



Swindon LSCB Annual Report 2014/15



Contents

CHAIR'S INTRODUCTION & FOREWORD	3
EXECUTIVE SUMMARY.....	5
THE LOCAL CONTEXT	8
SWINDON PERFORMANCE INFORMATION – THE CHILD'S JOURNEY	10
QUALITY ASSURANCE ACTIVITY 2014/15.....	17
CHILD DEATH OVERVIEW.....	22
TRAINING & WORKFORCE DEVELOPMENT	24
POLICIES AND PROCEDURES	27
CHILD SEXUAL EXPLOITATION (CSE)	28
E-SAFETY	30
ALLEGATIONS MANAGEMENT	32
FEMALE GENITAL MUTILATION (FGM)	34
EFFECTIVE LAY MEMBERS.....	36
ADVOCACY	37
SAFEGUARDING IN SCHOOLS.....	44
SAFEGUARDING IN EARLY YEARS	47
GOVERNANCE.....	49
LSCB BUDGET.....	53
BOARD MEMBER AGENCY ACTIVITY.....	55
PRIORITIES FOR 2015/16	66
REPORT AUTHORSHIP & AVAILABILITY	67
APPENDIX 1: WHAT TO DO IF YOU'RE WORRIED A CHILD IS BEING ABUSED	68
APPENDIX 2: LSCB TRAINING STATISTICS 2014/15	69
APPENDIX 3: LSCB ATTENDANCE REGISTER 2014-15	70
APPENDIX 4: LSCB STRATEGIC BUSINESS PLAN 2014-2015	72
APPENDIX 5: SWINDON LSCB STRUCTURE MARCH 2015.....	79

Chair's Introduction & Foreword

As the outgoing chair of the Local Safeguarding Board for Swindon, I am pleased to present its Annual Report covering the period from April 1st 2014 to March 31st 2015.

The Board agrees a Business Plan to monitor how everyone works together to deliver safeguarding priority areas for Swindon's children. The Executive Summary lists the progress made against each of the four priorities, whilst the achievements and impact of the work are shown in the relevant sections of this report.

When considering the work of the Board, reference must be made to the increasing level of demand from children believed to be at risk of harm. The figures are shown in the section on performance information and I would just highlight a couple of statistics to illustrate the challenges. There is an increasing number of calls from professionals to Family Contact Point with a corresponding rise in the number of referrals. The Board 'championed' the introduction and use by all agencies of the Early Help Record (EHR) and Plan to replace the Common Assessment Framework which was seen as too bureaucratic. Following an initial increase in its use, submission of the EHR has declined causing more cases to be escalated to children's social care so adding to their workload. The Performance Sub Group keeps this indicator under continual review and the challenge for the Board is to understand the reasons and to exhort member agencies to regain their initial enthusiasm for the EHR.

This Sub Group has developed closer links with Quality Assurance Sub Group which has conducted four in depth case audits during the year. The section in the report details their achievements but I would like to highlight one sentence which I think sums up one of the key strengths of the LSCB; "the involvement of so many agencies provides a comprehensive multi-agency perspective on the quality of multi-agency safeguarding work in Swindon."

There is evidence of this involvement in every aspect of the Board's work; nine active and well supported Sub Groups chaired by different members of partner agencies, a safeguarding conference in October 2014 attended by over 300 people and generating an income of £7,000 for the Board to invest in delivering bespoke training courses across a wide area of safeguarding issues.

The numbers attending these courses are impressive; 1313 people from across the statutory and voluntary sector. The report contains feedback from delegates but also recognises that more needs to be done to answer the question which underpins all of the Board's work - "What difference has it made to Swindon's children?"

The authors of the various sections in the report have listed their achievements, the impact and what more needs to be done. The contributions from member agencies give case studies which do show the differences and highlight the role of multi-agency working. The challenge for the Board going forward is to develop more sophisticated methods of demonstrating impact and getting staff to tell us how the improved practice has "made a difference". These challenges will be reflected in the Board's Business Plan for 2015/16.

This is my final Annual Report as Board Chair and when writing this Foreword, I looked back to last year. I commented upon the "lack of engagement of the secondary school sector with the Schools Internet Survey". I believe that secondary schools are vital partners in delivering the work of safeguarding and the report describes the work undertaken to work

more closely with schools. Chelsea's Choice was presented to all year 8 groups in Swindon's secondary schools in the Spring (an improvement on the previous year) and I was invited to talk to secondary heads at their termly meeting in May 2015. Yet the secondary school representative only attended one Board meeting in 2014/15. The Board recognises the need to foster a closer working relationship with all education providers but particularly secondary school head teachers/ principals.

The work of the Board will be taken forward by Alex Walters. Alex became LSCB Chair on July 1st. She is an experienced and knowledgeable Chair who has worked with LSCBs in Surrey and Berkshire. I wish her and the Board well for the future.

Thank you to all Board members, past and present, for their support, participation and commitment over the past 5 years. I would like to thank Lesley Boorman and Catherine Clark, assisted by Victoria Guillaume, for compiling and editing this report. I would also like to thank the children from early years settings who provided such creative designs for inclusion in this report.

Mike Howard

August 2015

Executive Summary

Achievements against the LSCB Business Plan 2014-2015

Priority Area One: Detailed strategies and comprehensive approaches to Domestic Abuse, Parental Substance Misuse, Alcohol Abuse and Mental Health (The Toxic Trio) that keep children and young people safe and promote effective intervention with those who are at risk

Consolidate strategies and approaches to Child Sexual Exploitation (CSE) that keep children and young people safe

Progress

- The creation of the CSE Delivery Plan/Action Plan has enabled the prioritisation, resourcing, co-ordination and progressing of key deliverables of the CSE Strategy
- The commissioning and delivery of the Partnership Profile for CSE, has for the first time given a clear understanding of those people who are at most risk across Swindon
- Chelsea's Choice was delivered to all Secondary Schools, alternative education providers, Special Schools and professionals from the children's workforce
- Swindon CSE Pocket Guides were developed to raise awareness of CSE amongst the professional workforce
- Multi agency CSE training was commissioned from Barnardos and delivered to over 75 delegates from partners' workforce
- The LSCB continues to provide training in Domestic Abuse and Parental Mental Health
- 62 professionals attended the workshop on 'Domestic Abuse in Teen Relationships' delivered by Swindon Women's Aid at the 2014 LSCB Annual Conference
- The LSCB Performance Sub Group is developing a reporting framework for data relating to substance and alcohol misuse

Priority Area Two: The LSCB can demonstrate that children and young people in Swindon receive effective early intervention that meets a range of needs in different communities

Progress

- The LSCB Performance sub-group reports on key safeguarding risks to every Board meeting and performance data has been developed to reflect the journey of the child
- The LSCB Chair attends the Health and Wellbeing Board (HWB).. A protocol between LSCB, Local Safeguarding Adults Board (LSAB) and Health and Wellbeing Board has been agreed.
- The Quality Assurance Sub Group completed four multi agency audits of practice. The Quality Assurance Sub Group includes representatives from a range of agencies in Swindon: Children's social care and early help delivery; community child health; acute health; Police; Probation; CAMHS.

- The LSCB commissioned two Local Case Reviews in 2014/15, the findings of which have led to further quality assurance work by the Board
- Early Help assessments (Early Help Record & Plan) and early help training have been monitored by the Swindon Children's Trust Board; going forward, this will be the direct responsibility of the LSCB.

Priority Area Three: The LSCB and partner agencies communicate effectively with children and young people; their families; the community (including different sections of the community); and staff at all levels from partners agencies

Progress

- Young people's views are obtained through the annual Feeling Safe and Schools Internet surveys and are reported to the Board. In excess of 2,600 individual responses were captured by the 6th annual Internet Pupil Survey
- The LSCB receives regular reports from the advocacy service, which includes the young people's voice. The Board agreed to double the funding to the advocacy service for parents with learning disabilities, and also to fund the development of some easy read leaflets
- There are targeted sections on the LSCB website for children/young people and for parents/carers. Safeguarding information and offers of an awareness-raising session are provided by the Awareness and Engagement Sub Group
- The LSCB set up the FGM Working Group and developed a FGM Pocket Guide and Information for Professionals alongside Multi Agency Guidance which comprise the 'FGM Toolkit' for professionals
- The LSCB has recruited four active lay members to the Board

Priority Area Four: The LSCB has a performance management framework which promotes different ways of knowing and learning about the effectiveness of early intervention for and safeguarding of children and young people in Swindon

The LSCB performance management framework supports and promotes effective challenge by the LSCB so that early intervention and safeguarding improve

Progress

- The LSCB Performance Sub Group meets quarterly, reporting to every Board meeting and links to the Quality Assurance Sub Group to commission audit activity
- Performance reports from AWP, Wiltshire Police, Wiltshire Fire & Rescue, GWH and Children, Families and Community Health form part of the Performance report to Board meetings
- The programme of audits for the year has been followed and practice has been challenged by the Board
- Action plans from the annual Section 11 audit were reviewed and monitored at the Performance Sub Group



The Local Context

The population of Swindon has grown to 215,799, according to latest estimates from Office of National Statistics (ONS). This is up by approximately 1,800 from the previous year (0.84%). In comparison, the population of the UK is now 64,596,800, and grew by 0.77%.

Over the past 10 years (2004–2014), Swindon's population is estimated to have grown by 15.8%. For an interactive map of how population has changed in the past ten years by local authority area see the JSNA website at <http://www.swindonjsna.co.uk/>

There are approximately 48,000 children under the age of 18. This is 22.4% of the total population living in the area (ONS mid-year estimates, 2013).

Children from Black and Minority Ethnic (BME) communities account for 23% of all school age children (national average is 28%). 115 languages are spoken in Swindon schools. Swindon has the 2nd highest proportion of children with English as an additional language in the South West, with 16% in primary schools (national average is 19%) and 13% in secondary schools (national average is 15%).

At any time, about 11% of children will be in receipt of early help services, and 4% (about 1,850 children) receiving specialist social care, permanent exclusion or drug user treatment services.

Of those children receiving specialist social care services, about 210 children will be on a Child Protection Plan, and 250 children will be a looked after at any one time. Around 60 children are receiving education through the tuition service, and there are around 1,300 children with Statements of Special Educational Needs.

The level of child poverty is better than the England average with 17.3% of children under 16 living in poverty in Swindon (2011).

[Joint Strategic Needs Assessment \(JSNA\)](#)

The Health and Wellbeing Board (HWB) has a statutory responsibility to prepare a Joint Strategic Needs Assessment (JSNA) for Swindon. The JSNA is not an end in itself; it draws together key themes from available evidence and describes the current and future health and wellbeing needs of the people of Swindon and is the principal work stream to inform the Joint Health and Wellbeing Strategy (JHWS).

The [Health and Wellbeing Strategy 2013-2016](#) sets out the vision and long term improvements in local people's health and wellbeing that we want to achieve in Swindon. It focuses on health and social care issues for everyone living in Swindon, but also recognises the wider factors that affect health and wellbeing including education, housing, employment and leisure.

The JSNA highlights the importance of local partners working together to improve health and wellbeing and to reduce inequalities.

The JSNA:

- Provides a common view of health and care needs for the local community
- Documents current service provision

- Identifies gaps in health and care services, documenting unmet needs
- Provides evidence of effectiveness for different health and care interventions
- Looks at the health of the population, with a focus on behaviours which affect health such as smoking, diet and exercise
- Identifies health inequalities
- Is concerned with wider social factors that have an impact on people's health and wellbeing, such as housing, poverty and employment

The main audience for the JSNA are health and social care commissioners who use it to plan services. This includes partnership bodies such as the HWB and One Swindon, commissioning bodies such as Swindon Borough Council and NHS Swindon Clinical Commissioning Group.

The Joint Strategic Needs Assessment informs strategic planning for children and young people and is an integral part of the commissioning cycle. JSNA Bulletins provide more detailed analysis on specific issues, and the Learning Disability and Domestic Violence JSNAs have informed local authority service development. In January 2015 the Sexual Health JSNA (adults and young people) was published providing some insights and intelligence contributing to the development of work around other agendas such as child sexual exploitation and teenage conceptions.

Detailed needs assessments are currently being completed for Early Years, Mental Health, and children with complex needs. Together with the JSNA, these needs assessments will provide a more sophisticated analysis of our population of children which will ensure we commission early and effective local interventions to counteract the adverse impact of multiple risks throughout childhood which contribute to poor emotional, educational, economic, health and social outcomes.

[One Swindon](#) is the joint public and voluntary sector partnership which leads a joint set of priorities for Swindon.

The [Children and Young People's Early Support Strategy 2013-2016](#) has been driven by the Children's Trust Board. The Strategy sets out our vision and the long term improvements that we want to see in the lives of children and young people - their health, wellbeing, safety, aspiration and achievement, and their contribution to and participation in their communities in Swindon.

The Strategy is our '[Statement of Early Help](#)' and applies to all children and young people in Swindon aged pre-birth to 19 years, and beyond for children in care and those who have a disability.

The impact of early help on safeguarding and the critical part that early help plays in the journey of the child is well understood and this has been central to the joint working between the LSCB and Children's Trust Board. A significant outcome of collaborative working between the Boards has been the ability of Board members to hear from, actively engage with and be more directly accountable to a wider range of Swindon's young people.

The Swindon Children's Trust Board had its final meeting in March 2015. A new Education Strategy Board has been established, and in 2015/16 governance, monitoring and review of

Early Help will be addressed through that Board, through the LSCB, the Health and Wellbeing Board and the Joint Commissioning Group.



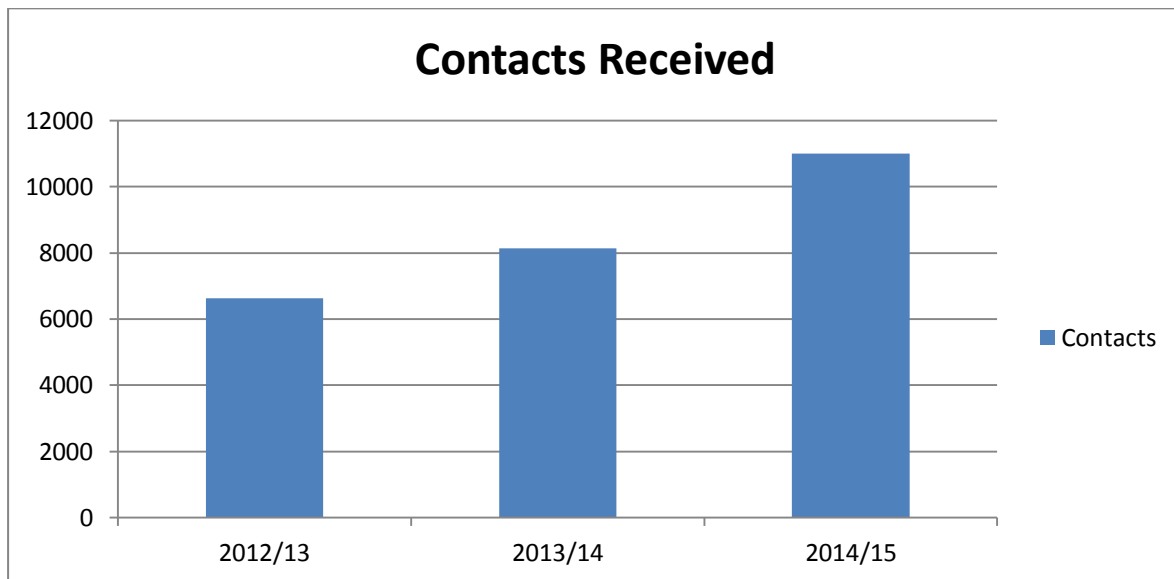
Swindon Performance Information – the Child’s Journey

The Safeguarding Process Explained

1. Each professional, family member and resident who gets in touch with Children’s Services and is seeking advice on a potential safeguarding matter is counted as a **contact** by Family Contact Point (FCP). If the concern is of a child protection nature or further consultancy is needed to explore the degree of concern, then a caller can have direct contact either with social workers or an Assistant Team Manager, within FCP. In accordance with the Threshold document, and if a query details concerns which indicate that the child or family are in need of social care assistance, then the contact is passed as a **referral to Social Care** and referred to the Assessment & Child Protection Team.
2. A worker in FCP takes the details of the contact and if necessary makes further enquiries with other agencies about the child and family. This information is given to the Assistant Team Manager within FCP who makes the decision within 24 hours on, whether the case should be referred to another agency (Early Help) or universal services or whether the case meets the threshold of a child in need. The referrer is contacted in all instances to feedback what the decision was. If the case is referred, as a child in need, to the Assessment and Child Protection Team (ACP) for an assessment of need, then a social worker will complete a **Statutory Assessment** within 1 – 45 working days.
3. Following a Statutory Assessment a case may be closed, or referred to another agency/service or allocated to a social worker for provision of a service if the child is deemed to be a child in need or in need of protection. If the manager decides that the child may be at risk of harm and this is a child protection referral, then a Strategy discussion takes place with the police and other agencies. The Strategy discussion decides whether an enquiry is required and whether this should be led by the Police or social care, or be undertaken jointly by both agencies. This is called a **Section 47 child protection enquiry**. If following the enquiry the concerns are substantiated, the manager will decide whether a child protection conference is required which will be held within 15 days of the strategy discussion. The child protection conference decides whether the child should have a child protection plan.

