan or Looked After Children. This is updated weekly.

All children's services at WAHT receive the weekly list and have systems to 'flag' these children's paper records on arrival – as many services do not use the electronic records.

Female Genital Mutilation

From September 2014 all acute Trusts were required to report this data centrally to the Department of Health (DoH) on a monthly basis. WAHT was compliant with this.

As of the 1st April 2015 an enhanced FGM monthly dataset is submitted as per DoH request.

To support this the Children's' Safeguarding Team (CSG) have promoted FGM knowledge and awareness among key staff groups by disseminating information, local events and National updates regularly, promoting the completing of the DoH e-learning package, and developing a Trust Guideline for FGM. This is in addition to the training included in the Statutory Safeguarding training.

Emergency Department – Children's Pathways

A major focus for the Children's team in 2014/15 has been to improve practice in Emergency Department /Paediatric Seashore Centre

A number of protocols have been introduced/ updated:

- Red flag list
- ‘What to do if you are worried about a Child’ pathway
- Injuries in non-mobile babies
- Paediatric Mental Health pathway and assessment matrix
- ‘Did not wait’ Policy
- CSE referral pathway (Childrens’ Social Care)
- ‘Star folder’ flagging protocol

To assist this change in safeguarding practice a monthly Emergency Department safeguarding meeting has been established.

Maternity

There have been updates to the information and data storage of Safeguarding cases in maternity:

Performance monitoring and Assurance - Savile Review

Recommendations from NHS investigations into matters relating to Jimmy Savile from the Independent report for the Secretary of State for Health were determined in February 2015. 14 Recommendations were identified by the Authors: Kate Lampard and Ed Marsden. The Trust has reviewed the recommendations and provided assurance where applicable, there are no pending actions from this review.

Child Protection Services

Child Protection services were successfully repatriated from Musgrove Park Hospital in September 2014 with a complete overhaul of internal and external processes and pathways. The Community Paediatricians provide in hours on call cover for CP concerns jointly with neighbouring Trusts in Bristol and South Gloucestershire.

Avon & Wiltshire Mental Health Partnership

- Introduction of a system to improve recording and reporting of safeguarding children information in the electronic record
- Development of a communications strategy to improve awareness of the SWCPP escalation procedures and local threshold documents
- Introduction of a system to oversee and quality assure child protection referrals and reports
- Introduction of a system to capture formal escalation
- Introduction of a safeguarding supervision checklist tool for practitioners and managers
- A review of training in light of the revised DH training standards

Work has also been progressed to further develop a local performance reporting framework and to ensure appointing managers have competency in safer recruitment

Additionally, the Trust introduced modular guidance on working with families to protect children, which included new modules on information sharing, and child sexual exploitation, and the number of staff required to undertake higher level (level 3) training was extended.

Avon & Somerset Police

Nationally, recorded Child Protection Crimes are increasing and this is the case in North Somerset and across Avon and Somerset as a whole. Recorded Child Protection Crimes (excluding Domestic Abuse Crimes) in North Somerset rose to 280 crimes in 2014/15, compared with 201 crimes in 2013/14. This represents a 39.3% rise, and compares with a 33.3% increase across the force area as a whole. There were 12 recorded crimes relating to the sexual exploitation of children in North Somerset during 2014/15, a similar number to the 13 recorded crimes in the previous year. Each and every recorded crime is investigated. In October 2014, the Constabulary introduced a new Operating Model that prioritises by the vulnerability of the victim and the characteristics of the perpetrator, putting the focus on people first and crime type second. This means that crimes involving children are invariably prioritised over those involving less vulnerable victims.

The Force also introduced an Integrated Victim Care service, "Lighthouse", ensuring that vulnerable, intimidated or persistently targeted victims receive a tailored, coordinated and consistent service. Each victim now has a Victim & Witness Care Officer (VWCO) automatically allocated to their case from the point of initial report, through the investigation and to the end of any subsequent Criminal Justice process.

As part of the Constabulary's programme of vulnerability training for all front-line officers, a day's training was delivered during 2014/15 dedicated to CSE, Human Trafficking, Domestic Abuse and the Integrated Victim Care "Lighthouse" services. Post-training evaluation found that:

- 90% of officers and PCSOs have a good or high level of knowledge of CSE
- 81% of officers and PCSOs have a good or high level of knowledge of Domestic Abuse
- 95% of officers and PCSOs have a good or high level of knowledge of impact of Domestic Abuse on children

In order to further improve the effectiveness of agencies in preventing children from being sexually exploited, and in providing victims of CSE with the support they need, the Constabulary led a successful partnership bid for £1.2million Home Office Innovation Fund. With an additional £900,000 contribution from the Avon & Somerset and Wiltshire Police and Crime Commissioners and the seven local authorities, this two year project is now working to:

- prevent CSE and identify vulnerable children and young people
- identify those being sexually exploited
- enhance the provision of support to victims of CSE and those most vulnerable
- target those who perpetrate CSE for disruption and prosecution
- develop an evidence base to establish the interventions that are most effective and inform a business case to inform sustainable services beyond the two year project

Barnardo’s

Since writing a scoping exercise for North Somerset LSCB 3 years ago, we have played a full part in the Board’s approach to tackle CSE. We have been members of the CSE Sub Group and have delivered a growing amount of support to children facing CSE. This has become a strategic Board priority.

- Efforts to improve safeguarding practice
Our advocacy and Independent Visiting service has reviewed its staffing structure so that a full time member of staff has provided on call arrangement to volunteers and part time staff, even though the role is funded for part time hours.

Our BASE project’s work to support victims of CSE in North Somerset is now being evaluated by Research in Practice.

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.

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 Child Sexual Exploitation Sub Group

With an increased level of activity across all agencies throughout the year in respect of CSE, the sub group is continuing through a period of rapid development to ensure children with the area are effectively safeguarded.

Recent reflections on how agencies work together has prompted a review of how best to integrate services to those at risk, as well as those who pose a risk, to share information, services and knowledge so we provide a “whole authority” approach to safeguarding. To this aim there is now a plan to integrate the children’s sub group with the adult board to form a single Sexual Exploitation sub group which works to both boards. This will enable the board to identify children and adults who are vulnerable to risk of exploitation, recognising that sexual exploitation is part of a complex system of criminal activity which operates across the jurisdiction of a very wide range of operational services.

This joint adults & children’s sub group will have the following benefits:

- Vulnerable young people leaving children’s services to enter into adult services will remain in contact with those overseeing services to protect those at risk

- Information and intelligence can be shared between adult and children services
- Both have the opportunity to gain a greater understanding of perpetrator activity across vulnerable children and adults
- Wider understanding of the local environment within which exploitation and criminal activities related to it can be observed with cross agency intervention.
- Interest in one vulnerable group can alert us to risks posed to other vulnerable groups
- The opportunity to share resources, including staff and agency time whilst maximising the opportunity to disrupt and intervene.

The sub group has had the opportunity to develop a close working link with the PCC CSE Victim Identification Support Service commissioned by the PCC for Avon & Somerset. North Somerset has joined the consortium to share information, learning and best practice across the 7 local authorities.

It has been through this process that we have identified opportunities to coordinate a targeted response to potential perpetrator activity. We are in the process of revising the **CSE Strategy** to reflect the focus onto: primarily better use of the legal measures available to identify, prosecute and intervene with potential perpetrators and; effective use of Child Protection processes to build safety plans around individual children's needs, including engaging with health to address emotional and physical needs of children.

We have collaborated with the Avon & Somerset Police & Crime Commissioner (PCC)'s West of England Victim Identification and Support Service to develop a **risk assessment tool** which builds on the previous known risk factors and now has a separate section on perpetrator and associate information. This new risk assessment tool was agreed by the CSE sub group and is the recommended cross agency assessment tool for this area.

The process for safeguarding children has been reviewed to ensure consistency and that all children at risk of CSE have a risk assessment completed, and, where the risk is high, children are subject to S47 assessment and discussed at a child protection conference to agree a multi-agency safety plan to protect and meet the needs of individual children.

With the renewed emphasis on ensuring all children at risk receive a consistent and multi-agency safeguarding response, North Somerset has secured funding for a **CSE Lead Practitioner** who will, for the next 12 months oversee all the risk assessments completed by all agencies and ensure all information known about potential perpetrators and victims are shared with the police.

There have been several changes recently with a greater level of energy and resources invested in tackling CSE locally. This has resulted in a focus on getting children better protected on the ground with attention placed on CYPS and the police in particular, to ensure their systems are robust and consistent. Whilst it is early

days yet, these have been positively received within the sub group as necessary and overdue.

In discussion with the police, North Somerset have piloted a new approach to CSE disruption planning; named **CSE Disruption & Intervention Planning meeting** (previously the Enhanced CSE Strategy discussion and CSE MARAC). The aim is to identify the wider network, CSE “hotspots”, identify potential victims and perpetrators and plan robust interventions, in particular use of police and social services powers, to protect children and young people, disrupt abusers and target intervention for maximum impact. The 1st meeting was convened in August 2015 to discuss a group of 8 children and young people and the adults who may be targeting them.

The CSE sub group has commissioned 3 task & finish groups: the first is to agree the referral and threshold for convening a CSE Disruption & Intervention Planning meeting. The second was in response to member concerns that information was not easy to locate within key services data management systems, in particular CYPS, the Police and health services. The 3rd is to ensure the risks to missing children and children missing from education are examined within the context of CSE. Reports from all 3 groups are due to be presented to the CSE sub group being held in November 2015.

Future Challenges

The challenges for this geographical area has been to understand the profile of local issues as they relate to CSE. These include the M5 link to the West Midlands, availability of low cost B&B accommodation, trafficking via road and air. These aspects of local understanding require more detailed analysis to target interventions strategically to disrupt potential offences.

How to build an awareness of how North Somerset fits within the wider geographical area within the South West. The sub group needs to build an understanding of its relationships with other local authorities and how that impacts on its potential vulnerability.

Awareness of CSE is likely to be poor outside of professional safeguarding services as no awareness raising has been undertaken in the local area. The sub group is planning a wider public awareness raising event to take place during the first half of 2016.

Embedding use of the CSE risk assessment tool across all agencies, including adult's services.

Building a more detailed understanding of local perpetrator activity to enable services to be more pro-active in safeguarding and disruption.

Ensuring the recommendations of [If It's Not Better It's Not The End](#) and [If It's Not Better It's Not The End – Appendices](#) published by the Office of The Children's Commissioner in the summer of 2015 are implemented locally.

Key Achievements during 2015

The 12 month funding & recruitment of a CSE Lead Practitioner to act as a multi-agency coordinator for CSE, currently occupied on an interim basis pending interviews being held November 2015

Appointment of 2 FTE CSE support workers employed via Barnardo’s and funded through the West of England CSE Victim Identification and Support Service.

The implementation of a new multi-agency risk assessment for CSE which includes request for wider information to better understand locations, venues, networks of potential victims and perpetrators.

The introduction of the Enhanced CSE Strategy Meeting to replace the CSE MARAC.

