



Swindon LSCB Annual Report 2015/16

CONTENTS

Independent Chair's Introduction and Foreword	3
Progress On The LSCB Business Plan 2015-2016	6
The Local Context	11
Swindon Performance Information – The Child's Journey	15
Advocacy in the Child Protection System	24
Allegations Management	26
Scrutiny and Challenge	29
Child Death Overview Panel (CDOP)	38
Child Sexual Exploitation (CSE) And Missing Children	39
Online Safety	41
Policy and Procedure	42
Training and Safer Workforce	43
Lay Members	46
LSCB Governance	47
LSCB Budget 2015/2016	50
Partner Agency Reports	51
Swindon Borough Council	51
Wiltshire Police	61
NHS Swindon Clinical Commissioning Group (CCG)	63
Great Western Hospital NHS Foundation Trust	64
Oxford Health Child & Adolescent Mental Health Services (CAMHS)	65
South West Ambulance Service Foundation Trust (SWASFT)	68
Children and Family Court Advisory and Support Service (CAFCASS)	70
Swindon LSCB Priorities for 2016/17	72
Report Authorship & Availability	74
What to Do If You're Worried a Child Is Being Abused	75
Appendix 1 - LSCB Structure Chart, Board Membership & Attendance	76

INDEPENDENT CHAIR'S INTRODUCTION AND FOREWORD

As the Independent Chair of Swindon Local Safeguarding Children Board (LSCB), I am delighted to present its Annual Report covering the period from April 2015-March 2016.

As a statutory partnership, the LSCB brings together organisations with a collective responsibility to safeguard and promote the welfare of children and young people. This report describes the achievements and challenges of the Board and its partners in their efforts to ensure the safety and wellbeing of children and young people within the Borough. During the period covered by this report, partners continued to make positive progress in strengthening local arrangements, but were not complacent as to the tenacity required to address the enduring issues affecting children and young people and the need for us to respond to emerging challenges.

I took up the position of Independent Chair in July 2015 and chair the full LSCB Board as well as the Chairs' Group which comprises the Chairs from the 8 LSCB sub groups. I also chair one of these sub groups-the Case Review Group (CRG) which oversees the Serious Case Review (SCR) and Local Case Review (LCR) functions.

The LSCB structure and budget

Following appointment, my initial review focused on the current LSCB support team structure and how that could meet the key functions of the Board. Working with key senior leaders the structure was reviewed and a new LSCB Strategic Manager post was created (commencing work in May 2016) and the key LSCB functions of Quality Assurance (QA) and Training and Development were recognized and integrated into a new role. The LSCB budget was also revised to reflect the new staffing structure. I identified funding for functions which was being inappropriately coded to the LSCB budget which have been re-allocated to the LA and funding for CSE training for schools which is now being met from school's budgets.

Challenge and Scrutiny

Challenge and scrutiny are the key functions of an LSCB and the LSCB has made a number of decisions to change and improve the overall improve the impact of learning.

Firstly, the CRG now oversees all SCRs and LCRs and does not have separate Review Teams which are costly in terms of staff capacity and don't at times allow for a timely and effective process. The new focus has already streamlined the process and improved ownership of recommendations. The CRG also reviewed 4 historical LCRs, which did not previously result in clear Action Plans in order to provide evidence of the progress, and improvements made and identify areas that still require improvement.

Secondly, the QA sub group reviewed its TOR and ensured that its multi-agency audit programme was achievable and addressed the areas requiring scrutiny informed by the priorities in the LSCB Business Plan, performance data and SCRs and LCRs

Thirdly, the Performance sub group reviewed and introduced significant improvements in the performance data received from partner agencies using exemplars from other LSCBs, the content of the overall data set and the quality of the narrative provided. This is to increase the LSCB understanding of the impact of work to safeguard children, particularly from Adult services.

Fourthly, I introduced the Challenge Log for the LSCB and its sub groups to record challenges around performance and practice which are identified and then presented to the LSCB. This is a live document providing evidence of challenge and transparency to enhance the LSCB collective responsibility to provide scrutiny and challenge. This Challenge Log will be published as part of the Annual Report in 2016/17.

Engagement of children & young people, their families and staff.

The LSCB is working to further improve the engagement of children and young people and to ensure there are mechanisms to hear their voice. This is undertaken through a number of ways including the audit methodology, which includes direct feedback from children, young people and staff and more generalised survey activity. I have met with the Leads for children and young people's engagement and the LSCB agenda has been restructured to ensure there is a standing agenda item at each meeting to consider the views/input from children and young people. Participation of children, young people, families and practitioners has now been agreed as one of the four LSCB targeted priorities and the work is being led through the LSCB Strategic Manager and the revised LSCB Business Plan for 16/17.

Early Help.

Early Help arrangements were discussed at the LSCB in September 15 and there was clearly further work needed to review and ensure that the Thresholds document, Early Help Pathways and training and support for partner agencies was appropriate. Agreement at the LSCB was reached to establishing a task and finish group to address these issues. This sub group is now chaired by the Clinical Commissioning Group (CCG) Safeguarding Lead and the initial meeting took place in February 16. The LSCB is keen to engage schools and Early Years sector and will also need to ensure this as an area, which is subject to multi-agency audit in 16/17.

There continues to be high levels of children subject to Child Protection Plans and concerns about the increase in contacts and referrals to the social care front door. There is no current evidence from performance data, case reviews, multi-agency and single agency audits, Independent Review Officer (IRO)/Local Authority Designated Officer (LADO)/Complaints/Child Protection (CP) Chair's reports that the quality of work has been affected. However, the additional capacity and focus this year on Quality Assurance by the LSCB will enable it to increase to ensure evidence of quality as well as the regular reporting of single agency auditing activity. The potential impact of any workforce challenges will need to be considered and continue to be monitored. The LSCB has also extended its scrutiny further for Looked After children and receives the Councils Corporate Parenting Board minutes' quarterly to allow scrutiny and to request areas of additional challenge. Proposed changes around the development of a MASH and Signs of Safety processes adopted in child protection conferences have been reported to the LSCB and further updates will be needed to ensure full understanding and ownership by all partners.

HEALTH

I as Independent Chair arranged a meeting of key health leads to review current safeguarding arrangements and clarify governance and accountabilities in March 16. There was concern that there was no Designated Nurse and no Lead Safeguarding GP in 15/16, which impacted on safeguarding capacity. NHS England were providing support and the outcome was a revised and an enhanced job description for the post which was recruited to in August 2016, a peer review undertaken by a neighbouring CCG and additional funding from NHS England to support succession planning for designated and named health professionals. NHS England representation on the Board has also been secured.

Child Sexual Exploitation

The LSCB is determined to ensure that the learning from case reviews concluded in 2015/16 is included in the current revision of the overarching CSE strategy. The planned CSE audit in 16/17 will evidence where there has been progress in the last two years and where more focus is required. It has undertaken robust scrutiny of arrangements for missing children to ensure that the statutory requirements for independent interviews of children on return are undertaken and the learning monitored by the CSE Strategy Group. Although there is evidence of much progress, there are still remaining challenges to ensure the operational links and processes are made and the multi-agency risk meetings and new operational teams are effective and the LSCB will continue to require assurance on these issues.

2016/17

While reflecting on the work undertaken during this period, I am of course mindful of the important potential changes on the horizon following the government review of LSCBs published in May 2016 and the proposed legislative changes. The review confirmed the need for multi-agency safeguarding arrangements based on local need and will be the subject of future local discussions in 2016/17.

While recording my thanks to members of the Board and those supporting the work of its sub groups, I would like to state my gratitude to all those staff and volunteers within the local workforce for their commitment to safeguarding children and young people.

Alex Walters

Independent Chair, Swindon Safeguarding Children Board.

Progress on the LSCB Business Plan 2015-2016

The LSCBs Annual Business Plan sets out LSCBs priorities for the year ahead. The priorities are identified by Board members in response to performance data, case reviews, national and local drivers for change and local intelligence about the changing needs of children and young people in Swindon. The business plan for 2015/16 contained both overall objectives for the LSCB and four priority areas for focus.

1. Overall Objectives of the LSCB

To coordinate what is done by each person or body represented on the Board for the purpose of safeguarding and promoting the welfare of children in the area, and to ensure the effectiveness of what is done by each such person or body for these purposes (Section 14 Children Act 2004).

In order to achieve the above, specific objectives for the Business Plan 2015-16 have been developed and are divided into four main areas that directly relate to continuing to pursue the core purposes of the LSCB as given by statute. In addition, within priorities, there are particular areas of focus relating to local priorities for improvements in inter-agency service provision.

2. Core Priorities and areas of focus for 2015-2016

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

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

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 partner agencies

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

The following table is a summary of the actions the LSCB and its partner agencies have taken in response to the Priority Areas of Focus identified in the Business Plan. Additional detail is included in the reports from the Chairs of the Sub-groups later in this report.

PRIORITY AREA 1 - 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

Domestic Abuse

- The Community Safety Partnership (CSP) commissioned a new Domestic Abuse Strategy (which also covers violence against women and girls) which was agreed by Swindon Borough Council (SBC) Cabinet and presented to the LSCB in December 2015.
- The LSCB is represented on both the CSP and the Domestic Abuse and Violence against Women and Girls Management and Quality Assurance Group to ensure a joined up approach to this work.
- The Domestic Abuse Pathway supports more effective and timely information sharing between partners.
 - Early Help and Social Care practitioners have an active role in the Multi Agency Risk Assessment Conferences (MARAC) to ensure the voice of the child and their 'lived experience' is considered in a multi-agency way.
 - The Professional Lead for Health Visiting reviewed the health input into MARAC and made improvements to facilitate more robust assessments and communication from health colleagues.
 - Governance and Quality Assurance arrangements for MARAC have been improved.
- The LSCB has continued to offer multi-agency training in the three areas that comprise the Toxic Trio – namely Domestic Abuse, Parental Mental Illness and Substance Misuse – but has yet to develop a dedicated course that focuses on supporting children living in families with multiple and complex needs.
- Working with partners the LSCB developed a Female Genital Mutilation (FGM) strategy which is forms one of the strands of work that the Community Safety Partnership oversees through its Domestic Abuse and Violence against Women and Girls Board.
- The LSCB worked with the Community Safety Partnership to provide multi-agency training in FGM and Honour Based Violence to 46 professionals from range of organisations.
- The LSCB is undertaking a multi-agency audit in the autumn of 2016 to consider evidence of good partnership working, clear pathways and sufficient and appropriate services for children experiencing domestic abuse.

Child Sexual Exploitation (CSE)

- The LSCB has a clear understanding of CSE in Swindon that is informed by Police and partner profiles, Missing and Absent data, the Section 11 audit and information gathered from the Swindon Multi Agency Risk Panel. Recommendations are implemented via the Child Sexual Exploitation & Missing Sub-group with its action plan informed by multi agency profiles, and

the recommendations from national and local case reviews.

- The effectiveness of the Councils Multi Agency Resources Panel (MARP) has been improved by: shifting the panel's focus to the pursuit and disruption of perpetrators as well as child protection; changing the chair's role to one of quality assurance and challenge; and, establishing a QA sub-group of MARP to evaluate the impact and effectiveness of the panel.
- Swindon Borough Council's CSE Strategy has strong corporate management and oversight of CSE across the Council, greater community engagement, and better identification and casework management by Council staff and schools.
- The Council appointed a CSE and Missing Manager to co-ordinate and oversee this area of the business and the Missing Children's protocol and Vulnerability Checklist have both been updated.
- The Partnership Profile for CSE has improved our understanding of those people who are at most risk in Swindon and enabled resources to be targeted more effectively.
- There has been strong partnership working to secure funding for the Opal Team which will provide a more co-ordinated response to CSE.
- The Quality Assurance Sub-group is to undertake a multi-agency audit of in summer 2016. Informed by the findings from case reviews the audit will consist of two parts: one to assess the level of knowledge of CSE amongst front line practitioner survey and the second a deep dive audit of a sample of case files to assess the progress made in multi-agency support for children and young people at risk of CSE.

PRIORITY AREA 2 - 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

- In order to ensure that children receive the right service at the right time the LSCB established an Early Help Working Group in 2015/16 to assess the use of Early Help Records and Plans and to review the LSCBs multi-agency thresholds document.
- The LSCB links well with other boards such as the Health & Wellbeing Board (HWB), the Local Adults Safeguarding Board and the Community Safety Partnership (CSP). The Business Plan and Annual Report are both presented to these groups and where appropriate, such as Domestic Abuse, Female Genital Mutilation and joint training, there are shared actions which promote safeguarding as "everybody's business".
- The LSCB has received regular reports on progress towards the development and implementation of a Multi-Agency Safeguarding Hub (MASH) in Swindon. Once the plans are finalised and the MASH is up and running the Board will want to undertake quality assurance activity to understand the effectiveness of the MASH in ensuring that children and young people get the support they need at the earliest opportunity.
- The LSCB's Online Safety Sub-group develops awareness campaigns on a range of e-safety topics. The annual online safety pupil survey of children's online experiences and attitudes obtained the views of nearly two thousand 8-10 year old children. The findings led to the

Sub-group organising and overseeing programmes to support children and young people and their parents/carers to be safe online. These programmes included:

- Online safety lessons to nearly 2800 children and young people including targeted work within the Junior Good Citizen and Young Warden’s programmes
- Training and awareness sessions to 80% of Swindon schools and colleges was attended by over 950 school staff and parents, additionally sessions have been delivered to GP’s and child-minders for the first time.
- The Wiltshire Police “Polite and Sexting” lessons has been delivered to just over 40% of primary and special schools and 35% of secondary schools and colleges respectively.

PRIORITY AREA 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 partner agencies

- The LSCB received presentations and reports from a number of groups working to promote the voice of children and young people in both the design of the services they receive and in the effectiveness of those services. For instance, the Board heard from Young Carers, Youth Forum, the Children in Care Council and Youth MPs.
- The Board also received reports from the Swindon Advocacy Movement (SAM) who support parents of children for whom there are safeguarding concerns and Coram Voice who provide an advocacy service for children who are the subjects of child protection case conferences. The Board was pleased to hear that both services were able to report good levels of engagement and positive feedback from their client groups and will look to develop additional ways of communicating with children and their families as part of an engagement plan within next year’s Business Plan.
- The LSCB website continues to host information for professionals, parents and children and young people on a range of safeguarding matters. It is also the home of the LSCBs training offer with online information about course availability and application information.
- With other LSCBs in the south west Swindon’s Board commissions a shared website hosting the South West Child Protection Procedures – a source of practice information and related research for those working with children and young people. The Policy & Procedures Sub-group will be working to develop the local resources that support the shared content so as to make it increasingly relevant to workers in Swindon.
- The Training & Development Sub-group distributes a quarterly newsletter called Newsbyte to highlight new and forthcoming courses and other related information.
- The LSCB’s Annual Conference was held in November 2015 and was very well attended by over 300 delegates from across all partner agencies. The theme was ‘Troubled or Troublesome’ with Keynote Speakers Dr Camille Warrington talking about working with young people affected by Child Sexual Exploitation, and Alyas Karmani who spoke about trauma and violence in the context of CSE and radicalisation.

- Education providers are well represented on LSCB training and representatives contribute to the work of many of the Boards sub-groups.
- The joint Wiltshire and Swindon Child Death Overview Panel (CDOP) met eight times in 2015/16 and reviewed 35 individual child death cases of which 18 were Swindon children. During this year the panel successfully launched the new CDOP quarterly newsletter (predominantly for health and social care professionals) highlighting issues and learning from cases reviewed locally and coordinated a media campaign to raise awareness amongst parents and carers on a range of issues including safe sleeping and water safety.
- In the coming year the LSCB plans to extend its awareness raising activity further by engaging with the voluntary sector and more directly with children, young people and the wider public. Work to facilitate this wider engagement with settings and workers is a priority strand for the LSCBs Lay Members in the Business Plan for 2015/16.

PRIORITY AREA 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 safeguarding of children and young people in Swindon

- The LSCB developed a data set of performance indicators designed to inform the Performance Sub-group's activity. Data relating to safeguarding activity and outcomes for children and young people is further enhanced by information relating to individual partner organisations and the strengths and challenges they experience in delivering their services. The data set is to be developed further in 2016/17 to provide for a more theme-based approach to reporting which will enable the Performance Sub-group to monitor performance on specific issues such as domestic abuse, CSE etc.
- As a result of its analysis of data relating to neglect and in line with the findings from case reviews the Performance Sub-group requested that an audit looking at the identification of and responses to adolescent neglect be undertaken by the Quality Assurance Sub-group which was undertaken in 2015/16.
- The LSCB's Quality Assurance Sub-group undertook an audit on the extent to which good practice on neglect was embedded within multi-agency working. As a result of this work the LSCB's guidance to professionals – The Neglect Framework – was revised to give specific guidance on working with adolescent neglect.
- The Quality Assurance Sub-group undertook a number of other multi-agency audits during the year and also received and reviewed single-agency audits on a range of issues including Children in Police Custody and Supervision within the Great Western Hospital Trust.
- The LSCB has concluded one Serious Case Review (SCR) and one Local Case Review (LCR) during 2015/16. The Case Review Sub-group had oversight of the review process and developed the multi-agency action plan in response to the findings and recommendations. The learning from the reviews was and continues to be disseminated through training courses and published guidance. During 2015/16 the LSCB commissioned a further 2 SCRs and 2 LCRs.

The Local Context

Swindon Borough

The Borough is 230km² (89 square miles) in area and is home to about 217,160 people. It consists of the town of Swindon itself, the market town of Highworth, the large village of Wroughton, and a number of smaller villages and hamlets. Swindon is at the heart of the M4 corridor and has excellent links to the rest of the UK and beyond, together with a superb natural setting.

The Population

On the whole Swindon is an economically and socially successful town although there are some indicators which compare unfavourably with national trends such as harm from alcohol, self-harm, educational attainment at the ages of 16 and 19 and the number of young people aged 18 not in education, training or employment. The Health and Wellbeing Strategy 2013-2016 sets out the vision and long term plan for improvements in health and wellbeing of all and, whilst it focuses on health and social care issues, it recognises the wider factors that affect health and wellbeing including education, housing, employment and leisure.