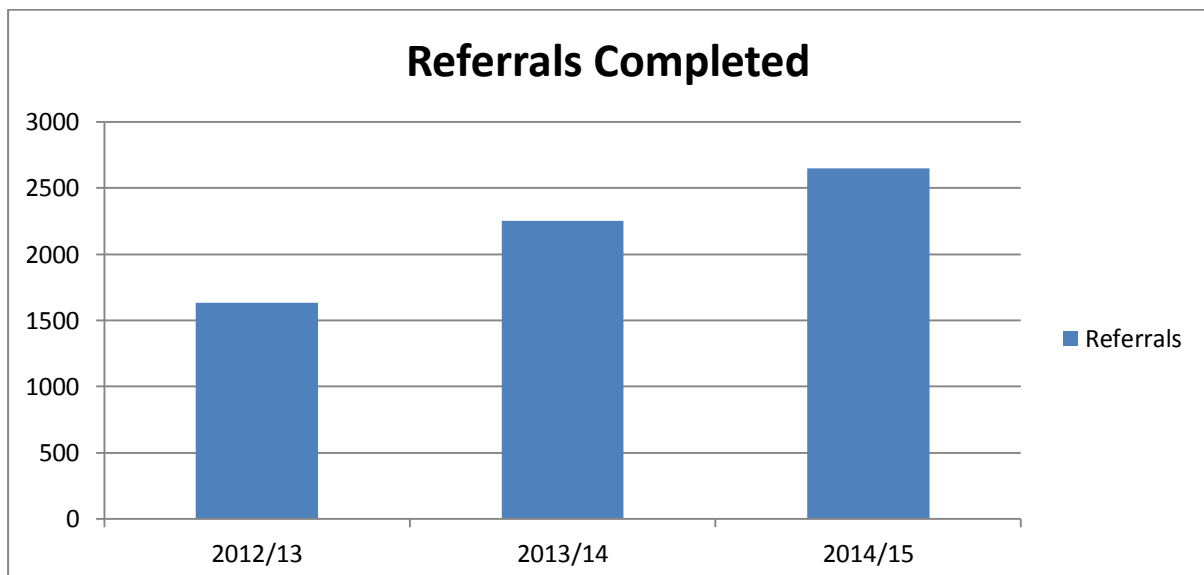
Safeguarding Performance Analysis 2014/15

Contacts to Children's Services



Swindon receives around 900 contacts a month. There were 10,996 contacts to children's services during the year 2014/15 compared to 8,297 in the previous year, an increase of 32.5%. 2,650 of these contacts progressed to referral to social care. 24% were accepted as a referral.

Referrals

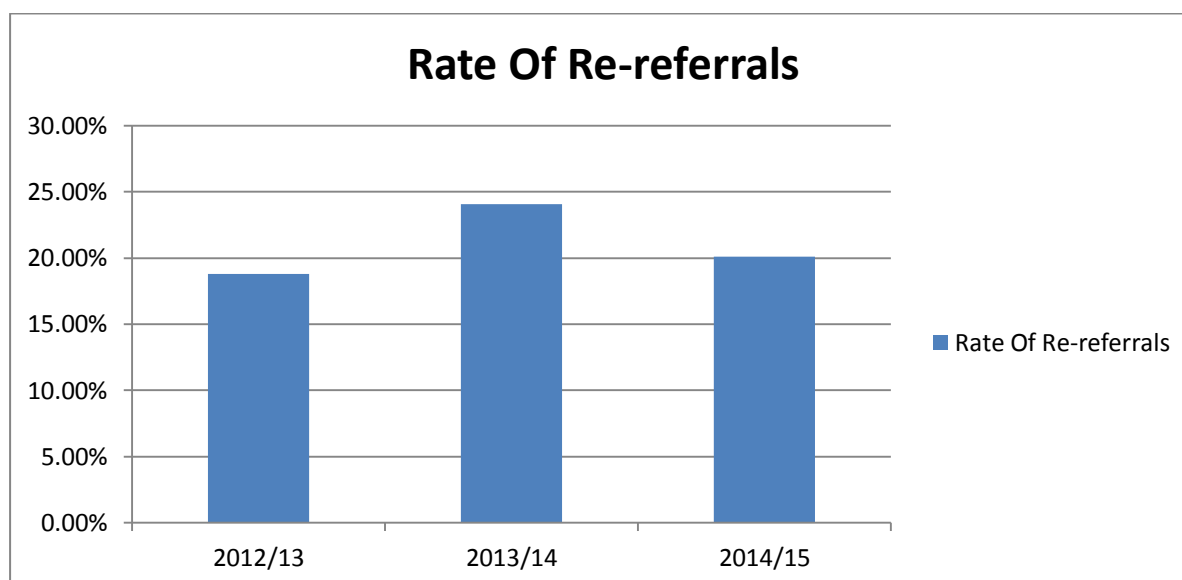


Demand at the "front door" of children's services continues to be at a higher level than in the previous year. The national trend for 2013/14 reported an increase in referrals as well.

During 2014/15, 2,650 referrals were received. Swindon has seen an increase from 470.8 (2254 referrals) referrals per 10,000 population in 13/14 to 553.2 per 10,000 population in

2014/15. This translates to an extra 396 referrals. The average monthly number of referrals for 2014/15 is 221 compared to 188 in 2013/14, a 17.5% increase. It is in line with the South West region.

Re-referrals



Of the 2,650 referrals received in 2014/15, 532 (20.1%) were re-referrals. This compares favourably to 544 (24.6%) in 2013/14 and is indicative of effective early support and there are of course instances where a re-referral is the result of changing circumstances in a family, not necessarily linked to the previous referral reason.

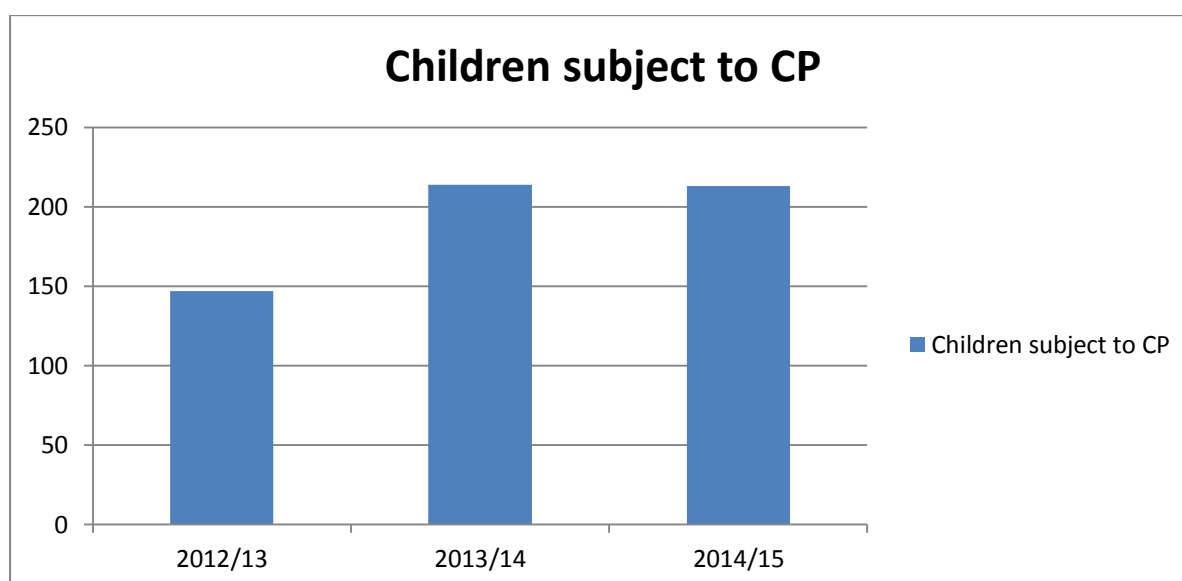
Statutory assessments

2,649 Statutory Assessments were completed in 2014/15. As this is a change of practice to the previous assessment process there is no comparative data for previous years. 65.0% of Statutory Assessments were completed within 45 working days, taking an average of 31 days. Due to 2013/14 being the first year that statutory assessments were reported and many authorities transferred during the year the national averages will not be reliable until published this year.

Children in need (section 17 social care)

There were 1264 children in need (this does not include children subject to a child protection plan or children in care) at the end of March 2015. This is above the national (1110) and statistical neighbour (1165) average.

Children subject to a child protection plan



213 children were subject to a child protection plan at 31st March 2015, about the same as for 2013/14 at 214. Swindon has a higher rate (44.5 per 10,000 population under 18) than the national average (42.1) and statistical neighbours (40.1).

Of these 213 children on child protection plans, 93.4% had their reviews completed on time compared to 98.4% at the end of 13/14. The national average for 13/14 was 94.6%.

Children subject to a child protection plan by category of abuse

Category of abuse	2012/13 (number)	2013/14	2014/15
Neglect	75	64	77
Physical abuse	35	72	33
Sexual abuse	16	15	15
Emotional abuse	21	63	88
Total	147	214	213

Neglect and Emotional abuse are the two main categories leading to a child protection plan. In 2014/15 there has been a large decrease in physical abuse as a primary category.

Percentage of children subject to a child protection plan for a second or subsequent time

For 2014/15, the rate of children starting a child protection plan for the second or subsequent time was 19.2% (51 out of 266). This is an increase from 12.4% in 13/14, and is now higher than the national average of 15.8% and above the statistical neighbour average of 16.4%. This increase will need to be considered in more depth by the Board in 15/16

Percentage of children ceasing to be subject of a child protection plan, who had been the subject of a child protection plan continuously for two years or more

In 2014/15, 1.5% (4 out of 263) of children ceasing a child protection plan remained on a plan for two years or more, compared to 5.4% in the previous year. This is below the 13/14 national average of 4.5% and below the statistical neighbour average of 4.2%.

Children Looked After

252 children were in care/looked after by the Council at the end of 2014/15. This was the same figure as at the end of 13/14.

63 children looked after (25.0%) were in Independent fostering or residential placements commissioned placements at end 14/15. This compares with 19.8% in 13/14. Swindon has a lower percentage of children in externally commissioned placements than nationally (29% in 2012/13).

Fostering capacity is strong, with the majority of children in care placed in in-house placements (66.3%). 83.2% (208 out of 250, which does not include unaccompanied asylum seeking children) of children in care live within 20 miles of home, ensuring minimal disruption to important networks of family, friends and school.

Placement Stability

At the end of March 2015, 13.9% of children in care had 3 or more placements, compared to 11% nationally). This is an improved position from 2013/14 when 18% of children in care had 3 or more placements. Swindon has more adolescent young people in care than the average and we know this adds to placement stability issues.

Missing children

All reports of missing children from the police are received by Family Contact Point and those that do not reach the threshold for a social care assessment are referred for Early Help from the Integrated Locality Teams. The social care lead for missing children meets each month with the Wiltshire Police Missing Persons coordinator to monitor and review the data and ensure that actions have been put in place, including return interviews for each child where appropriate. Those children and young people at highest risk are also reviewed at the multi-agency risk panel.

The number of reports between 1st April 2014 and 31st March 2015 are detailed below; this includes repeat episodes of missing /absent and may relate to the same child who has been reported on more than one occasion over this period.

	2014/15
ABSENT	
Number of reports missing & absent	874
Number of absent reports	152
Number of absent looked after children	51
Number of individuals who have repeat absent episodes e.g. more than once.	15
Number of repeat absent children who were looked after	8
MISSING	
Number of reports of missing children	719
Number of reports of missing children who are looked after children	372
Number of individuals who have repeat missing episodes e.g. more than once.	110
Number of repeat missing children who were looked after.	62

Missing: Anyone whose whereabouts cannot be established, and where the circumstances are out of character or the context suggests the person may be subject to crime or at risk of harm to themselves or another **Absent:** A person is not at a place where they are expected or required to be and there is no apparent risk

Quality Assurance Activity 2014/15

Overview

The Quality Assurance Sub Group supports the LSCB in its role to monitor and evaluate the effectiveness of multi-agency work to safeguard children in Swindon. Individual audit reports and case reviews are presented to the LSCB during the year at each meeting.

Quality Assurance Sub Group members disseminate lessons learnt from audits to their own agencies and make recommendations to improve practice to practitioners and managers.

Sub Group membership includes representatives from a range of agencies in Swindon: Children's social care and early help delivery; community child health; acute health (paediatrics and midwifery) ; Police; Probation; adult mental health; child and adolescent mental health (CAMHS) ; and the drugs service (CRI). The involvement of so many agencies provides a comprehensive multi-agency perspective on the quality of multi-agency safeguarding work in Swindon.

Quality Assurance Activity

During 2014/15, this area of work was led by the LSCB Quality Assurance Sub Group, chaired by Lucy Young, Head of Safeguarding, then by Deborah Glassbrook, Service Manager, Quality Assurance & Review, and audits included:

1. Multi-agency audit of six cases of children subject to a child protection plan for a second time, presented to LSCB March 2014

The purpose of the audit was to: assess the effectiveness of multi-agency working in child protection; to identify areas of good practice and areas in need of improvement; and to learn more about how to work effectively with cases where children become subject of a plan more than once.

In September 2013 an increase in children becoming subject to a child protection plan for a second time was identified; although Swindon was below the national average in this category it was important to understand more about how effectively agencies were working with these children and families to improve outcomes.

The audit found that: In most cases auditors found good cooperation and partnership work between agencies. There was evidence in some cases of a high level of monitoring visits (announced and unannounced) well-coordinated by social care and partners. One school had a good system for hearing and recording the 'voice of the child' in their child protection records.

At the time of auditing, in five cases, auditors thought that the plan was addressing the identified risk, one child has moved out of Swindon with the child protection plan transferring to another local authority. Core groups took place regularly and were generally well attended. The Quality Assurance Sub Group agreed an action plan following the audit and made several recommendations to the Board to improve practice, including:

- Improvement of information sharing between early years settings, social care and early help
- Improvements to child protection plans, core assessments, and case note recording

- Regular attendance of police and community paediatricians at child protection conferences
- Implementation of Daily Domestic Abuse Conference Call

2. Multi-agency audit of young people aged over 13 years, presented to LSCB September 2014

The Quality Assurance Sub Group completed an audit in 2012 to look at the effectiveness of multi-agency work to safeguard young people aged 13 year or more. The Sub Group then re audited in 2014, to review how practice had developed in working with young people. Eight cases were chosen by the Head of Safeguarding with a range of early help and social care interventions. Agencies involved in the audits were children's social care, early help professionals, health visitors, school nurses, Great Western Hospital (Community and Acute Paediatrics), Oxford Health NHS Foundation Trust (CAMHS) and Wiltshire Police.