There is a Councillor CSE working group which meets every 6 months, this references the training of Licensees and taxi drivers to recognise the signs of CSE before their licence will be renewed.

Outline agreement for a cross-agency risk assessment tool for use by all agencies

Increased focus on perpetrator activity and finding ways to intervene and disrupt this.

Looking forwards – planned actions for 2016

GP CSE training is being planned with Health.

Tailored Foster Care CSE training will be delivered in the new year.

CSE e-learning package for Learning pool website but accessible for all via licencing.

Full implementation of the cross-agency risk assessment tool

Review of the CSE Disruption and Intervention planning meetings

Further exploration of use of a wider choice of potential legal interventions to disrupt perpetrator activity.

CSE Attendance tracker

Agency	Representative	230914	181114	080115	090615
North Somerset CCG	Susan Masters	✓	✓	✓	
NSSCB Independent Chair	Tony Oliver			x	
North Somerset Council	Mike Reay/Maggie Siviter	✓		✓	✓

NORTH SOMERSET SAFEGUARDING CHILDREN BOARD
“SAFEGUARDING AND PROMOTING THE WELFARE OF LOCAL CHILDREN”

Barnados	Duncan Stanway	✓	✓		✓
	Sheila Harding			✓	X
North Somerset Council	Sadie Hall			✓	
	Dave Slack			✓	
	Rachel Austin			x	X
Worle School	Peter Binding			x	X
NSC Housing	Claire Dyke			x	
North Somerset Council	Jeremy Blatchford	✓	✓	✓	
North Somerset Council	Sarah Taylor	✓		x	✓
North Somerset Council	Carolyn Fulford	✓	✓	✓	✓
North Somerset Council	Mairi McFaden	✓		✓	X
North Somerset Council	Matt Baker	✓		✓	✓
NSC Public Health	Shaun Cheeseman	✓			
NSC Public Health	Ginette Corr	x	x	x	
Avon And Somerset Police	Mark Coleman/Phil Jones (Chair from June)	x			✓
Avon And Somerset Police	Alyson Murray	✓	✓	✓	
Avon And Somerset Police	Pat Thompson	x	✓	✓	
NS Community Partnership	Sharon Hartman/Jos Grimwood/Fiona Gilbert	✓		x	✓

4.2 Communications Sub Group

The Safeguarding Communications sub-group is a joint group covering both adults and children’s. It is made up of multi-agency communications professionals as well as safeguarding staff from health and local authority.

The group brings together a strategic approach to channel the various communication platforms and messaging already available, as well as exploring new channels to utilise to raise the profile of safeguarding in North Somerset. This approach ensures consistent messaging which in turn creates a stronger voice.

Our aim is:

To be clear: To communicate factual information about adults and children and the safeguarding policies aligned to these audiences

Highlight the facts: Promote and raise awareness of ongoing work in this area to tackle abuse and also to highlight good practice

Raise awareness: Ensure we raise the profile of types of abuse, the signs of abuse and to encourage people to act on this in accordance with safeguarding adults and children’s policy

In the last 10 months we have worked to raise the profile of safeguarding children across our organisations and in the public arena. We have published numerous articles to multi-agency digital platforms, raised awareness via leaflets and posters and secured editorial space for safeguarding messaging in local authority publications that are delivered to every household.

A focus on key areas including CSE and self-harm is placed on the coming year with commitments from organisation including BASE and Unchosen committed.

Communications Sub Group Attendance Tracker 2014 – 2015

Agency	Representative	8.2.15	May 2015: No meeting	4.8.15	7.10.15
NSCP	Claire Stanley	✓		✓	✓
North Somerset Council	Zoe Briffitt	✓		✓	x
North Somerset CCG	Karen Daniel or Rebecca Murch	✓		✓	✓
North Somerset Council	Anne Ray-Rowley	✓		✓	✓
Weston Area Health Trust	Lara Anderson	✓		x	✓
Weston Area Health Trust	Debra Parsons	✓		x	✓
Weston Area Health Trust	Rebecca Findlay	x		x	x
Avon And Somerset Police		x		x	x
North Somerset Council	Louise Branch	✓		x	x
Freeways	Claire Hayward	✓		x	x
Avon Fire and Rescue	Kirstie Keenan	x		x	✓
OPCC	Martin Dunscombe/Rebecca Heheir	x		x	x
North Somerset Council	Mike Reay	✓		x	x

4.3 Early Help Sub-Group

The new Early Help Assessment (EHA) was launched in October 2014. This replaced eCAF. The EHA provides a clear action plan, with timescales and aims for the effective coordination of multi-agency support services.

This voluntary assessment will be undertaken with the agreement of the family and aligned to other assessments and will include a distance travelled impact evaluation tool to measure the impact of interventions and support.

An Early Help Subgroup was set up and meets bi-monthly. It has good representation from agencies.

The aim of the Early Help sub group is to:

- engage multi agency colleagues in developing and implementing the Early Help Assessment and Module
- support agencies to understand and discharge their statutory responsibility under Working Together
- enable agencies to identify vulnerable children who are in need of additional support and where appropriate ensure there is an assessment of need using the Early Help Assessment
- Embed the Early Help Strategy and ensure that children and families in North Somerset receive the right help, at the right time from the right agency.

The Chair is the Service Leader for Weston East Community Family Service within North Somerset Council.

Key achievements:

(i) In respect of the actions within the annual report

The Early Help Assessment was launched in October 2014. This is part of the Early Help Module. A new and updated assessment was created after consultation with NSSCB members based on the assessment framework and Signs of Wellbeing. This is a more family friendly assessment and the system is simple to use and has been designed following feedback from agencies.

Early Help Conference was held on the 29th September 2015 and there was an overwhelming attendance and engagement from agencies.

(ii) In respect of their agency which is relevant to safeguarding but outside the board's involvement

Recruitment of an Early Help Advisor was delayed due to the wider transformation programme. This post has now been appointed to and employment commenced on 18th May 2015.

Assessment processes

The provision of early help services is part of a continuum of help and support in North Somerset, responding to the different level of needs of children, young people and families.

The [North Somerset Threshold Document](#) gives clear criteria for taking action and providing help across the full continuum. Multi-agency training, provided at its launch in 2013 (revised in 2015) ensured that these thresholds for action

are understood by all professionals and applied consistently. Early Help sits at level 2b in this model. This indicates that the child has multiple needs.

iii) Examples of good or outstanding practice

A recent in-house audit undertaken by Children Social Care (CSC) and graded as 'good' due to the multi-agency working, support to the family and step-down to Early Help from CSC.

One school has started to use and apply the Threshold Document and the 'Continuum of Need' to guide them how much support a family needs.

Nearly all schools have been trained in the Early Help Module (EHM) and Children Centres use EHM as their case management system. Other agencies have been trained and bespoke training for small groups is available.

Initiatives undertaken to improve safeguarding practice

The [North Somerset Threshold Document](#) gives clear criteria for taking action and providing help across the full continuum. Multi-agency training ensures that these thresholds for action are understood by all professionals and applied consistently.

Early Help sits at level 2b in this model. This indicates that the child has multiple needs.

All information regarding Early Help is accessible to all agencies where it is held on the NSSCB which is updated accordingly. North Somerset Council have Early Help Advisor and set up a telephone helpline number and email address for professionals to seek advice, guidance and support around providing Early Help.

North Somerset Council have provided system support and user guides to assist anyone using EHM.

Future challenges or areas for improvement

The ICT aspects of Early Help implementation are significantly affected by the Government's Public Service Network (PSN) information security requirements. Until recently this has changed and it would appear that the case management system Early Help Module (EHM) is compliant as it does not hold any data that would be subject to PSN. The concern is that the more EHM is used the higher the risk will be of sensitive data being held in EHM.

To ensure and satisfy PSN, North Somerset Council are putting a business case to present to Directorate Leadership Team for funding to bring EHM behind the NS firewall. It is anticipated this will be presented in October 2015.

NORTH SOMERSET SAFEGUARDING CHILDREN BOARD
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Early Help Sub Group Attendance Tracker 2014-2015

	Representative	28.07.14	06.10.14	24.11.14	12.01.15	16.03.15	18.05.15
North Somerset Council	Sadie Hall/Justine Davies, Service Leader, Chair	✓	✓	✓	✓	✓ ✓	✓
North Somerset Council	Eifion Price, Support & Safeguarding	X	✓	✓	X	X	✓
North Somerset Council	Richard Blows Strategy & Improvement	X	✓	✓	✓	✓	X
North Somerset Council	Sarah Mellor, Education Safeguarding Officer	X	X	X	✓	✓	X
North Somerset Council	Leanna Manchip, Children's Systems Project Officer	✓	✓	✓	✓	✓	✓
North Somerset Council	Gabrielle Stacey, Educational Psychologist	X	X	X	X	✓	X
North Somerset Council	Harry Caldwell, Early Help Ambassador to Schools	N/A	✓	✓	✓	✓	✓
North Somerset Council	Rachel Austin, Operational Manager YOS and HIF	N/A	N/A	N/A	✓	✓	✓
North Somerset Council	Jenie Eastman, Children's Centre Leader	N/A	X	✓	✓	X	X
North Somerset Council	Ruth Glover, Early Years Consultant (Inclusion)	X	✓	✓	✓	X	X
	Caroline Cockwell, Recovery Manager, Adult Mental Health	✓	X	X	X	X	✓
Alliance Homes	Helen Cooper,	N/A	N/A	N/A	N/A	✓	X
North Somerset Council	Jeremy Blatchford, Lead Member for Children's services	✓	X	X	X	X	X
North Somerset Council	Louise Branch, Domestic Abuse Co-ordinator	X	X	X	✓	X	✓
N.S. Community Partnership	Kyle Lansdown, NS Community Partnership	✓	✓	✓S	X	X	✓
North Somerset Council	Louise Lynch, Integrated Working Support & Development Worker	X	X	✓	✓	✓	X
North Somerset Council	Natalie Hawtin, CC Leader	✓	X	X	X	X	X
North Somerset Council	Sarah Taylor, Multi-Agency Safeguarding Training and Support Officer	X	X	✓	✓	✓	✓
North Somerset Council	Gosha Port, Early Help Co-ordinator	N/A	N/A	N/A	N/A	N/A	✓
North Somerset Council	Kate Wilcox, Strategic Officer	✓	X	✓	✓	X	✓
North Somerset Council	Ruth Staples, Team Leader, CFT South	✓	✓	X	X	X	X
North Somerset Council	Tracey Wells, Children's Centre Leader	X	X	X	✓	X	X

S = substitute attended

4.4 Training, Development and Promotion Sub-Group

The learning and Development sub- group meets on a quarterly basis and is made up from safeguarding leads from key partner agencies. The Terms of Reference for the sub-group are agreed by the members and the NSSCB. The sub-group has developed and published a Training Strategy 2014 -17.

The sub- group remit is to plan and deliver multi-agency child protection courses that meet national training requirements and include learning from national and local priorities and respond to NSSCB priorities. The group has a quality assurance role for inter-agency and single agency child protection training.