Evidence from the Joint Strategic Needs Assessment (JSNA) suggests that in many ways the health of Swindon's population is similar to England as a whole, and this in itself can present many challenges. While average life expectancy and smoking levels are improving there are still wide inequalities across the population and very little sign that the health gap is being reduced.

Like other places across the country, Swindon people have been damaged by the economic recession and by growing problems of obesity and physical inactivity and the rise in Type 2 diabetes. The JSNA summary highlights some local issues such as the particularly large increase in numbers of older people projected into the future, incidents of domestic abuse, chlamydia screening in the 15-24 age group, and a worrying number of young people being admitted to hospital for reasons connected to alcohol, substance misuse and self-harm.

The increasing prevalence of long term conditions is also highlighted, in particular people having two or more conditions. The financial pressures facing the public sector in the coming years indicate a radically new approach is required, to be adopted by services and the public alike, to tackle this trend.

There is a growing realisation that health and wellbeing is everyone's business. Swindon has a thriving voluntary sector and wide acceptance that individual and community assets have a major role to play in meeting needs. People are more than passive recipients of services and, as the carers section shows, in reality most care is provided by individuals, families and friends themselves.

Children & Young People

There are approximately 50,000 children under the age of 18. Children from Black and Minority Ethnic (BME) communities and diverse backgrounds account for 20% of all school age children. 117 languages are spoken in Swindon schools and Swindon has the highest proportion of children with English as an additional language in the South West.

There is fast growing population and the demand for support has increased over the past 3-4 years placing additional pressure on services. Higher numbers of teenagers are in need of additional help to address challenges such as mental health, exploitation, substance misuse and behaviours all of which can and do lead to family breakdown.

- At any time about 10% of children will be in receipt of early help services, and 3.1% (about 1,600 children) receiving specialist social care, or support following permanent exclusion or drug user treatment services. Children under five are supported by health visitors and the Family Nurse Partnership.
- At the end of 2015/16, there were 238 children subject to a child protection plan, an increase from 213 at the end of 2014/15.
- By the end of 2015/16 the number of children in care has risen to 292, an increase from 252 at the previous year.
- The percentage of children looked after for more than 2.5 years who have been in the same placement for at least 2 years or placed for adoption was 59.4% (38 out of 64 children).
- 18.8% of children looked after are placed more than 20 miles from home.
- 87.5% of care leavers live in suitable accommodation and 48.9% were in education, training or employment which is slightly higher than the England average in March 2015.
- The level of child poverty is better than the England average with 14.9% of children under 16 living in poverty in Swindon (2015/16). Beneath this overall statistic lies a more complex local picture. Five of Swindon's 20 wards have poverty levels which exceed the national average (Gorse Hill and Pinehurst; Liden, Eldene and Park South; Penhill and Upper Stratton; Rodbourne Cheney, and; Walcot and Park North) although despite the high concentrations of poverty in these wards, it is important to note that 69% of the children living in poverty do not live in these areas.

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 LSCB works closely as a partnership to ensure that its objectives are aligned with those of the HWB and that they are informed in part by the JSNA.

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 and scrutiny bodies such as the LSCB.

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 in order to provide a more sophisticated analysis of our population of children which will ensure early and effective local interventions are commissioned to counteract the adverse impact of multiple risks throughout childhood which contribute to poor emotional, educational, economic, health and social outcomes.

During 2015/16 The JSNA produced needs assessments focussing on:

Children aged 0-4 (Best Start)

This assessment focuses on the needs of around 15,000 children aged 0-4 in Swindon. Research tells us that pregnancy and a child's early years are a time of vital importance to a child's health and

wellbeing and that parents are central to this. The JSNA bulletin below provides a brief summary of the full JSNA which is a comprehensive and detailed analysis of all aspects of the first five years of a child's life and the influences on it.

- [Children and young people: Best Start needs assessment bulletin](#)

Children and young people's mental health

This mental health needs assessment focuses on the needs of children and young people from 5 – 18 years but also includes transition to adult services up to the age of 25.

- [Children and young people's mental health needs assessment](#)
- [Children and young people's mental health needs assessment bulletin](#)

Children and young people with complex and life limiting conditions

Children with a disability, complex need and/or life limiting condition are a diverse group. Some will need multi-agency support across health, social services and education whereas others will have little contact with services unless their condition deteriorates.

- [Children and young people with complex and life limiting conditions needs assessment](#)
- [Children and young people with complex and life limiting conditions needs assessment bulletin](#)

The assessments provide detailed information that helps us to better understand the needs of children and young people in these groups in Swindon. The recommendations arising from the assessments are considered alongside other performance data to inform the work of the LSCB and particularly the Performance Sub-group in 2016/17.

Swindon Performance Information – the Child's Journey

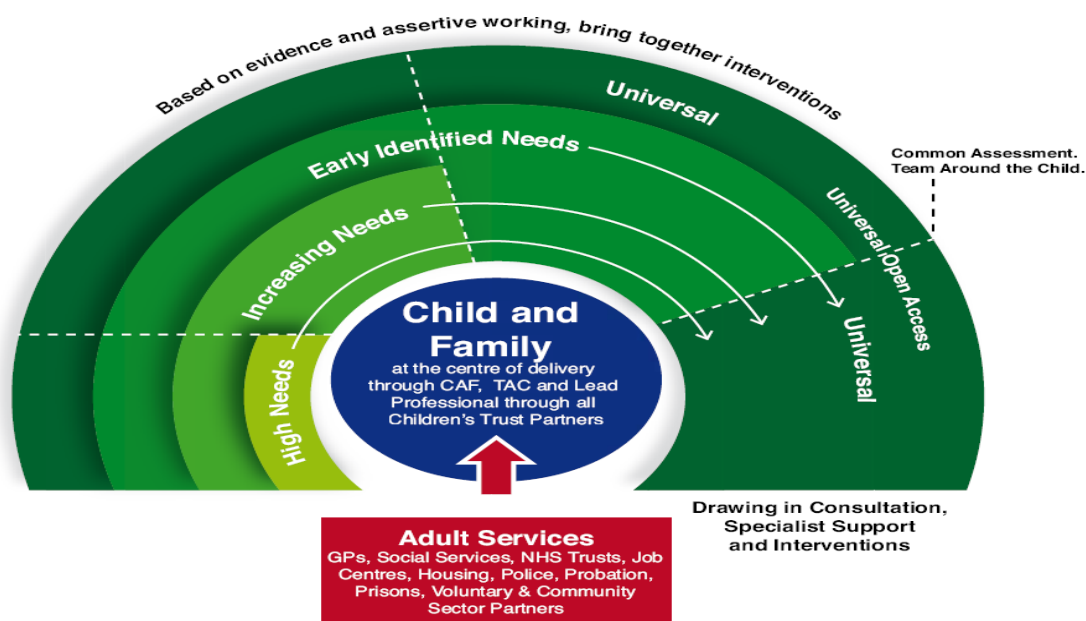
The intention of all those who work with children and young people in Swindon is for all children and young people, irrespective of their circumstances, to have the best start in life, to grow up safe, stable and healthy, to fulfil their potential and make a contribution to their community.

Children, young people and families experience a range of needs at different times in their lives. However, while all children and young people require access to high-quality universal services, some of them also have additional needs that may relate to their health, well-being, development and education. Parents/carers may also experience challenges in providing for their family. Some children will have complex needs and are supported by a number of services as part of a multi-agency response. A small number will be in need of protection because there are concerns that they are suffering or are likely to suffer significant harm.

The LSCB's Threshold Guidance helps workers to identify the appropriate level of response to a child's assessed needs and uses a Continuum of Need approach to guide practitioners in deciding, either at the initial screening stage or following an assessment, whether a child has additional needs and at what stage or by what agency those needs could best be met:

- Stage 1 Universal = Open access
- Stage 2 Early Identified Needs = Early Help
- Stage 3 Increasing Needs = Children with complex and long standing needs
- Stage 4 High Needs = Urgent/acute crisis and high priority needs.

The **Continuum of Need** (windscreen) illustrates how needs can change and by accessing advice and consultation, including the information contained in the assessment framework, it will help to identify what help is needed and by whom

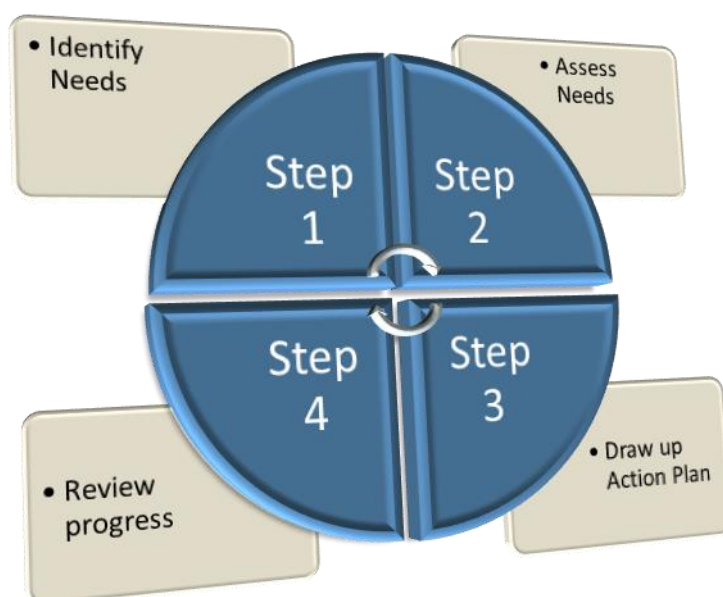


Common Process & Single Assessment

The Early Help Record and Plan (EHR&P) is the common process in Swindon for supporting children, young people and families with additional needs. The aim is to consider the needs of the child or young person in four key areas: Health and Well-being; Development needs, educational attainment and achievement; Parenting/caring; and, Family and Community.

The Early Help Record is the first part of the single assessment process that aims to empower children, young people and their families and provide a timely, seamless service if needs escalate. This single assessment supports families through early help to escalating complex and/or urgent needs that require a statutory response from children's social care. Early Help Records and Plans should be used by any agency where they have identified a child or young person with additional needs. The following four step cycle should inform the work to draw up the record and plan. Additional guidance on the Early Help process is available at <http://schoolsonline.swindon.gov.uk>

The Four Step Cycle of Single Assessment

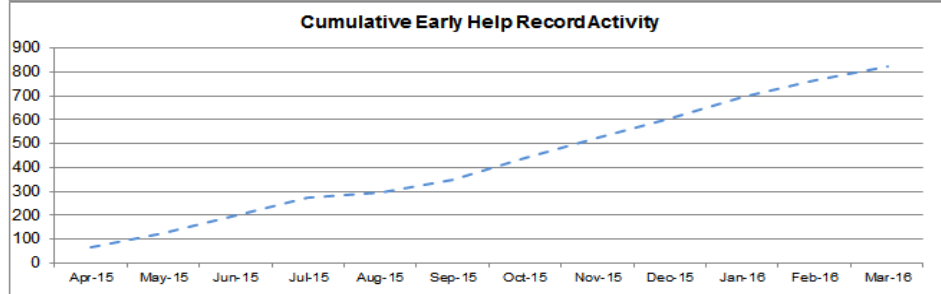
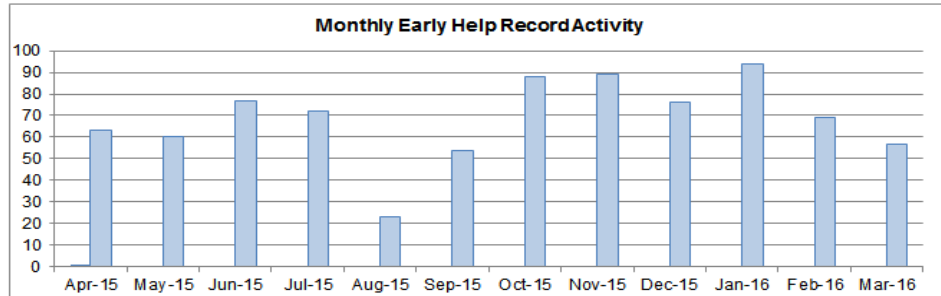


Once an Early Help Record and Plan has been completed it should be sent to Family Contact Point where it is held on file and available should there be any further referral or enquiries regarding that child. Any subsequent reviews of the Early Help Record and Plan should also be sent to Family Contact Point.

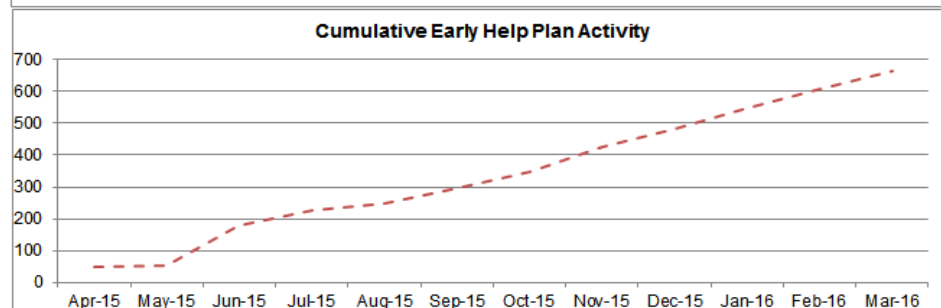
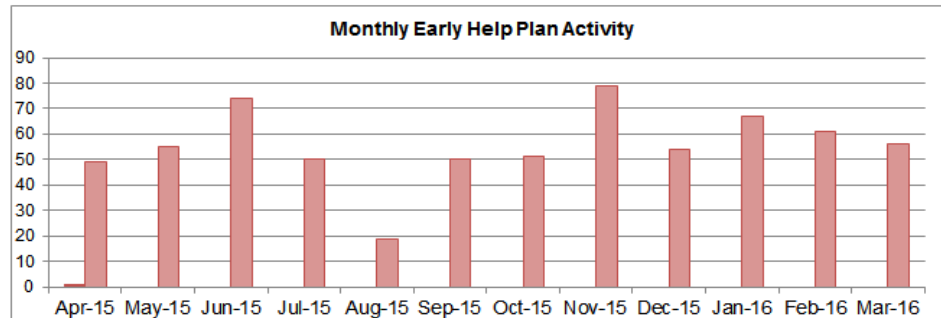
Management oversight and quality assurance of early help processes are the responsibility of individual agencies. For services provided by Children's Social Care there is an ongoing audit programme which supports service development.

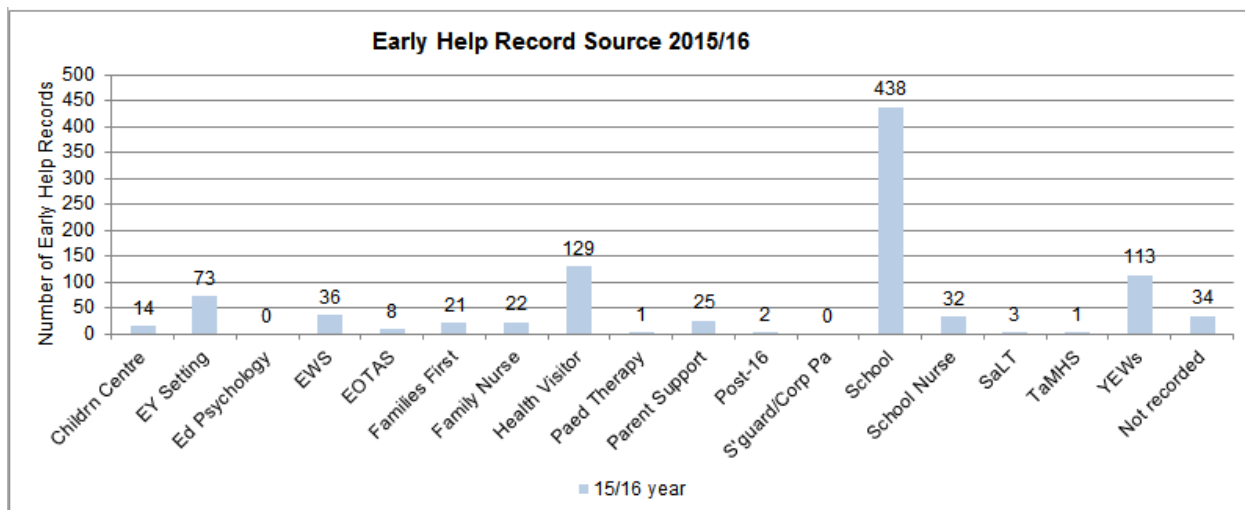
The following charts show the numbers of new Early Help Records and the number of Early Help Plans received by Family Contact Point during 2015/16. The third chart shows the number of Records received in Family Contact Point broken down by originating agency.