In the majority of cases audited practice was judged to be good. Recommendations from the audit included: School records should always be transferred on admittance to the receiving school; the Police should review their representation in strategy discussions.

3. Multi-agency audit of Strategy Discussions, presented to LSCB September 2014

This audit was undertaken by the Quality Assurance Sub Group to: assess the effectiveness of multi-agency working in child protection strategy discussions; to ensure compliance with Working Together statutory guidance and; to identify areas of good practice and areas in need of improvement.

20 cases were randomly selected for audit. Each agency audited the selected strategy discussion using an agreed multi-agency audit template, and cases were graded using the Ofsted grading criteria.

Half of the strategy discussions audited were judged to be inadequate. Only two discussions were judged to be good. The audit made several recommendations to the Board to improve practice, including:

- Records of strategy discussions should have clear actions plans and timescales and should be recorded on files in all agencies
- A paediatrician/safeguarding health professional and schools should be routinely included in the strategy discussion process
- A clear point of contact for accessing health out of hours should be established
- Multi-agency child protection training should be reviewed to ensure the aim and purpose of strategy discussions is clear

4. Multi agency audit of Conference & Core Groups, presented to LSCB March 2015

The purpose of the audit was: to assess the effectiveness of multi-agency working in child protection conferences and core groups; to ensure compliance with Working Together 2013 statutory guidance and; to identify areas of good practice and areas in need of improvement.

10 cases where children were placed on a child protection plan in the first six months of 2014 were randomly selected for audit. Each agency audited the selected cases using an agreed multi-agency audit template, and cases were graded using the Ofsted grading criteria.

Agencies involved in the audits were children's social care, health visitors, school nurses, schools, Great Western Hospital (Maternity and Paediatrics) Wiltshire Police, Avon and Wiltshire Mental Health Partnership NHS Trust, TAMHS and Oxford Health NHS Foundation Trust (CAMHS).

The majority of cases audited judged the quality of agency contribution to the core group to be good. More than half of the cases audited identified the quality of the child protection plan and the quality of agency contribution to the child protection conference as good. Recommendations from the audit included: Early years providers to be invited to child protection conferences; there should be a clear process for children's social care on the procedure for hospital discharge meetings and plans.

Section 11 Audit

Overview

The LSCB is expected to monitor the effectiveness of organisations' implementation of their duties under section 11 of the Children Act 2004. That is to ensure their functions and any services they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

Every year Swindon LSCB audits each organisation's governance arrangements and compliance with national standards for safeguarding as described in Section 11 using an agreed pan-Wiltshire audit tool. The process is coordinated by Swindon and Wiltshire LSCB Business Teams. In 2014 the audit was further developed to introduce a detailed section on safer recruitment processes and supervision.

Outcome

All Swindon agencies participated fully in the process and submitted audits. All Swindon agencies assessed themselves as either developing or consolidating in their work to meet the audit standards. Organisations are asked to complete action plans to address areas where standards are not being met. Swindon agencies action plans are monitored by the LSCB Performance sub-group to ascertain levels of safeguarding practice and action plans to address any short fall.

Authors of the audit reported that the panel review provided a good opportunity to learn from and share good practice with other agencies. Further work will be undertaken in the forthcoming year to extend the audit tool to cover additional areas such as CSE.

Case Study

In the 2013/14 section 11 audit, Safer Recruitment and induction procedures were identified as an area for improvement within early years. In response the Early Years Safeguarding Adviser (EYSA) produced a Safer Recruitment checklist to guide managers through the recruitment process and as a check that correct procedures are followed. The EYSA also produced an induction checklist to be used with all new staff. Induction and Safer Recruitment procedures are currently monitored during visits by the EYSA.

Individual Case Reviews

Local Case Reviews

1. Child FG¹

The Wiltshire Family Court asked Swindon LSCB to review the case of FG following concerns expressed by the Children's Guardian about the case history during care proceedings. Care proceedings were initiated because of concerns about sexual assault, sexual exploitation, underage drinking and emotional difficulties. The review followed a systems methodology and the LSCB appointed an Independent Reviewer to undertake the review and the Service Manager of CAFCASS was a member of the review team.

Outcome

By using the SCIE systems methodology the review incorporated learning events that ensured multi-agency engagement in the review and learning from the information as the review progressed. Practitioners had the chance to learn from the review and actions could be implanted as the review progressed rather than waiting until the final report to be published. The findings from the review were presented to the LSCB in December 2014. The findings of a SCIE systems review pose questions rather than make recommendations. The emerging findings from the review were:

- A lack of a developed understanding and awareness of adolescent neglect across the multi-agency network leads to an uneven balance between "troubled" and troublesome adolescents which makes child centred practice less likely
- When assessment practice is poorly coordinated and ineffective it leaves the risks to children and young people unanalysed and unaddressed
- Following assessment, the absence of a child in need plan leaves young people at further risk and professional activity unfocussed
- There is insufficient multi-agency understanding of the nature and impact of domestic abuse, parental substance misuse and parental mental ill health and a lack of clarity of the impact of their coexistence that makes child focused decision making unlikely
- Insufficient attention is paid to the impact on professionals of working with chaotic adults and family circumstances leaving professionals feeling helpless and ineffective and leading to practice which is not entirely child focussed
- There is insufficient attention played to the role of fathers and father figures in the lives of young people leaving them with insufficient support and without sufficient attention paid to issue of risk

As a result of the findings, the Quality Assurance Sub Group was commissioned to look specifically at adolescent neglect using a multi-agency audit. The outcome of this audit will be reported to the LSCB in December 2015.

2. Child C²

An incident in 2013 that resulted in the conviction of two men for sexual offences was considered by the Serious Case Review Sub Group, which recommended to the LSCB

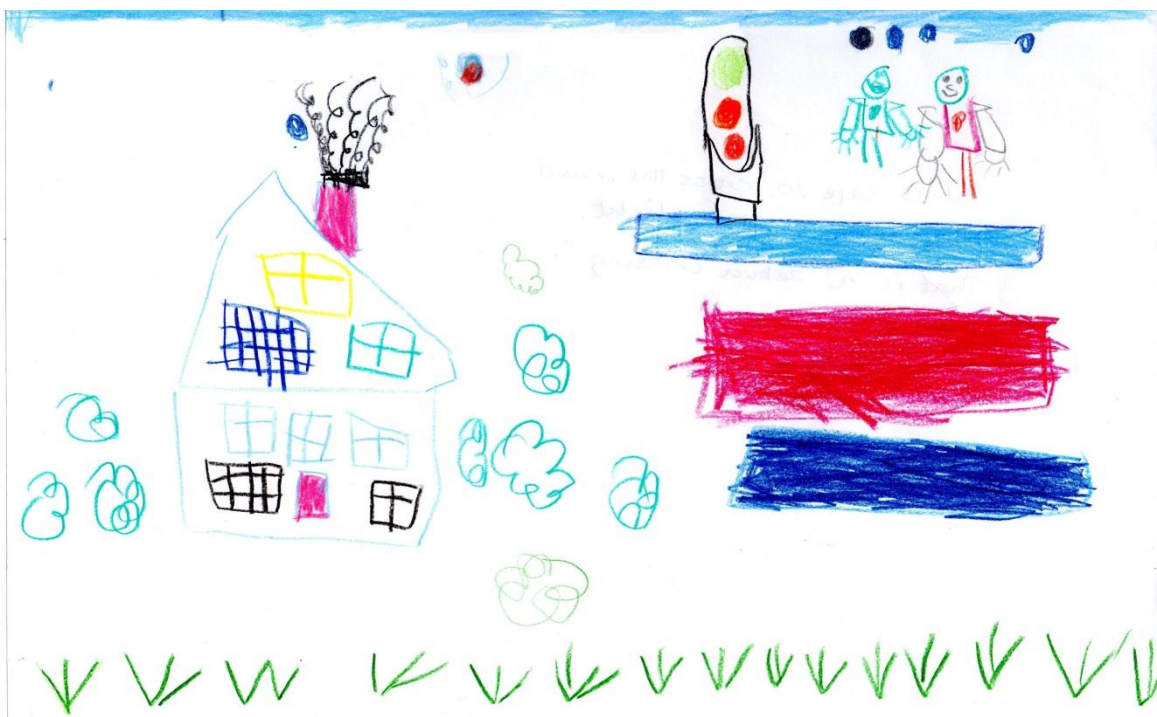
¹ Not the actual initials of the child

² Not the actual initials of the child

Independent Chair that a focused Local Case Review should be undertaken. The case review began in March 2015, with a view to findings being presented to the LSCB in December 2015. The LSCB agreed to use a systems approach to consider this case and appointed joint reviewers from Children's Social Care and Wiltshire Police to undertake the review.

Outcome

Although the report is not yet concluded actions have been developed in response to improvements identified and will be monitored by the LSCB to ensure required improvements are made and sustained.



Child Death Overview

Achievements

- During 2014/15 the Wiltshire and Swindon CDOP panel reviewed 17 Swindon children's cases
- Work has been undertaken regarding the child death process which has had a positive impact on working with families and children; a review of the roles in the CDOP has been undertaken and has meant that we will have the right people round the table to provide a robust and comprehensive child death review process in line with Working Together to Safeguard Children 2015. Delivery of the child death training is an on-going part of the work of CDOP
- The CDOP panel has agreed to develop and publish a 'newsletter' highlighting aspects of child death that may be modifiable and the learning from reviewing child deaths, to share and distribute amongst a wide range of key stakeholders

Overview

We are fortunate that a child death is a rare event in our society, however, each death represents a tragedy for the family and the purpose of the Child Death Review process (CDR) is to identify potentially modifiable factors which may prevent future deaths from occurring. The Wiltshire and Swindon Child Death Overview Panel (CDOP) reviews the deaths of all children resident in Wiltshire and Swindon to identify potentially modifiable factors which may prevent future deaths from occurring.

Impact

In 2014/15 35% of Swindon cases reviewed identified modifiable factors associated with a child's death. (i.e. one or more factors which may have contributed to the death of the child and which, by means of locally or nationally achievable interventions, could be modified to reduce the risk of future child deaths).

A number of key themes were found linked to modifiable factors; with panel members taking the learning back into their respective organisations and professional practice were appropriate. These included:

- Maternal obesity
- The impact of unsafe sleeping practices on infants and of co-sleeping, particularly where the parents have smoked (even outside), drunk alcohol or misused drugs
- The importance of hygiene precautions in homes where reptiles are kept because of the potential, although rare, for salmonella meningitis to be transmitted to babies, pregnant women and immune-deficient adults by pet reptiles - local public protection staff have been handing out leaflets to pet shops highlighting the dangers and a piece has been written for inclusion in the midwifery newsletter / health visitor journal to highlight the risks
- The importance of safe scooting messages alongside safe cycling and road safety messages - local road safety teams in both Swindon and Wiltshire are including this in their awareness raising campaigns this year

- The importance of continuing to promote water safety messages to parents, particularly of babies and young children – this theme has been used in this year's Child Injury Prevention Campaign across Wiltshire and Swindon

The panel has also written to a number of agencies and provider organisations to highlight concerns and influence their practice and policy on a number of issues, such as the importance of administering prophylactic oral nystatin and fungal infections in very-low-birth weight infants, and the importance of ensuring that poor management of children's underlying life-threatening medical conditions is communicated to school nurses and the GP so they can liaise with the school.

Future challenges

There is an inevitable time lag between the notification of a child's death and the discussion at CDOP, however CDOP is working towards ensuring a child's death is reviewed within one year (other than where there are outstanding legal procedures). For Swindon, although 11% (2/17) of cases reviewed in 2014/15 had taken 18 months or longer to be reviewed, this was a great improvement on 2013/14 when 71.4% of cases had taken longer than 18 months to review.

Ensuring timely review of cases remains a challenge and the LSCB is asked to support the need for agencies to improve the timeliness of the return of statutory paperwork from professionals as part of the Child Death Review Process.



Be ce fel wiv siset

Training & Workforce Development

This area of work was led by the LSCB Training & Safe Workforce Sub Group chaired by Kevin Leaning, Head of Service Restorative Youth Services.

Achievements

- LSCB training is well attended, with 1313 delegates completing training in 2014-2015, representing a 5% increase compared to the previous year
- All Child Protection Courses at Level 2 and Level 3 ran at full capacity
- Evaluation data indicates that the training has been well received and has an impact on practice
- Swindon LSCB has commissioned a range of trainers to deliver specialist courses and awareness training is offered as an easily accessible online module
- All training courses remain free to agencies that contribute to the LSCB budget
- The training programme is financially stable, generating income that has been reinvested into further learning and development opportunities

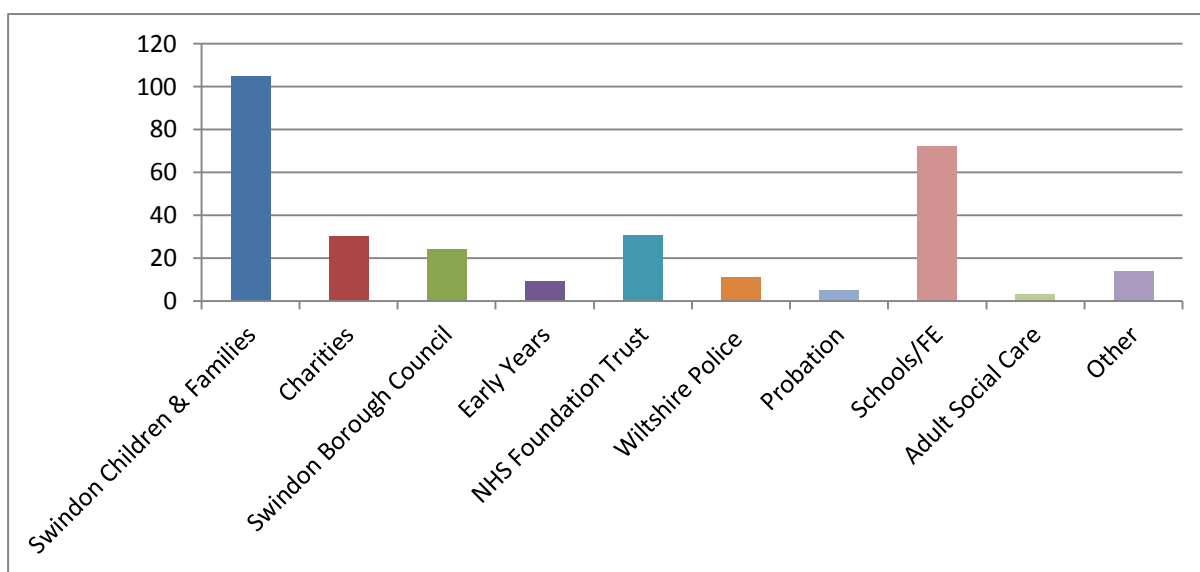
Impact of Swindon LSCB Training Programme

- 1313 delegates have completed LSCB training in 2014-2015, compared to 1249 in the previous year. This represents a 5% increase in course attendees
- The LSCB website provides clear guidance on training pathways and learning appropriate to staff roles and competencies
- Participants came from a wide range of agencies including schools, early years, health and children's services
- The majority of training attendees are from schools and early years settings
- As a result of the LSCB's work on Female Genital Mutilation (FGM), training has been commissioned in this area
- The training pool of professionals continues to grow and training is supported by NSPCC, Police, Disabled Children's Social Worker, Swindon Women's Aid, and the Named Nurse for Acute Health. The LSCB commissions specialist professionals for delivering specific training for CSE (Barnardos), and Domestic Abuse (Swindon Women's Aid).