Joint Safeguarding Children’s and Adults’ Learning sub groups have now joined up and meet up to discuss joint learning matters, for example tailored CSE training for Adult Care practitioners who provide services for vulnerable young adults with learning disabilities or Mental Health issues. The joint learning group has also worked in collaboration to provide Mental Capacity Act training for Child Care practitioners who are working with young people with Mental Capacity Act issues. The sub-groups meet twice a year and have a shared agenda.

Please see **Appendix** for a further breakdown of numbers of staff who attended safeguarding training during the period September 1st 2014 to August 31st 2015.

Future Actions:

- The sub-group has been working with the CSE sub-group in order to develop an NSSCB CSE training strategy a CSE Conference is planned for 2016.
- Work with Barnardos enabling a wider/tailored CSE training pathway offer to meet multi-agency requirements.
- Development of a NSSCB neglect tool kit
- Development of a NSSCB fabricated illness Check list
- Provision of multi-agency WRAP training briefings
- Embedding CSE and WRAP within all safeguarding training provision, all training materials to be updated.
- Updating e-safety learning for all the safeguarding courses in collaboration with e-safety consultant.

Training, Development and Promotion Sub Group Attendance Tracker 2014 – 2015

Agency	Representative	16.9.14	2.12.14	11.2.15	22.6.15
North Somerset Council	Sarah Taylor/Jill Croskell	✓	✓	✓	✓
North Somerset Council	Sarah Mellor	✓	✓	✓	x
North Somerset Council	Louise Lynch	✓	✓	✓	x

NS Community Partnership	Jos Grimwood	x	✓	✓	x
Clinical Commissioning Group	Sue Masters	✓	✓	x	S
Avon & Somerset Police	Wendy Wilfan	x	✓	✓	✓
Avon & Somerset Probation	Andy Harris	✓	✓	✓	✓
North Somerset Council – Governor Services	Chris Hustwick	x	x	✓	✓
North Somerset Council - Early Years	Rhianon Richards	✓	x	x	✓
Schools	Sharon Alsop	✓	✓	x	✓
Weston Area Health Trust	Lara Anderson	✓	✓	✓	✓

S = substitute attended

4.5 Monitoring and Evaluation Sub-Group

The key objectives of the Monitoring and Evaluation sub group are to:

- Evaluate the work undertaken by Board members individually and collectively to safeguard and promote the welfare of children and young people, providing relevant information and advice to enable improvement.
- It helps the Board to monitor and evaluate the performance of multi agency working in relation to the objectives and statutory duties of the Board.
- Provide a forum where local safeguarding issues, professional differences of view and complaints about specific cases can be discussed, and resolved.

Activity

The group uses the key objectives to shape its Check and Test Audit Calendar to evidence effective partnership working to safeguard and promote the welfare of children. The themes outlined within this calendar are determined by day to day processes which agencies must comply with in respect to child protection processes. These audit topics are then augmented by local and national priorities resulting from Serious Case Reviews and Government Reports. The group has evidenced the effectiveness and areas for improvement via audit of the following:

- GP Child Protection Case Conference reports to conference.
- Racial / Homophobic Incidents/ Hate Crime Reporting and Management
- Agency Attendance at Child Protection Conference
- Quarterly Child Protection Profiles for North Somerset
- Serious Case Reviews Review of themes.
- Children over 16 years subject to a Child Protection Plan
- Children subject to a Child Protection Plan where an adult has significant mental health concerns

- Children made subject to a Child Protection Plan and removed within 3 months of the plan commencing.
- Risk notification from agencies
- Compliance with Safeguarding Children process within schools.

Each member of the sub group is responsible for disseminating the findings and learning points within their own agencies. There are robust links with the Policies and Procedures and Training subgroups. Work identified via the audits is shared with these groups depending upon relevance such as:

The procedures and guidance related to homophobic / racial and radicalisation is being reviewed by the Policy and Practise sub group as a result of an audit by Monitoring and Evaluation. Key questions related to homophobic/racist and radicalisation have now been incorporated into the annual schools safeguarding self audit. The success of this will be evaluated when the audit is reported upon in November by Monitoring and Evaluation. Policies and Procedures sub group were also asked to review the recording mechanisms within agencies for racist / homophobic and radicalisation incidents.

The audit relating to children subject to a child protection plan where the parent suffers mental health concerns identified that there was a lack of input to the child protection conferences from adult mental health services. This was seen as a significant lost opportunity to understand the impact of the adult mental health upon the child. The Chair met with the Manager for Adult Mental Health Services to discuss these issues and suggest solutions. It was agreed that Chairs of Child Protection Conferences could directly contact Adult Mental Health Specialist on a consultancy basis where indicated. In this way the conference process was better able to understand the issues faced by the child and the prognosis of the parent's mental health. This facilitated more apt child protection plans.

It has been a challenge to secure the engagement and attendance from all partner agencies. To manage this the group has sought to engage creatively with members by using audit templates and subject information being sent out in advance of the meetings. This has allowed the work of the group to be more time efficient and has facilitated members being able to analyse information in advance.

Future work will include:

- To consolidate existing work areas by repeating the audit cycle e.g. schools annual audit
- Consider ways in which outcomes and learning from audits may be more widely disseminated.
- Introduce a programme of peer audit to analyse partner agencies work

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Monitoring & Evaluation Sub Group Attendance Tracker 2014-2015

		Meeting:							
Agency	Member	14.10.14	7.11	8.12.14	6.11.14	12.1	25.2.15	17.3	9.6.15
North Somerset Council	Linda Bunting Chair - Child Care Co-ordinator,	✓	CANCELLED	✓		CANCELLED	✓	CANCELLED	✓
N.S. Community Partnership	Jocelyn Grimwood Deputy Chair – CP Named Nurse,	✓		✓			x		✓
North Somerset Council	Malcolm Lane Management Information Manager	✓		✓			✓		✓
North Somerset Council	Tanya Keating IRO	✓		✓			x		x
North Somerset Council	Christine Coomber, Administrator	✓		✓			x		x
Barnardo's	Anthony Hill	x		x			x		x
Police	Mark Coleman	x		x			x		x
G.P.	Dr Tamsyn Nicole	x		✓			x		✓
G.P.	Dr Mike Pimm	x		x			x		✓
Weston College	Diane Barker	x		✓			x		x
Headteacher, Walliscote School	Joanne Green	x		✓			✓		✓
North Somerset Council	Neil Harris, Lead Adviser Vulnerable Groups	x		x			x		x
North Somerset Council	Rachel Austin YOS Operational Manager	x		✓			✓		x
North Somerset Council	Emma Diakou								✓

S = substitute attended

4.6 Policy and Procedures Sub Group:

The North Somerset Safeguarding Children Policy and Procedure sub group has continued to meet quarterly to develop and review multi-agency safeguarding policy, procedures and guidance.

The sub group has continued to be an active member of South West Child Protection Procedures regional group to both raise the profile of SWCPP and ensure procedure developments and reviews reflect arrangements in North Somerset. The contract for SWCPP was put out to tender with a new provider identified as Tri x. The SWCPP URL will no longer be available. The web address for the new procedures, which are currently in DRAFT form and require an editorial process to be introduced to update them, will be <http://www.proceduresonline.com/swcp/>.

The policy and procedure sub group has made progress on its previous years aims:

The sub group has continued to review and develop policies and procedures, including:

- a) NSSCB Joint Police and Children’s Services Protocol for Children Missing from Home or Care in North Somerset
- b) NSSCB Managing Allegations against Foster Carers
- c) Example Safeguarding Policy
- d) Think Family Guidance
- e) Introduction of an Equalities Policy

Other areas of work and progress is reported as follows:

- i. The sub group has maintained the NSSCB website
- ii. The sub group has continued to liaise with the regional SWCPP sub group and Heads of Department commissioning group to facilitate the transitions of provider and agree an improved site with Tri x.
- iii. The sub group is currently in the process of developing to compile an equalities statement and is working closely with the Local Authority Equality & Diversity Manager to identify a tool and process to equality impact assesses policy and procedures when under review. Progress is subject to receipt of comment from key stakeholders and it is expected to be submitted to the Board for approval after the planned meeting of the Policy & Procedure sub group in November 2015.

In addition to these aims the sub group has representation from the Safeguarding Adults Board Policy and Procedure sub group and attends the Safeguarding Board Policy and Procedure sub group bi-annually. This develop reinforces and supports Think Family principals in ensuring policies and procedures developed and reviewed by both Boards are Think Family compliant.

The sub group reviewed its terms of reference in February 2015.

Future Actions

- The policy and procedure sub group will actively engage in the recruitment of a new chair and vice chair for the sub group.

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- The terms of reference for the sub group will be reviewed to include a specific role and communication pathway for the new south west procedures website to ensure the landing page and subsequent fields for North Somerset are current and fit for purpose.
- To complete the Boards Equality Statement

Policy and Procedures Sub Group Attendance Tracker 2014-2015

Agency	Representative	18.09.14	06.11.14	09.02.15	18.05.15
Avon and Wiltshire Mental Health Partnership	Jon Peyton, Professional Lead Safeguarding Children (Chair)	Y	CANCELLED	Y	Y
North Somerset Council	Paul Tompkins, Business Support Project Manager (vice-chair from 3.7.13)	Y		Y	Y
Weston Area Health Trust	Julia Marker, Manager, Seashore Centre	Y		Y	Y
Police Public Protection Unit	Simon Eames, Policy and Support Officer	Y		X	X
North Somerset Council	Sarah Mellor, Safeguarding in Education Officer	X		Y	Y
North Somerset Council	Piers Hartridge, Senior HR Adviser	X		Y	Y
North Somerset Council	Chris Hustwick, Governor Services Manager	X		X	Y
North Somerset Council	Kathryn Needham, Safeguarding Adults Manager	Y		Y	Y
North Somerset Council	Louise Branch, Domestic Abuse Co-ordinator	X		X	Y
North Somerset Council	Ruth Glover, Early Years Consultant – Inclusion	Y		Y	Y
St. Katherine’s School	Hayden Southon, Deputy Headteacher, St. Katherine’s School	Y		X	Y
North Somerset Council	Kyra Elliott, Community Family Team Leader				X New member
North Somerset Community Partnership	Jos Grimwood, Head of Safeguarding/Named Nurse for Child Protection			Y New member	Y
North Somerset Council	Vanessa Briance, Community Family Team Leader	Y		Left NSC	
North Somerset Council	Rosa Baiges, Fostering Supervision Team Leader	Y		X	Resigned

S = substitute attended

5 – SAFEGUARDING IN EDUCATION

Strengths / Outcomes for 2014 – 2015

1. Basic Safeguarding Awareness Training. A continuous rolling programme of training for members of school staff (whole school and targeted staff groups) – updated to include CSE, FGM and Radicalisation and Extremism
2. Designated Safeguarding Leads Network meetings held through the year used as the primary vehicle to update, communicate with and support schools.
3. Launched the Prevent Duty Agenda and the National WRAP training workshop.
4. Delivery of Safer Recruitment training to school staff and multi-agency partners.
5. Launched the Early help Module and delivered Early Help training to all schools.
6. Supported Early Help and threshold criteria including membership of the Early Help Task and Finish group representing schools.
7. Written and distributed the S175 audit.
8. Provided safeguarding advice and guidance to individual schools.
9. Provided Safeguarding support and training to school governors.
10. Worked with schools and CSE sub group to embed CSE awareness.
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.