Early Help Record Activity												
	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
New EHR	63	60	77	72	23	54	88	89	76	94	69	57
Cumulative New EHR	63	123	200	272	295	349	437	526	602	696	765	822



Early Help Plan Activity												
	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
EH Plan in the month	49	55	74	50	19	50	51	79	54	67	61	56
Cumulative EH Plan	49	104	178	228	247	297	348	427	481	548	609	665

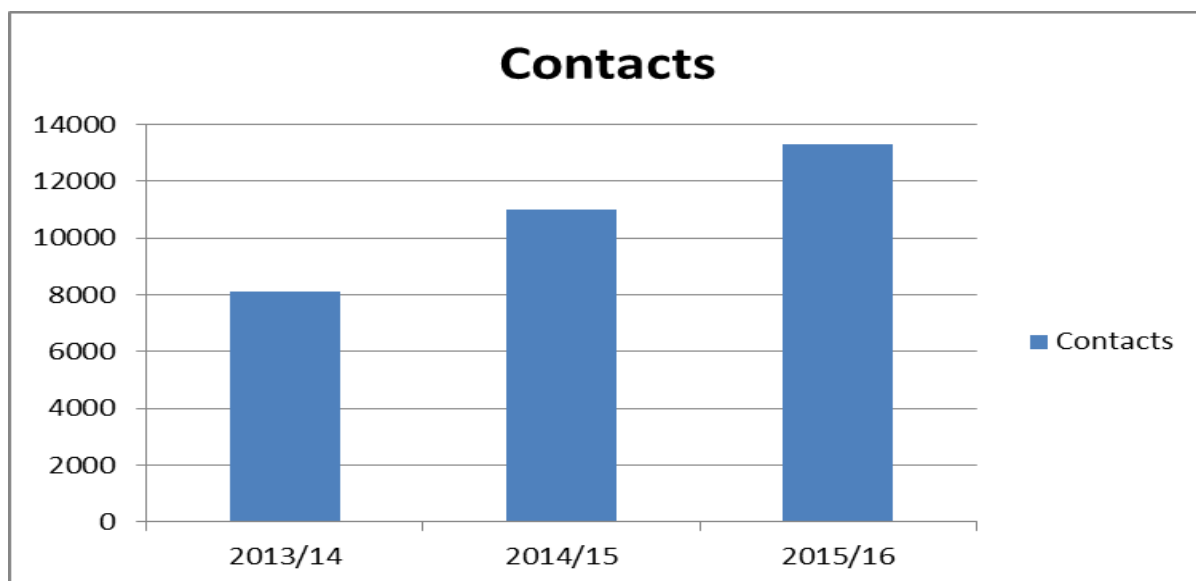




Where the child's needs are such that they are not able to be met through an EHR&P either because the needs have changed or were more complex on initial presentation or where the child is considered to be at risk of suffering significant harm, practitioners will want to contact Swindon Borough Council's Children's Services. The following paragraphs describe what happens when such a contact is made and is followed by some key statistics relating to this process and the different groups of children who are supported by children's social care teams.

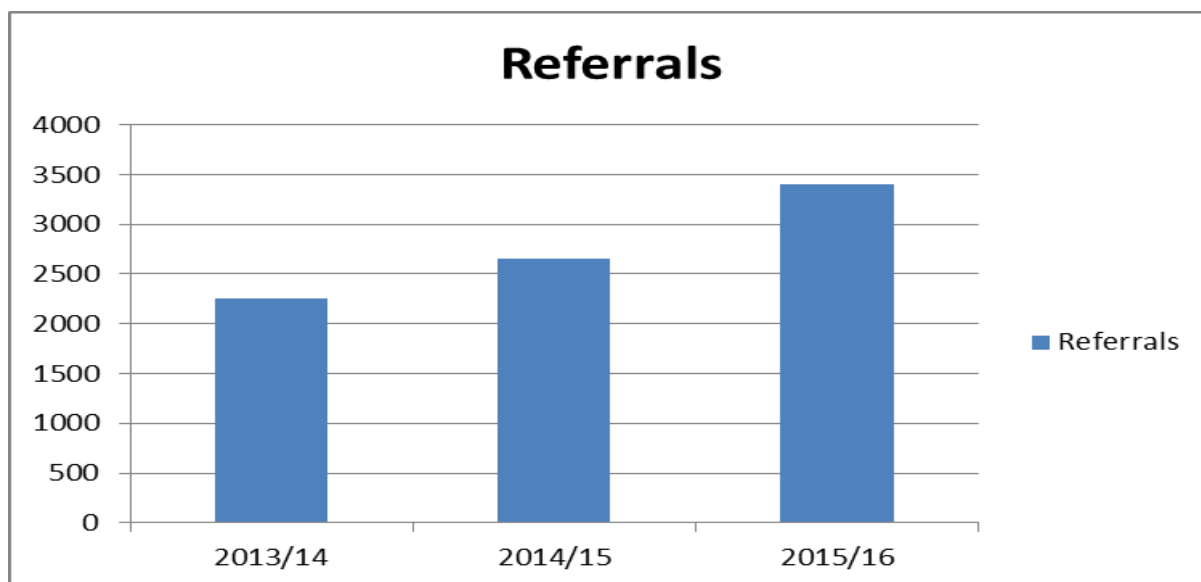
1. Each professional, family member and resident who gets in touch with Children's Services and is seeking advice on a potential safeguarding matter is counted as a **contact** by Family Contact Point (FCP). If the concern is of a child protection nature or further consultancy is needed to explore the 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.

Contacts to Children's Services



Swindon receives around 1000 contacts a month. There were 10,996 contacts to children's services during the year 2014/15 compared to 13,313 in 2015/16, an increase of 21%. 3,405 of these contacts progressed to referral to social care. Although still significant, the percentage increase between 14/15 and 15/6, was lower than between 13/14 and 14/15. 25.6% of contacts were accepted as a social care referral. It is important to note that Family Contact point receives contacts for all children services queries, not specifically those for social care.

Referrals

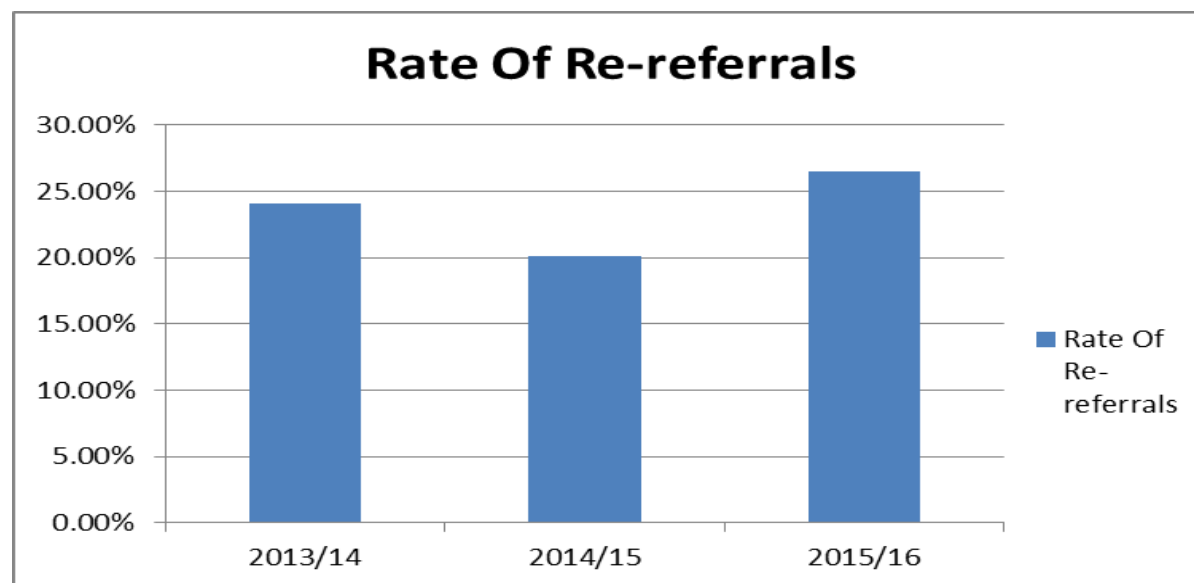


Demand at the "front door" of children's services continues to be at a higher level than in the previous year. The national trend reported a decrease from 571.7 per 10,000 population aged under 18 in 13/14 to 548.3 in 14/15. The national 15/16 comparator data will not be available until the Autumn, however our South East Benchmarking group provides us with some early 15/16 referral comparator data, and reports an increase in the South East average during the year.

During 2015/16, 3,405 referrals were received. Swindon has seen an increase from 553.2 (2650 referrals) referrals per 10,000 population in 14/15 to 700.6 per 10,000 population in 2015/16. This

translates to an extra 355 referrals. The average monthly number of referrals for 2015/16 is 284 compared to 220 in 2013/14, a 28.5% increase.

Re-referrals



Of the 3,405 referrals received in 2015/16, 901 (26.5%) were re-referrals. This compares to 532 (20.1%) in 2014/15. The national average was 24% in 14/15. The re-referral rate will be closely monitored in 16/17 following the implementation of the MASH (Multi agency safeguarding Hub). An audit was undertaken in 15/16 following the increase in the re-referral rate, and it was established that all re-referrals coming back into the service were appropriate. It is anticipated that as the MASH is embedded and multi-agency decision making is strengthened at the contact point, this will lead to improved quality of information gathered to inform referral and will therefore ensure Assessment and Child Protection team have the right information in a timely manner to progress assessments as appropriate.

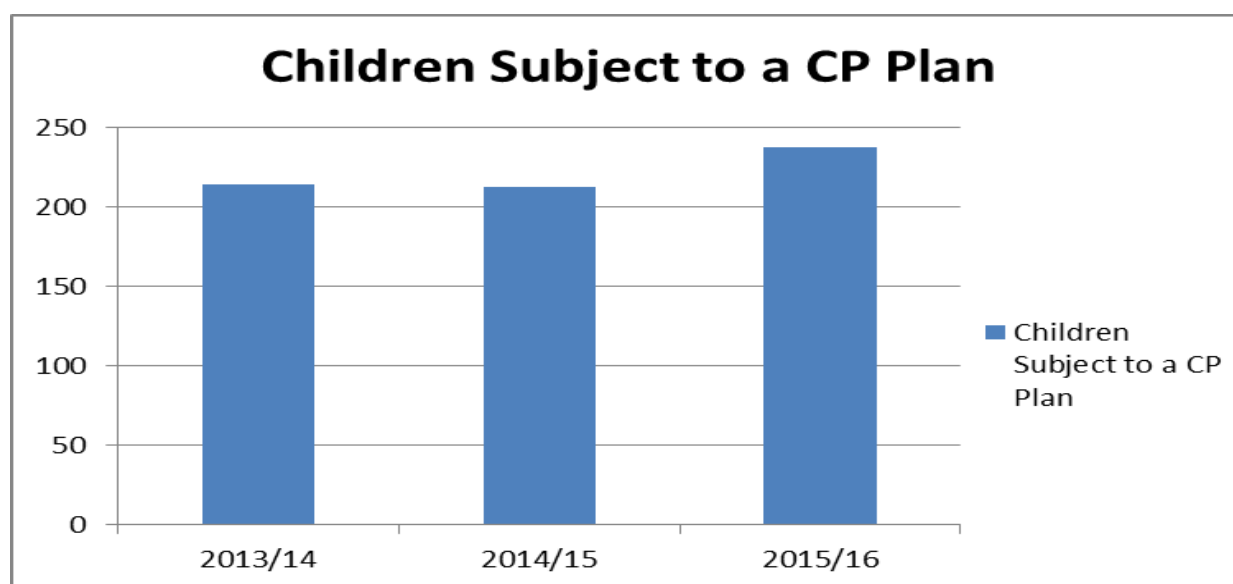
Statutory assessments

3,146 Statutory Assessments were completed in 2015/16. This is an increase of 18.8% from 2649 in 2014/15. 65.1% of Statutory Assessments were completed within 45 working days, taking an average of 39 days. The national average was 28 days. One of the main reasons for Swindon being higher than the national average is that a number of assessment documents were not 'technically' shut down on the electronic system.. A data cleansing exercise has been undertaken to address this, but it has a negative impact on this measure. Regular auditing of case work ensured that the quality of assessments were sound. Performance should improve during 16/17.

Children in need (section 17 social care)

There were 1283 children in need (this does not include children subject to a child protection plan or children in care) at the end of March 2016. This is above the national (1140) and statistical neighbour (943) average.

Children subject to a child protection plan



238 children were subject to a child protection plan at 31st March 2016, above 2014/15 at 213. Swindon has a higher rate (50.4 per 10,000 population under 18) than the national average (42.8) and statistical neighbours (41.7).

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	2013/14	2014/15	2015/16
Neglect	64	77	92
Physical abuse	72	33	20
Sexual abuse	15	15	14
Emotional abuse	63	88	112
Total	214	213	238

Neglect and Emotional abuse are the two main categories leading to a child protection plan. Both of these categories saw an increase between 14/15 and 15/16. However, this needs to be considered in the context of an overall increase in the number of children on child protection plans. There has been a decrease in the number of plans with a main category of physical abuse.

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

For 2015/16, the rate of children starting a child protection plan for the second or subsequent time was 19.0% (55 out of 289). This is more or less static from 19.2% in 14/15, and is now higher than the national average of 16.6% and above the statistical neighbour average of 17.6%. This has been monitored via the Children, Families and Community Health performance reporting arrangements, and the percentage has reduced again in the first quarter of 16/17.

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 2015/16, 3.1% (8 out of 256) of children ceasing a child protection plan remained on a plan for two years or more, compared to 1.5% in the previous year. This is below the 14/15 national average of 3.7% and below the statistical neighbour average of 3.6%.

Children Looked After

292 children were in care/looked after by the Council at the end of 2015/16. This is higher than 252 at the end of 14/15 when this rate was lower than that of statistical neighbours.

90 children looked after (30.8%) were in Independent fostering or residential placements commissioned placements at end 15/16. This compares with 25.0% in 14/15. Swindon has a lower percentage of children in externally commissioned placements than nationally (35.9% in 2014/15).

Fostering capacity is strong, with the majority of children in care placed in in-house placements (63.7%). 81.2% (237 out of 292) 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 2016, 11.3% of children in care had 3 or more placements, compared to 10% nationally). This is an improved position from 2014/15 when 13.9% 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, particularly in relation to placement sustainability with very complex teenagers.

Private Fostering

The Local Authority has a responsibility under the Children (Private Arrangements for Fostering) Regulations 2005 and the National Minimum Standards for Private Fostering to ensure that we provide a proactive approach and commitment to safeguarding and promoting the welfare and needs of privately fostered children by everyone that works with children.

All Private Fostering referrals and records of visits are recorded on the Capita Integrated Children's System; with a clear process in place, from initial notification to allocation of case to the social worker. This has strengthened strategic oversight, and improved the case recording of and outcomes for privately fostered children.

During the 2014 Single Inspection Framework Ofsted inspection, inspectors commented on the low number of notifications and the potential under reporting of privately fostered children. Since then a new system has since been implemented that allows for all notifications to be recorded.

In June 2015 a private fostering social worker, with a borough wide lead on Private Fostering was appointed. The role also supports families of children who are subject to Special Guardianship Orders.

In 2015-2016 In Swindon there were 19 children under private fostering arrangements, this is an increase of 3 children on 2014-2015 when there were 16 children.

	2011/12	2012/13	2013/14	2014/15	2015/16
Number of Privately Fostered Children	15	9	20	16	19

The children that were under Private Fostering Arrangements in 2015-2016 were known to be attending Okanagen Ice Hockey Academy or privately fostered due to family breakdown or similar.

Challenges for the coming year are to continue to promote awareness of private fostering to the public and to professionals and to develop further the robust management and oversight of cases held by the Fostering & Adoption Team.

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 2015 and 31st March 2016 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	2015/16
ABSENT		
Number of reports missing & absent	874	1111
Number of absent reports	152	180
Number of episodes of absent looked after children	22 episodes (13 children)	34 episodes (23 children)
Number of individuals who have repeat absent episodes e.g. more than once.	15	35
Number of repeat absent children who were looked after	6 children	7 children
MISSING		
Number of reports of missing children	719	931
Number of episodes of missing children who are looked after children	286 episodes (54 children)	356 episodes (72 children)
Number of individuals who have repeat missing episodes e.g. more than once.	110	114
Number of repeat missing children who were looked after.	30 children	50 children

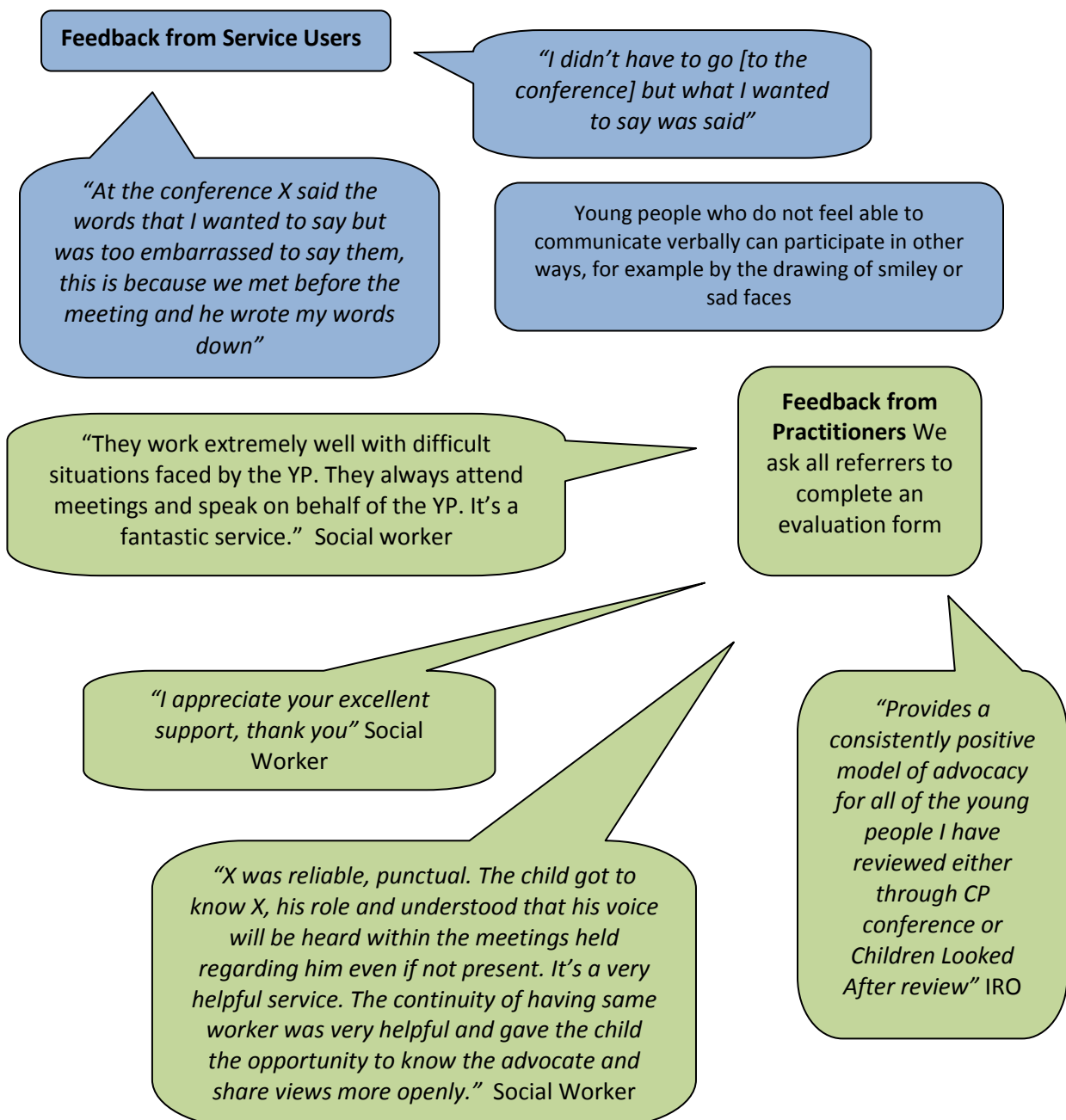
Missing: Anyone whose whereabouts cannot be established, and where the circumstances are out of character or the context suggests the person may be subject to crime or at risk of harm to themselves or another. **Absent:** A person is not at a place where they are expected or required to be and there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

The LSCB continues to collect and analyse data relating to the early help and child protection process through its Performance Sub-group and has constituted an Early Help Working Group to explore the existing early help model and the thresholds guidance with a view to making recommendations to the Board in 2016/17.