Impact of Swindon LSCB Annual Conference 2014

- The theme of the annual conference was 'Safe and Strong Relationships' and included keynote speakers from Thames Valley Police talking about CSE and Operation Bullfinch and the UK Safer Internet Centre.
- 304 delegates attended the conference from the following agencies

Annual Conference Delegates by Agency



Delegate feedback from the annual conference



Excellent speakers with a wealth of information very thought provoking. Great day thank you



All aspects - refreshment of basic attachment awareness of CSE, e safety and practical application



It has been an excellent day thank you, very inspirational and thought provoking. An improved insight into my own work practices



Input by Simon Morton was fantastic. To hear him talking about such a high profile investigation from his personal involvement was very thought provoking. Every speaker was informative.

Results of impact surveys and course evaluations

- A new evaluation survey was introduced in September 2013 to track the assimilation of knowledge against specific course objectives. The impact of training is also assessed longitudinally with learner and manager questionnaires completed four weeks after training has taken place
- Although overall the completion of evaluation surveys yields a representative sample, the number of staff and manager completing surveys could be improved
- Overall the responses to all questions indicated that staff confidence, together with their application of skills, had greatly improved with the following comments being made from learners

Delegate feedback from training courses



*When working with parents of children on the ASC spectrum who also have mental health issues themselves I am now more aware of the precipitating and perpetrating factors .This helps me to communicate more positively with the parent and can signpost them to adequate support for the whole family **(Parental Mental Health)***



*This training has enhanced my understanding of what I need to do, as a professional when there are grounds for concern about a child's welfare, particularly with regard to ensuring the child's voice is heard **(Child Protection Level 3)***

The following comments were made by managers:



*The information from the course has been cascaded down to other staff members, which in turn has had an impact on all of our awareness and the way that we will respond, where necessary, in the future. **(Responding to Sexual Abuse)***



*Reporting concerns after home visits, better quality internal concern forms completed, better understanding of the process following an RF1. **(Child Protection Level 2)***

Challenges

- Attendance statistics show that there are some sections of the workforce that are underrepresented on child protection courses. This includes church groups and voluntary sector and adult services
- To encourage the completion of evaluation surveys from participants' managers to evidence how practice has improved

Future work plan

- Deliver the LSCB Annual Conference, responding to learning from local case reviews and evaluate its impact on practice
- Consolidate the existing training plan to ensure consistency
- Complete analysis of data for attendance
- Analysis of safer recruitment audit as part of section 11 audit

Policies and Procedures

This area of work was led by the Policies and Procedures Sub Group, chaired by Joanne Smith, Named Nurse at the Great Western Hospital.

Achievements

- Development of review framework and action plan to review all LSCB multi agency safeguarding policies
- New policies developed for Swindon include:
 - Bruising in an infant who is not independently mobile
 - Discontinue a Child Protection Plan
 - Multi-Agency Professionals Meetings
 - Escalation Policy
- The Sub Group continues to be represented on the South West Child Protection Procedures Steering Group to influence development of policy in the region

Overview

In March 2014 the Sub Group developed an action plan to identify the work plan for the Sub Group in 2014-15. During the year the Sub Group ratified the: Unborn Baby Protocol, Policy on Bruising in an Infant who is not Independently Mobile, Children Missing from Home & Care Pan Wiltshire Protocol, Escalation Policy and Model CP Policies for Schools & Colleges.

Schools and Early Years briefings and newsletters are being used to highlight new policies in addition to the regular LSCB 'Newsbyte' which provides information on policy developments.

The South West Child Protection Procedures contract is under review within the region and to date no decisions have been made in relation to how these procedures will continue. The Policies and Procedures sub-group continues to be actively involved with this group.

Impact

The aim of all policies, procedures and guidance are to improve the wellbeing and outcomes for children and young people and improve safeguarding practice.

Future Work Plan

Going forward, the Sub Group aims to strengthen links with the Training & Safe Workforce and Quality Assurance Sub Groups to commission the auditing of specific policies and ensure they are incorporated into LSCB training as appropriate. The Sub Group will continue to develop new policies as a result of case reviews and changes in legislation and guidance.

Child Sexual Exploitation (CSE)

This area of work was led by the Child Sexual Exploitation and Missing Sub Group, chaired by Detective Superintendent Craig Holden, Head of Public Protection at Wiltshire Police.

Achievements

- The creation of the CSE Delivery Plan/Action plan has enabled the prioritisation, resourcing, co-ordination and progressing of key deliverables of the CSE Strategy.
- The commissioning and delivery of the Partnership Profile for CSE, has for the first time given a clear understanding of those people who are at most risk across Swindon.
- Chelsea's Choice delivered to all 9 Secondary Schools in Swindon and future round planned for 2015-16
- Progression of the Pan-Wiltshire Missing Children Protocol
- Commissioning of Return Home Interviews (provided by the 'Missing' charity)
- Funding obtained for therapeutic, counselling and support services for victims of CSE (this is a joint funding stream from the Home Office Innovation Fund)
- CSE Pocket Guide developed to raise awareness of CSE amongst professional workforce
- Multi agency CSE training commissioned from Barnardos and delivered to over 75 delegates from partners' workforce
- LSCB Annual Conference included keynote speaker from Operation Bulfinch and workshops on using the CSE screening tool. Conference attended by over 200 delegates
- Plans for co-located CSE team ensuring a more co-ordinated response to CSE from key agencies

Overview

The CSE and Missing Children Sub Group is a highly active group; in addition to the work directly for the LSCB, the Sub Group chair also attends the Pan-Wiltshire Strategic CSE Group.

In the last year the sub-group has been instrumental in commissioning, understanding and developing a response to the Partnership Profile. This document has driven strategic and operational activity and influenced the Sub Group priorities.

Impact

The creation of the CSE Delivery Plan/Action Plan has enabled the prioritisation, resourcing, co-ordination and progressing of key deliverables of the CSE Strategy. The majority of actions on the delivery/action plan are now complete. The plan will be refreshed against the new priorities which will be developed in line with the findings of the Partnership Profile.

The commissioning and delivery of the Partnership Profile for CSE, has for the first time given a clear understanding of those people who are at most risk across Swindon. It has enabled targeted partnership activity, focused on the actual problem in Swindon, rather

than the perceived myths of what a CSE problem is (which has been understandably heavily influenced by national reports in Rotherham, Rochdale, Bristol and Oxford). The profile has been recognised as best practice within the region and the format is being used by other areas to drive their CSE response.

The Sub Group has been the forum that has taken responsibility for co-ordinating partnership activity (examples are Operation Harness in November 2014 and more recently the CSE National day of action in March 2015). Without the drive of the Sub Group, it would have been difficult to co-ordinate the partnership activity. This means that Swindon has taken the opportunities to raise awareness with both victims and offenders to prevent more children becoming the victims of CSE.

The CSE Sub Group has helped to identify commissioning opportunities. Group members have been involved in a number of commissioning processes, which have managed to secure significant resources for CSE and Missing Children related projects. Examples are the Return Home Interview (provided by the 'Missing' charity) who are providing return home interviews for the highest risk Missing Children, in particular those who are at risk of CSE. In addition to this, significant funding has been obtained for therapeutic, counselling and support services for victims of CSE (this is a joint funding stream from the Home Office Innovation fund for Wiltshire and Avon and Somerset Police and the 7 local authority areas that sit across those boundaries). For the Swindon Local Authority area, this funding will be in the region of £200,000 over two years (when partnership contributions and match funding are combined).

Funding and agreements are now in place for a co-located CSE team with significant representation from Police and Local Authority, operating under one roof, ensuring a more co-ordinated response to CSE from key agencies. The Opal Team is expected to be fully operational by autumn 2015.

Challenges

It is worthy of note that the chair of the CSE Sub Group changed in October 2014. This however has not been a significant obstacle to achieving/delivering the plan.

Future Work Plan

The consultation phase for the CSE action plan of this has now taken place and a slimmer more focused plan will be in place, which will drive specific areas of business for the next year. The priorities along with refreshed terms of reference for the sub-group will be finalised by July 2015.

E-Safety

This area of work was led by the E-Safety Sub Group, chaired by Huw Ford, Children Services ICT Manager.

Achievements

- In excess of 2,600 individual responses were captured by the 6th annual Internet Pupil Survey, enabling the views and trends of children and young people to be acted upon.
- Over 55% of Swindon schools and colleges received training and e safety awareness sessions. More than 600 school staff and parents attended these sessions.
- Nearly 2,000 children and young people undertook e-safety lessons, including targeted work within the Junior Good Citizen and Young Warden's summer programmes.
- In addition to the LSCB multi agency course, a pilot for child-minders was successfully delivered and future sessions are being planned.
- To further raise the profile of protecting children online, speakers from the National Safer Internet Centre delivered a keynote and breakout session at the annual LSCB conference

Overview

Following last year's review of the Pupil Internet Survey, to reflect changing technologies and online behaviours, the results have been reviewed. The survey targeted children from across Key Stage 2 and specifically Year 10. Sexting, confidence and resilience to deal with online situations has been the focus for Year 10. This baseline data enables the sub-group programmes of work to be defined and evaluated in future years.

The chair of the E Safety Sub Group is a member of the CSE Sub Group to support the links between the two areas.

Impact

A measure of agencies progression to safeguard children online is via a number of self-assessment tools. Following a focus on Early Years providers, the uptake of assessments has significantly increased.

Foster carer assessments of technology and the associated risks have been updated, following attendance to the LSCB course in addition to follow up advice provided by the sub-group and targeted training to carers.

Further to training at a boarding school the children's private technology safeguarding procedures have been reviewed, to better protect and support their personal digital lives whilst enabling online communications with family members.

Future challenges

The Sub Group's anecdotal recognition of the changing online behaviours of children aged 9-11 has been backed up by evidence from the survey. These behaviours are for the first time reflecting those of a traditionally older age of 11+. The challenge is to aid agencies in safeguarding these children on aspects of risks that have not traditionally been encountered, nor have suitable/established preventive work packages of support.

Whilst sexting is a significant issue, there is a continuing need to ensure all agencies act within the law but also recognise the issues affecting the children. Online radicalisation is also a challenge the Sub Group will need to focus on.



Allegations Management

Overview

There had been a significant increase in the number of referrals received since 2013/14 and this year's data suggests that although this trend is rising, it is not as high as last year. Work was undertaken to examine thresholds as a result of last year's data analysis and identified our thresholds were too low. Agencies instead of using more appropriate processes such as HR or their complaints procedure were referring through to the LADO.

All enquiries have been recorded since December 2014 to include a reason for why they are not accepted as a referral. There are still some process issues to resolve such as data collection, which will be resolved once the review of the LADO role has been undertaken.

Schools continue to remain the highest referrer 44%, which is understandable considering the number of children and young people they come into contact with. Allegations against foster carers are the second largest group with 21% of referrals.

It has been agreed that the LADO role, functions and workload will be assessed and analysed over the next months by an interim professional. This post will in the first instance be a 25 hour post providing daily cover.

There will be on-going development in the coming year with the Safeguarding Advisers and their roles and responsibilities examining how these roles can enhance the support offered to organisations to manage their safeguarding responsibilities effectively and support the role of the LADO in this and to ensure that partner agencies are developing their confidence and understanding.

With the recent appointment of a Team Manager overseeing the LADO role, it is planned that there will be regular quality assurance activities undertaken in relation to LADO with partner agencies so that the effectiveness of LADO role can be monitored and improved as necessary.

Impact

Swindon LADO received 14 referrals concerning disabled children, which is an increase of 3 from 2013/2014. In previous years, the majority of these were school transport referrals, the majority of which resulted in no further action after initial consideration. Following some direct work with the Disabled Children's Service Manager about thresholds, the number of these referrals has dramatically decreased to only 1 in 2014/15, which is encouraging as this suggests a more confident and competent workforce within this sector. Encouragingly, 4 referrals were received concerning emotional abuse experienced by disabled children which has been an area under recognised in the past.

The LADO offered two evening training sessions to foster carers on the allegation process. This was well attended and supported by the Family Placement Team; the feedback from

foster carers was that they found this session useful, informative and it helped foster carers to better understand the process.

The number of referrals provides evidence to support the improvements, coupled with the feedback from the training.

Future challenges

Considering a large proportion of referrals result in no further action after initial consideration, there is clearly still more work to do in enabling and empowering referrers to determine the threshold with their safeguarding leads prior to coming to the LADO's attention.

Due to capacity, the timeliness of case closure has not yet been followed up. This will be addressed in the next six months as part of the LADO work plan.



Female Genital Mutilation (FGM)

This area of work was led by Victoria Guillaume, Strategic Planning Manager at Swindon Borough Council

Achievements

HM Government published Multi-Agency Practice Guideline: Female Genital Mutilation in 2014, and following the recommendations for LSCBs in this document, the LSCB FGM Working Group has developed and published on the LSCB website:

- A multi-agency FGM Strategy and Action Plan
- Multi Agency Guidance and procedures around FGM available at: <http://www.swindonlscb.org.uk/procedures/Pages/Home.aspx>
- A FGM communications plan
- A FGM Pocket Guide and Information for Professionals, which along with the Multi Agency Guidance comprise the 'FGM Toolkit' for professionals.
- Training for professionals has been reviewed and FGM training is now part of the LSCB training programme
- Swindon data on FGM is being collated to build a better understanding of the prevalence of FGM in Swindon.

Overview

In October 2014, Swindon LSCB established a multi-agency Working Group to enable statutory and voluntary agencies in Swindon to work in partnership to prevent Female Genital Mutilation (FGM).

FGM is illegal in the UK, and Department of Health Guidance directs that it is child abuse.

The **LSCB FGM Strategy and Action Plan**, together with the FGM Multi Agency Communications Plan, set out how agencies in Swindon are working together to understand and develop a sensitive response to FGM. It is centred around three agreed principles:

- **Prevention**

To improve education, awareness and prevention work on FGM with agencies professionals, community groups (such as faith groups), education/youth services to help address attitudes and myths about FGM. This work will include awareness raising work with professionals, displaying FGM awareness posters across the borough and targeting campaigns e.g. before school summer holidays to help raise the profile of this issue with professionals and girls at risk.

- **Protection**

To provide support to women who have undergone FGM and girls at risk, by improving the responses of services, agencies and professionals to help identify and respond to people at risk of FGM or who have experienced FGM. This will include training on safeguarding procedures in relation to FGM, how to sensitively ask women and girls about FGM and know how to respond appropriately.

- **Provision**

To ensure women who have undergone FGM and girls at risk can access services for information, advice, support and necessary health treatment. This will include training staff as well as commissioning arrangements for specialist services.

Impact

FGM is a severe form of violence, and can have a devastating impact on the health and wellbeing of women and girls. It is carried out in the name of culture and religion, most frequently on young girls between infancy and the age of 15.

Understanding and developing a sensitive response to FGM is a challenge. The FGM Strategy sets out how we aim to prevent FGM from happening, improve how services and professionals respond to women and girls who have undergone or who are at risk of FGM, and ensuring sensitive and intelligent support is available to them.

The purpose of the FGM Strategy is not to duplicate any existing guidance, policy or procedures, but to strengthen our local response by setting out our plan for raising awareness, and improving our response to FGM.



Effective Lay Members

Overview

Following the withdrawal of one of the Board's two original Lay Members, a recruitment campaign was initiated in July 2014. This resulted in the appointment of three more Lay Members who attended their first Board meeting in December 2014. All Lay Members have completed Level 1 Child Protection Training and are working towards Levels 2 and 3.

Impact

Lay Members are representatives of the local community, who can challenge, question, and offer alternative perspectives on the work of the LSCB. They are able to speak to any group who would like to find out more about what the LSCB does. Community groups that have been contacted so far have found the information and discussion about safeguarding useful.

One Lay Member has received training from the Swindon Borough Council Equalities Officer, which has strengthened her skills to challenge around issues of diversity and equality, and she now acts as Equalities Champion for the LSCB.