Areas for Development/Challenges

1. Roll out the WRAP (Workshop to Raise Awareness of Prevent) training workshop across the Authority working closely with The Prevent Board and NSSCB.
2. Represent The Learning and Development Service and Education on the Prevent Board.

3. Support and deliver multi - agency CSE training and embed practice in schools
4. Work with schools to maintain standards of safeguarding and keep up to date with Statutory responsibilities and guidance – potential challenges as schools move in to new ways of working.
5. Monitor safeguarding practice in schools via the Section 175 audit and targeted support.
6. Work with the Designated Teachers/Governors for Children Looked After (CLA), to improve outcomes and experiences of CLA.
7. Work with The Early Help Adviser to support and develop Early Help provision in schools and multi – agency.

6 – SAFEGUARDING IN HEALTH

Susan Masters, Head of Safeguarding, North Somerset Clinical Commissioning Group

The CCG is a statutory partner on the North Somerset Local Safeguarding Children’s Board (NSSCB) with the Director Of Nursing and Quality delegating representation on the Board to the Head of Safeguarding (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 NSSCB.

NHS England has recently published the revised NHS England Accountability and Assurance Safeguarding Framework (2015). As vulnerable children and adults face more challenges and the NHS commissioning system matures, it is important to have a document that sets out with greater clarity the responsibilities of each part of the system and the key individuals who work within it.

This document updates and replaces Safeguarding Vulnerable People in the Reformed NHS – Accountability and Assurance Framework issued by the NHS Commissioning Board in March 2013.

The establishment of the National Safeguarding Steering Group has brought together safeguarding leaders for both adults and children from across the commissioning system.

The purpose of the document is to set out clearly the safeguarding roles, duties and responsibilities of all organisations commissioning NHS health and social care. It has been refreshed in partnership with colleagues from across the health and social care system.

North Somerset CCG have 10 children’s safeguarding standards and 6 safeguarding adult standards that are in place in the contracts for providers of healthcare in North Somerset. These are reported on quarterly via the Head of safeguarding and the Designated Adult Safeguarding manager. These standards are closely aligned with the requirements of the NHSE assurance framework and have been developed by the NSCCG Head of Safeguarding in conjunction with the Designated Nurses for Safeguarding Children across BNSSG.

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.

The Head of Safeguarding at NSCCG has founded in 2015 a North Somerset Safeguarding Leads Group, which meets quarterly and alternate meetings link with the GP safeguarding leads group. This is a forum for sharing best practice, discussing cases and cascading learning from incidents.

Review of 2014 board report priorities:

- The GP training matrix and training resources have been updated to take into account 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). Additional topics have been incorporated, to include Child Sexual Exploitation, Female Genital mutilation, Fabricated and or Induced Illness Syndrome and Prevent. Domestic abuse remains a topic within the training.
- WAHT successfully repatriated Child protection Services in September 2014 and have full support of a Named Nurse and Named Dr within the trust.
- In the area of Looked after Children, there has been great improvement in the compliance with the statutory time framework for health assessments. In June 2015 a Designated Dr for Looked after Children was successfully appointed into post and chairs the health subgroup for the North Somerset Council Looked after Children Strategic progress group. A full time Designated Nurse for Looked after Children has also been successfully appointed and is due to commence in post in late 2015.

Health Provider reports:

6.1 North Somerset Community Partnership (Jocelyn Grimwood, Head of Safeguarding)

Compliance with Child Protection Procedures

Child Protection Training

Training compliance levels are consistently high across all staff groups within NCSP with Level 1 and Level 3 being over 90%. Targeted work with regard to level two training has resulted in a current compliance rate of 86% (Sept 2015).

Child Protection Case Conference Activity

Health Visitor attendance at initial child protection case conference shows a high level of compliance with 93% for Health Visiting and 89% School Nurse attending.

Similar compliance rates are evident for review conferences. This demonstrates that despite significant staffing challenges a high level of commitment is directed towards working together to safeguard children.

Areas of Good Practice:

Non Mobile Baby Policy

This was a specific work stream within our Child Protection Champions group to raise awareness, clarify reporting process and support appropriate referral, and challenge where needed, via the supervision process. To assist staff in practice we have developed and disseminated laminated A5 cards with key information including the BEST tool and decision flow charts. These cards have been distributed to all practitioners. The success of this work has been evidenced by increased number of reports to Children's Social Care. This work continues to progress and exemplifies how learning from SCR can be embedded in practice.

Serious Case Review Workshops

We have also looked at wider themes from SCR both local and national especially with respect to neglect and domestic abuse. The latter has formed the basis of practice led SCR workshops for staff where recurring messages such as the rule of optimism, case drift and communication have been explored. SCR workshops have been a recurring event for our staff for the past three years and have been positively received in practice. This work links with the work of our Documentation Working Group where the assessment process / tool used by the SCPHN has been modified to incorporate learning from internal safeguarding audits and SCR themes, together with Public Health requirements of the Healthy Child Programme. The documentation has been adjusted to guide practitioners in their analysis of the information they gather about the health and welfare of children and their families. Signs of Safety principles have been incorporated into this work thereby shaping understanding of safeguarding risk. This allows practitioners to make reasoned judgements with regard to the level of support a child and their family may require e.g. Early Help with partnership support from the Children's Centre through to Child Protection and onward referral where appropriate.

A recent in depth safeguarding documentation audit has highlighted positive practice with regard to capturing the voice of the child. However, it has identified that more work is required to embed confidence with regard to analysis. The latter will form part of the action plan from the audit going forward together with a series of workshops to support staff in developing these skills.

Safeguarding Practice Based Learning Group

This group was initially set up to develop safeguarding case chronologies for review from across the service. The group now has a firm focus upon hearing the voice of the child and will form the basis of developing safeguarding children outcomes going forward. The reflective learning that this has encouraged for practitioners attending the group has been invaluable.

The main focus is the facilitated discussion led by the safeguarding team with respect to safeguarding cases that are in process. Going forward this group will use the case chronologies to develop a template for capturing outcomes for children within safeguarding. The work of group also provides assurances that practitioners are invoking appropriate processes in practice. It has facilitated confidence and competence with respect to:

- Appropriate and robust referrals
- High quality report writing such as case conference reports.
- Focus upon child outcomes
- Identifying gaps in service and taking appropriate action
- Sharing of good practice
- Application of best / evidence based practice
- Reflection on practice

Risks

Staffing challenges feature particularly within the Health Visiting and School Health Nursing workforce. These risks have been profiled appropriately on the risk register and shared with the CCG. The risks are also outlined on the Safeguarding Children Board risk log. Mitigations are in place and are subject to regular review and oversight by NSCP Safeguarding Forum and the Governance and Quality Committee.

Work Plan

NSCP has a developed work plan with regard to safeguarding which is monitored by the Safeguarding Forum. The key aspects of this plan for 2015 – 2016 are as follows:

- To develop a streamlined training package for safeguarding modelled upon Think Family
- Embed training and concern management pathways related to Child Sexual Exploitation
- Work with the Practice Based Learning Group to develop safeguarding outcomes for children related to the work of the Specialist Community Public Health Nurses

- To raise the profile of Domestic Abuse within the adult clinical and therapy teams

6.2 Weston Area Health Trust (Lara Anderson, Named Nurse for Safeguarding Children)

The following table reflects on the status of the objectives set out in the trust’s last Annual Report

Aim:	Status:	Completion
<i>Electronic transfer of ED attendances for children</i>	This has been achieved and electronic reporting commenced 01/12/14 for School Nurses. This is currently being audited with a view to rolling it out to Health Visitors in phase 2	Dec 2014
<i>Work in partnership with the LSCB on CSE</i>	The NSSCB has a CSE Subgroup which formed a CSE MARAC, the Named Nurse from WAHT attends this MARAC monthly. In addition ED and CAMHS have been targeted to attend CSE training provided by North Somerset	Dec 2014
<i>clinical guidelines for Female Genital Mutilation</i>	FGM Guidance available to all staff on DMS	Oct 2014
<i>Review of Intercollegiate Document and implementation</i>	Gap analysis of current training and amendments made to face-to face training. Level 1 e-learning is sourced externally and due for renewal.	July 2014
<i>Development of plan to increase uptake of training</i>	Various strategies employed –developed in-house training which commenced April 2015	Target 90% April 2016)

Last year’s achievements - 2014/15

‘Flagging’ system for vulnerable children improved

Alert on electronic care records of every child on a Child Protection Plan or Looked After Children. This is updated weekly.

All children’s services at WAHT receive the weekly list and have systems to ‘flag’ these children’s paper records on arrival – as many services do not use the electronic records.

Female Genital Mutilation

From September 2014 all acute Trusts were required to report this data centrally to the Department of Health (DoH) on a monthly basis. WAHT was compliant with this. As of the 1st April 2015 an enhanced FGM monthly dataset is submitted as per DoH request.

To support this the Children’s Safeguarding Team (CSG) have promoted FGM knowledge and awareness among key staff groups by disseminating information, local events and National updates regularly, promoting the completing of the DoH e-

learning package, and developing a Trust Guideline for FGM. This is in addition to the training included in the Statutory Safeguarding training.

Emergency Department – Children’s Pathways

A major focus for the Childrens team in 2014/15 has been to improve practice in Emergency Department /Paediatric Seashore Centre

A number of protocols have been introduced/ updated:

- Red flag list
- ‘What to do if you are worried about a Child’ pathway
- Injuries in non-mobile babies
- Paediatric Mental Health pathway and assessment matrix
- ‘Did not wait’ Policy
- CSE referral pathway (Childrens’ Social Care)
- ‘Star folder’ flagging protocol

To assist this change in safeguarding practice a monthly Emergency Department safeguarding meeting has been established.

Maternity

There have been updates to the information and data storage of Safeguarding cases in maternity:

Performance monitoring and Assurance - Savile Review

Recommendations from NHS investigations into matters relating to Jimmy Savile from the Independent report for the Secretary of State for Health were determined in February 2015. 14 Recommendations were identified by the Authors: Kate Lampard and Ed Marsden. The Trust has reviewed the recommendations and provided assurance where applicable, there are no pending actions from this review.

Child Protection Services

Child Protection services were successfully repatriated from Musgrove Park Hospital in September 2014 with a complete overhaul of internal and external processes and pathways. The Community Paediatricians provide in hours on call cover for CP concerns jointly with neighbouring Trusts in Bristol and South Gloucestershire.

Next year’s objectives for WAHT – 2015/16:

Training

Children safeguarding levels 2 and 3 to reach 90% compliance by April 2016.

Communication

The Trust has invested in a new web based intranet page, both the Adults and Children’s safeguarding leads have committed to developing informative accessible intranet pages for all Trust staff.