Advocacy in the Child Protection System

Coram Voice has been commissioned by Swindon Borough Council Children's Services to provide an 'opt out' advocacy service to children and young people who are aged 7– 18 years and who are the subject of Initial Child Protection Case Conferences and/or review conferences.

The advocates support the children to attend and participate in the conferences or, if the child prefers, by gathering their views and presenting them at conference on their behalf. The advocates work on behalf of the young person only and, in order to ensure that as far as possible the views of the child are independent from those of the parents, the appointments take place at school rather than in the child's home environment.



The number of young people referred for child protection advocacy services from 1st April 2015 - 31st March 2016 was 201 with a percentage take up rate of 98%. The table below gives a comparison from 2014/15 to 2015/16:

Number of young people referred for CP Advocacy Support		1st April 2014– 31st March 2015	1st April 2015 – 31st March 2016
New cases	Quarter one	10	32
	Quarter two	49	43
	Quarter three	26	60
	Quarter four	21	66
Total carried over from previous year (ongoing advocacy support)		174	224
Total		280	425

Outcomes

Coram Voice received 59 (31%) completed evaluation forms over this reporting year for child protection advocacy. All evaluation forms which were completed indicated a positive response/outcome in terms of being heard, someone to speak on their behalf and that they would recommend Coram Voice to their friends.

Allegations Management

Over the last year the approach to allegations management has been significantly strengthened to include the completion of the actions agreed in the previous LSCB action plan and the LADO specific recommendation from the 2014 Ofsted Inspection.

Activity has included completion of a comprehensive diagnostic assessment of the LADO services which involved analysis of allegation trends over the last 4 years. Key stakeholders have been consulted about their views about the most effective way to manage allegations in future. This was used to create a successful business case for the recruitment of a dedicated LADO.

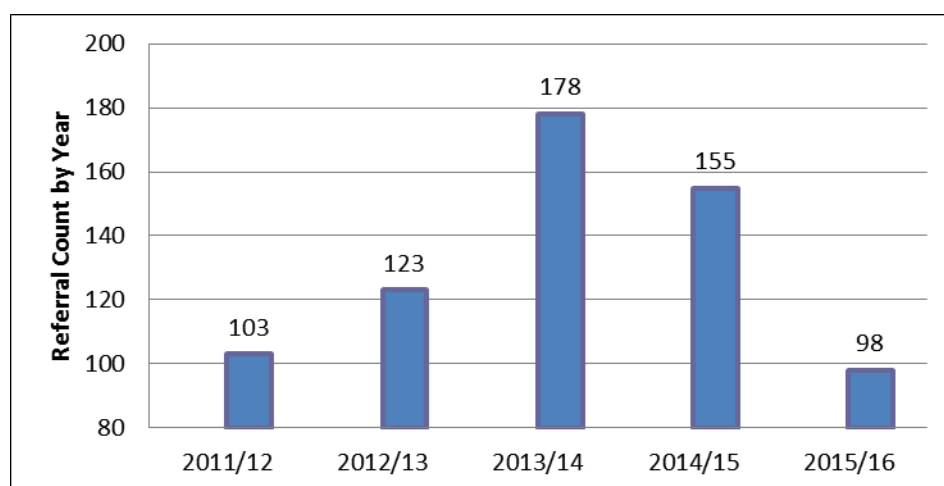
An audit process specifically for LADO cases has been designed and the first audit has been completed. This considered 12 cases concluded in the previous year (representing approximately 10% of all cases). The learning from audit has been used to develop and improve the local approach to allegations management. Specific examples include work to ensure greater consistency in the application of thresholds and processes for more frequent reviews of cases.

Allegations Management training has also been significantly updated and improved. The focus of this has been to equip professionals with the knowledge and skills to make effective safeguarding decisions in relation to allegations. Four cohorts have completed the new more interactive approach and it has been universally positively evaluated.

Work with partners to improve allegations management in relation to specific groups has been completed, an example includes working more closely with taxi licensing colleagues to identify and act upon the links between allegations and concerns in relation to the sexual exploitation of children.

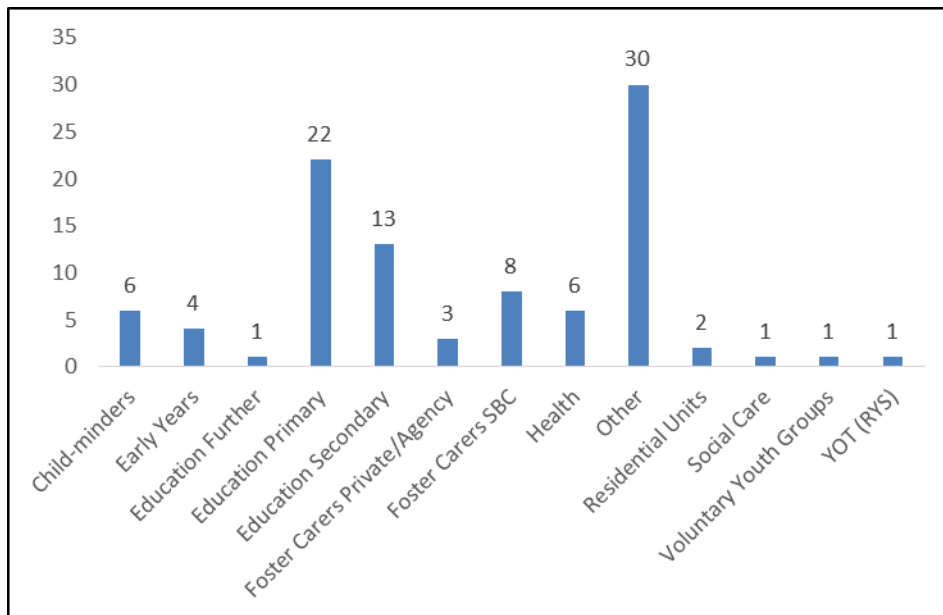
Referral Numbers

The number of referrals has reduced in comparison with the previous 3 years; the reasons for this are thought to be related to a more robust application of LADO threshold, rather than a reduction in actual demand.



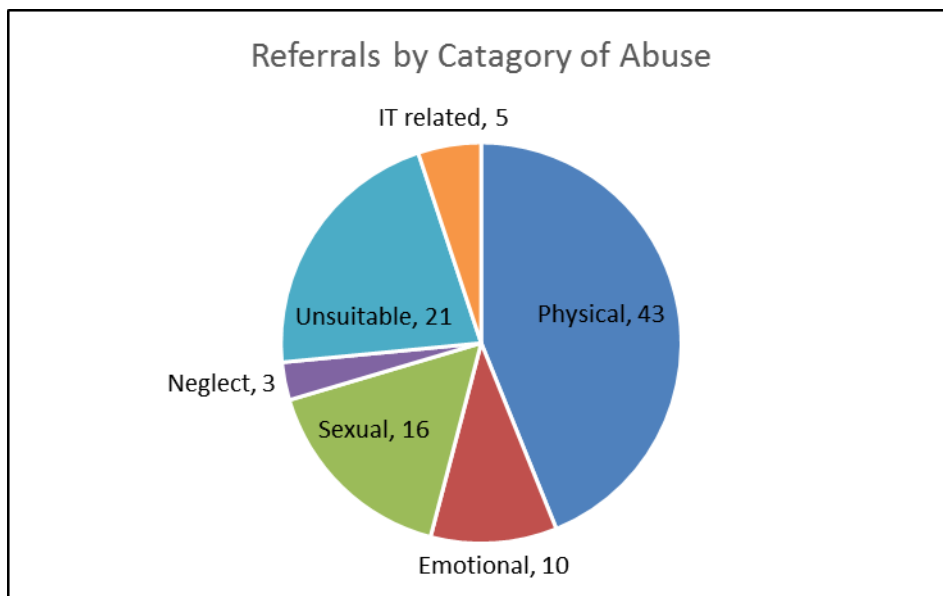
Referrals by Agency

The pattern of referrals by the agency (of the person of concern) referred is reasonably consistent with previous years. Referrals involving education sector staff represent the single largest group (this is not surprising in light of the high numbers employed in this sector). The second largest group is 'other', this is made up of a wide range of different professional and volunteer roles (e.g. taxi drivers, leisure sector staff, sports coaches, carers etc.). Foster carers represent the third highest group and this probably relates to the challenging nature of this particular role.



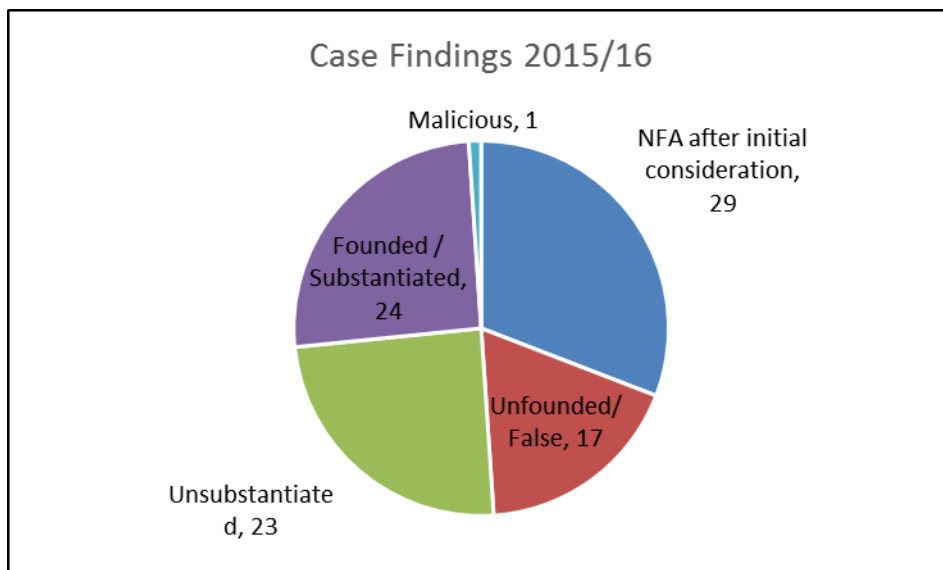
Referrals by Type of Abuse

Again this is broadly similar to previous years with concerns about physical and sexual abuse making up the majority of LADO referrals.



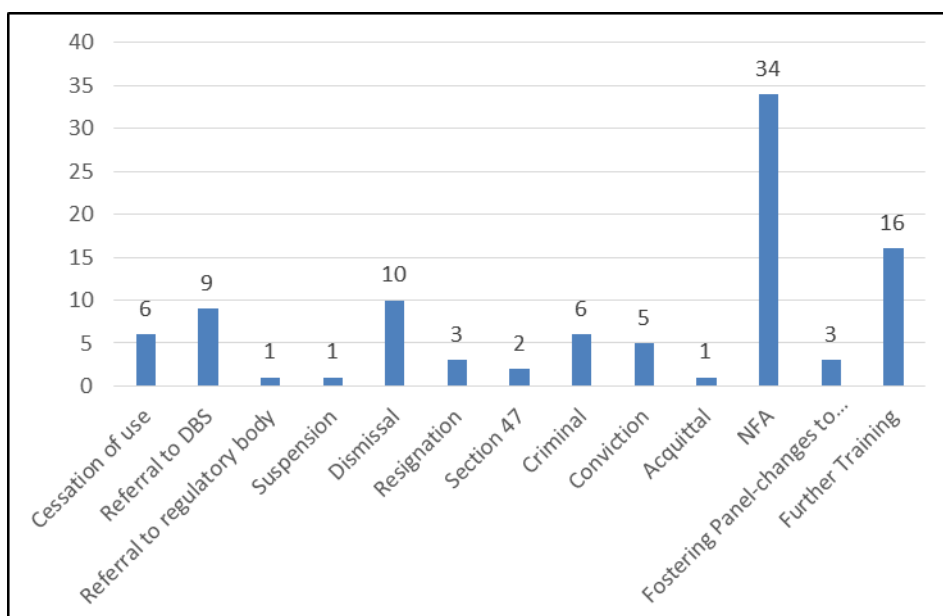
Referral by Outcome

At the end of the LADO process professionals identify an appropriate outcome using the 'balance of probabilities' standard of proof as a test. Almost a third of referrals (31%) did not progress after initial consideration (information gathering, checks and possible consideration at an allegations management meeting) this is a reduction on the 44% figure from 2014/1. Just over a quarter of cases were founded/substantiated indicating the concerns in the original referral were correct. A further quarter was unsubstantiated, essentially neither proven nor disproven. Unsubstantiated cases often require further action or learning for individuals and organisations (e.g. changes in procedures or additional training). A fifth of cases were false or unfounded and only one case was thought to be malicious.



Referral by Final outcome

One of the key purposes of the allegations management procedure is to ensure children are safeguarded when concerning behaviour/conduct is identified. In the most serious cases this is through criminal convictions and barring (through referral to DBS). The actions recorded in this graph identify that significant levels of activity have been taken to address concerns over the last year with 11 criminal sanctions (combination of convictions, cautions and community disposals), 19 staff leaving roles (combination of dismissals, resignations and cessation of use) and 9 referrals to the DBS. It also illustrates that organisations and individuals learn through the allegations management process (16 cases where the need for training was identified). N.B. multiple outcomes can relate to one case; the number overall is not the number of cases dealt with.



Scrutiny and Challenge

Learning and Improvement Framework

During 2015/16 the LSCB sought to further develop and embed its Learning and Improvement Framework. This work was overseen by three of the Board's sub groups- the Case Review Sub Group (CRG), the Quality Assurance (QA) and its Performance sub group who in accordance with the recently established requirements contained within Working Together (HMGov 2015) coordinated work in the following areas.

Routine analysis of data and information in respect of core safeguarding requirements

Throughout 2015/16 the Performance Sub-group continued to develop its core data set which provides both statistical and narrative information in relation to core, areas of safeguarding activities reported to members of the LSCB. In recognition of the importance of such data the sub group developed its agenda to allow increased scrutiny of emerging themes. This resulted in a number of challenges in respect of:

- Early Help - The link there may be between the numbers of children with Early Help Records and Plans and rising numbers of children in need cases.
- Deliberate Self-harm - The rise in numbers of incidents of self-harm and the quality of the joint work between AWP, CAMHS and GWH was the subject of a full report to the January 2016 meeting. CAMHS reported that young people have been involved in the development of a Deliberate Self-Harm booklet for parents and young people which will be used in emergency departments with all young people who self-harm. Further information on the findings are included in the contribution from Oxford Health CAMHS later in this report
- Adolescent Neglect – The Quality Assurance Sub Group Audit was asked to carry out an audit on neglect with a particular focus on adolescents. Following this the Neglect Framework was revised and has been incorporated into the training for frontline practitioners. Adolescent Neglect was the subject of a breakout session at a meeting of the full Board.
- Substance Misuse – in November 2015 the Performance Sub Group received a report giving headline performance information, and a guide to what substance misuse services do when working with adults who have children, and with children who are in treatment themselves. The group recommended that the report also go to the full board and that agencies be made aware of the range of services that support children and young people who misuse substances.
- School Exclusions – The data showing an increase in the number of fixed term exclusions in primary and secondary schools led to a report being requested for presentation to the LSCB at its September 2015 meeting.

Other issues which the Performance Sub-group considered were:

- The recognition of neglect within early help processes
- The vulnerability of children/young people affected by increased homelessness
- Service provision for children/young people effected by Domestic Abuse
- The processes to determine the safety of children/young people missing from Education
- The processes for ensuring the effective provision of 'return interviews' for missing children
- The increased use of fixed term exclusions by local primary and secondary schools.
- The processes required to ensure robust safeguarding responses in respect of older children/young people

The LSCB continues to refine the range and interpretation of the data it gathers and challenges partners to ensure delays in receiving information are kept to a minimum.

Regular reports on core safeguarding arrangements

The LSCB received the following six monthly reports on core safeguarding arrangements and activity:

- Child Protection Conference Chairs and oversight of the Conference process
- Independent Reviewing Officers and oversight arrangements for Looked After Children.
- The Local Authority Designated Officer and Allegation Management
- The annual report on complaints regarding children's social care

These reports provide for scrutiny and analysis of the effectiveness of these key core components of the safeguarding system, both single agency and multi-agency and key challenges/recommendations for improvements. These reports provided evidence as to how well agencies are engaged and working together within the child protection process.

'Section 11' - scrutiny of local agencies / agencies commissioned by Swindon agencies

The LSCB is required to monitor the effectiveness of organisations' implementation of their duties under section 11 of the Children Act 2004 to ensure that 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.

Between May and July of 2015 Swindon LSCB and Wiltshire LSCB jointly facilitated the 2015/16 audit of each organisation's governance arrangements and their compliance with national standards for safeguarding. On completion of a self-assessment tool the two LSCBs convened a peer review meeting where authors could review each other's returns and share good practice.

Organisations were asked to complete action plans to address areas where standards are not being met with those plans monitored by the LSCB Performance Sub Group.