Lay Member Perspective: Lyn Davis

The Lay Member role has certainly developed apace during this last year but has room for even more activities. The contact of the numerous voluntary groups with varying degrees of success has been crucial and if no further has made groups aware of the LSCB. During the four days input into this task well over 200 groups have had personal contact. A notable few have requested update in Safeguarding Training.

The Board Meetings continue to be a good source of information and Awareness Training with opportunities for Challenge on all issues.

The appointment of three new Lay Members has been a positive move and will, as already enhanced the work of the Board. With the new Lay Members up and running plans are afoot to try and contact other groups to share good practice and develop our work.

Advocacy

Coram Voice

Coram Voice has been commissioned by Swindon Borough Council Children's Services to provide a children's rights service in Swindon since 2008/9.

The contract has three distinct elements, Participation, Independent Visitors and Advocacy. Swindon LSCB contributed £28,000 during 2014/15 towards advocacy in the child protection process, return interviews for missing children and advocacy for disabled Children in Need.

A team of freelance advocates delivered the service until early 2015 when the service recruited four part-time employed advocates. The service can more easily predict the financial costs and this provides continuity. There are also several freelance advocates who can assist with the service delivery when demand is high and when young people ask for male advocates.

Background and Context:

Coram Voice offers an 'opt out' advocacy service to children who are aged 7– 18 years at Child Protection Case Conferences.

The total number of young people referred for child protection advocacy services from 1st April 2014 - 31st March 2015 was: **112**

Existing Cases – Prior to April 2104

- There are 176 active child protection cases which were referred prior to this reporting year. These cases have been worked on during this reporting year; this is in addition to the new cases.
- A total of **288** children and young people have been supported by an advocate during this period.
- Average hours of Child Protection Advocacy 3,440.6 hours

Numbers leaving the service

A total of 88 children and young people have left the service in this timeframe.

Reported Outcomes

We received 19 completed evaluation forms over this reporting year for child protection advocacy. We have changed the way we ask for evaluation forms now and we have also re-designed them. We now ask that advocates give the young person the evaluation form to complete and ask them to complete it and insert into an envelope and then seal with their signature over the flap and return to the advocate so they can bring into the office. We realised that when we sent the evaluation forms from the office, the young people were confused about who we are as they meet so many new people whilst in on the plan so they did not return it, even though there was a draw each quarter for those that return it. Also as visual reminder of who they are evaluating all new evaluation forms have a photo of the



advocate who has worked with them to remind them. We are working with commissioners and the Social Work Group Manager Quality Assurance and Review to improve this and are looking at android apps as part of the work.

Feedback Summary from Service Users (19)

	Very Easy	Quite Easy	Not easy	Difficult
How easy was it to contact your advocate	8	7	0	0
	Always	Most of the time	Some of the time	never
Did your advocate listen to your views and wishes	19	0	0	0
Did your advocate inform you of your rights	15	0	0	1
Did your advocate respect your privacy	17	0	1	0
Did your advocate make sure your views were put forward at the conference	18	1	0	0
Did your advocate help you in the way you wanted	15	4	0	0
	Excellent	Good	Average	Not very good/Poor
Overall how would you rate Coram Voice's advocacy service	14	4	0	0
	Yes		No	
If you were unhappy with Coram Voice would you know how to tell us about it?	14		5	
	Yes		no	
Would you recommend Coram Voice to a friend	19		0	

We also asked young people if there was anything else we could do to support them better and the responses are recorded below:

- "More Regular visits"
- "No, I found the service very useful and helpful for me and I'm grateful for the service I required and was thankful that I had "X" there for me when I was in that situation."
- "Nope"
- "No. I got all the help I needed."

The most helpful thing about having an advocate
I felt that I wasn't always able to talk and being in that situation wasn't made difficult for me and I didn't feel uncomfortable or was made to feel uncomfortable because I had X there
Representing me and listening to what I said
Talking to her about anything – Very understanding
Say what I want to happen
She Listens
It was good to tell somebody about things
Helping me get on well
I could tell him stuff and he could tell the people at the meeting
Getting to tell them anything
I didn't have to go but what I wanted to say was still said
That I had someone to speak for me and put my views across
I could tell her anything
She could go to the boring meetings so I didn't have to and tell them what I said
He would listen to me and tell me what I said to him for him to say in a meeting if I don't go

Feedback from Professionals

We ask all referrers to complete an evaluation form but have only received 4 completed evaluation forms from social workers regarding this service. We are currently working with the Service Manager, Looked After Children and Care Leavers to improve this.

On numerous occasions the Independent Reviewing Officers (IROs) will ask the advocate if the young person had been invited to the conference and whether they wish to attend, this really shows that everyone is very keen to hear the views and wishes of the young people involved with the case.

- “Children were fully supported in expressing their views and wishes and the advocate provided a valuable contribution to the conference.”
- “The child was fully supported in expressing their view, thoughts and wishes and VOICE provided a valuable contribution to the conference”

- “Advocate clearly represented the child’s view, thoughts and wishes and provided a very important and valued contribution to the conference.”
- “Advocate clearly represented the child’s view, thoughts and wishes and provided a very important and valued contribution to the conference.”

Case Studies

One young person who is now a young mum herself used to have support with the child protection service has now been supported again through this process with her new born baby who is now going through the child protection service. The young person feels like her voice and wishes and feelings are taken into account when decisions about her baby’s future are being made.

A young person had been supported in expressing her own views herself in a conference which has empowered her to try to make some positive changes in order for the concerns to be lowered. She has found the process of actually hearing the concerns out-loud by numerous other people helpful in terms of her recognising the potential dangers she was placing herself in.

Advocates use a variety of techniques to gather the wishes and feelings of young people. One advocate changed the 3 houses pictorial form to 3 fire engines in order to engage the young person in this process as the young person was passionate about fire engines.





Swindon Advocacy Movement

The funding provided by the LSCB enables Swindon Advocacy Movement (SAM) to employ one advocate for 25 hours per week to support parents with a learning disability whose children are subject to early intervention, child in need or child protection procedures. The role of the advocate is to enable parents to:

- Understand the processes their families are subject to
- Communicate their views, wishes and feelings
- Understand their own needs and the needs of their child/ren
- Make and/or contribute to decisions/plans
- Understand their rights and their child's rights
- Challenge decisions

In providing advocacy in these circumstances, the service aims to support parents to fully engage with professionals and in doing so maximise the opportunities for them to successfully care for their children. Where this is not possible, the advocacy support enables parents to understand how and why decisions have been made and how to engage with any on-going contact arrangements.

The level of advocacy support will be dependent on the needs of the individual. Advocates will always aim to support parents to self-advocate but it can also involve accompanying them to meetings and speaking on their behalf at times. Due to demand, intensity of support required and staff capacity there is currently a small waiting list for this service.

Activity 2014/15

Number of children/families supported through advocacy provision

Number of parents supported (directly)	34*	Carried over from 13/14 New referrals 14/15	17 16
Number of children supported (indirectly)	32		

Evaluation and outcomes

This service is monitored by the Voluntary & 3rd Sector Commissioning Team as part of a much larger contract Swindon Borough Council has with SAM. SAM are provided with a Monitoring Workbook covering the whole contract which they complete and submit each quarter. This in turn informs the quarterly Contract Monitoring Meetings.

Service user views are collected when a case is closed. SAM reports whether in each case the issue(s) requiring advocacy were resolved satisfactorily or unresolved.

In Q3 and Q4 2014/15, SAM have been gathering more detailed information about the specific advocacy outcomes being achieved with individuals and the changes they have experienced as a result. This has not yet been separated for each advocacy function they provide but in general 80% of service users in Q3 and Q4 reported a positive change in their circumstances and 20% reported no change to their situation.

Advocacy outcomes being measured	Changes for individuals being measured
Access and or understand Information	I feel people listen to me
Understand/exercise a right	I know more about my rights and how to exercise them
Consider options/made a decision	I feel more comfortable/able to cope with the issue
Have a voice heard in a statutory process	People support me better now
Have a voice heard in a general life issue	I feel safer
Contact/access a service- independent/ voluntary	I know what to do to help myself in the future
Contact/access a service - statutory	I've learnt a new skill
Challenge a decision	I am using the services I need
Make a complaint	I feel more in control of the support I get
	I understand the situation better
	No change

Actions taken as a result of evaluation findings

SAM have acknowledged that they have kept a number of cases open for extended periods of time often due to a lack of other support services for parents with learning disabilities. As a result there has been a waiting list in operation with around 6-8 waiting at any one time. SAM has worked hard to address this and end their involvement where there is no clear advocacy role. Although there is still a waiting list the numbers are now 1 or 2 cases at any one time.

Discussions have taken place with representatives from Children's Services to clarify the role of the advocacy service and target the resource more effectively. Due to staff changes in Children's Services this has not progressed as hoped.

Future planned actions

There remains a need to clarify with key representatives from Children's Services exactly how the Parent Advocacy Service can be most effectively used to promote and achieve good outcomes for children, young people and families.

Due to the nature of the Council's wider contract with SAM i.e. generic advocacy for adults with learning disabilities and from January 2015 the provision of statutory advocacy under the Mental Capacity Act 2005 and Mental Health Act 1983 (revised 2007), the monitoring of

the parent advocacy service has focused on outcomes for the adults rather than the children involved.

Due to changes in staffing in Children's Services it has not been possible to collect the information required to agree a revised specification and improve monitoring. This needs to be a priority for the coming year to ensure the service meets its intended outcomes.

SAM is planning to evaluate the impact of the parent advocacy service on the families they have supported during 2014/15. This should be done in partnership with Children's Services.



Safeguarding in Schools

Contribution for LSCB Annual report – Schools, Sarah Turner – Schools’ Safeguarding Adviser			
Overview	Achievement	Impact	Future Challenges
Following the original publication of ‘Keeping Children safe In Education’ back in March 2014, all schools and colleges reported that they had reviewed and updated their policy and procedures in line with the legislation. A recent review of Keeping Children Safe and subsequent updated version (July 2015) will require schools and colleges to once again review their procedures.	Many of the additional statutory requirements laid out in the new legislation were already evident as good practice in many Swindon schools. For example, the existence of a staff behaviour policy. The majority of schools have circulated ‘Safer working practice guidance’ to staff and regular volunteers and have a record that this had been read and signed.	The new legislation did not require significant changes to school policy and procedures. The impact of this is that staff and volunteers are clear about the procedures to follow if they are worried about a child or have concerns about a member of staff from a safeguarding perspective. This is evidenced from responses from staff questionnaires which are completed as part of a monitoring visit, across all schools.	All schools and colleges continue to be encouraged act in a timely manner and share information, where safeguarding concerns exist. Further support and information will be highlighted during briefings and visits to schools to ensure that an appropriate, graduated response is considered, including early intervention.
Engagement between the local authority and schools and colleges continues to be good. Governors play a key role in the use of this self-evaluation tool, using the governor prompts from the audit to challenge school judgments.	100% of maintained schools and academies completed the borough safeguarding audit this year. The completed audit is a vital tool in monitoring the effectiveness of safeguarding procedures across the school / college. There has been an increase in the number of monitoring visits where a link Governor has been invited by the Head teacher to participate. Safeguarding briefings are held each term . 73 % of Primary schools attended the autumn term briefing. 50% of	School self-evaluation is accurate and based on robust evidence. This informs the school development plan and ensures that schools are clear about where priorities lie to improve safeguarding across the school. This can be evidenced from notes of visit to schools where monitoring visits have been completed this year. Whilst safeguarding is no longer a stand-alone element of school inspections, it is a factor in two of the four separate judgements and the LA monitors the reports of all school inspections in Swindon (LA schools and academies). Of	The challenge in this area of work continues to be engagement with the ‘harder to reach’ schools, those who perhaps are not regularly in contact with the schools safeguarding adviser or attending briefings. There is also the challenge of engaging the small number of independent schools in the borough.

	delegates evaluated this briefing as excellent and 50% as good. 64% secondary schools / colleges attended with 100% evaluating the session as excellent. Two additional sessions were run for those new to the role of designated safeguarding leads.	28 schools inspected from January 2014 – December 2014, 89% were judged to be either good or outstanding for behaviour and safety (81% during previous year) Head teachers have commented on how valuable single agency training is for new DSLs and how the course equips them to fulfill the responsibilities effectively.	
The Schools' Safeguarding Adviser continues to work alongside schools embedding supervision for staff who hold additional safeguarding and child protection responsibilities.	51% of schools report that planned supervision arrangements are in place for the DSL and deputies, (2013 – 40%). Notes of supervision are recorded.	Regular opportunities for supervision ensure that individual staff members are not making decisions in isolation and there is review and over-sight of case management. A more reflective approach supports the staff involved to consider the impact of support and whether an alternative needs to be considered.	The remaining 49% of schools report that supervision does take place but tends to be on an ad hoc basis and is not formally recorded. Schools and colleges are now being encouraged to capture data about attendance and exclusions on their safeguarding overviews to ensure that links between these issues and safeguarding concerns are not missed.
'Feeling safe' surveys are conducted in Swindon primary and secondary schools (year 6 and Year 8 pupils) Members of Swindon's Youth Parliament, Youth Forum and Carers' Centre were amongst a group of children and young people invited to review the existing surveys which have been running in Swindon schools for the last 4 years.	Feedback from the review resulted in a shortening of the survey and some further clarification of some of the questions. The reviewers also felt it was important to highlight to those children taking part in the survey that it is anonymous and how the responses are used. The updated surveys went live in September 2014.	Schools which take part receive back their individual school data and are able to use this to inform them about children's perspectives of the effectiveness of school safeguarding procedures. Evidence of individual impact is measured during monitoring visits and reported in the note of visit.	

Safeguarding in Early Years

The Early Year's Safeguarding Adviser (EYSA) advises and supports the early years sector to ensure robust safeguarding policy and procedures are in place across the service. The post is managed by the Quality Assurance and Review Team Service Manager and works alongside the School's Safeguarding Adviser. The Early Years sector includes nurseries, pre-schools, children's centres and child-minders.

Achievements 2014/15

Implementation of the new Early Help Record and Plan (EHRP)

During 2014 the Common Assessment Framework was phased out and replaced by the Early Help Record and Plan. In order to ensure that all settings were confident with the new procedures the EYSA advised that at least one member of staff from each setting should attend the specific early years training.

90% of group settings have attended training and a number of evening training sessions were well attended by child-minders.

In addition to training several early years settings have requested individual support from the lead professional for the introduction of the EHRP and have been supported with chairing meetings. The impact of this has been that early years have been well supported with the transition to the EHRP.

Internet Safety

Internet safety has recently been given an increased focus in Early Years Ofsted inspections. In order to support Early Years settings with ensuring they have good internet safety procedures in place, the Children Services ICT Manager was invited to speak at the Autumn Term Briefing session. An internet safety checklist was shared with settings and managers were signposted to a variety of resources, some for use with children and some for raising parents' awareness to the dangers of the internet. The South West Grid for Learning (SWGFL) online compass, which is an online safety self-assessment toolkit for Early Years, was also shared.

31 (36%) early years settings have currently registered with the SWGFL online compass.

Jellytots Pre-school reported that completing the online compass was very useful for helping them to develop an action plan in relation to E Safety.

The EYSA will monitor online safety during visits to settings.

Female Genital Mutilation(FGM)

The EYSA is a member of the LSCB Female Genital Mutilation Working Group, which has been set up to ensure that arrangements are in place to prevent and reduce incidents of Female Genital Mutilation in Swindon. For the early years sector this has meant raising awareness amongst early years staff of signs and symptoms of FGM. This has been achieved through signposting practitioners to relevant information and resources through the termly Early Years newsletter. In addition the Domestic Violence Co-ordinator was invited to do an awareness raising presentation at the Spring Term Safeguarding Briefing.

84% of early years settings were present at the Safeguarding Briefing and there was 100% positive feedback. Managers will cascade information back to practitioners in their settings.