Domestic Violence

New DVA Champion for the Trust who represents adults at MARAC. The Children’s safeguarding lead has taken on the role of Domestic Violence Lead. The Policy has been updated to reflect this.

Specialist Community Children’s Services

Another focus for the CSG team is to allocate more resources to SCCS involvement, providing safeguarding steer and more visible support for the community sites. Improvements made re LAC pathways

Feedback and user input into services

The Safeguarding department will explore ways to involve service users in service assessment and planning.

6.3 Avon and Wiltshire Mental Health Partnership (Mark Dean, Trust Head of Safeguarding)

There have been a number of significant challenges in 2014/2015, that has seen significant rises in demand due to increases in the range of safeguarding processes (including CSE), the level and complexity of activity and governance requirements in relation to children’s, adult and family safeguarding .

However, significant progress has been made to ensure the effectiveness and delivery in practice of children’s safeguarding in N Somerset by AWP in 2014/2015.

The Trust safeguarding children action plan for 2014/2015 were set out in its annual safeguarding report 2013/2014. The work completed through this plan in 2014/2015 included:

- Introduction of a system to improve recording and reporting of safeguarding children information in the electronic record
- Development of a communications strategy to improve awareness of the SWCPP escalation procedures and local threshold documents
- Introduction of a system to oversee and quality assure child protection referrals and reports
- Introduction of a system to capture formal escalation
- Introduction of a safeguarding supervision checklist tool for practitioners and managers
- A review of training in light of the revised DH training standards

Work has also been progressed to further develop a local performance reporting framework and to ensure appointing managers have competency in safer recruitment

Additionally, the Trust introduced modular guidance on working with families to protect children, which included new modules on information sharing, and child sexual exploitation, and the number of staff required to undertake higher level (level 3) training was extended.

The Trust has maintained a high level of safeguarding children training during 2014/2015. As of the 31/3/2015, the safeguarding children training rates in N Somerset were Level 1 91.3%, Level 2 91.3%, Level 3 95.9% and Level 4 100%.

In addition, mandatory training on Domestic abuse was introduced in January 2015 as part of the Level 2 safeguarding children training.

The Trust undertook s11 and child sexual exploitation audits in 2014/2015, which showed the Trust was compliant with its responsibilities, and these identified a number of actions to further improve and evidence compliance that have been incorporated into the 2015/2016 safeguarding annual work plans.

The Trust has also developed and completed action plans in relation to the recommendations from the Saville reviews in 2014.

The 2014/2015 staff survey showed an improved understanding of safeguarding responsibilities and a good level of recognition of emerging issues, including FGM and child sexual exploitation.

The Trust continues to work with other agencies in the N Somerset Think Family project.

The Trust has been an active contributor to multi-agency partnership work, with a 100% attendance at the N Somerset Safeguarding Children Board, and active participation in the Board subcommittees, including chairing of the policies and procedures subcommittee.

The Trust annual safeguarding report 2014/2015 identifies the future challenges and the actions to address these challenges in 2015/2016 in the safeguarding children work plan 2015/2016. Key areas of work for 2015/2016 include:

- Reviewing its safeguarding arrangements and ensuring there is sufficient dedicated safeguarding capacity at Trust and local levels
- Developing a revised strategy for safeguarding and leadership in operational services
- Addressing the recommendations set out in the Lampard report 2015
- Improving recording and performance information available through of AWP RiO
- Improving management oversight of the use of multi-agency escalation
- Embedding the use of the safeguarding supervision checklist into staff supervision to support the quality of safeguarding supervision
- Further developmental work on FGM, CSE, and need to listen and see children, and consider the lived experience of the child in the family
- Improved case auditing for safeguarding children cases
- Increasing access and use of N Somerset LSCB training

7 – AVON & SOMERSET CONSTABULARY

Statutory responsibilities

Working with partner agencies, Avon & Somerset Constabulary provides professional policing services, including services to and for children and young people in order to keep them safe from harm, and where necessary to prevent their offending or reoffending. The Constabulary is an active member of all five LSCBs within its area, helping to fulfil the Constabulary's Statutory Duties under Section 11 of the Children Act 2004.

Under the Children Act 1989, Avon & Somerset Constabulary, working with partner agencies, is responsible for making enquiries to safeguard and secure the welfare of any child within its area who is suffering, or is likely to suffer, significant harm. The Constabulary has a duty to refer to the local authority those children in need whom it discovers in the course of its work. The Constabulary also has emergency powers under section 46 of the Children Act 1989 to enter premises and remove a child to ensure their immediate protection.

The Constabulary has a duty to investigate crime and bring offenders to justice. It may not always be in the public interest to prosecute an offender, especially if the alleged offender is very young, and the Constabulary seeks to avoid the unnecessary criminalisation of children.

In cases where there is insufficient evidence to prosecute an offender, or where it might not be in the public interest to do so, the Constabulary may still use its powers to prevent an offence or further offending. These powers include issuing warning notices against suspects, monitoring bail or other conditions, such as prohibitions against contacting children, and the closure of premises known to be used for child sex offending.

The Constabulary is responsible for the supervision of registered sex offenders in the community. This involves keeping a register of their address, maintaining contact with them, making enquiries into their activities and alerting others to any potential risk posed by the offender.

Achievements during 2014-2015:

Nationally, recorded Child Protection Crimes are increasing and this is the case in North Somerset and across Avon and Somerset as a whole. Recorded Child Protection Crimes (excluding Domestic Abuse Crimes) in North Somerset rose to 280 crimes in 2014/15, compared with 201 crimes in 2013/14. This represents a 39.3% rise, and compares with a 33.3% increase across the force area as a whole. There were 12 recorded crimes relating to the sexual exploitation of children in North Somerset during 2014/15, a similar number to the 13 recorded crimes in the previous year. Each and every recorded crime is investigated. In October 2014, the Constabulary introduced a new Operating Model that prioritises by the vulnerability of the victim and the characteristics of the perpetrator, putting the focus on people first

and crime type second. This means that crimes involving children are invariably prioritised over those involving less vulnerable victims.

The Force also introduced an Integrated Victim Care service, "Lighthouse", ensuring that vulnerable, intimidated or persistently targeted victims receive a tailored, coordinated and consistent service. Each victim now has a Victim & Witness Care Officer (VWCO) automatically allocated to their case from the point of initial report, through the investigation and to the end of any subsequent Criminal Justice process.

As part of the Constabulary's programme of vulnerability training for all front-line officers, a day's training was delivered during 2014/15 dedicated to CSE, Human Trafficking, Domestic Abuse and the Integrated Victim Care "Lighthouse" services.

Post-training evaluation found that:

- 90% of officers and PCSOs have a good or high level of knowledge of CSE
- 81% of officers and PCSOs have a good or high level of knowledge of Domestic Abuse
- 95% of officers and PCSOs have a good or high level of knowledge of impact of Domestic Abuse on children

In order to further improve the effectiveness of agencies in preventing children from being sexually exploited, and in providing victims of CSE with the support they need, the Constabulary led a successful partnership bid for £1.2million Home Office Innovation Fund. With an additional £900,000 contribution from the Avon & Somerset and Wiltshire Police and Crime Commissioners and the seven local authorities, this two year project is now working to:

- prevent CSE and identify vulnerable children and young people
- identify those being sexually exploited
- enhance the provision of support to victims of CSE and those most vulnerable
- target those who perpetrate CSE for disruption and prosecution
- develop an evidence base to establish the interventions that are most effective and inform a business case to inform sustainable services beyond the two year project

Challenges:

Two key challenges faced by the Constabulary in achieving its purpose are:

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

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

As a result of the Constabulary's safeguarding and investigations work, in partnership with other agencies, more children have been safeguarded and protected from harm or from further harm.

The significant changes made during 2014/15 to the way the Constabulary operates, to the services it provides for victims, and the funding secured for improved services for victims of CSE, will all enable the safeguarding and protection of children to be maintained and improved in a context of declining budgets.

Plans for 2015-16:

Our plans for the future directly reflect our action plan from the recent HMIC Child Protection inspection:

- Continue to prioritise Child Protection training programme for our investigators to ensure that CP investigations are carried out by appropriately skilled staff.
- To work with partners to reduce the number children that are being inappropriately detained by the police due to a lack of alternative accommodation.
- To improve our response to safeguarding children who are most at risk from reported domestic abuse.

To work with the local authority to ensure that an independent return interview takes place for children previously missing from home, and that reports on progress and barriers are given to the LSCB.

8 – BARNADO'S

In the last year, Barnardo's has delivered in two areas of work:

1. Advocacy for children in care and Independent Visiting service. This work has continued to deliver good quality advocacy and Independent Visiting to children in North Somerset's care.
2. Child Sexual Exploitation (CSE) victim support work by BASE (Barnardo's Against Sexual Exploitation project). This work has moved from spot purchased arrangement to a wider contract, meaning more victims of CSE can be supported.

Key achievements:

Since writing a scoping exercise for North Somerset LSCB 3 years ago, we have played a full part in the Board’s approach to tackle CSE. We have been members of the CSE Sub Group and have delivered a growing amount of support to children facing CSE. This has become a strategic Board priority.

- Efforts to improve safeguarding practice
Our advocacy and Independent Visiting service has reviewed its staffing structure so that a full time member of staff has provided on call arrangement to volunteers and part time staff, even though the role is funded for part time hours.

Our BASE project’s work to support victims of CSE in North Somerset is now being evaluated by Research in Practice.

- Future challenges / areas for improvement
We need to ensure we play a full part with other LSCB members to prevent CSE happening in North Somerset. We will train staff who work with children to recognise CSE and will work with partner agencies to support victims of CSE.

Barnardo’s has 20 years’ experience of working with children who have experienced CSE. We will bring our expertise (BASE has been running for 18 years) to North Somerset LSCB and its CSE Sub Group. We are keen to play an active role with Board partners in making sure CSE is dealt with in the most effective way so that children are protected.

9 – NATIONAL PROBATION SERVICE NORTH SOMERSET

Due to the creation of NPS in June 2014 there have been delays in formulating a National Safeguarding policy. However the NPS Safeguarding policy was issued in June 2015 where guidance is given as the statutory responsibilities of NPS and Safeguarding (See attached copy).

The document (p12) states that Safeguarding checks are to be made on all cases where children are living with the offender. This differs from current practice where checks are only made on those cases where there are current child protection concerns with offenders.

The guidance also recommends that all probation offices keep a spreadsheet dating the Safeguarding enquiries and recording timescales for responses. Also greater management oversight of these delays and Probation managers using a clear escalation process.

A Divisional Self assessment audit is being carried out this year. Managers from Bristol will visit Worle and assess our self reports.

An action plan is being developed by myself to address the current gaps so far identified:

This is:

1. Meet with Service Leader Safeguarding and QA to review the current level of service provided to NPS for Safeguarding checks.
2. Meet with Priscilla Jones to look at implementing the increased level of checking.
3. Meet with police to ask them to record on case files when they have already made a Safeguarding referral.
4. Work with Service Leader Safeguarding and QA and Priscilla to formalise a process where forms SG1, SG2 and SG3 will be sent to mailbox's duty.intake@n-somerset.gcsx.gov.uk and CPR@n-somerset.gcsx.gov.uk.
And likely timescales for returns.