The section 11 audit provides evidence that Swindon agencies are compliant in discharging their functions with regard to the need to safeguard and promote the welfare of children.

The audit tool assessed compliance against the following national standards:

1. Senior management have commitment to the importance of safeguarding and promoting children's welfare
2. There is a clear statement of the agency's responsibilities towards children is available to staff
3. There is clear line of accountability within the organisation for work on safeguarding and promoting the welfare of children
4. Service development takes account of the need to safeguard and promote welfare
5. There is effective training on safeguarding and promoting the welfare of children for all staff working with or in contact with children and families.
6. Safer recruitment procedures are followed
7. There is effective inter-agency working to safeguard and promote the welfare of children
8. There is effective Information Sharing
9. There is effective Supervision
10. Processes to address Child Sexual Exploitation (CSE) are effective.

The audit tool used the assessment categories of 'Emerging' 'Developing' and 'Consolidating' to describe the level to which agencies are meeting the standards. The results of the assessments are set out in the table below.

Agency	Assessment of standard									
	E – Emerging; D – Developing; C - Consolidating									
	1	2	3	4	5	6	7	8	9	10
Swindon Children's Social Care	C	C	C	C	C	C	C	C	C	C
BGSW Community Reconciliation Company	C	D	C	C	C	-	-	C	C	E
Great Western Hospital	C	C	C	D	D	C	C	C	C	D
National Probation Service	C	D	C	C	C	C	D	C	C	E
Oxford Health	C	C	C	C	C	C	C	C	C	C
Avon & Wiltshire Partnership	D	C	C	D	D	D	-	C	D	D
SEQOL	D	D	D	D	D	-	-	-	-	E
Clinical Commissioning Group	C	C	C	C	C	D	-	C	C	D
Swindon Early Years	C	D	D	D	D	D	D	D	D	-
Swindon Youth Offending Team	C	C	C	C	C	C	C	C	C	D
Wiltshire Fire & Rescue	D	D	D	D	D	D	D	D	D	D
Wiltshire Police	C	C	C	C	C	C	C	C	C	D

In July 2015, and following the conclusion of the S11 audit, the LSCB also completed an audit of the safeguarding arrangements of a range of Swindon Borough Council services: Commissioning, Housing, Education Other Than At School (EOTAS), Leisure, Libraries, Licensing, Museums & Heritage, services commissioned from NSPCC, Placements, Special Educational Needs Assessment Team and the Plas Pencelli Outdoor Education Centre. A version of the multi-agency section 11 self-assessment tool was used with service leads taking part in a subsequent peer review panel meeting.

Feedback from services was that they found it a useful process, allowing them to focus on safeguarding especially at a time when services were being restructured. They considered the audit to be an effective challenge process raising a number of questions for example, who is responsible for safeguarding when services are commissioned? The LSCBs Performance Sub-group monitors the action plans arising from the audit process.

Local Case Review Notifications

During 2015/16 the CRG sub group received a number of notifications from partner agencies where concerns had been identified in relation to the responses of professionals and the potential for learning to be identified that would improve practice. Notifications of incidents are viewed positively by the LSCB to encourage transparency and ensure that learning is identified and actions are taken to ensure improvements are made.

A Local Case Review (LCR) is initiated in circumstances where the LSCB Chair determines that criteria for a Serious Case Review (SCR) have not been met. An LCR adopts a methodology similar to that of an SCR in that an individual independent of any of the agencies involved in the case is appointed to oversee the review and write the report and by encouraging the involvement of the family in the review. The purpose is an inter-agency audit of partners' involvement to help identify learning and inform actions to improve practice and/or systems.

Local Case Reviews

In 2015/16 there were two cases that had been initiated in 2014/15 as LCRs. One involved the sexual assault of a young person and the other involved child protection concerns around a disabled young person.

In the first case the report and the learning were disseminated to the CRG and the LSCB in December 2015 and it was considered alongside the SCR referred to later. An action plan was drawn up and the progress regularly monitored by the CRG Group.

The action plan was informed by the following key findings from the LCR:

Recognise that it is very hard for a young person to see themselves as a victim: 16 and 17 year olds particularly are often viewed as being more in control of their own choices and so less vulnerable to exploitation. Practitioners need to balance the young person's right to make their own decisions and assess their own risk, with the need to protect the young person from exploitation. Even if a young person is unaware or doesn't accept that they are at risk, or when risks to the young person's safety arise from their own behaviour and the decisions they make, professionals still need to intervene to prevent exploitation.

Young people find it difficult to talk to adults about sexual issues: The young people in this review said that they are unlikely to disclose sexual exploitation due to embarrassment about sexual experiences or fear of or loyalty to perpetrators. Young people may lack knowledge or acceptance that they are being exploited or have a lack of trust of or fear authorities. Messages from young people are that they want professionals including sexual health nurses and GPs to ask better questions, be more inquisitive particularly when prescribing contraception or treating STIs.

Confusion about sexual activity and the issue of consent: The case reviews found that there is confusion about adolescent sexual activity that can mean professionals struggle to distinguish between sexual abuse, sexual exploitation and/or underage sexual activity. This prevented concerns being identified and reported. In this review a 12 year old girl was seen as having sexual intercourse with number of 'boyfriends' rather than being a victim of abuse.

Professionals in Health Services: Professionals providing any sexual health services (including contraception) should consider the child protection implications of possible abuse or exploitation whenever they become aware of underage sexual activity. The fact that young people are engaged in what they view as consensual sexual activity does not mean that they are not being exploited.

In the second case the LCR concluded in 2016/17 and agencies are now working on implementing the recommendations. The learning and outcomes from this will be fed back in the 2016/17 Annual Report.

The Case Review Group also undertook to review Local Case Reviews undertaken by the LSCB over the previous 5 years. This process involved agencies completing and providing evidence of work undertaken and achieved and allowed the LSCB to take a view on whether the actions had been progressed or further work was required.

Where further work was insufficiently evidenced as robust, this was incorporated into the QA auditing programme for 2016/17.

Serious Case Reviews (SCRs)

In 2015, the LSCB concluded one SCR. The detailed analysis and learning from this Review was presented to the LSCB and has subsequently been widely disseminated to LSCB sub groups, incorporated into the LSCB training programme and presented to groups of frontline professionals throughout 2015/16.

In 2015/16, the Case Review Group has considered two other cases in great detail with the Independent Chair subsequently agreeing two further SCRs - one in April 2015 and one in November 2015. Both of these SCRs have been overseen by the CRG and the Chair has formally recognized the impact in 2015/16 of undertaking 6 concurrent reviews (3 SCRs and 3 LCRs).

This impact has been significant for both the LSCB team and for partner organisations: Contributing information and reports to the reviews; enabling staff to attend meetings with the lead reviewers and then overseeing the process has absorbed enormous capacity.

However, there is no doubt that the learning gleaned from these processes has and will continue to be significant, providing rich evidence of how individual services and multi-agency arrangements to protect children can be improved.

Learning from multi-agency LSCB auditing

The QA sub group has met on 9 occasions in 2015/16 and has reviewed its Terms of Reference and its interface with other sub groups within the Board. The work of the sub group has been guided by the LSCB Business plan and as directed by other groups.

The QA sub group has effectively undertaken a number of key multi-agency LSCB audits informed by concerns raised through performance data, previous audits/Local Case Reviews. The key audit multi-agency LSCB auditing activity for year 2015- 2016 included:

1. Children in Need

The Performance sub-group identified there has been a considerable increase in the number of Children in Need cases and asked the QA group to investigate further. The audit scope included:

- What was the nature of the Early Help involvement before the child became a Child in Need?
- What is the evidence that the Common Assessment Framework (CAF) and/or Team around the Child (TAC) produced improvements in the life of the child and family?
- What was the nature of the link between Early Help and children's social care?
- Was there a connection between the issues identified in Early Help work and the subsequent referral to social care?
- What triggered the involvement by Children's Social Care?

The audit covered the impact of Early Help involvement on the outcomes for children who then became Children in Need. It also focused on non-engagement. The learning identified there were concerns about the advice given by the Family Contact Point in relation to appropriateness of referrals.

As a result, the LSCB identified Early Help as one of its priority areas of focus for 2016/17 and established a short-life working group to consider the issue further and to make recommendations regarding early help processes and the threshold guidance to the Board.

2. Adolescent Neglect

This significant piece of audit work was commissioned by the Performance Sub Group to be assured of the progress by the multi-agency network in relation to the Finding 1 of a Local Case Review which concluded that 'a lack of 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'.

- The strategic research question for the audit was agreed as: 'In open cases of young people over age 14, and where sexual exploitation, early pregnancy, anti-social behaviour, poor mental health, self-harm or poor school attendance has been a factor, is long term neglect also a contributory factor, and has this been recognised as such by professionals?'
- The purpose of this multi-agency quality audit was to support the LSCB action plan resulting from the Swindon Neglect LCR. The audit also sought to understand the extent to which the Neglect Practice Guidance is embedded across agencies and to understand and that the guidance addresses the links between adolescent neglect and wider safeguarding issues.

The learning identified:

- That the Neglect Practice Guidance was not well embedded; indeed, it highlighted a lack of understanding of the signs and symptoms of neglect in relation to adolescents.
- Chronology has different meanings and significance for different agencies.
- Importance of each agency understanding and assessing each young person in their own right, rather than taking the labelling from another professional i.e. schools to GPs.

The recommendations:

- Partner agencies to consider how to improve use of chronologies and genograms within the definitions contained in Working Together to Safeguard Children 2015 and how they can meet good practice standards.
- Professionals need to take responsibility for sharing their assessments and information with other involved professionals.
- Police and schools need to consider the cause of adolescents' behaviour, as well as addressing symptoms and always consider that neglect may be a factor.
- All professionals need to be mindful of symptoms of neglect and how they can identify them to make a robust and meaningful assessment.
- All agencies need to have a robust policy about non-attendance and information sharing protocol.

- LSCB to revisit and review the Neglect Framework.
- Further challenge by LSCB to partner agencies in relation to evidencing improved recognition and assessment of neglect and the inherent impact on adolescents.
- Participating agencies identified their own learning and recommendations which were developed into an action plan which the QA sub group monitors

The outcome of the Adolescent neglect audit:

- The QA Sub Group requested the Policy and Procedures sub group to review the Neglect Framework, with particular reference to adolescents.
- The LSCB Conference in November 2015 was titled 'Troubled or Troublesome' and the findings of this audit were incorporated in to the presentation from Research in Practice. There were over 300 practitioners from partner agencies who attended the conference.
- The sub group took time to analysis the LSCB Neglect training data. Information was circulated giving the take-up by agency of LSCB 'Working with Neglect' training for 2014 and 2015. There was good take-up by educational settings; mainly primary schools.
- The Training & Safe Workforce (T&SWF) Sub Group were asked to evaluate the impact this training has made on practice within agencies.

3. **Understanding the Journey of the Child: Response to Strengths and Difficulties Questionnaires (SDQ) Report.**

This audit looked at children and young people between the ages of 4 and 17 and their SDQ and the journey of a sample of looked after children who had a high SDQ in 2013/14 who are still in care. The audit sought to establish:

- Whether an intervention was put in place.
- The impact of any intervention.
- The evidence that the child's emotional wellbeing improved over time.

Audit findings and responses were:

- Little evidence recorded of intervention work.
- School and designated teachers appear to have little understanding of this process and their role in the process.
- There is a need for training which is due to start by September 2016 which will target social care, schools (incl. designated governors), CAMHs and TAMHs and commissioning personnel.
- Need for better understanding of the role of CAMHs in this process. Many children looked after do not reach the threshold for CAMHs work and sometimes the children are not always willing to engage. Extra capacity has been sourced for this team with one new post in April/May.
- Going forward, information gained from SDQs around children with high SDQs will be shared with all partner agencies where relevant and IROs will also be notified.
- Social Care Supervision will need to ensure there is a specific question around SDQs – it was recognised that more than half of the children in care will have emotional difficulties of some sort.

4. Missing & Absent Evaluation-

The focus of the multi-agency audit was to clarify the consistency regarding the missing & absent young people who were reviewed by the Multi-Agency Risk Management Panel (MARP) to improve outcomes for these children.

- Recommendations for both Social Care and the Police.
- Action Plan went to MARP on the 11.12.15
- Updated Action Plan will be reviewed by the QA Sub Group meeting in February 16.
- The new Children Missing from Care Protocol has taken the findings into account.

5. Learning from partner single agency audit and inspection

During the year the QA sub group worked with partners to ensure their single agency audit activities were objective and sufficiently self-critical. The subgroup worked hard to improve the reporting of audit activities and to establish the routine sharing of findings from service reviews and inspections. As a result, the sub group has gone on to develop a stronger culture of sharing critical information as well as celebrating the good practice identified.

There have been a number of single agency audits which have been completed. These include:

- **Custody Audit:** Identified through the Performance sub group, the scope was to understand better the story behind the data with regards to the number and time children and young people are held in custody across Wiltshire. The outcome was that a review of child detention times has already shown a reduction in the time that children are spending police detention and will continue to be monitored.
- **Safeguarding Children Supervision Audit (Acute)** Part of CQC Action Plan 2014-2105. To compare compliance/effectiveness against Trust Supervision at GWH policy.
- **Supervision Survey for CFCH** to get a benchmark after which it could measure the impact of the new Supervision Policy
- **Review of Child Protection Conferences (with professional & parental feedback).** To review the way in which Child Protection Conferences were being conducted and to gain feedback from professionals and service users regarding their experience of the conference model.

Outcomes include the development of the performance systems to report on parental and professional participation for Child Protection Conferences. The multi-agency report to conference was also reviewed via a task and finish group so that it mirrored the new refreshed conference model we had put in place.

- **Evaluation of Early Years' Safeguarding audit:**

The purpose was to evaluate the effectiveness of the Early Years' settings' early intervention and safeguarding policy and procedures. Information supplied by settings monitored/validated by Early Years Safeguarding Advisor as part of routine visits. The findings were positive however, very few audit documents returned from child-minders – only 20%. Of the 280 child-minders in Swindon, Ofsted rated only 5 as inadequate. This issue is being pursued in 216/17 to improve compliance.

- **Evaluation of Schools' Annual Safeguarding Audit to evaluate the effectiveness of the schools'/colleges' early intervention and safeguarding policy and procedures.**

The process involved an audit questionnaire very similar to that sent out to Early Years settings. All staff in schools circulated with questionnaire, not just the Safeguarding Leads and children/young people were also spoken to.

Areas for development include:

- Allegations – what to do if you are aware of an allegation.
- Online Safety – always a high priority with constant change.
- Child Protection Supervision-currently 71% have CP Supervision.

Child Death Overview Panel (CDOP)

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 deaths from occurring in similar circumstances in future.

Achievements

The joint Wiltshire and Swindon Child Death Overview Panel (CDOP) met eight times in 2015/16 and reviewed 35 individual child death cases of which 18 were Swindon children.

Numbers of deaths notified by year 2011 to 2016 in Wiltshire and Swindon						
	2011-2012	2012-2013	2013-2014	2014-2015	2015-16	Totals
Wiltshire	36	39	32	28	17	152
Swindon	21	8	17	12	18	76

During this year we successfully launched the new CDOP quarterly newsletter (predominantly for health and social care professionals) highlighting issues and learning from cases reviewed locally

We coordinated a media campaign to raise awareness amongst parents and carers of issues relating to safe sleeping and water safety amongst others.

Impact

Our main aim is to Influence practice through the follow up from the CDOP discussions and case reviews. We do this by communicating with respective agencies or providers regarding policies and protocols so that where possible we can reduce the likelihood of avoidable child deaths. Examples of actions taken as a result of the CDOP writing to the agency/body highlighting issues or concerns found as a result of the CDOP review include:

- Acute provider agreed to update their guidelines to include the use of oral anti-fungal agents when a premature baby is on antibiotics.
- CDOP recommended to the Home Office that a law be passed to ensure private pools are required to be fenced

Challenges

Given that our main aim is to prevent future deaths we continue to explore how best to engage with the public in a way that will influence and change behaviours.

Child Sexual Exploitation (CSE) and Missing Children

Overview

The CSE and Missing children sub-group has been chaired by the Police for nearly two years providing consistency for this important area of work. Throughout this time the sub-group deputy chair has been provided by Swindon Borough Council.

There is good representation from across agencies. Representation at the group has been augmented recently, bringing Licensing and the CSE Opal Team manager into the group to provide additional impetus in relation to disruption and enforcement activity.

Activity during 2015

- The Partnership Profile for 2014 was used to good effect by the group to help understand and develop the gaps in CSE response across agencies. Tactical information contained within the report was immediately used by Police and Local Authority to target prevention and enforcement activity at several locations around Swindon. The partner profile for 2015 has been used in the same way.
- In March 2015 the Sub-Group co-ordinated the activity of agencies for the National CSE Day of Awareness. All agencies embraced the day of awareness and increased their prevention/education activities. There was significant media interest and a number of press interviews were broadcast across the partnership which helped raise the profile of CSE in Swindon.
- Key agencies have now self-assessed their response to CSE and Missing by using a diagnostic tool. This took place in late 2015. The self-assessments and the Partnership Profile will help the group to identify the gaps in our combined approach to CSE, which will inform our 2016/17 plan.
- CSE Audit work has been commissioned, with the CSE Sub Group and the QA Sub-Group working closely to identify the most beneficial program of audit. This includes a CSE survey across the partnership to establish the level of understanding of CSE. The survey has had over 1000 responses from staff who work within a setting where safeguarding is a key part of their role. The Audit program will commence in July 2016.
- Oversight of the implementation of the co-located/integrated CSE Team (Opal Team), located within the SBC estate. Over the last 12 months the plans for the Opal team have developed at a pace and the foundations are now in place for a more effective and integrated service to support victims and target perpetrators.
- There has been significant engagement with the SCR sub-group in relation to SCR's and LCR's which have a CSE theme. Lessons learned through review are identified early and built into audit programs and action plans.

The most important current action for the Sub-Group is to refresh the CSE Strategy and Action plan. This will be developed once all self-assessments have been returned/scrutinised and aligned to the partner profile and results of the CSE survey.