All settings were given a poster to display on their parents noticeboard.

"I had very little knowledge of this previously" North Star Nursery

"Unpleasant-but a very necessary subject" Ferndale Pre-School

The EYSA will continue to keep the Early Years workforce informed through newsletters and briefing sessions.

Safer Recruitment and Induction Procedures

In the 2013/14 section 11 audit, Safer Recruitment and induction procedures were identified as an area for improvement within early years. In response the EYSA produced a Safer Recruitment checklist to guide managers through the recruitment process and as a check that correct procedures are followed. The EYSA also produced an induction checklist to be used with all new staff. Induction and Safer Recruitment procedures are currently monitored during visits by the EYSA.

Checklists were shared with Early Years managers at the Autumn Term Briefing session; this was attended by 70% of settings and those that did not attend have been forwarded the information.

During a monitoring visit Croft Pre-School reported that they were using the checklists and were finding them very useful.

The EYSA will continue to monitor Safer Recruitment procedures and induction during monitoring visits and ensure that the use of the checklists is embedded in practice.

Future Challenges

- To improve the quality of Early Years contributions to Conferences and Core groups to ensure that clear messages and concerns about children are shared confidently with other professionals
- To increase the number of child minders who are up to date with level 2 training (currently at 68%) and to revise the current level 2 refresher training to include aspects of level 3 relevant to child minders
- To improve effective information sharing in early years by rebuilding strong links between Children Centres and Early Years settings following recent re-structuring of Children Centres

Governance

The Children Act 2004 places a duty on all relevant authorities to make arrangements to safeguard and promote the welfare of children. Swindon Local Safeguarding Children Board has a statutory responsibility to co-ordinate and ensure the effectiveness of what is done by each agency/organisation on the Board for the purposes of safeguarding and promoting the welfare of children in the Borough. The LSCB is not accountable for operational work but holds partner agencies to account on the effectiveness of their safeguarding services for Swindon's children.

Swindon LSCB is composed of senior representatives nominated by each of its member agencies and professional groups.

Statutory & Other Partners, of whom 100% attendance at meetings is expected by the representative or nominated substitute:

- Swindon Borough Council, Director Children Services
- Swindon Borough Council (Service Director/ Head of Children, Families & Community Health; Head of Commissioning Children & Adults; Housing, Libraries & Leisure; Economy & Attainment)
- Wiltshire Police
- National Probation Service
- Bristol, Gloucestershire, Swindon & Wiltshire Community Rehabilitation Company
- NHS England
- Swindon Clinical Commissioning Group
- Public Health
- Designated Doctor, Child Protection
- Designated Nurse, Child Protection
- Great Western Hospitals NHS Foundation Trust
- Avon & Wiltshire Mental Health Partnership NHS Trust
- Oxford Health NHS Foundation Trust
- South West Ambulance Service NHS Foundation Trust
- CAFCASS
- Swindon Early Years
- NSPCC
- Swindon Youth Offending Team
- Wiltshire Fire & Rescue Service
- Adult Services

- SEQOL
- Swindon Healthwatch

Professional Representatives, who provide insights from and communication with their professional bodies but do not represent a single agency or organisation:

- Swindon Primary Schools
- Swindon Secondary Schools
- Swindon Colleges
- Swindon Special Schools
- Schools' Safeguarding Adviser
- GP Services
- Voluntary Sector
- Domestic Violence Representative
- Chair, Swindon Children's Trust Board
- the Chair of any LSCB sub-group not represented above

Partner agency representatives are of sufficient seniority to have control over or access to their agency's resources. They are given delegated authority to make decisions to an agreed level on behalf of their agency and have access to those responsible for making the decisions for which they do not have delegated authority.

Each representative on Swindon LSCB is responsible for disseminating information between the LSCB and their agency/professional body and for identifying any necessary actions.

The Cabinet Member for Children Services is a 'participating observer' of the LSCB, attending meetings as an observer, engaging in discussion but not being part of the decision making process. This enables the Cabinet Member to challenge, when necessary, from a well-informed position.

Lay Members have been part of the Board since March 2012. An additional three Lay Members were recruited in 2014 and attended their first Board meeting in December, making a total of four Lay Members. The remit of the Lay Members is to:

- Support stronger public engagement in local safety issues
- Contribute to an improved understanding of the LSCB's child protection work in the wider community
- Challenge the LSCB on the accessibility by the public and children and young people of its plans and procedures
- Help to make links between the LSCB and community groups

In 2014/15, the Board was independently chaired by Mike Howard, Independent Consultant, and met quarterly. The LSCB Independent Chair was a member of the National Association of LSCB Chairs, which is a conduit for best practice, and established a close working relationship with the Chair of the Wiltshire LSCB. He was also Independent Chair of

Swindon's Safeguarding Adults Board. A new independent Chair of the Local Safeguarding Children Board was appointed in July 2015.

A protocol has been agreed that sets out the relationships between the LSCB, the Local Safeguarding Adults Board (LSAB) and the Swindon Health & Wellbeing Board. The LSCB Chair was a member of the Children's Trust Board and joint work between the two Boards ensured that the work of each Board was not duplicated, and that good practice and issues of concern were shared.

Swindon LSCB is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share the same commitment.

Swindon LSCB believes that:

- The welfare and safety of the child is paramount
- We are stronger in safeguarding children if we all work together. This includes statutory and voluntary agencies and the wider communities
- We should support families in bringing up their children safely, engaging with them in the wider agenda for safeguarding
- We should provide an equitable, quality service to all children and their families
- Services should be provided which are appropriate to race, religion, culture, language, gender, sexual orientation and disability
- We need to be accountable for our actions, open to challenge, and to learn from practice in order to achieve continuous improvement
- Procedures and processes should be open and transparent

These principles should underpin everyone's approach to safeguarding children and promoting their welfare, regardless of the extent of their involvement.

Swindon LSCB will further ensure that:

- Personal information is held confidentially and only by those who need to know
- Safeguarding children is viewed in the wider context of their needs and rights

To enable it to fulfil its responsibilities, Swindon LSCB has established the following Sub Groups:

- Awareness & Engagement (joint with the Local Safeguarding Adults Board)
- E-Safety
- Performance
- Policies & Procedures (links with the South West Policies & Procedures Group)
- Quality Assurance
- Safeguarding Disabled Children
- Case Review
- Child Sexual Exploitation & Missing

- Training & Safe Workforce

Each of these Sub Groups has defined its membership and terms of reference and works to an annual action plan developed with reference to the LSCB Strategic Business Plan.

There is a joint Swindon and Wiltshire LSCB Child Death Overview Panel.

A Chairs Group, consisting of the Chairs of all LSCB Sub Groups and working groups, as well as the Head of Children, Young People & Community Health, the Designated Doctor and the Chair of the Domestic Abuse Steering Group, and chaired by the LSCB Chair was established in February 2013 to facilitate communication between the various Sub Group chairs and to respond to their wish for greater direction from the Board.

Regular reports are presented to the Board for scrutiny relating to:

- Advocacy
- Allegations Management
- Awareness & Engagement
- Child Death Overview Panel
- Child Sexual Exploitation & Missing Children
- Domestic Abuse
- E-Safety
- Licensing & Gambling
- Looked After Children
- Performance
- Policies & Procedures
- Private Fostering
- Quality Assurance
- Safeguarding Disabled Children
- Safeguarding in schools
- Section 11 audit
- Serious Case Reviews
- Training & Safe Workforce

The LSCB invited the Chair of the Children's Trust Board to facilitate its business planning workshop/development session in January 2015, when members agreed the LSCB Strategic Business Plan for 2015/16.

LSCB Board meetings continue to include interactive breakout sessions, to allow all Board members to participate in discussions and provide in depth challenge to the local authority and its partners on the effectiveness of the help and protection offered to children, young people and families locally.

LSCB Budget	2014-15 Budget	Outturn Position	Variance
Expenditure			
Employment Costs			
LSCB Posts	99,200.00	97,741.58	-1,458.42
Child Protection Minuting	21,200.00	21,200.00	0.00
Independent Chair	16,500.00	16,611.80	111.80
	136,900.00	135,553.38	-1,346.62
Multi-Agency Training			
Training Programme	35,000.00	40,342.77	5,342.77
Events & Conferences	7,000.00	7,443.13	443.13
	42,000.00	47,785.90	5,785.90
LSCB Projects & Statutory Agenda			
Advocacy - Voice	28,000.00	28,000.00	0.00
Advocacy – SAM	21,500.00	21,500.00	0.00
Missing & Runaways	500.00	850.00	350.00
Serious Case Review/Case Review	30,000.00	17,688.67	-12,311.33
Awareness & Engagement	1,500.00	179.73	-1,320.27
Child Protection Procedures	1,500.00	2,056.41	556.41
	83,000.00	70,274.81	-12,725.19
Business Support			
Staff & Member Development	2,000.00	925.00	-1,075.00
General Supplies	300.00	61.77	-238.23
Design & Printing	1,700.00	41.77	-1,652.23
Meeting Venues	600.00	340.58	-259.42

	4,600.00	1,375.12	-3,224.88
Total Expenditure	266,500.00	254,989.21	-11,510.79
Funding			
Annual Contributions			
Local Authority	-115,336.00	-116,300.00	-964.00
CCG	-44,150.00	-44,150.00	0.00
GWH	-17,699.00	-17,699.00	0.00
Police	-12,448.00	-12,448.00	0.00
Probation	-4,473.00	-2,609.25	1,863.75
CAFCASS	-389.00	-550.00	-161.00
	-194,495.00	-193,756.25	738.75
Training Income			
Swindon Early Years contribution	-4,000.00	-4,000.00	0.00
Course Income	-20,000.00	-42,735.00	-22,735.00
Events & Conferences	-7,000.00	-11,000.00	-4,000.00
	-31,000.00	-57,735.00	-26,735.00
Total Funding	-225,495.00	-251,491.25	-25,996.25
Total Balance	41,005.00	3,497.96	
Prior Years Underspend Balance	82,713.37	82,713.37	
Funding required to support in year budget	-41,005.00	-3,497.96	
Remaining Underspend Balance	41,708.37	79,215.41	

Board Member Agency Activity

Children, Families and Community Health – Swindon Borough Council

Introduction

The Children, Families and Community Health Service covers a broad range of services supporting children, young people and their families in the community offering universal, targeted and specialist provision. This includes children's social care, early help and community health services for children including for children with disabilities.

The aim of the Service is to empower and support families to make changes, as early as possible, creating safety and stability for their children both at home and in the community, by promoting healthy lifestyles, building capabilities and strengthening families.

Achievements and Impact

The service has had an incredibly busy year; we started the year with receipt of the Ofsted and CQC reports into the inspections they had conducted of all the children's services run by the Council at the end of the year before. This as would be expected led to the development of actions plans to address the recommendations of the reports.

The service has achieved the following in the past year, to highlight a few:

- Reviewed and revised and implemented Step up and Step down processes across the continuum of children, families and community health. This has improved effectiveness of the plans and helped families to understand we are all joined up to support them
- Increased the Health Visitor workforce, identifying and implementing the Healthy Child Programme for all children in Swindon aged under 5 thus providing more opportunities to identify children who are vulnerable
- Improved performance regarding raising participation in education, training or employment in young people – a significant protective factor. 16/17 year olds in learning have improved from 91 to 78 in ranking of 150 Local Authorities and unknowns 79 down to 50 in Local Authority ranking
- School attendance in line and above national figures for England; school attendance is known to be a protective factor
- Devised, implemented and evaluated new audit tool for Early Help Record and Plan and process is embedded into our quality assurance plan. This has meant improvements in the quality of plans and analysis
- The Troubled Families programme has successfully delivered phase 1 and is an early adopter for phase 2 – a large number of families have succeed in their goals
- A social work restructure was implemented between September and February which saw the development of community based long term social work services, offering greater resilience and a smoother 'journey' for children. The re-configuration of team structures will provide improved stability of social work service to children and families

thus improving relationships, planning and outcomes. Children will have fewer changes in social workers

- A workforce development and recruitment and retention strategy to improve and increase the recruitment of social workers and health visitors has been implemented. This has been successful in increasing the number of permanent social work staff and health visitors
- Family Contact Point has been embedded enabling improved responses at the 'front door' and the introduction of a new single assessment in line with national expectations
- Developed a new Quality Assurance Framework (QAF). There has been a slow start to introducing all aspects of the QAF due to the operational demands of the restructure and will be better embedded in 2015/16

Future Challenges

The number of contacts to Family Contact Point and referrals to the Assessment and Child Protection Teams remains high. The rates of contacts and referrals have been consistently higher than statistical neighbours in the last year. It is planned to develop a Swindon based Multi-Agency Safeguarding Hub (MASH) to provide a more efficient, integrated and effective response to referrals.

There continues to be some critical staff vacancies in a number of areas which has resulted in the significant use of agency staff and a greater reliance on less experienced staff. In order to meet the vision of providing a more seamless service it is essential to have a more stable permanent and experienced work force.

Aspects of children's IT database are not user friendly, some data is not easily retrieved, some controls are not in place and there is no protective document marking guidance. Further work needs to be undertaken to ensure that all relevant professionals can access necessary information.

A comprehensive Quality Assurance Framework is not yet fully embedded across the whole service and there needs to be a greater focus on quality and evidence of impact.

Providing effective, outcome focused local placements that meet the assessed needs of the full range of children and young people especially for adolescents is a substantial challenge and the Councils Sufficiency Strategy will be updated in the coming year.



Swindon Clinical Commissioning Group (CCG)

Overview

In April 2014 Swindon Clinical Commissioning Group (CCG) had been in existence for one year and had successfully achieved its statutory duties. The CCG is responsible for the majority of health service commissioning and is statutorily responsible for ensuring that the organisations from which they commission services provide a safe system that safeguards children and provides the highest possible standard of care. Ensuring arrangements are in place to reflect the importance of safeguarding and promoting the welfare of children is critical. The CCG also has specific responsibilities for looked after children and for supporting the Child Death Overview process.

Safeguarding accountabilities of CCGs are set out in the Accountability and Assurance Framework: Safeguarding Vulnerable People in the Reformed NHS (NHS England 2013), and sets out clearly the need to ensure:

- Staff are trained in recognising and reporting safeguarding issues
- There are clear lines of accountability for safeguarding, properly reflected in the CCG governance arrangements
- There are appropriate arrangements to co-operate with local authorities in the operation of Local Safeguarding Children Boards (LSCBs)
- CCGs secure the expertise of a designated doctor and nurse for safeguarding children and for looked after children and a designated paediatrician for unexpected deaths in childhood

The Intercollegiate document: 'Safeguarding Children and Young People: Roles and Competences for Health Care Staff' published in March 2014 has formed the basis from which the CCG has reviewed the competency and training programmes for staff during 2014/15.

Achievements

100% of all CCG employed staff achieving as a minimum Level 1 Child Safeguarding training.

The CCG has strengthened the safeguarding quality process with safeguarding standards in all provider contracts.

The CQC Swindon CCG review of Health Services for Children Looked After and Safeguarding in March 2014 highlighted the need to further strengthen services, processes and engagement in some areas, the review clearly recognised and reported the excellent work taking place across our providers.

During 14/15 the CCG has led and worked in collaboration with all commissioned providers to implement all recommendations and subsequent actions arising from the CQC review and this has further strengthened the working relationship with partners. The CCG has ensured it supports providers to implement the recommendations but in addition has led to the CCG investing in areas that will lead to improvement in safeguarding processes, training and awareness.

Using the competency framework within the Intercollegiate document, both the Designated Doctor and Nurse have worked closely with GP Practices to support them in safeguarding training and awareness.