In answer to further questions my attendance at LSCB thus far has not contributed to moving these issues forward. I believe that the work identified above is better suited to small targeted meetings and LSCB is too broad to allow Probation to improve its Safeguarding remit. I believe that it would be a more efficient process for me to report back in writing to the board as to my progress in relation to the above objectives.

10 – CHILD DEATH OVERVIEW PANEL

The processes to be followed when a child dies are currently outlined within Working Together to Safeguard Children 2013: Chapter 5 Child Death Review Processes¹.

Crude death rates across the West of England showed no significant variation.

Data related to Child Death Notifications:

589 child deaths were notified to the West of England Child Death Enquiries Office between 1st April 2010 and 31st March 2015.

Between 2010 and 2015, 45% of children were not residents of Bristol, North Somerset, South Gloucestershire or Bath and NE Somerset. The great majority of these children were receiving specialist medical care in Bristol Children's Hospital or St Michaels Hospital (NICU).

¹ HM Government Department for Education (June 2013)

Over the 5 year period, 37.7% died in NICUs, 25.5% died in PICU or adult ICUs, 8.5% in Emergency Departments, 12.1% in other hospital wards/theatres/central delivery suites, 10% in the parental home or in a relative's home, 4.2% in hospices and 2% in other locations.

Between 2010 and 2015, 71% of deaths occurred during the first year of life, 12% of deaths were of children ages 1-4, and rates then decrease in mid-childhood but are higher in ages 15-17 with 6% of deaths.

75% of deaths notified in the last 5 years were children expected to die with 35.6% of deaths due to perinatal complications (mostly extreme prematurity), and 27.2% children with chromosomal, genetic or congenital conditions. Acquired natural causes account for 19.6% and external causes, encompassing deliberate injury, suicide and trauma, accounted for 9.3%. 23.3% of deaths in children aged 0-17 years were unexpected with 8.1% remaining unexplained after a full investigation and the local case review meeting.

Between 2010 and 2015 there was a Coroner's post mortem in 33% and a hospital post mortem in 13.4% of cases.

Data from cases reviewed by the Child Death Overview Panel:

The West of England CDOP reviewed 350 cases in detail between 1st April 2010 and 31st March 2015. There is an inevitable time-lag between notification of the child's death to discussion at CDOP but 100% of the cases requiring review from 2010/11 have now been reviewed, 98% from 2011/12, and 71% from 2012/13.

The most common mode of death is following the active withholding, withdrawal or limitation of life-sustaining treatment, which occurred in 45.1% of cases.

8% of children reviewed had a motor impairment and 6% of children reviewed had a learning disability which was recorded as contributory.

In 98.5% of cases, factors intrinsic to the child (i.e. the underlying medical or surgical problem) provided a complete and sufficient explanation for the death. In 1% factors in service provision provided a complete and sufficient explanation for the death, and in one case issues with parenting capacity provided a complete explanation.

Factors that may have contributed to the vulnerability, ill-health or death were identified in the family in 26.5%, related to parenting capacity in 12% and in service provision in 26.5%. Parenting capacity issues include poor parenting/supervision and/or child abuse/neglect and poor engagement with services. Parental smoking was classed as contributory in 7.4% of deaths, emotional, behavioural or mental health issues in 4.9% alcohol or substance abuse in 4.3%, housing issues in 4% and domestic violence in 3.4%. It should be highlighted that positive parenting was noted in many cases.

CDOP identified 'modifiable factors' in 34%. Modifiable factors are defined as 'one or more factors, in any domain, 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'. Current national data shows this is higher than the national average and the average from the South West. This is due to the open scrutiny with which this panel seeks opportunities to learn from every case reviewed and the fact that factors considered to be modifiable may not be considered modifiable by other panels.

Family bereavement follow-up was documented in over 85.6% of cases, with paediatrics/specialists services providing this in 52%, primary care in 19.8% and hospice/community nursing in 14.0%. In 6.1% the offer of follow-up had been declined or was yet to be taken up, and no information was available in 8.1% including whether families had accessed national or local non-statutory bereavement support, information about which is routinely provided through the child death review process.

Focus on Neonatal Deaths

This group makes up 47% of all child deaths notified. Prematurity remains the main cause of death for babies that died between 1st April 2010 and 31st March 2015. However there has been a decrease in deaths due to prematurity within the last 3 years. Likewise the number of deaths due to perinatal asphyxia has also shown a decrease over the 5 year period. The number of babies whose cause of death was found to be infection, has remained fairly constant.

Of the 129 neonatal deaths reviewed at CDOP, 34 were found to have modifiable factors (26%), and 94 had no modifiable factors (73%).

Service improvement issues:

Some service improvement actions were taken as a direct result of discussion at the local child death review meeting and in some cases good practice was commended.

Important issues highlighted by CDOP were disseminated through the constituent agencies and the chairs of the Local Safeguarding Children Boards.

Issues noted at CDOP led to specific actions in some cases:

- Improvements made to liaison between tertiary specialist teams to avoid conflicting treatment plans
- Issue of fully informed parental consent around tracheostomy insertion raised
- Ensuring implementation of action plan following deaths at a district hospital, including specific training in improved recognition of serious illness in young children
- Liaison with Avonsafe following a death resulting from a fall from a height, and confirmation of their home safety scheme in this area
- Ensuring the red flag symptom of vomiting without diarrhoea is highlighted to successive cohorts of emergency department medical staff

- Concerns raised about the layout and staffing of the children’s emergency department for supporting bereaved families

Certain themes have emerged from reviewing children’s deaths in the West of England this year:

- Children who survive longer than expected raising specific challenges for families and palliative care agencies
- Communication challenges with non-English speaking families, especially about complex medical information
- Delays in post-mortem reporting due to national shortage of paediatric pathologists
- Involvement of young people in decision making about their care
- Transition to adult health care and the challenges in achieving this

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 (regarding 9 children) received within 2014/15.

An assessment of the adults offering the private fostering arrangement is undertaken by the Adoption and Permanence 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 2014-15

- 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.

- In 2014/15 out of the seven children 5 were teenagers, the other 4 were 3 years and 1 year 7 months and twins of 1 year and 8 months. There were no young people privately fostered from abroad or attending language schools.
- By the 31st October 2015 two of the private fostering arrangements worked on during the year had come to an end due to reaching the age of 16 years and one became Reg 24. The twins ended due to reunification. The 2 younger children’s assessment is ongoing along with two teenagers placements
- Records show that all these young people were visited every 6 weeks by the Childcare Social Workers.

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 team and The Adoption and Permanence Team 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.

Kirsty Howie, Service Leader, updated the Private Fostering Policy in December 2014.

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 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.

APPENDIX 1 – BUDGET STATEMENT 2014-2015

NORTH SOMERSET SAFEGUARDING CHILDRENS BOARD		
	<u>Budget</u> <u>2014/15</u>	<u>Expenditure</u> <u>to date</u>
-	£	£
Multi agency trainer 30hrs	38,500	38,483
Training venues and related costs	18,430	19,276
Child death overview panel	4,000	4,000
South west procedures	1,000	0
Chairperson (incl. SCR)	18,000	12,000
SCR independent Authors	7,000	6,597
Lay member expenses	1,000	0
Office and administration costs	7,752	7,752
Management costs	7,079	7,079
Total expenditure	102,761	95,187
<u>Income:</u>		
<u>Source</u>	<u>Financial</u> <u>contributions</u>	
-	£	£
Training income	12,500	13,149
<u>Agency contributions: Multi Agency Trainer</u>		
Health PCT	7,137	7,137
Police	7,137	7,137
Learning Partnership West	300	300
<u>Agency contributions: Operating costs</u>		
Police	3,864	3,864
Health trusts	6,384	6,384

NORTH SOMERSET SAFEGUARDING CHILDREN BOARD
“SAFEGUARDING AND PROMOTING THE WELFARE OF LOCAL CHILDREN”

North Bristol NHS Trust	3,200		3,200
United Bristol Healthcare trust	3,200		3,200
Probation	1,575		1,575
CAFCASS	550		550
Avon Fire & Rescue Service	1,000		1,000
S.S.F. Contribution to Chair	2,000		2,000
North Somerset Council	53,914		45,691
Total			
	102,761		95,187

APPENDIX 2 – MULTI AGENCY TRAINING AND ATTENDEE DETAILS

Title of Course	Length of course	Total number of Delegates
Inter agency Basic Awareness Child Protection	Half day	139
Inter agency child protection/introduction	One day	273
Advanced inter agency child protection	Two days	206
Advanced inter agency child protection update	Half day	122
Basic child protection awareness	Half day	9
Emotional abuse	One day	13
Toxic trio	One day	16
Hidden sentence	One day	15
Young people and emotional abuse	One day	34
Young people who display sexually harmful behaviour	One day	31
Safer recruitment	One day	93
Signs of safety	One day	82
Inter agency child protection mangers	One day	10
Total number of Delegates attending inter agency child protection training September 2014- August 2015		1043

Multi Agency Child Sexual Exploitation Training and Attendance

• Child sexual exploitation-level one	Half day	184
• Child sexual exploitation-level two	Half day	87
• Child sexual exploitation-level three	One day	61
• CSE theatre production	Half day	38
• CSE MARAC briefing	Half day	71
• Total number of Delegates attending child sexual exploitation training sept 2014-august 2015		441

APPENDIX 3 – BOARD ATTENDANCE

Agency	Representative	Sept Attend	Dec Attend	March Attend	June Attend
Adult Services (NSC)	Claire Leandro	√	√	Apols	Apols
Avon Fire	Mick Dixon/Neil Liddington	Apols	Apols	Apols	Apols
Avon & Somerset Police	Rachel Williams/Marie Wright	S	S	√	S
Avon & Somerset Probation	Liz Spencer/Andy Harris	√	√	√	√
Avon & Wiltshire Partnership	Suzanne Howell	S	S	√	S
Barnados	Duncan Stanway	√	S	Apols	Apols
BGSW Probation	Peter Brandt	N/A	Apols	S	S
BNSSG Cluster (Quality & Safety)	Marie Davies	Apols	√	√	√
CAFCASS	Spencer Hird	S	Apols	√	√
Clinical Commissioning Group (CCG)	Dali Sidebottom/Jacqui Chidgey-Clark		S	S	S
Communications & Marketing Sub-group (NSCP)	Claire Stanley	N/A	√	√	Apols
Community Partnership (NSCP)	Penny Smith/Robert Nichol/Helen Lockett	√	S	S	S
Deputy Chair and Director of P&C (NSC)	Sheila Smith	√	√	√	√
Designated Doctor	Dr Tamsyn Nicole	Apols	√	√	√
Designated Nurse (CCG) and Chair of CSE sub-group	Susan Masters	√	√	√	√
Early Help Sub-group (NSC)	Sadie Hall/Justine Davies	√	√	Apols	√
Independent Chair	Tony Oliver	√	√	√	√
Lay Member	Anna Curvan	√	√	√	√
Lay Member	Pam Pollard	N/A	√	√	Apols
Monitoring and Evaluation Sub-group (NSC)	Linda Bunting	√	√	Apols	√
Named Doctor	Dr Mike Pimm	√	Apols	√	√
Named Nurse for Child Protection (AWP)	Mark Dean	N/A	N/A	√	Apols
Named Nurse for Child Protection (WAHT)	Lara Anderson	√	√	Apols	√
Named Nurse Safeguarding Children (CP)	Jocelyn Grimwood	√	√	√	√
NSC: Learning & Development	Carolyn Hills	√	Apols	Apols	√
NSC: Safeguarding Quality Assurance	Mike Reay/Maggie Siviter	√	√	√	√
NSC: Support & Safeguarding	Eifion Price	√	√	Apols	√