Impact

- Increased awareness to children and young people.
- Integrated Police/Social Care CSE team being implemented giving victims and those at risk from CSE more specialised and dedicated resources to work with and support.
- The Councils Multi-Agency Risk Panel has ensured that there is cohesive and co-ordinated partnership activity to support victims, but also to target perpetrators. 2015 has seen a shift towards identifying more offenders and targeting and disrupting them.
- There are much improved CSE flagging systems within both Police and Social Care, ensuring that both victims and offenders are recognised and recorded at the earliest stages. This is operationally beneficial, but also allows better analysis of the problem, which will help to ensure resources are targeted towards the most appropriate strategic threats. We now feel reassured that we have a stronger understanding of the scale and type of CSE taking place across Swindon.

Evidence

- Self-assessments (diagnostics) conducted by agencies and scrutinised by the Sub-Group.
- Production of 2014 Partner Profile and 2015 Partner Profile.
- CSE and Missing Action plan, which shows the majority of 2014/2015 actions moving into green on the RAG status and becoming Business as Usual.
- Development and review of the MARP process (reports are submitted to the CSE/Missing sub-group).
- MARP reports are scrutinised by the CSE sub-group to ensure that CSE and Missing Children issues are being targeted effectively through this partnership forum.

Further action

- CSE Audit Program to commence in July 2016
- Better understanding of the vulnerability of children with MH, autistic spectrum and ADHD required with Swindon. Current processes do not allow effective collection of data to understand if (and if there is what scale) there is a problem requiring more focus.

Key issues for Board

- Commissioning of future Partner Profiles
- Overlap/connection with Dangerous Drugs Networks (drug gangs from metropolitan areas) which can often have links to CSE

Online Safety

Over the last twelve months the Online Safety sub group has observed the age at which the typical child begins to actively engage in social networking has dropped from 11years old to 8-10. Such children are developing risky behaviours and are becoming more at risk of exposure to online sexual exploitation and other forms of abuse. This is evidenced from online pupil surveys undertaken in conjunction with Swindon schools and the direct interaction with children by members of the sub group.

The sub group has also noted an increase in the number of sexting incidents that is now occurring within this younger age group that is proving challenging for agencies and parents to deal with. Whilst the sexual exploitation teaching materials and advice for parents/young people does exist, it is clearly targeted at children in their teenager years. As a result, there is a need for appropriate preventative support and advice for these younger children. This has been recognised at the national level as reported to [UKCCIS](#).

Looking locally at this changing arena of online safeguarding, the sub group undertook an audit of staff training. The results showed a clear provision of annual training in many agencies most notably within the school's sector. The findings have enabled the sub group to put in place supplementary targeted training in addition to providing clear guidance to agencies in dealing incidents of sexting. In seeking the children's online experiences and attitudes, the annual online safety pupil survey obtained the views and trends of nearly two thousand 8-10 year old children. Some of the key findings in this year's survey have shown;

- Nearly 70% of boys stated they will not tell anyone they are being cyberbullied.
- Girls are more likely to tell a friend they are being cyberbullied compared to boys.
- 60% of boys stated their parents know nothing of what they do compared to only 40% of girls.

It is therefore evident that whilst parents provide a key role in safeguarding children online there is generally a disconnect occurring within this age group and particularly by boys.

The findings of the survey form the basis of the work for the sub group in helping agencies, parents and children to be safer online, below is some highlights of the sub group work during this year.

- Online safety lessons to nearly 2800 children and young people including targeted work within the Junior Good Citizen and Young Warden's programmes
- Training and awareness sessions to 80% of Swindon schools and colleges was attended by over 950 school staff and parents, additionally sessions have been delivered to GP's and childminders for the first time.
- The Wiltshire Police "Polite and Sexting" lessons has been delivered to just over 40% of primary and special schools and 35% of secondary schools and colleges respectively.

In looking forward, the challenge to the sub group is to identify advice and guidance for parents and agencies that will enable boys online to be more supported when dealing with cyberbullying.

Additionally, the focus of work will need to be around the raising of the awareness of sexting and the consequences of such behaviour by an ever increasingly younger age group.

To monitor and evaluate the impact of such work it is key that the sub group continues to obtain the voice of the children, enabling the monitoring of trends and challenge to agencies and parents in better safeguarding children online.

Policy and Procedure

Purpose

The main aim of the Sub-group is to develop, maintain and review inter-agency child protection procedures, protocols and practice guidance and to comment and advise upon whether procedures need to be reviewed as a result of practice developments arising from serious and local case reviews, new legislation, government reports, research findings and other relevant documents.

Overview/Achievements

During the course of the year The Sub-group ratified a number of policies and guidance documents including:

- Swindon & Wiltshire Child Death Protocol
- Female Genital Mutilation
- Early Forced Marriage Guidance
- Policy for Bruising in Non-Mobile Babies
- Social Media Policy
- Additional Child Protection Procedures for Disabled Children
- Perinatal Pathway for Mental Health in Swindon (this pathway outlines the roles of all key agencies involved in the care of women during pregnancy).

In addition to this ongoing ratification and review of policies the sub-group has made good progress on the following two key of work:

At the request of the LSCB Board and following a local case review the Neglect Framework was revised so as to be more specifically inclusive of the needs of adolescents.

The Escalation policy was reviewed and in the light of comments received was revised so as to set clearer guidance to agencies in relation to timeframes for progressing concerns.

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 by professionals.

Future challenges

The past year has seen the South West Child Protection Procedures move to a new platform managed by Tri-x. We have yet to determine the extent to which staff are finding these procedures useful and whether they are making use of the facility to receive automatic updates on new or revised guidance.

This past year there have been a number of Local and Serious Case reviews and following the completion of these reports consideration will be given to revising any current guidance or developing new guidance.

Quoracy of meetings has been a concern due to capacity of multi-agency members this has impacted on the timeliness of policy reviews. This has been raised as an item in the LSCBs Challenge Log.

For the coming year we will be implementing a formal feedback pro-forma for policy reviews to ensure that all agency members consult within their agencies and agree the policy

Training and Safer Workforce

Overview

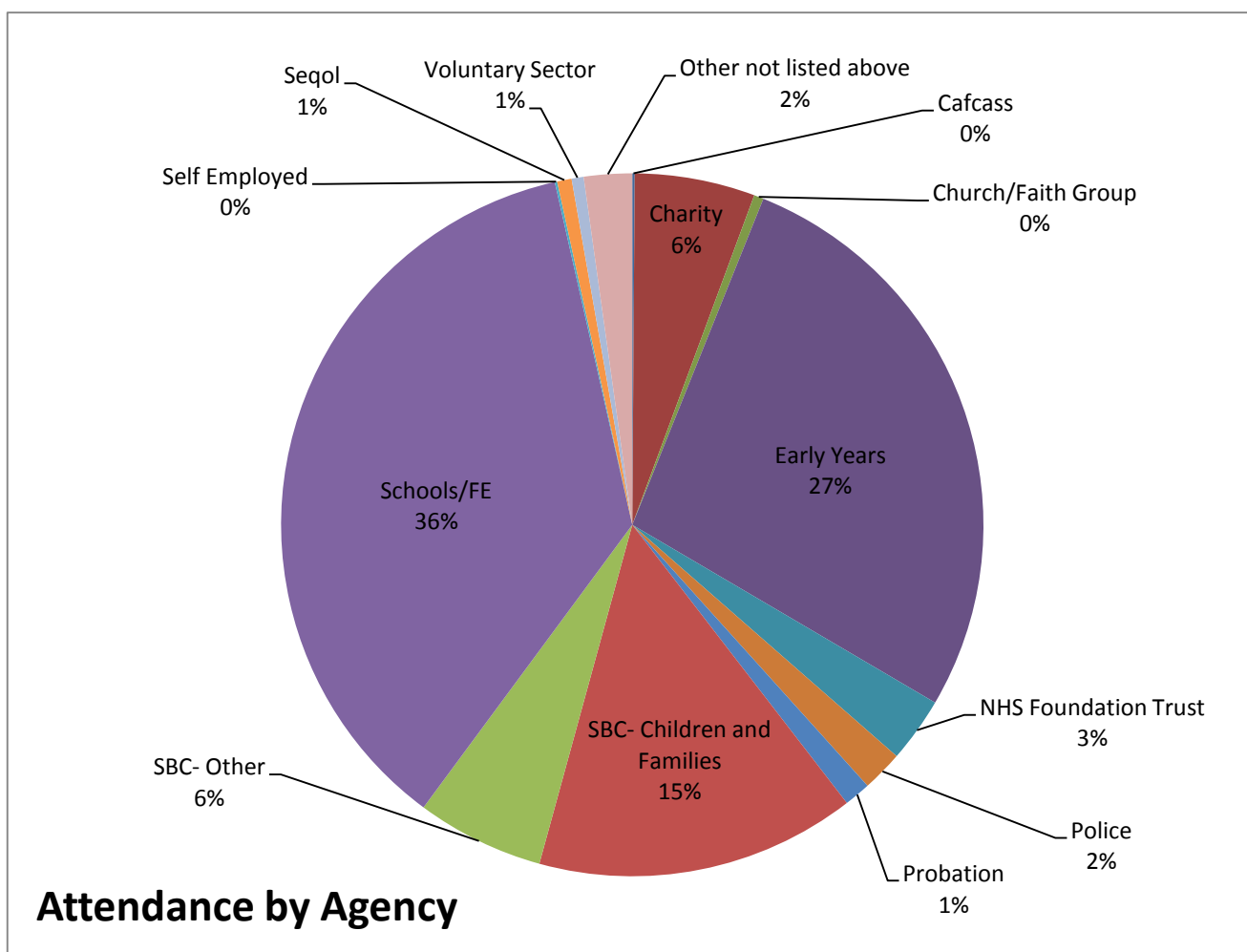
The Sub Group with refreshed membership has retitled itself the 'LSCB Training and Development Group' which more adequately reflects its focus on sourcing, facilitating and providing best quality, relevant and meaningful training and opportunities for all working with children and young people.

We continue to plan for and deliver a high quality and meaningful Annual Conference which last year (2015) had a primary focus on 'Troubled or Troublesome?' and this year, in October 2016 is entitled 'Laying the Foundations for Effective Safeguarding in Swindon'. This conference is traditionally very well attended by a diverse and wide-range of participants and 2015 was no exception.

Achievements and Impact of Swindon LSCB Training Programme

- During 2015/16 the LSCB delivered 54 training courses.
- The 54 training courses reflect 14 safeguarding subject areas. These are all multi agency courses. Subjects include:
 - Child Sexual Exploitation
 - Safer Recruitment
 - Risky Behaviour in Adolescents
 - Parental Mental Health
 - Neglect
- Seven courses were cancelled due to low numbers. This mainly affected 'Keeping Safe Online' courses where, despite increased advertising, numbers continue to be low.
- There was a decrease in numbers attending LSCB training in 2015/16. 903 people attended LSCB training courses in 2015/16 compared to 1098 in 2014/15 a decrease of 17%.
- Figures are down across the board across all agencies and subjects, with the exception of 'SBC Other' and particularly seen in the Children, Families & Community Health figures with 117 fewer delegates than the previous year. Figures are due to be further scrutinised by the Training & Development Sub Group in September 2016.
- The increase in 'SBC Other' can be explained by the SBC S11 Audit that was completed in July 2015 and identified training needs in several teams in the organisation.
- Following the trend from previous years, the majority of training delegates are from schools and Early Years settings.
- The training pages of the LSCB website are regularly reviewed to provide guidance on training pathways and learning appropriate to staff roles and competencies. The LSCB Learning & Improvement Framework has been updated following the development of the LSCB Quality Assurance Framework.
- In 2015/16 the LSCB worked with Swindon Community Safety Partnership to support the FGM and Forced Marriage training commissioned by the CSP by advertising and administrating training applications. As a result, all courses ran at full capacity.
- Chelsea's Choice is a play performed to audiences of year 8 pupils by a theatre group. The play demonstrates how children can be groomed on line and in the real world and how they can then be exploited. A workshop which follows the performance addresses many other e-safety issues and safeguarding issues, like consent, relationships and grooming. In 2015/16 The LSCB organised, but did not fund, the programme of school visits tour of Chelsea' Choice drama in 2016. The play was offered to all secondary schools in Swindon with eight choosing

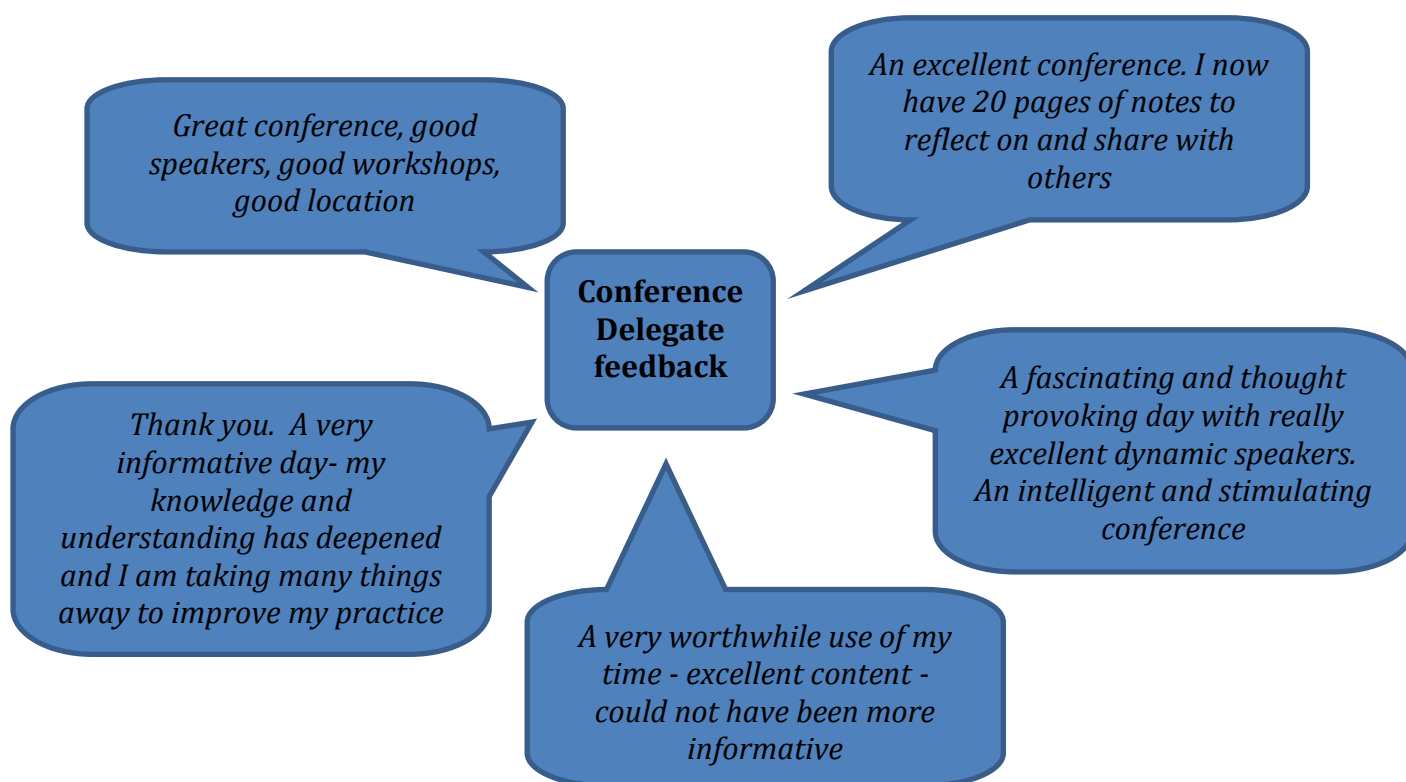
to host the production. An evaluation report of the tour showed that the vast majority of pupils surveyed said that their knowledge of CSE and grooming was greatly enhanced. Further feedback was provided to the LSCB CSE Sub Group for consideration.



The Impact of the LSCB Annual Conference

- The theme of the annual conference was 'Troubled or Troublesome'
- Keynote speakers were Dr Camille Warrington talking about working with young people affected by Child Sexual Exploitation, and Alyas Karmani who spoke about trauma and violence in the context of CSE and radicalisation
- The conference was attended by over 300 delegates

Delegates were asked to complete an evaluation questionnaire at the end of the event and evaluations and comments were wholly positive.



Future challenges

The ongoing challenge for the subgroup is to ensure that the training 'offer' remains relevant, pertinent and meets the needs of practitioners and other relevant partners. The Board will want to understand better the reasons for falling numbers at LSCB training and ensure that this is not adversely impacting on multi-agency safeguarding knowledge and practice.

Given that this year the LSCB has commissioned a number of reviews of cases the sub-group will want to ensure that the learning and key messages arising are understood, extrapolated and incorporated into the existing training offer or, where required, to commission bespoke provision of such training. To bring together all of the learning and ensure relevant messages and practice is disseminated to all.

Ensuring a timetable for group members to observe and quality assure the delivery of training undertaking for, by, and on behalf of the LSCB to ensure it is of sufficient quality, is up to date, and being delivered effectively. To redress any issues detected / reported by exception. To ensure, where possible, duplication is avoided should there be any detected (e.g. with the QA and Performance sub group).

Lay Members

The Lay Member role continues to develop with the four members, between them, sitting on most of the sub and working groups. For the three new lay members, 2015-16 was their first full year of serving on the Local Safeguarding Children Board (LSCB) and as their experience increased so did their effectiveness in representing the public by challenging, questioning, and offering alternative perspectives on the work undertaken by the Board.

Much time has been spent in trying to ensure the published LSCB minutes are more accessible to the local community and member agencies' staff by reducing the amount of unexplained abbreviations and the greater use of plain language. This effort continues in the sub and working groups, particularly the work of the Policies and Procedures sub group.

Contact with the community continues to improve steadily, although more engagement work across the spectrum of the Board's activities still needs to be done and is included in the LSCB plan for 2016-17. Having said that some 2,745 young people and 948 adults (including Childminders, Doctors, Parents, Teaching and Support staff), have attended On-line Safety sub group sessions across the Borough, to name but one area of the Boards' outreach work.