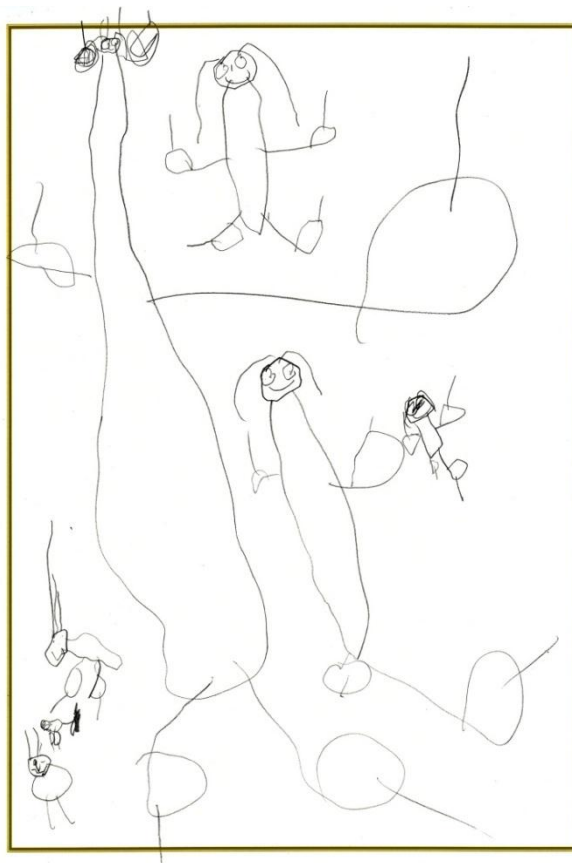
Swindon CCG has been a committed member of the Local Safeguarding Children Board working in partnership with the local authority to fulfil their safeguarding responsibilities.

A new Designated Nurse came into post in March 2014 and has been instrumental in setting up supervision for all named safeguarding leads and designated nurses in provider services.

The Designated Nurse is vice chair of the Quality and Assurance Sub Group of the LSCB. This demonstrates the CCG's commitment to meeting the aims and objectives of the LSCB agenda.

Future Challenges and Opportunities

- The continuation of reviewing safeguarding training in line with the Intercollegiate Document
- Continue to monitor and embed all actions following the CQC review
- Continue to promote and secure a named Safeguarding GP lead to support Primary Care and the commissioning team
- Support and manage the expanding field of safeguarding including child sexual exploitation and Female Genital Mutilation
- Continues monitoring of the Safeguarding Quality Indicators for each commissioned provider and or service.



Great Western Hospitals NHS Foundation Trust

Overview

The Trust is committed to the well-being of all people using their services and takes the safeguarding of children very seriously. The Trust has dedicated Safeguarding Professionals who provide training, advice and support to all services within the organisation.

The Trust works in partnership with the Local Authority to safeguard children and is represented on the LSCB Sub Groups to ensure engagement, working towards out statutory duty under Section 11 of the Children Act 2004 to protect children from harm.

This means working in partnership with other agencies to:-

- Protect children
- Identify health and development needs early to ensure the right level of support to safeguard children and young people
- Ensure children grow up in circumstances consistent with provision of safe and effective care
- Processes are in place to learn from events.

The Trust aims to fulfil its commitment to safeguarding and promoting the welfare of children by:

- Ensuring there is Senior Management commitment within the Organisational Divisions
- Having clear lines of accountability and structures
- Supporting a culture that enables safeguarding issues and promotion of children's welfare to be addressed and ensuring that accurate records are made
- Ensuring staff receive adequate training to safeguard children

To demonstrate commitment to safeguarding children across the Trust, the role of named nurse for safeguarding children in the acute hospital has been increased to a full time post.

Achievements

- Reviewing and Developing Training Strategy to meet the "Intercollegiate Document": Safeguarding Children and Young People: Roles and Competencies for Health Care Staff (March 2014)
- Next Pathway for Sharing Information from Maternity Services to Health Visitors and Social Workers
- Named Nurse role within the hospital setting now full time
- Establishing tertiary centre review of difficult x-ray and imaging with other centres
- Increased number of professionals trained in Safeguarding Children Supervision
- Local MARAC meetings attended by representatives from Emergency Department and Midwifery enabling identification of those at significant risk
- Development of Group Supervision for more staff to attend
- Attendance at Multi-agency Risk Panels (CSE) by our Sexual Health Team

Impact

Increase in staff attendance training resulting in an increased awareness of Safeguarding issues by the increase in calls to the Named Professionals and Safeguarding Advisors.

Increase number of births has also resulted in an increase of referrals to the Safeguarding Midwife and an increase in referrals to Social Care. Mental Health wellbeing is a significant area of concern.

Future Challenges

- Medical attendance at Initial Child Protection Conference
- Developing FGM Policy and Pathway
- Increasing our Level 2 and Level 3 Safeguarding training compliance
- Ensuring effective sharing of information with our Health Visitor and School Nurse colleagues

Case Study

Mother critically ill in Intensive Care whose young children being looked after by a friend. Staff quickly identified concerns around the needs of the children as mother was a solo parent and liaised with the Named Nurse. Liaison with the paediatric support team, social care and especially support from the school enabled the children to maintain a degree of normality within their life as well as visiting their mother. This multi-agency working showed how communication and following procedures can really help those in need.

New College

Achievements

We had our Ofsted inspection in December 2014 and were challenged on our safeguarding procedures, training and outcomes. The report from Ofsted said:

Safeguarding arrangements are good and meet statutory requirements. Knowledgeable and experienced managers use well-developed strategies and careful risk assessment to promote learners' safety and reduce risks of harm. The safeguarding team deals very effectively with a wide range and increasing number of safeguarding concerns in a supportive way. The team works closely with the local children's services department and a range of external agencies, including those that support learners with mental health issues, to promote learners' safety. Managers promote e-safety very well and prioritise the staff training in protecting learners from the risks associated with radicalism and extremism.

Overview

Safeguarding referrals continue to grow in New College which we feel is a positive indication that our staff training and student awareness raising, mean that we are getting help to the students who need it. As of April 2015, referrals to our safeguarding officers were 154. These cover a full range of safeguarding issues including complex CSE concerns and a Forced Marriage Order involvement. An on-going safeguarding case from the previous year reached court in March and resulted in a guilty verdict against an abusive relative.

Impact

We see the majority of students who seek support find they are helped and feel safe to continue with their studies. Our proxy measure of student retention is calculated in July after the end of the college year.

Future Challenges

The growing volume of referrals continues to be a challenge for the team of safeguarding officers involved. The increased volume of referrals related to mental health issues, self-harm and suicidal ideation is a concern here and nationally. The thresholds for external support also present a challenge particularly as students approach the age of 18. Those in receipt of support from children's services report anxieties regarding the potential loss of support or the move to unfamiliar adult services.

The Prevent duties which we newly face will also challenge us in the FE sector – getting an appropriate balance between information and protection of vulnerable people while maintaining the sectors' responsibility to promote freedom of expression.

Oxford Health NHS Foundation Trust

Achievements during 2014-2015

Direct CAMHS Work

FaceTime pilot - CAMHS provide an extensive range of short term and long term interventions, clinic based and outreach/intensive community support to children and young people across Swindon. Young people indicate a preference for technological based products frequently through use of texting, email, electronic feedback devices and iPhones. CAMHS interventions have been limited to face to face meetings and phone based contact (calls and texts). This project aimed to introduce an additional electronic option for young people where it has been risk assessed as part of the care plan.

Where young people do not have an electronic device suitable for Face Time contact, OSCA have 2 iPads that they can lend to young people.

Learning Disability CAMHS

Swindon LD CAMHS has been involved in the National Improving Access for Psychological Therapies (IAPT) group which has been looking at developing appropriate Routine Outcome Measures (ROMs) for children with a LD. The team have been exploring which outcome measures are suitable and can be validated for effective use with this group of children.

They have been working hard developing their behaviour support plans using a positive behaviour approach with children and young people, including the use of visual supports which are tailor made to suit the individual's specific need. Specific training around Autistic Spectrum Disorder has been provided to a range of staff in other agencies which has been very well received alongside in service training around the presentation of mental health needs in the learning disability population.

One of the team's nursing staff received an exceptional staff member award which was put forward by a family who they had worked with, receiving excellent feedback about the treatment and support they had received. The whole team recently gained 'Highly

Commended' in the staff recognition awards for improving patient experience after being nominated by head teachers in the schools they support. The recent addition of regular multiagency consultation meetings between education, health and social care appear to have been very helpful in improving communication and supporting the referral process into the service and these will be further developed in the coming year.

Safeguarding Specific Work

- Safeguarding training needs analysis of staff groups to assess adequate provision and how best to deliver. Locality based level 3 training introduced
- Additional appendix of Child Sexual Exploitation (CSE) added to training strategy and requirement for all staff to access CSE training
- Implementation of Safeguarding Supervision Strategy for clinical teams
- Audit of safeguarding referrals including quality, thresholds and escalation
- plus audit of child protection case records to evidence that role of practitioner in child protection plans is recorded including evidence of clinicians understanding of 'Think Family' and impacts on children
- Review of Safeguarding children webpage including participation of young people to make information more young person and family friendly

Future Challenges

- Awareness raising of all new developments amongst children, young people and families
- Ability to reach all clinical staff to ensure awareness of new learning and developments
- Escalation of concerns with multi agency partners when there is disagreement over risk and need can be challenging at times
- Impact; What difference have your achievements made to children, young people, parents / carers?
- FaceTime means easier access for families reducing travel and taking time off school or work (for parents/carers). Young person using FaceTime is not reliant on being accompanied to all sessions
- Increased staff awareness around Safeguarding Children including CSE means more appropriate responses and actions taken alongside support for children, young people and families
- Safeguarding Supervision provides the opportunity for staff to discuss and reflect on issues of concern to act in the best interests of the child
- Audit highlights any areas of concern which can then be addressed and improvements made for the safeguarding of children
- Information for children, families and clinical staff in an accessible format means finding relevant information more quickly and easily which is more likely to be utilised by those concerned

- Direct consultation and involvement with children, young people and families through our strong participation model to develop services and improve outcomes in mental health

Objectives for 2015-16

- Deep-dive audit looking at the increasing complexity and high level need/risk of new referrals to CAMHS. This will run over 12 months and be reported back through formal contract monitoring arrangements to help understand what is happening in the changing mental health needs of young people in Swindon

CAFCASS

Introduction

Cafcass (the Children and Family Court Advisory and Support Service) is a non-departmental public body sponsored by the Ministry of Justice. Safeguarding is a priority in all of the work we undertake within the family courts and the training and guidance we provide to staff reflects this.

Effectiveness of Safeguarding Arrangements

A key focus during 2014/15 was continued improvement following our “good” Ofsted judgement in April 2014. Ofsted summarised that Cafcass consistently worked well with families to ensure children are safe and that the court makes decisions that are in the children’s best interests. The report also highlighted areas where Cafcass should make improvements, and these areas formed a dedicated action plan which we implemented throughout the remainder of the year. An audit in November 2014 assessed that all actions had been met.

Cafcass has a robust programme of internal audits to assure the effectiveness of safeguarding in both public and private law. We provide tools for practitioners to use in self-assessment in order to benchmark the quality of their own work, and these tools are also used by managers and auditors as an evidence base for assessment. Throughout all the tools there is a consistent focus on assessing risk and whether appropriate actions have been taken after the assessment of risk.

Practitioners are supported extensively and scrutinised routinely to ensure the effectiveness of their safeguarding practices. FCAs are encouraged to take responsibility for their own performance, and are provided with the resources to do so via MyWork, an online platform containing performance and workload data. Learning and assessments are consolidated in quarterly Performance Learning Reviews (PLRs), allowing FCAs, with their line managers, to formally assess safeguarding practice and evidence whether service objectives have been met along with effective adherence to policies.

Reports to court are routinely quality assured and practice observations are undertaken, as set out in our Quality Improvement and Assurance Framework. Managers are further assisted by the Performance Management System by strengthening their ability to identify areas requiring improvement, as well as helping to meet the development needs of staff. Actions by practitioners and managers are further scrutinised by senior operational

managers via a monthly sample of closed files and the observation of one PLR per manager, per annum.

Further assurance is provided through yearly national audits and our Key Performance Indicators (KPIs). A national audit of practice was undertaken in November 2014 with the objective of providing a snapshot assessment of the standard of casework. The audit measured the progress of work since the audit in September 2013 and the Ofsted inspection of April 2014. The conclusions were positive, reporting the percentage of work graded as “good” at 65%. This represents a significant improvement of 16% from the previous year’s audit.

Our KPIs, set by our sponsor department the Ministry of Justice, measure the proportion of open public law care cases allocated to an appointed children’s guardian, and private law cases allocated to an FCA. Other KPIs measure the timeliness of allocation in care applications and the proportion of private law Section 7 reports that meet their agreed filing times. All of our KPIs are consistently met.

Objectives for 2015-16

We will undertake three thematic audits in 2015/16, focusing on further improvements required. These will look at the extent of the improvement in the joint working between the Independent Reviewing Officer (IRO) and the Guardian; the Guardian’s involvement and agreement to any position statement filed in proceedings; and evidence in WAFH of the improvement in analysis of assessment and increased use of research and tools.

Alongside our internal methods of quality assurance, we record and disseminate learning identified within service user correspondence, including correspondence received from children and young people. The learning points are fed back to the National Improvement Service (NIS) which maintains a national learning log, updated and disseminated throughout the organisation on a quarterly basis. The learning log sets out clear action plans designed to improve safeguarding practice and systems across the organisation.

Further scrutiny is given to our safeguarding practice and processes by the Family Justice Young People’s Board (FJYPB) comprising young people with direct experience of the family court. The FJYPB contribute to our publications, review our resources for direct work with children, and are involved in the recruitment of frontline staff. Board members also review the complaints we receive from children and young people.



Priorities for 2015/16

The work of Swindon LSCB is varied and this report has highlighted areas of challenge, improvement and development over the previous year. Ensuring that safeguarding remains a priority for all those who have contact with children is at the heart of the Board's business and the strength of partnership working is the key to driving this forward to make a difference to the lives of children and young people.

The LSCB continues to strive to improve and develop its role in challenging and supporting the work of agencies involved in safeguarding children and in monitoring and coordinating the response to child abuse and neglect. This report provides evidence of the progress partners have made against the priorities identified in the 2014/15 LSCB Business Plan.

A full copy of the LSCB Business Plan 2015/16 was agreed by the LSCB in March 2015. The key priorities are outlined below and the LSCB are on a journey in terms of developing strategic responses and demonstrating the impact of these. The LSCB Sub and Working Groups continue to provide an effective way of addressing specific areas of safeguarding practice and will continue to develop practice in their particular specialism and keep the LSCB informed of the work they are undertaking and of safeguarding issues requiring attention by the LSCB.

Priority One: Effective responses to specific safeguarding concerns

- Detailed strategies and comprehensive approaches to specific safeguarding issues that keep children and young people safe and promote effective intervention with those who are at risk
- Consolidation of strategies and approaches to Child Sexual Exploitation that keeps children and young people safe

Priority Two: Effective early intervention and safeguarding

- The LSCB can demonstrate that children and young people in Swindon receive effective early intervention that meets a range of needs in different communities

Priority Three: Communication and engagement

- The LSCB and partner agencies communicate effectively with children and young people; their families; the community (including different sections of the community); and staff at all levels from partners agencies

Priority Four: Performance Management

- The LSCB has a performance management framework which promotes different ways of knowing and learning about the effectiveness of early intervention for and safeguarding of children and young people in Swindon

Report Authorship & Availability

This report has been written with contributions from many different LSCB members, each writing about the work of their agency or the work of individual LSCB sub-groups. The LSCB Independent Chair, Planning & Development Manager – Safeguarding and the LSCB Business Manager have also written some sections of the report and have edited the final report.

The artwork throughout the report was created by children from early Years settings in Swindon.

This report was approved for publication by the Board of Swindon LSCB in September 2015.