NORTH SOMERSET SAFEGUARDING CHILDREN BOARD
“SAFEGUARDING AND PROMOTING THE WELFARE OF LOCAL CHILDREN”

NSC: Vulnerable Learners	Jane Routledge/Neil Harris	Apols	Apols	Apols	Apols
NSC: Youth Offending Team	Mike Rees	√	√	S	S
Policy and Procedures sub-group (AWP)	Jon Peyton	√	√	Apols	√
Training and Public Promotion Sub-group (NSC)	Sarah Taylor	√	√	Apols	√
Schools: St Francis Primary	Caroline Hostein	N/A	N/A	N/A	√
Schools: Worle Community School	Peter Binding	N/A	√	√	Apols
Solicitor	Lorraine Sherman	Apols	√	√	Apols
University Hospitals Bristol Foundation Trust	Sarah Winfield	Apols	Apols	√	√
VANS	Rebecca Mear/Cara Macmahon	Apols	Apols	Apols	Apols
Weston Area Health NHS Trust	Christine Perry	√	Apols	√	S
Participating Observer, Executive Member NSC	Cllr Jeremy Blatchford/Cllr Colin Hall	√	√	√	Apols

S = Substitute attended

PART 2

NORTH SOMERSET SAFEGUARDING CHILDREN BOARD

PERFORMANCE MANAGEMENT FRAMEWORK

OCTOBER 2015

INTRODUCTION

PART 2 – NSSCB Performance Management Framework 2014 – 2015

North Somerset LSCB Quality Assurance Framework Commentary on Avon & Somerset Constabulary Data Submission (1 September 2014 - 30 August 2015)

This second report of the financial year would normally cover the period 1 October 2014 - 30 September 2015. However, with the introduction of a new Crime and Intelligence System on 22 September, it hasn't been possible on this occasion to produce a report for that period. Instead, this report provides data for the 12 month period up to 30 August 2015.

Children Missing

Caution is required in the interpretation of the Missing Children data accompanying this commentary. This is because the Force began implementing the new national definition of "missing", and introduced the new "absent" category, on 14 May 2014 meaning that like is not being compared with like over the two 12 month periods. The "absent" category applies to people who are not presently where they are supposed to be and there is no apparent risk.

Audits of the police response to missing and absent people, including children, were undertaken in November and December 2014. These audits highlighted instances of where the "absent" category was being incorrectly used where the information on the log clearly indicated that they should have been classified as "missing". As a result of this finding through the early audits, a decision was implemented on 24 November 2014 that the Local Policing Area Duty Inspector would no longer take the decision to classify a report as "missing" or "absent" and that the decision would instead be taken by the Force Incident Manager. As a result of this change, the total numbers of recorded reports of missing children, across North Somerset and the Force area as a whole, show an apparent increase, reversing the long-term trend of a continuing decline in recorded reports of missing persons. Further caution is therefore required in interpreting the missing children measures accompanying this commentary.

On 1 September 2015, the Force implemented its decision that no child or young person under the age of 18 will be classified as "absent". This means that all reports of children whose whereabouts cannot be established receive a missing persons response.

The fifth indicator shows no change in the recording of completed Safe & Well checks by officers. A recorded completion rate of 80.7% still falls below that which might be expected. The only situation where it should be possible to close a report on the Incident & Resource Management System (Storm), without the officer having reported that a Safe and Well check has been completed, is where authority has been provided by a Superintendent and only where the missing person has been located but it is impractical

to see them due to their present circumstances (eg they are deliberately making themselves unavailable to the Police). Steps are currently being taken to ensure that the Safe & Well Checks are routinely carried out and that they are recorded in the Crime and Intelligence System Niche.

Safety & Anti-Bullying

There were 109 fewer child suspects of crimes in the last 12 months compared with the previous 12 months, a fall of 11.6%. The 17.1% rise in the number of recorded Domestic Abuse Crimes where the victim is aged 16-17, over the last 12 months compared with the previous 12 months, is significantly smaller than the 40.2% increase across the force area as a whole. The number of Child Victims of Crimes rose by 26 child victims, over the last 12 months compared with the previous 12 months, an increase of 3.1%, and contrasts with the 9.2% rise across the force area as a whole. The number of recorded Child Victims of Race Hate Crimes fell by 12 victims to just 2; the percentage change should be ignored in view of the small numbers involved.

Child Sexual Exploitation

Child Sexual Exploitation (CSE) is not a "crime type" so in November 2012 a CSE Force Crime Tag was introduced which, in addition to providing safeguarding and investigation benefits, allows the monitoring of crimes that fall within the national definition of CSE. Victims of CSE rarely see themselves as victims or recognise that they are being abused. They are unlikely to report abuse to the police. A key challenge therefore is to ensure that all police officers and staff, staff from partner agencies, and the public recognise the signs of abuse and know what action to take. All frontline officers, PCSOs and investigating officers have therefore received CSE training in the warning signs, vulnerabilities and the action to take. Training is about to be delivered to Call Handlers.

Recorded CSE tagged crimes in North Somerset rose by 10 crimes to 24 in the last 12 months, compared with 14 in the previous 12 months and compares with 185 CSE tagged crimes Force-wide. It is important to note that the distribution of recorded CSE tagged crimes, both geographically and over time, can be skewed by a relatively small number of investigations identifying comparatively large numbers of victims, perpetrators and offences.

Child Protection

The Police were invited to 16 Initial Child Protection Conferences in the second quarter of 2015/16 and attended all 16. The Force has achieved a 100% attendance rate over the first six months of 2015/16.

The "Child Protection Crimes excluding Domestic Abuse" in the accompanying table are recorded crimes where there are child protection concerns, with this particular measure excluding Domestic Abuse Crimes where there are child protection concerns. The measure includes crimes where the victim is a child, crimes where the suspect is a child and crimes where the child is an involved party. The measure also includes peer-on-peer crimes where both the victim and suspect are children. The measure includes historical child abuse allegations, regardless of whether the victim was a child or adult at the time of reporting.

Nationally, recorded Child Protection Crimes are increasing and this is the case in North Somerset and across Avon and Somerset as a whole. It is believed that, to some extent, the increases in child protection crimes can be attributed to increased awareness of the signs of child abuse and the need to report it to the police. Whilst the 43.6% increase in overall Child Protection Crimes (excluding Domestic Abuse Crimes) in North Somerset, over the last 12 months compared with the previous 12 months, is smaller than the rise across the Force area as a whole (62.0%), it is still significant, representing an increase of 109 Child Protection crimes.

Serious Sexual Offences against Children in North Somerset increased by 22.9% over the last 12 months compared with the previous, and is below the rise across the Force area as a whole of 30.5%. The number of Non-Familial Sexual Crimes against Children in North Somerset rose by 4.3% across the two 12 month periods, and is smaller than the 20.4% rise across Avon and Somerset as a whole. Whilst the 73.3% increase in crimes for Cruelty and Neglect is significantly greater than the percentage increase recorded Force-wide (43.5%), the numbers involved in North Somerset are relatively small (an increase of 22 crimes).

The 43.6% increase in the number of Child Protection Crimes (excluding Domestic Abuse) in North Somerset represents a significant increase in demand upon safeguarding and investigations resources. It is however part of a longer-term trend, with demand in North Somerset having increased to 359 such crimes during September 2014 - August 2015, from 141 crimes during September 2013 – August 2014, an increase of 154.6% (and by 122.7% across the Force area as a whole over the same period). As the Force prioritises by victim vulnerability and the characteristics of the perpetrator first, and by crime type second, crimes involving children are invariably prioritised over those involving less vulnerable victims. In recognition of the increasing demand in this important area of business the Force is training more investigations officers, and has recruited retired Public Protection investigations officers to provide additional expertise to support newly trained officers in investigating child protection cases.

North Somerset LSCB - Avon and Somerset Constabulary Child Protection Performance Report September 2014 - August 2015

North Somerset

Missing Children	12 Month Rolling			
	Current	Previous	Chg	% Chg
Number of Missing Children	135	107	+28	+26.2%
Number of Repeat Missing Children	64	61	+3	+4.9%
Number of Children Missing from Care	28	30	-2	-6.7%
Number of Repeat Children Missing from Care	17	17	0	0.0%
Percentage of Filed Repeat Missing Children with Interviews Completed	80.7%	78.8%	+2.0%Pts	N/A

Safety and Anti-Bullying	12 Month Rolling			
	Current	Previous	Chg	% Chg
Number of Child Suspects of Crimes	833	942	-109	-11.6%
Number of Domestic Abuse Incidents (Excluding Crimes)	854	1,364	-510	-37.4%
Number of Domestic Abuse Crimes	1,365	1,101	+264	+24.0%
Number of Domestic Abuse Crimes - Victim Age 16 - 17	41	35	+6	+17.1%
Number of Child Victims of Crimes	859	833	+26	+3.1%
Number of Child Victims of Race Hate Crimes	2	14	-12	-85.7%

Child Sexual Exploitation	12 Month Rolling			
	Current	Previous	Chg	% Chg
Number of Child Sexual Exploitation Crimes	24	14	+10	+71.4%
Child Sexual Exploitation Crime Tag introduced in November 2012.				