Contact with other LSCB Lay Members is still being sought with a view to increase the effectiveness of the lay membership by sharing good practice and developing our involvement with both the Board and local communities.

Robin Stannard (Lay Member)

LSCB 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 ensures 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 local authority's Cabinet Member for Children Services is a 'participating observer' of the LSCB, attending meetings and 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.

There are four Lay Members who in a voluntary capacity attend the Board meetings and serve on sub-groups. 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

Alex Walters was appointed Independent Chair of the Local Safeguarding Children Board in July 2015, taking over from Mike Howard who had served as Chair since 2009. Alex is an active member of the Association of Independent LSCB Chairs and has used the skills, knowledge and experience she has gained as the chair of other LSCBs and before that from her work within Children's Services and Regional Government Offices to provide a well-informed level of support and challenge to the partnership.

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 and these three boards work well together to ensure that their work is joined up and complementary.

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 maintains the following Sub Groups:

- E-Safety (Now known as On-line Safety)
- Performance
- Policies & Procedures (links with the South West Policies & Procedures Group)
- Quality Assurance
- 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

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. The LSCB held its business planning workshop/development session in April 2016, when members agreed the LSCB Strategic Business Plan for 2016/19. This three-year plan includes seven core functions for the Board and four key priorities which are the focus of work during 2016/17.

LSCB BUDGET 2015/2016	Budget	Outturn Position	Variance
Expenditure			
Employment Costs			
LSCB Posts	102,200.00	86,227.14	- 15,972.86
Independent Chair	16,500.00	18,964.40	2,464.40
	118,700.00	105,191.54	- 13,508.46
Multi-Agency Training			
Training Programme	35,500.00	28,443.10	- 7,056.90
Events & Conferences	8,500.00	4,138.07	- 4,361.93
	44,000.00	32,581.17	- 11,418.83
LSCB Projects & Statutory Agenda			
Advocacy - Voice	28,000.00	28,000.00	-
Advocacy - SAM	21,500.00	21,500.00	-
CSE & Missing	15,850.00	4,070.00	- 11,780.00
Serious Case Review/Case Review	25,000.00	33,095.62	8,095.62
Procedures & Awareness	2,500.00	4,766.03	2,266.03
	92,850.00	91,431.65	- 1,418.35
Business Support			
Staff & Member Development	1,500.00	514.00	- 986.00
General Supplies	300.00	76.97	- 223.03
Design & Printing	100.00	0.03	- 99.97
Meeting Venues	600.00	770.38	170.38
	2,500.00	1,361.38	- 1,138.62
Total Expenditure	258,050.00	230,565.74	- 27,484.26
Funding			
Annual Contributions			
CCG	- 44,150.00	- 44,150.00	-
GWH	- 17,699.00	- 17,699.00	-
Police	- 12,448.00	- 12,448.00	-
Probation - CRC	- 2,236.50	- 2,236.50	-
Probation - NPS	- 2,236.50	- 4,100.25	- 1,863.75
CAFCASS	- 550.00	- 550.00	-
	- 79,320.00	- 81,183.75	- 1,863.75
Local Authority Budget Allocation			
Local Authority	- 94,600.00	- 91,100.00	3,500.00
Swindon Early Years Training	- 4,000.00	- 4,000.00	-
	- 98,600.00	- 95,100.00	3,500.00
Training Income			
Course Income	- 27,500.00	- 37,924.00	- 10,424.00
Events & Conferences	- 8,500.00	- 10,585.00	- 2,085.00
	- 36,000.00	- 48,509.00	- 12,509.00
Total Funding	- 213,920.00	- 224,792.75	- 10,872.75
Total Balance	44,130.00	5,772.99	- 38,357.01
Reserves	82,307.00	82,307.00	
Reserves required to support in year budget	- 44,130.00	- 5,772.66	
Remaining Reserves	38,177.00	76,534.34	

Partner Agency Reports

The following section contains reports from a number of partner organisations and services about their safeguarding activity and their contribution to the work of the Board over the course of the year.

Swindon Borough Council

Introduction

Over the last 12 months, the Council has worked closely with partners in Swindon to support the delivery of the four strategic priorities set by the LSCB for 2015/16:

- Effective responses to specific safeguarding concerns
- Effective Early Intervention and Safe
- Communication and Engagement
- Performance management

Safeguarding Children, promotes the Council Vision, specifically Priority Four, “Help people to help themselves, while always protecting our most vulnerable children and adults”. Safeguarding is also an integral element of the Swindon Health and Wellbeing Strategy.

Swindon Borough Council plays a pivotal role in helping to keep children and young people safer from harm by empowering and supporting families to make changes, as early as possible, to create safety and stability for their children both at home and in the community. The Council is responsible for providing a broad range of universal, targeted and specialist provision which aim to promote healthy lifestyles, build capabilities and strengthen families. These include:

- Early Help, Youth Offending, Young Person Substance Misuse, Targeted Mental Health, Education Welfare, Educational Psychology, Youth Engagement, Services for Disabled Children
- Children’s Social Care
- Community Health Services including Health Visitors, School Nurses and Family Nurse Partnership, Paediatric Therapy Services, Speech and Language and Portage
- Education Services including, Provision for Early Years, LA Maintained Schools, Provision for children with Special Educational Needs and Disabilities

In this report we have highlighted some key achievements over the last 12 months linked to the LSCB priorities.

Key Achievements and Impact

Priority One: To develop 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 and consolidation of strategies and approaches to Child Sexual Exploitation (CSE) that keeps children and young people safe

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

Our key achievements in these areas are relevant to both priorities due to the synergies in the priority outcomes:

- Establishing Swindon Multi Agency Safeguarding Hub (MASH) to improve the front door response.
- Implementing a new framework to improve the effectiveness and rigour of Child Protection Conferences based on the principles of 'The Signs of Safety'. This has secured a better focus on danger and harm and the child's 'lived experience'. Initial feedback from professionals and parents is positive.
- Successfully filling our children's social care manager posts with permanent staff.
- Recruiting a dedicated social worker within the Fostering & Adoption Team which has improved practice in safeguarding and promoting the welfare and needs of privately fostered children.
- Successfully commissioning a new Domestic Abuse Strategy with partners that Cabinet have agreed, and introducing more robust governance arrangements to oversee strategy implementation. Recent changes to domestic abuse pathways have supported more effective and timely information sharing between partners.
- Early Help and Social Care practitioners having an active role in the Multi Agency Risk Assessment Conferences (MARAC) to ensure the voice of the child and their 'lived experience' are considered in a multi-agency way. The Professional Lead for Health Visiting reviewed the health input into MARAC and made improvements to facilitate more robust assessments and communication from health colleagues. Governance and QA arrangements for MARAC have been improved.
- Improving the effectiveness of our Multi Agency Resources Panel (MARP) by: shifting the panel's focus to the pursuit and disruption of perpetrators as well as child protection; changing the chair's role to QA and challenge; and establishing a QA sub-group of MARP to evaluate the impact and effectiveness of the panel.
- The Council's Child Sexual Exploitation (CSE) Working Group successfully progressing key deliverables of the CSE Strategy resulting in stronger corporate oversight and management of CSE across the Council, greater community engagement, and better identification and casework management by Council staff and schools. We appointed a CSE and Missing Manager to co-ordinate and oversee this area of the business and we have updated our Missing Children's protocol and Vulnerability Checklist.

- Council service areas contributing to The Partnership Profile for CSE which has improved our understanding of those people who are at most risk in Swindon and enabled resources to be targeted more effectively.
- Working with partners to secure funding for the Opal Team to provide a more co-ordinated response to CSE.
- Children's Social Care joining the Sex Workers Strategic Board and Forum which has improved multi-agency information sharing and risk planning to safeguard those children whose primary carer come to the attention of the forum.
- Contributing to a revision of the LSCBs Neglect Framework and Guidance to incorporate the needs of adolescents and offering School Nurse health assessments to all children and young people who are subject to a Child Protection Plan.
- Schools and colleges updating their safeguarding procedures in line with statutory guidance and no schools being identified by Ofsted as having unsatisfactory safeguarding procedures.

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

Our key achievements for this priority include:

- Providing safeguarding training and briefings on CSE, FGM, Forced Marriage, E-safety, and Prevent Duty (Radicalisation) for Council Workforce (including schools, colleges and some Trustees and Governors)
- Issuing letters to every taxi driver, bus driver, hotel and licence premises in Swindon to raise awareness and understanding of CSE.
- Launching a dedicated CSE webpage: [Say Something Swindon](#). and organising local activities for national CSE awareness day
- Issuing E-safety booklets to parents and schools.

Priority Four: To develop and maintain a performance management framework that promotes different ways of knowing and learning about the effectiveness of early intervention and safeguarding children and young people in Swindon.

Our key achievements for this priority include

- Embedding our Quality Assurance (QA) Framework and audit programme for Children, Families and Community Health which focuses on quality and evidence of impact.
- Continuing to develop a robust performance management framework for children's services which provides relevant and timely intelligence to inform policy, practice and decision making.

- Introducing a set of 'Obsession' Key Performance Indicators for closer scrutiny to support rapid improvement.
- Establishing a Quarterly QA Performance Board for Children's Social Care and Early Help which provides challenge and critic to audit work and oversees the implementation of the QA action plan.

Future Challenges

Children's Social Care continues to face significant pressure from increased demand. Compared to last year, performance demonstrates a visible increase in front door activity, children subject to child protection plans and children in care. A number of children and families are experiencing repeat episodes of social care. There are still some practice concerns around Early Help and thresholds in relation to step up/down from Children In Need (CIN) and from CIN to Child Protection. Further work is underway to improve both the understanding and application of safeguarding thresholds.

Domestic abuse continues to be a complex and challenging priority and the reporting of domestic abuse is increasing. Work is required to improve the effectiveness of Multi Agency Risk Assessment Conferences (MARACs) to reduce the number of repeat referrals due to repeat incidents.

We need to ensure our recent success in recruitment and workforce stability is sustained so we can continue to be less reliant on agency and less experienced staff.

Better joint working between adult and children's services to safeguard children. Adult service agencies need to be encouraged to 'think family' and consider the impact of adult vulnerabilities on children living with the adult. Adult social care assessments and plans need to include an assessment of risk to any vulnerable child/children living with the adult. Children's workforce need a better understanding of adult services and thresholds.

For Adult Services, Housing, Children's Services, Commissioning and the Disabled Children's Team to work together more effectively to further embed our Transition Protocol and Pathway to support young people with a disability prepare for adulthood.

Schools & Colleges Safeguarding Adviser for Education (SAE)

The Safeguarding Adviser for Education works closely with schools and colleges to support them in meeting their safeguarding responsibilities. By providing a link between Governing Bodies, Head teachers & Designated Safeguarding Leads and the Local Authority and the LSCB the SAE has been able to progress the following areas of work:

Schools Safeguarding Policies and Procedures

96% schools and colleges reported that they had reviewed and updated their policy and procedures in line with the updated statutory guidance 'Keeping children safe in education'. A recent review of Keeping Children Safe and subsequent draft publication (March 2016) will require schools and colleges to once again review their procedures and ensure that they are meeting statutory requirements.

All schools and colleges report that they are up to date and clear about the requirements which exist to safeguard children. Self- evaluation is quality assured by the SAE during monitoring visits. 17 out of 18 schools visited during 2015/16 had their self- evaluation judgements validated as accurate by the SAE.

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.

Termly briefings, delivered by the SAE, and attended by approximately 80% of Swindon schools, have ensured that education establishments are kept up to date with changes to statutory guidance.

Child Sexual Exploitation

In 2015, every secondary school (including the pupil referral unit) in Swindon, took up the offer of hosting performances of 'Chelsea's Choice'.

1,500 Year 8 pupils watched the production. There were 3 additional performances, at Swindon College, a session for 150 workers and volunteers, and a session for parents held at a children's centre.

During the academic year there has been work on-going in schools to raise awareness of CSE. 56% schools report that whole staff training has been completed, with the remaining 44% reporting that whilst formal training has not been completed there has been an awareness raising opportunity to highlight the indicators and those at greatest risk of CSE. In February 2016 a well-attended CSE training session was delivered to school governors and trustees.

The staging of Chelsea's Choice has helped to raise awareness of the risks of CSE amongst pupils (55% of Year 8 pupils report that they have heard about CSE – SBC Feeling Safe Survey 2015). School staff have an increased awareness of the range of resources that available for use in schools.

Educating pupils about the risks of CSE continues to be a challenge for schools and colleges, as part of the wider Personal, Social and Health Education 'offer'. (46% of Year 8 pupils report that what they have been taught about healthy relationships is helpful – 'SBC Feeling Safe Survey 2015') Learning from recent case reviews of CSE highlights the issues around talking about sex and healthy relationships and the barriers which can exist when educating pupils.

Female Genital Mutilation

During the summer term 2015, health professionals delivered a session at the safeguarding briefings about FGM and the indicators which could suggest that a child is at risk or has had FGM performed on them. 80% of schools and colleges attended these sessions.

The SAE notes that schools are certainly much more aware of FGM and there is evidence from conversations with schools that DSLs are considering FGM as a possible risk much more than previously. Two cases where children might be at risk of FGM were reported directly after the FGM sessions.

Radicalisation

During the autumn term 2016, sessions were run as part of the safeguarding briefings to equip DSLs and Head teachers with a basic understanding of the Prevent Duty (June 2015) and the role education must play in identifying children and families who may be at risk of being radicalised. The SAE recommended that online training (referenced within the DFE Prevent duty guidance) should be completed. In addition, Head teachers attended a Prevent session, organised by the Director of Education. This was well attended.

54% of schools reported in this year's safeguarding audit that they have subsequently completed training with staff about the Prevent Duty. Staff are aware of the signs and indicators that may suggest that a pupil is being radicalised and are clear about the procedures to follow.

Prevent Awareness in New College, Swindon

"In the Spring of 2016, our new full time Personal Tutors commenced a programme of prevent awareness raising using the 'Zak' resources produced by Kent University and Kent Police.

"Zak" is a social media based activity to raise and spread awareness of the Prevent agenda. It involves students reviewing various fictional social media pages related to a young man, Zak, who is leaving home to go to university. The students have to 'RAG' rate each message on the social media pages of Zak – Red for definitely worrying, Amber for slightly concerning and Green for no problem. They could then compare their ratings with those of the experts who had constructed the case study and discuss differences of opinion. It definitely kept students engaged and it was interesting to hear their perspectives. The exercise has 2 different concluding video clips which involve Zak in contrasting outcomes.

Tutors did the 45 minute activity as an individual, paired or group exercise according to the IT resources available for their sessions and were able to compare the pros and cons of each approach. The feedback from our students was positive, particularly in relation to the scenario being framed around social media and they were all able to reflect on the general dangers of online grooming related to sexual as well as radical extremist motivations.

We have been able to share our experience of using this resource with school and college colleagues from Swindon via the Prevent Education group formed this year to report to the Strategic Contest group."

Duncan Webster
Head of Student Services & Safeguarding

Further information on this resource: <https://www.kent.ac.uk/spssr/ccp/game/zakindex.html>

Early Year's Safeguarding Adviser (EYSA)

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

Achievements

- Annual Early Years (EY) Safeguarding Audit

An annual safeguarding audit was distributed to all Early Years (EY) providers.

Audits were returned by 95% of group settings and 20% of child-minders.

- Monitoring Visits

Thirty Early Years settings received a monitoring and support visit by the EYSA between May 2015 and May 2016

- Briefing Sessions

Termly briefing sessions, hosted by the EYSA, have kept providers up to date with local and national safeguarding news. 79% of settings have attended these.

- Newsletters

- All EY Providers and child-minders have received a termly safeguarding newsletter.

Actions and Impact

Review of safeguarding training for child-minders:

The LSCB has historically recommended that child-minders attend Level 2 safeguarding training and that this should be refreshed every 3 years. A review of child protection training identified that there were areas covered in Level 3 training, not covered in Level 2, which were relevant to child-minders in their role as Designated Safeguarding Lead. The Training and Safer Workforce sub-group made the decision in February 2016, that a bespoke Level 2 plus training would be developed for child-minders. Level 2 plus training will include the areas from Level 3 training which have been identified as gaps in current Level 2 training.

Impact:

Level 2 Plus training for child-minders will be available from June 2016. All child-minders will have the relevant knowledge and skills to undertake their duties as Designated Safeguarding Leads in their settings.

Improving communication links between EY settings and Health Visitors

With the closure of Swindon Children's Centre, it has become even more important for EY settings to develop good communication links with Health Visitors. Health Visitors from the Central North Team met with Early Years managers at the Summer 2015 EY Briefing session. The result was an agreement about how communication links could be improved. An action plan was presented to the Health Visitors lead professional and this has been agreed that the action plan would be shared with all Health Visitor teams for rolling out. The Health Visitors lead professional is attending the EY Summer 2016 Briefing session to provide feedback to EY managers.

Impact:

Good communication links between Health Visitors and EY settings will lead to more effective sharing of information and will result in the effective identification and assessment of needs when there are emerging problems.

Online Safety

Online safety is currently a focus for improvement in settings. An additional section was added to the annual safeguarding audit evaluating the safety of staff and children when using the internet. 60% of settings identified actions in relation to online safety. As a result, the Children's Services Manager for ICT presented an "Online Safety" update session at the Spring 2016 Safeguarding Briefing session (88% of settings attended). Settings have been encouraged to complete the SWGFL online compass which is a self-evaluation tool to support settings with online safety (about 50% of settings have completed this) The need for further EY training has been identified and single agency, online safety training, will be offered to Early Years Providers.

Impact:

Early Years (EY) professionals will have robust "Online Safety" policies and procedures in place to ensure all staff and children in EY settings are kept safe when using the internet.

PREVENT Duty training and awareness

In June 2015 the Prevent Duty came into force for childcare providers. In order to make settings aware of this duty information was published in the EY summer term 2015 safeguarding newsletter. In addition, Providers have been signposted to "Channel" training, the Swindon Safeguarding Policy template for Early Years was updated to include the PREVENT duty and Avon and Somerset police delivered PREVENT training (January 2016) which 50% of settings attended.