The final report is a public document available on the Swindon LSCB website
www.swindonlscb.org.uk

The LSCB Independent Chair will present the report to meetings with key strategic partners:

- Swindon Health & Wellbeing Board
- Wiltshire Police & Crime Commissioner
- Leader, Swindon Borough Council
- Chief Executive, Swindon Borough Council
- Cabinet Member for Children Services, Swindon Borough Council
- Director of Children Services, Swindon Borough Council

For information in relation to this report, please contact Swindon LSCB on:

lscb@swindon.gov.uk

Swindon LSCB

Civic Offices

Euclid Street

Swindon

Wiltshire

SN1 2JH

Tel: 01793 463803

Appendix 1: What to do if you're worried a child is being abused

Child abuse can take many forms, not all of which have visible signs. If you think that a child or young person under the age of 18 is being harmed and need to talk to someone about it, please contact:

Children Services Family Contact Point

Tel: 01793 466903

Emergency Duty Service (out of hours)

Tel: 01793 436699

Wiltshire Police

Tel: 101

In emergency, please call 999

Allegations against staff and volunteers

If you have concerns that a member of staff or a volunteer may have behaved in a way that has harmed a child or indicates that they may be unsuitable to work with children, you should contact the lead person for allegations within your organisation or seek advice from the Local Authority Designated Officer (LADO) for managing allegations.

LADO

Tel: 01793 466849

Child abuse on the web

You can report online sexual abuse and content from the CEOP (Child Exploitation and Online Protection) website.

www.ceop.gov.uk

The site also has links for the reporting of other forms of online abuse including bullying, racism, spam and phishing.

For more detailed information, please refer to the South West Child Protection Procedures on www.swcpp.org.uk

Appendix 2: LSCB Training Statistics 2014/15

Year End Data Apr 2014 to Mar 2015	Online CSE	Online Level One	Level Two	Level 3	Level 4	Sexually Harmful Behaviour	Allegations	Conference & Core Groups	Parental Mental Health	CSE	CSE Male Perpetrators	Working with Neglect	DV Awareness	Disabled Children	E-Safety	Safer Recruitment	Safer Recruit Update	Risky Behaviour in Adolescents	Emotional Abuse	Totals
Charity	24	14	13	5			5	3	6	4	3		7	3	3	1	1	3	4	99
Church/Faith Group			1																	1
Early Years	1	90	58	54	6		25	26	12			1	7	3	7	14	4	2	9	319
NHS Foundation Trust				32			6	2	3	2			2	1	1	12	2	1	3	67
Police	2	2	30	11		4		2		4				3						58
Probation			1	1				1	1	2	1								1	8
SBC- Children and Families			57	47	4	1	15	10	17	16	8	8	19	17	5	3	7	16	8	258
SBC- Other	5	7	8	2			1		1	1	1	1			2	2		2	1	34
Schools/FE	1	51	66	106	4		30	12	23	8	4	3	8	3	9	37	18	6	2	391
Self Employed	8	2																	12	22
Seqol			3	2							1							1		7
Voluntary Sector	2		2	1																5
Other not listed above	13	6	9	5	2		2		1		2					3			1	44
Total	56	172	248	266	16	5	84	56	64	37	20	13	43	30	27	72	32	31	41	1313

Appendix 3: LSCB Attendance Register 2014-15

SWINDON LSCB 2014/15		June	Sept	Dec	Mar
Agency	Representative	Attend	Attend	Attend	Attend
Adult Services	Doug Bale	✓	Apols	✓	✓
AWP	Paula May	Apols	Apols	✓	Apols
CAFCASS	Deborah Murphy	✓	✓	✓	Apols
Children's Trust	Liz Holmes	✓	✓	✓	Apols
CSE & Missing Sub Group	Craig Holden/Caroline Eveley		✓	✓	✓
NHS England Area Team	Kevin Elliott	Apols	Apols	Apols	Apols
Designated Doctor	Janet King	✓	✓	Apols	Apols
Designated Nurse	Stephanie Bailey/Paula Whittaker	✓	✓	Apols	Apols
Disabled Children Sub Group	Mark Green	✓	✓	Apols	Apols
E-Safety Sub-group	Huw Ford	✓	✓	✓	✓
Early Years	Kay Kane	✓	✓	✓	Apols
CCG	Peter Mack/Gill May	Apols	Apols	✓	✓
GWH NHS Foundation Trust	Rob Nichols/Sarah Merritt/Christina Rattigan/Val Scrase	Apols	✓	✓	✓
Lay Members	Lyn Davis/Carmela Burchell/Robin Stannard/Pat Porter	Apols	Apols	✓	✓
NHS England	Gill Brook	✓	Apols	✓	Apols
NSPCC	Jeanette Chipping	✓	Apols	Apols	✓
Oxford Health NHS	Michelle Maguire/Isobel Sanderson	✓	✓	✓	✓
Policy & Procedures Sub Group	Joanne Smith	✓	✓	✓	Apols
Public Health	Janet Janeway/Cherry Jones	✓	✓	Apols	✓

SWINDON LSCB 2014/15

Agency	Representative	June	Sept	Dec	Mar
		Attend	Attend	Attend	Attend
SBC - Children & Families	Jo Olsson/Karen Reeve	✓	✓	✓	✓
SBC - DV Strategic Lead	Lin Williams	✓	✓	✓	✓
SBC - Group Director, Children, DCS	John Gilbert	Apols	✓	✓	✓
SBC - Head of Safeguarding	Lucy Young/Karen Reeve/Maria Young	✓	✓	✓	✓
SBC - Housing, Libraries & Leisure	Mike Ash/Arlene Griffen	✓	✓	✓	✓
SBC - Commissioning, Economy & Attainment	Paddy Bradley	✓	Apols	✓	✓
SBC - Head of Commissioning, Children & Adults	Sue Wald	✓	✓	✓	✓
SBC - Cabinet Member	Fionuala Foley	✓	✓	✓	✓
SCR Sub Group	Stephanie Bailey	Apols	Apols	Apols	
Schools - Primary	Sue Kershaw	✓	✓	✓	✓
Schools - Secondary	Steve Colledge/James Povoas	Apols	Apols	✓	Apols
Schools - Special	Kathie Bryan	✓	✓	✓	✓
Seqol	Jan Trethewey			✓	✓
SW Ambulance Service	Ali Mann	Apols	Apols	Apols	Apols
Swindon Colleges	Duncan Webster/Mark Burton/Claire Does	✓	✓	✓	✓
Swindon Healthwatch	Pete Rowe/Will Evans			✓	✓
Training & Safe Workforce Sub Group	Kevin Leaning	✓	Apols	✓	✓
Voluntary Sector	Stephanie Hathaway	Apols	✓	✓	✓
Wiltshire Fire Service	Yasmine Ellis	Apols	✓	✓	✓
Wiltshire Police	Caroline Evely/Jeremy Carter/Craig Holden	✓	✓	✓	✓
Wiltshire Probation	Liz Rignenberg/Mark Scully/Liz Hickey/Amanda Murray	✓	✓	✓	✓
Youth Offending Team	Kevin Leaning	✓	Apols	✓	✓

Appendix 4: LSCB Strategic Business Plan 2014-2015

PRIORITY AREA ONE: EFFECTIVE RESPONSES TO SPECIFIC SAFEGUARDING CONCERNS			
Outcome for 2014-2015	MILESTONES	LEAD/SUBGROUP /AGENCY	Date for completion and evidence
Detailed strategies and comprehensive approaches to Domestic Abuse, Parental Substance Misuse, Alcohol Abuse and Mental Health (The Toxic Trio) that keeps children and young people safe and promote effective intervention with those who are at risk	1.1 The LSCB has an understanding of the governance arrangements of Domestic Abuse: A clear strategy is in place with up to date policies and procedures.	Community Safety Partnership/ Domestic Violence Steering Group/ Policies & Procedures Sub Group	March 2015
	1.2 The LSCB is assured that findings from the Domestic Abuse Joint Needs Assessment are embedded within all agencies working with children and adults. This is evidenced through case reviews and audit.	Quality Assurance Sub Group/ Performance Sub Group	September 2014
	1.3 The LSCB and LSAB work together to ensure that performance data is reported and used to monitor where the gaps are in service provision at all levels of need, manages them as a risk and challenges those agencies involved	Performance Sub Group (Operational Group)	September 2014
	1.4 There is a clear strategy to ensure training is planned and delivered to meet the needs of staff and volunteers working with families affected by the 'Toxic Trio' so they are suitable skilled to intervene effectively as evidenced through the training evaluation framework	Training & Safe Workforce Sub Group/ Domestic Violence Steering Group	September 2014

Consolidate strategies and approaches to Child Sexual Exploitation that keeps children and young people safe	1.5 There is a clear understanding of the relationship of CSE with other safeguarding risks – i.e. child trafficking (internal and international); children missing from care, home and school; children associated to gangs and children exhibiting sexually harmful behaviour.	Sexual Exploitation & Runaways Sub Group/ Training & Safe Workforce Sub Group	September 2014
	1.6 There is a clear understanding of CSE in Swindon that is informed by Police Profiles, the LSCB Sexual Exploitation Annual Audit and information gathered from the Swindon Multi Agency Risk Panel. Recommendations are implemented via the Sexual Exploitation & Runaways Action Plan	Sexual Exploitation & Runaways Sub Group	September 2014
	1.7 Inter- and intra-agency policies and processes support effective identification, assessment and intervention of CSE on the broad themes of Prevent, Protect, Pursue at the level appropriate to the needs of the child / young person.	Sexual Exploitation & Runaways Sub Group/ Policies & Procedures Sub Group	April 2014

PRIORITY AREA TWO: EFFECTIVE EARLY INTERVENTION AND SAFEGUARDING

Outcome for 2014-2015	MILESTONES	LEAD/SUBGROUP /AGENCY	Date for completion and evidence
The LSCB can demonstrate that children and young	2.1 There is clear agreement between the Children's Trust and the LSCB on the delivery of early intervention and safeguarding. The Children's Trust report to the LSCB at every Board meeting.	LSCB Board	March 2015

people in Swindon receive effective early intervention that meets a range of needs in different communities	2.2 LSCB activities promote consistent application of agreed thresholds and adherence to policies and procedures that are compliant with national policy and statutory guidance.	LSCB Board	March 2015
	2.3 The LSCB monitors the development of the (virtual) MASH, linked to Family Contact Point, and the implementation of the Daily Domestic Abuse Conference Calls through regular reports to be assured that referrals and responses for children with all types of need at level 2/3 /4 of are effective and consistent.	Performance Sub Group/ Quality Assurance Sub Group	June 2014
	2.4 The LSCB understands where the gaps are in service provision at all levels of need and manages them as a risk and challenges those agencies identified.	LSCB Board/ Chair	March 2015
	2.5 The LSCB responds to identified gaps in in early intervention for specific safeguarding concerns which are the focus of work by LSCB partners e.g. domestic abuse and neglect.	LSCB Board/ Chair/ Business Manager	March 2015

PRIORITY AREA THREE: COMMUNICATION AND ENGAGEMENT

Outcome for 2013-2016	MILESTONES	LEAD/SUBGROUP /AGENCY	Date for completion and evidence
The LSCB and partner agencies communicate effectively with children and young people; their families; the community	3.1 On-going engagement with children and young people and parents involved with acute safeguarding services and general services. The LSCB reviews the effectiveness of methods of communication and explores new means of communicating with parents and children where appropriate and giving	School and Early Years Safeguarding Advisers/ E-Safety Sub Group/Disabled Children Sub Group	March 2015

(including different sections of the Community); and staff at all levels from partners agencies	consideration to diversity of the local population.		
	3.2 Systems allow for effective communication within the LSCB and between LSCB subgroups and the Children's Trust Board through sharing of information in meetings with Children's Trust Board Chair and coordination of agendas four times per year.	LSCB Business Manager	March 2015
	3.3 The LSCB is represented and creates clear links on all multi-agency partnerships where safeguarding is a focus of their work e.g. Children's Trust, Domestic Abuse Steering Group and Sexual Violence Strategy Group; Corporate Parenting Board, Health and Wellbeing Board; Adults' Safeguarding Board evidenced through minutes of those meetings and identification of areas of joint work.	Chair	March 2015
	3.4 The LSCB uses performance data to identify sections of the community that require information, advice and guidance on safeguarding children and adults giving consideration to diversity of the local population.	E-Safety Sub Group/ Quality Assurance Sub Group/ Disabled Children Sub Group	March 2015
	3.5 The LSCB communicates with the local workforce and community to raise awareness of safeguarding issues, through the LSCB website, Newsletters, Annual Conference, Annual Report, community partnerships and directly with public.	LSCB Board/Training & Safe Workforce Sub Group/Engagement & Awareness Sub Group	March 2015
	3.6 LSCB partners are clear about their responsibilities to disseminate information raised through the LSCB within their own organisations	All LSCB Members	
	3.7 The LSCB receives regular reports from Young Carers, Youth Forum, Children in Care Council, Youth MPs and Parents groups	LSCB Board/ Business Manager	March 2015

	3.8 Review all child deaths appropriately and in line with the Child Death Overview Panel (CDOP) procedures and follow relevant mechanism to disseminate lessons learnt	CDOP	March 2015
	3.9 Produce an annual report on the work of the CDOP, together with a summary document for the LSCB to publish	CDOP	March 2015

PRIORITY AREA FOUR: PERFORMANCE MANAGEMENT

Outcome for 2014-2015	MILESTONES	LEAD/SUBGROUP /AGENCY	Date for completion and evidence
The LSCB has a performance management framework which promotes different ways of knowing and learning about the effectiveness of early intervention for and safeguarding of children and young people in Swindon	4.1 The LSCB Performance sub group receives reports from each agency at least annually reporting data on outcomes, impact on the child and family, quality of service, workforce (review pro forma for reporting to sub group in light of Wiltshire pro forma) – health check included so that the LSCB can be assured of the quality of services and outcomes achieved	Each member agency reporting to Performance Sub Group	5 meetings per year
	4.2 The LSCB Performance Sub Group enables a deep dive into a specific issue to identify improvement in services and outcomes for children including <ul style="list-style-type: none"> Domestic violence, substance/alcohol misuse and mental health Impact of welfare reforms 	Performance Sub Group	March 2015
	4.3 Regular programmes of quality audit including interviews with practitioners and supports an understanding of the journey of the child	QA Sub Group	March 2015

	with recommendations to improve practice – audit this year to look at children in care and safeguarding		
	4.4 The LSCB supports an audit and review process and methodology that supports learning and can evidence improvement in practice and makes a difference to children. Findings are reported to the QA sub group to promote learning – one significant case review per year. Young people to participate in SCIE/case review	QA Sub Group	March 2015
The LSCB performance management framework supports and promotes effective challenge by the LSCB so that early intervention and safeguarding improve	<p>4.5 The LSCB performance management framework supports and promotes effective challenge by the LSCB so that early intervention and safeguarding improve. High level report to LSCB using agreed format with summary, strengths and areas for development. Reports to include data from audits to improve practice and outcomes for children. Reports to include learning from:</p> <ol style="list-style-type: none"> 1. Quality Assurance Sub Group 2. Section 11 Audit 3. Licencing & Gambling 4. Sexual Exploitation & Runaways 5. Safeguarding Disabled Children 6. Feeling Safe Survey 7. Advocacy 8. Private Fostering 9. E Safety 10. Section 175 Audit 11. Training & Safe Workforce 	LSCB Board and Sub Groups	March 2015

	12. Looked After Children: IRM Report 13. LADO Annual Report 14. Performance Sub Group 15. Awareness & Engagement Sub Group 16. Serious and Local Case Reviews 17. Policies & Procedures Sub Group 18. CDOP Annual Report 19. Domestic Abuse		
	4.6 Young inspectors to bring reports to LSCB meeting for learning and improvement in practice.	Performance Sub Group	March 2015

Appendix 5: Swindon LSCB Structure March 2015

Swindon Local Safeguarding Children Board Structure March 2015