Child Protection	12 Month Rolling			
	Current	Previous	Chg	% Chg
Number of Child Protection Crime (Excluding Domestic Abuse Crimes)	359	250	+109	+43.6%
Number of Child Protection Serious Sexual Offences	86	70	+16	+22.9%
Number of Non-Familial Sexual Crimes - Child Victim	120	115	+5	+4.3%
Number of Child Protection Crimes for Cruelty and Neglect of Children	52	30	+22	+73.3%

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PART 3 – NSSCB BUSINESS PLAN 2015-18

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
To develop detailed partner agreed business objectives for the board based on up to 5 key multi-agency safeguarding priorities	From the main business plan develop a SMART multi-agency action plan for cross-agency development and initiatives Ongoing monitoring by board and sub group chairs	T Oliver Sub group chairs	By February 2016	Detailed RAG rated business plan based on individual agency board objectives which evidence “distance travelled” To enable services to coordinate to plug any service provision gaps for vulnerable children
To agree the cross agency dataset provided by individual agencies based on the boards business objectives	Each agency to provide relevant data to evidence forward movement of the business plan Data provided to the board informs the business of the board and support it to hold agencies to account for their performance	T Oliver Sub group chairs	By February 2016	To evidence completion of the board’s detailed business plan to be completed by 1 st January 2018 To evidence “Distance travelled” by the whole board & identify shortcoming Facilitate contingency planning
Review the board sub groups to support safeguarding across the People & Communities directorate	Main board to identify sub group activities to ensure the business plan objectives are driven forwards, sub groups remain relevant and allow the board flexibility in meeting the requirements of future central government initiatives. To enable sub groups of both adults and children’s safeguarding boards	TO	Revised structure to be agreed by Spring 2016 and implemented by Summer 2016	Children, young people and adults dependent on the same services working in a “joined up” way benefit from greater understanding and working together from both children’s and adults perspectives

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	to amalgamate where to do so would further the objectives of both boards			
Maintain 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 through Board presentations and/or reporting to the annual report re:</p> <ul style="list-style-type: none"> • Education attainment of looked after children • Early Help • CSE • Intervention and disruption of Potential perpetrator activity -CSE • Signs of Safety across all agencies • Child injury reduction • Care leavers: accommodation, educational attainment, longer-term outcomes • Actions of each sub group (details below) 	<p>T Oliver</p> <p>Sub group chairs</p> <p>Agency representative to the board</p>		Improve LSCB challenge to multi-agency safeguarding arrangements.

2016 NSSCB Future plans by sub group

CSE Sub Group

- GP CSE training is being planned with Health.
- Tailored Foster Care CSE training will be delivered in early 2016.
- CSE e-learning package for Learning pool website but accessible for all via licencing.
- Full implementation of the cross-agency risk assessment tool
- Review of the CSE Disruption and Intervention planning meetings
- Further exploration of use of a wider choice of potential legal interventions to disrupt perpetrator activity.

Communications sub group

- A focus on key areas including CSE and self-harm is placed on the coming year with commitments from organisation including BASE and Unchosen committed.

Early Help

- To ensure and satisfy PSN, North Somerset Council are putting a business case to present to Directorate Leadership Team for funding to bring EHM behind the NS firewall. It is anticipated this will be presented in October 2015.

Learning & Development

- The sub-group has been working with the CSE sub-group in order to develop an NSSCB CSE training strategy a CSE Conference is planned for 2016.
- Work with Barnardo's enabling a wider/tailored CSE training pathway offer to meet multi-agency requirements.
- Development of a NSSCB neglect tool kit
- Development of a NSSCB fabricated illness Check list
- Provision of multi-agency WRAP training briefings
- Embedding CSE and WRAP within all safeguarding training provision, all training materials to be updated.
- Updating e-safety learning for all the safeguarding courses in collaboration with e-safety consultant.

Monitoring & Evaluation

- To consolidate existing work areas by repeating the audit cycle e.g. schools annual audit
- Consider ways in which outcomes and learning from audits may be more widely disseminated.
- Introduce a programme of peer audit to analyse partner agencies work

Policy & Procedures

- The policy and procedure sub group will actively engage in the recruitment of a new chair and vice chair for the sub group.
- The terms of reference for the sub group will be reviewed to include a specific role and communication pathway for the new south west procedures website to ensure the landing page and subsequent fields for North Somerset are current and fit for purpose.
- To complete the Boards Equality Statement

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Collated Risk Log				
Agency	Risk	Action to Mitigate	Comments/timescales	RAG rating
NSCP	Insufficient capacity to deliver full universal services (Health Visiting & School Nursing) may result in increased risk of harm / un-met need.	<ul style="list-style-type: none"> • Clear oversight of safeguarding concerns from the Safeguarding Team. • Workload prioritisation plans / processes in place with rigorous triage. • Action plan in place with an agreed trajectory to deliver 95% of the 5 mandated contact points for Health Visiting by June 2016. • School Nursing workforce development plan under development. • Mobile working solution planned for implementation during 2016-17 should release additional capacity across the service. 	<ul style="list-style-type: none"> • HV service performing very well against planned trajectory and exceeding current targets. • The reintroduction of clients into the HV caseload (FNP, registered-to-resident transfers) and increased housing developments in North Somerset will increase capacity concerns. • Potential impacts of the Public Health Spending Review could significantly increase this risk which will be closely monitored as soon as further detail is known. 	16
NSCP	Significant capacity issues in the School Nursing service (incl. CLA and No Worries!) have resulted in a 3-4 month waiting list for referrals and a significant number of unallocated Child in Need cases.	<ul style="list-style-type: none"> • All referrals are subject to a robust triage process and are prioritised accordingly. Those that cannot be actioned immediately will receive an acknowledgment letter, advising them of the current waiting time and asking them to contact the service again if their situation should change. • Capacity report and options appraisal completed and submitted to commissioners to begin discussion on long term resolution. • Individual Safeguarding Supervision has been implemented for Band 6 staff as well as Group Supervision for all staff to minimise safeguarding risks. 	<ul style="list-style-type: none"> • BNSSG-wide meeting to be held in October to discuss services delivered to Schools by the School Nursing services and begin to consider a common approach to prioritisation of workload. • If the outcome of the Public Health Spending Review results in any reduction in School Nursing budget then this risk will increase significantly. 	16
NSCP	Possible reduction in budgets as a result of the Public Health Spending Review further reduces capacity in the Health	<ul style="list-style-type: none"> • Full engagement of NSCP senior management team, CCG and Public Health Commissioner. 	Further information from government expected at the end of November.	9

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	<p>Visiting and School Nursing workforce increasing the risk of un-met need in the 0-19+ population with possible implications for statutory functions such as CLA Health Assessments.</p>	<ul style="list-style-type: none"> • Current service priorities under review. • Cautious approach to recruitment being taken across Children’s Services until further information is available. 		
Weston Area Health Trust	<p>LAC Initial Health Assessments (CHILDREN) LAC should be seen for an Initial Health Assessment within 20days (Statutory requirement) of being looked after. Currently WAHT is not meeting this target, and the rate stands at 0%.</p>	<p>Controls in Place 1. SCCS have a database to record and monitor this 2. Named and Designated Professionals aware 3. New role of Designated Doctor for LAC at WAHT filled</p> <p>Gaps in Controls 1. The database contains too many fields/too much information and appears to have multiple inaccuracies 2. Admin requires clear set of procedures for booking appointments in time</p> <p>Assurance 1. There have been issues with obtaining consent for these assessment and new processes have been developed and are in place 2. The LAC database has been redeveloped and tested - provides accurate reports</p> <p>Gaps in Assurance</p>	<p>Current action plan in place. Multiagency meeting in place to discuss the approach. Current compliance in Sep 2015 up to 88% from 0% in June 2015 meeting 20 day compliance.</p>	Amber
Weston Area Health Trust	<p>Safeguarding training including level 3 children and DoLS/MCA (ADULTS) "Level 3 children’s training compliance stands at 60.59% (Nov 2014) DoLS and MCA currently (July 15) is 66%"</p>	<p>Controls in Place 1. Ward based/departmental training ongoing to mitigate gaps in knowledge. 2. In house level 3 training commenced April -14 staff attended increasing compliance by 8%, 17 staff booked on June course. Training previously only available at North Somerset (who do not have enough places on courses to cover WAHT requirements). Also BRI have offered us places on their in-house level 3 training Level 3 training compliance 74% (July 2015) DoLS/MCA have increased from 24% 2014, ad hoc training sessions introduced by mental health liaison and Safeguarding lead to increase % Compliance to meet 90% by April 2016</p>	<p>Target of 90% April 2016 current figure 77%</p>	Amber

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		<p>Gaps in Controls</p> <p>1. Compliance will be low for several months to come</p> <p>Assurance</p> <p>5. Ongoing ward based sessions offered to Sr's for MCA/DoLS 6. MCA/DoLS has increased from 24% Q1 2014 to 66% Q1 2015 7. Level 3 Children's SG figures have increased from 60% March-15 to 74% July-15 1. Ward based training ongoing for Children's SG, 2. Safeguarding team available for ad hoc supervision and case discussions 3. Feedback from staff for the first Level 3 in-house training day was very positive. 4. SG team have sent emails to individual non-compliant staff prompting them to book on a course at North Somerset</p> <p>Gaps in Assurance</p> <p>1. Poor response form emailing staff - so far only 5 people has booked onto training 2. Staff being released for essential mandatory training</p>		
AWP	There is a risk that the increasing demand will exceed capacity in locality management teams, Trust Safeguarding Team, in operational clinical teams that manage and oversee safeguarding cases, in compliance with external safeguarding governance requirements, and in support for the N Somerset Safeguarding Children Board	The Trust has reviewed the capacity models at corporate and locality/delivery unit levels in order to address the identified capacity shortfalls and demand increases. A business case has been agreed to introduce effective and robust capacity and governance models for safeguarding in the Trust through enhanced dedicated safeguarding capacity, including Named Professional role for safeguarding children in N Somerset	The revised model for safeguarding in the Trust through enhanced dedicated safeguarding children capacity will be recruited to from October 2015, and the new structure is planned to be fully operational by the 31/3/2016.	Green
Avon & Somerset Police	Ability to manage existing and future demand	Current demand profiling work being undertaken along with workload management, succession planning and HR recruitment intervention. This is taking place in the context of the challenges of		Red

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		National Police budget reductions.		
Avon & Somerset Police	Management of persistent offenders (breaking the cycle of offending)	Implementation of the "Think Family" - Troubled Family intervention programme		Red
Avon & Somerset Police	Quality of partnership safeguarding provision	Working at a local and strategic partnerships level to support internal and external change programmes and identify and implement best practice in key areas, including Child Sexual Exploitation and Domestic Abuse		Red
National Probation Service	Not all children associated with offenders are being checked	National Probation Service Manager to meet with Service Leader Strategic Safeguarding and Quality Assurance and Manager, Referral and Assessment team.	By December new forms should be used and sent to the two existing mailboxes. Timescales for replies will be monitored	Amber
Barnardo BASE	Staff need support to develop practice to meet national CSE standards	Full induction given. Manager to play active role (capacity increased) in day to day supervision of caseloads	This needs monitoring to ensure effectiveness.	Green
BASE	Lack of co-location limits staff access to supervision and support	Supervision arrangements in place. Staff to be part of group supervision with Avon and Somerset colleagues. We will employ additional staff from October 15.	Arrangement in place with positive initial feedback.	Green
North Somerset Council	Continued challenges in recruitment and retention of Social Workers National funding pressures on LAs Challenge of developing response to CSE as a small authority on the edge of a major city/conurbation	Work is underway to review offer for SWs, particularly at team leader level in child protection Mitigated by improved partnership working, seeking regional links and opportunities to co-deliver services, co-location of key services to streamline systems CSE Coordinator in Place. Regional work underway to support MARAC	Continue to manage budget reductions as required Ensure close working with partners to keep on top of changes in management of CSE and how to mitigate risk	Amber