Impact:

EY professionals will be aware of their responsibilities in relation to the Prevent Duty.

Refresh of CP conferences

Early Years professionals have been kept informed of changes in relation to the refresh of CP conferences. In the Autumn Term 2015 Safeguarding Briefing the Service Manager for the Quality Assurance and Review Service made a presentation on writing good quality reports for child protection conferences (attended by 69% of settings). This was followed up in the Spring Term 2016 by the Team manager for the Quality Assurance and Review Service who informed Early Years managers of the changes to the structure of conferences (attended by 88% of settings). This information was repeated for all Early Years Providers in the March 2016 Safeguarding newsletter.

Impact:

EY professionals will provide an informative written report for conference which has been shared with parents. Professionals will be aware of the revised structure of conferences and will make a valuable contribution when invited to attend.

Future challenges

- To get a higher percentage of child-minders to complete the annual safeguarding audit so that we have a better picture of the quality of safeguarding practice amongst child-minders (currently only 20% responded).
- To ensure that all EY providers receive a high level of safeguarding support in light of the current review of the Early Years Safeguarding support service provided by Swindon Borough Council.
- With the closure of Children's Centres in Swindon ensure that EY Providers, particularly child-minders, are able to access appropriate support for families.

Child Protection and Disabled Children

Achievements

There has been an increase in the number of disabled children and young people with a disability in need of protection being assessed within the Disabled Children's Social Care Team [DCT]. The Team is based at the Salt Way Centre, working alongside other professional groups who have a specific focus on providing a service to children and young people with a disability or additional needs and their families.

This team of staff have: -

- Specialist knowledge about disabled children's needs and circumstances;
- Skills in communicating with disabled children;
- Knowledge of and established relationships with other agencies working with disabled children;
- Specialist skills in recognising the vulnerability of disabled children to abuse and appropriate response to allegations.

In supporting the above, the Swindon LSCB Local Case Review 'Child N' found that only when the case of a young person with a learning disability was transferred to a specialist service [DCT] was appropriate action taken to ensure the young person's safety; the previous Social Work practitioners failed to recognise and address the added vulnerability of a child or young person with a disability who is at risk.

New criteria for the provision of a service from the DCT has been written and approved by the Council. The new criteria ensure that some more "hidden" disabilities are recognised i.e. ASD, ADHD and Asperger Syndrome. The young people with this type of disability can present with the most complex needs and slip through services.

The DCT take all referrals including those related to child protection at the point of referral from Family Contact Point/Multi Agency Safeguarding Hub. This is to make sure that the disability issues are addressed from the start. Traditionally, these would have been assessed in the Assessment and Child Protection Team and then transferred to DCT. The DCT receives approximately 3-4 referrals per week for assessment.

Impact

Less child protection work with disabled children and young people is undertaken in the other Social Work Teams. This has meant that in the past 18 months the DCT has taken 40 cases of disabled children and young people from the non –specialist Social Care Teams.

Currently, approximately 70% of all referrals to DCT have safeguarding/child protection concerns.

There has been a change in the way all cases are managed or receive a service within the DCT so that the qualified Social Workers have the capacity to undertake the increased volume of work related to child protection.

Overview

Children and young people with a disability in need of safeguarding and child protection receive a service from social care professionals with the skills, knowledge, experience and expertise to meet their needs.

All the staff within the service has received training above and additional to the Child Protection Level 3 training course.

Future Challenges

Disabled children and young people remain under represented in the overall number of children subject to child protection plans – an audit will be undertaken to establish that we have not inaccurately defined or identified a child or young person who is disabled and on a child protection plan.

There are a higher number of young men being referred to the DCT presenting a risk of sexual harm to others – a specialist piece of work will be undertaken to understand how best to meet the needs of these young men.

To implement the actions from the findings of the Swindon Local Case Review on 'Child N'. This will include better joint working between adult and children's services to safeguard and protect children and young adults.

Wiltshire Police

Vulnerability and the protection and safeguarding of children is a priority for Wiltshire Police.

Protecting the most vulnerable in society forms part of the Police and Crime Commissioners plan and Wiltshire Police has a number of delivery plans which drive forward improvements in this area.

Vulnerability is a cross cutting theme in the Wiltshire Police control strategy, with specific priority areas in Child Sexual Abuse Including CSE), Missing and Absent and Domestic Abuse. This ensures that the focus of Wiltshire Police targets all aspects of vulnerability, but in particular those areas that affect children.

Over the last 18 months there has been significant investment in the Public Protection Department. This has been in response to an increased demand in relation to sexual offences against children (a combination of historic offences and recent offences). Against a backdrop of austerity and a shrinkage across most business areas, there has been an increase in investment into the Public Protection Department of over 20%.

This includes the introduction of a new Assistant Chief Constable Post (Public Protection and Force Development) to provide additional focus on our response to vulnerability, over £150,000 of additional investment into the Swindon MASH hub, additional Child Protection Investigators, additional CSE investigators, additional Sex Offender Managers, additional investigators in the Child Internet Exploitation Team and additional Child Protection Conference Attendees. All these additional posts and investment illustrate Wiltshire Police's commitment to keeping children safe.

Our approach to Multi-agency working has become more integrated. The development of the Opal Team (the joint agency Child Sexual Exploitation Team based operating out of Swindon Borough Council estate) is an illustration of our commitment to innovative partnership working, learning the lessons from national thematic reports and Serious Case Reviews. This is further illustrated with the additional investment in MASH resources and the move to a co-located and integrated FCP/MASH again based within SBC estate.

Wiltshire Police continues to strive to focus activity on the most vulnerable in society, including children and has embraced the National Children's and Young Persons Strategy which seeks to improve engagement with children, reduce the time that children are kept unnecessarily in Police Custody and also reduce the unnecessary criminalisation of children and young people. A new Vulnerability Strategy has been developed which outlines Wiltshire Police's approach to vulnerability, putting safeguarding and protection of the vulnerable at the heart of decisions made by officers and staff.

A review of our child detention times (presented to the Board) as already shown a reduction in the time that children are spending police detention.

Significant work continues within Wiltshire Police to develop our response to Missing/Absent Children. Wiltshire Police is working more closely with SBC colleagues to reduce the number of repeat missing children improving the safety of vulnerable children often from within the care system.

We have reviewed our PPD/1 form (the form which enables us to share Police information with partners) to try and reduce unnecessary bureaucracy. Partners were a significant part of this review.

Historic reports of Child Sexual abuse continue to be a challenge for Wiltshire Police. The number of reports have increased over recent years and projections for continued reporting indicates this will increase over the

next few years. The initial increase has been as a result of the 'Saville effect', however the ongoing publicity into persons of public prominence and the Independent Enquiry into Child Sex Abuse (The Goddard Enquiry) is likely to increase continued awareness and give more victims the confidence to come forward. The Truth Project, which forms part of the enquiry is likely to result in a significant increase in referrals, increasing the demand on the Police Service.

NHS Swindon Clinical Commissioning Group (CCG)

NHS Swindon CCG recognises safeguarding as a high priority for the organisation. In order to achieve this, we ensure we have arrangements in place to provide strong leadership, vision and direction for safeguarding. Swindon Clinical Commissioning Group has a statutory duty to ensure that it makes arrangements to safeguard and promote the welfare of adults and children at risk of abuse and is a member of the Swindon Local Safeguarding Children's Board (LSCB).

Achievements

- The CCG has reviewed and ratified the Safeguarding Children and Adults at risk policy during 2015/16.
- All CCG staff (100%) have completed relevant mandatory Safeguarding Adult and Children safeguarding training.
- The CCG have committed 70k investment into the Multi agency Safeguarding Hub (MASH). This will ensure health resource, including administration support is secured.

Progress and Priorities for 2016/17

- The CCG is fully committed to ensuring the LSCB fulfils its strategic aims by discharging its core functions as defined in Working Together to Safeguard Children (2015). The CCG acknowledges that it is critical that the CCG discharges its commissioning and safeguarding responsibilities and fully engages with the LSCB.
- During 2015/16 the CCG Executive Nurse sought the support of Safeguarding and Designated leads from Wiltshire and Gloucestershire CCGs and NHSE to review the CCG's overall capacity and capability including contracts, processes and quality dashboards/indicators. The output of this review has resulted in a comprehensive action plan for the CCG.
- A Children's Services review has been planned and Terms of Reference agreed with key partners. The review will include all children's clinical pathways, and designated roles.
- The CCG recognises its obligations to the LSCB to provide appropriate resources and the need to maintain effective links with partner agencies such as the Community Safety Partnership and Health and Wellbeing Board. Engagement with domestic homicide reviews has highlighted actions for the CCG with regard supporting primary care and signposting to support services. As a result, the CCG is working in collaboration with NHS England to ensure a joined up approach to strengthening the safeguarding training agenda within primary care during 2016/17.
- During 2015/16 the CCG considered the need for a joint Designated Nurse / Adult Safeguarding Lead role. This followed a review of local structures and priorities, aligned to the Care Act Guidance and Safeguarding Vulnerable People in the NHS - Accountability and Assurance Framework. The CCG was successful in appointing to this post in August 2016, this post will further strengthen the safeguarding agenda and provide strong leadership for meeting CCG duties and priorities.

Great Western Hospital NHS Foundation Trust

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 our 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 from harm
- 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 that are consistent with provision of safe and effective care
- Processes are in place to learn from events.

We aim to fulfil our commitment to safeguarding and promoting the welfare of children by: -

- Ensuring there is Senior Management commitment from the Organisational Divisions reporting to the Children's Safeguarding Forum.
- Having clear lines of accountability and structures
- Supporting a culture that enables safeguarding issues to be openly discussed and addressed.
- Ensuring staff receive adequate training to safeguard children
- Providing Safeguarding Supervision
- Regular safeguarding audit programme

Achievements:

- We have increased the number of staff being trained at Level 3 to meet the "Inter Collegiate Document": Safeguarding Children and Young People: Roles and Competencies for Health Care Staff (March 2014).
- The Swindon Multi-Agency Risk Assessment Conference (MARAC) meetings continue to be attended by representatives from the Emergency Department and Midwifery enabling identification of those at significant risk.
- The development of Safeguarding Simulation training.
- An increase in referrals to Children's Social Care as result of increased knowledge in relation to 'See the Adult, See the Child' protocol
- We are the first hospital within South West to introduce the CP-IS (Child Protection Information System).
- The development of Safeguarding Children's newsletter for staff.
- We have increased the number of Supervision sessions to encourage more staff to attend.
- Our Sexual Health Team attends the Multi-Agency Risk Panels.

Impact:

Continue to see increase in advice sought from staff to the safeguarding professionals which identifies that there is learning from the various training programmes

Future challenges:

- Medical attendance at Initial Child Protection Conference
- Increasing use of Initial CSE screening tool

- Developing safeguarding Dashboard.
- Raising awareness of 'Early Help'
- Rolling out the 'Blended learning' for the level 3 update training.

Oxford Health Child & Adolescent Mental Health Services (CAMHS)

Achievements

Safeguarding Children supervision is now established and available to all CAMHS clinicians within Swindon. This is provided in a group setting and is also available on an ad hoc basis for all staff during office hours, irrespective of their role. Safeguarding is also a standing agenda for all team meetings. Safeguarding Children Supervision is in addition to Clinical and Management Supervision.

CAMHS staff undertake Safeguarding Children training as part of their statutory/mandatory training, and have additionally undertaken NHS England CSE training, and PREVENT (anti-radicalisation training) during 2015/16.

Overview

Oxford Health NHS Foundation Trust provides specialist child and adolescent mental health service (CAMHS) for young people under 18 years old in Swindon. Our services include;

- Specialist CAMHS for more severe mental health needs requiring longer term/intensive interventions for children/young people and their families
- Outreach work – for those requiring additional support across 7 days a week in the community
- Learning Disability CAMHS
- Emergency assessments – working closely with acute Hospitals and the Police where young people require immediate assessment 24/7
- Inpatient services at our acute psychiatric unit for adolescents in Swindon
- Safeguarding Children is inherent to all of CAMHS contact with children, young people and their families and Oxford Health NHS Trust have well established processes to ensure that Safeguarding Children is a key priority in the practice of every single member of the Trust.

Impact

In September 2015, CAMHS were inspected by the Care Quality Commission as part of a Trust wide review involving over 100 inspectors. They formally reported that CAMHS were rated as 'Good' across all areas except the Caring domain which they rated as 'Outstanding'. The report stated:

- The workforce was positive about the young people and their families at every stage, even when dealing with difficult and challenging issues.
- Young people and their families and carers who used the service were effusive in their praise for the staff.
- Staff were highly motivated to offer care that met what young people wanted. Relationships between people who use the service and their families and carers and staff were very positive.
- We observed consistently positive interactions with young people and their families. This was reflected in how staff spoke about young people and their situations when they were not present as well.

- Other agencies who worked with the services commented on the positive nature of staff.
- Young people were involved in their care and also the design of service delivery and were valued for their voice by staff.

Swindon CAMHS Learning Difficulties team have also been regularly participating in meetings with 2 special needs schools where health, education and social care all come together to discuss complex cases which has helped improve communication and access to both CAMHS LD and the Disabled Children's team. This has recently been extended into another special school in order to establish the same process as it has shown to help teachers understand the role of social care and CAMHS when managing risk in school.

Future Challenges

In August 2015, NHS England published guidance for developing CAMHS nationally, linked to a 5 year investment plan. There is wide recognition that the gap between services for young people with mental health need, and funding has widened. The CAMHS Transformation agenda is aimed at reducing those inequalities. In Swindon, two particular areas of need are a matter of concern:

Deliberate Self Harm (DSH)

During 2015, CAMHS undertook a 12 month audit of DSH presentations at Great Western Hospitals. This coincided with the commencement of a DSH register, increased awareness for young people and their parents, and an initiative for longer follow up. Our audit findings told us:

- From January 2015-January 2016 inclusive there were 119 presentations made by young people aged 12-17 (mean 15.2yrs; median 15yrs). 45% of the individuals were known to be in current contact with mental health services. 92% were known to have been admitted to either a hospital or non-hospital bed (85% admitted to a hospital bed and 7% to a non-hospital bed).
- 7% (8/119) of the presentations during the year long period of data collection were repeat attendances (ranging from presenting twice to three times during this period). Furthermore, 71% of the cases were known to have had made previous attempts of self-harm in the past.
- Most patients' data was collected in January 2015 with a decrease as the year progressed with spikes in occurrences during June 2015 and at the start of the new academic year.
- An average of 2.8 presentations per week following self-harm (median = 2; range 1-10).
- Of the 8 cases that had multiple attendances in the sample, 6 were known to CAMHS and 1 was known to 'On track' (local Drug and Alcohol Service) and 1 was not known to services.
- Of the 85 instances where the young person had been known to have attempted self-harm in the past, 38 were known to CAMHS and 1 was known to 'another community team'. 46 were not known to services (or it was not known).

Oxford Health will continue to collate data through the DSH Register at GWH and introduce additional support strategies for young people including booklets for young people and their parents/carers about self-harm and helpful ways to manage feelings of distress more effectively. There is an agreed plan to provide training to ED and ward staff to enhance awareness and foster good working practice between services which will support young people to receive a high quality service and to ensure an effective treatment pathway remains in place. The register will be reviewed formally at the end of each year to understand the needs of young people more comprehensively in Swindon, identify trends, and develop support for young people at risk of self-harming.

Many more, present within schools, at GP surgeries and to other professionals including CAMHS. The multi-agency guidelines for professionals working with children and young people who self-harm remains in place. This remains a high level of concern across all agencies working with young people. Through CAMHS Transformation Plans, there is a clear intention for CAMHS to work with professional colleagues to improve confidence and competence in supporting young people wherever they seek help.

The planning of care for children and young people who self-harm has safeguarding children as a key area when considering the level of risk and harm. Management overview on all open cases provides an additional layer of supervision to keep risk and harm at the forefront of assessment.

Eating Disorders

Nationally, the incidence of eating disorders is also increasing year on year. Swindon is no exception. Five year funding has been committed to improving access and waiting time standards for all young people as soon as a potential eating disorder is identified. Banes, Swindon and Wiltshire CCGs have joined up with CAMHS to create a specialist service to ensure full adherence to the new access and waiting time standards, increase the range of treatment and support for young people and their families, and reduce the need for inpatient admissions. Throughout 2016/17, the new service will be launched will also incorporate self-referral for young people and their families.

The concerns of significant harm to children and young people with Eating Disorders is well known, not least because of the increased risk of death and the need for families to participate fully in the ongoing support of the young person. Safeguarding Children is a key component of the planning of the care of these young people.

Workforce

Nationally, recruitment and retention is a major challenge for all providers. Employing staff with the right values, skills and experience remains one of the major challenges in the year ahead.

The appointment of an experienced Senior Named Nurse Safeguarding Children will ensure that training, supervision and support for CAMHS staff is consistent and developed to skill up the CAMHS teams. A planned and audited service will ensure that the teams develop. Governance processes are in place to ensure that CAMHS is compliant with section 11 requirements and that evidence is provided to demonstrate this.

Our Objectives for 2016 – 2017

During 2016/17, Oxford Health CAMHS are fully committed to working with partners to deliver system wide transformation for children and young people with mental health needs. This will require detailed planning and collaboration across the entire children's workforce to maximise the targeted investment to improve mental health services.

We are also committed to ensuring Swindon young people with eating disorders receive an outstanding service which ensures their outcomes are amongst the best in the country. Swindon CAMHS eating disorders service for young people is already cited nationally as a model of good practice. This will be further enhanced by faster access to assessment by increasing clinic capacity, specialist training for staff, self-referral and multi-family therapy.

The development of identification and working with children and young people who are at risk of, or experiencing Child Sexual Exploitation and exploitation generally, is a key objective for the next financial year

The Named Nurse and Named Doctor Safeguarding Children will run a series of workshops across the Swindon, Wiltshire; and, Bath and North East Somerset (BANES) areas to distribute key messages from local and national reviews, developing a practical action plan for each area to look at recommendations.

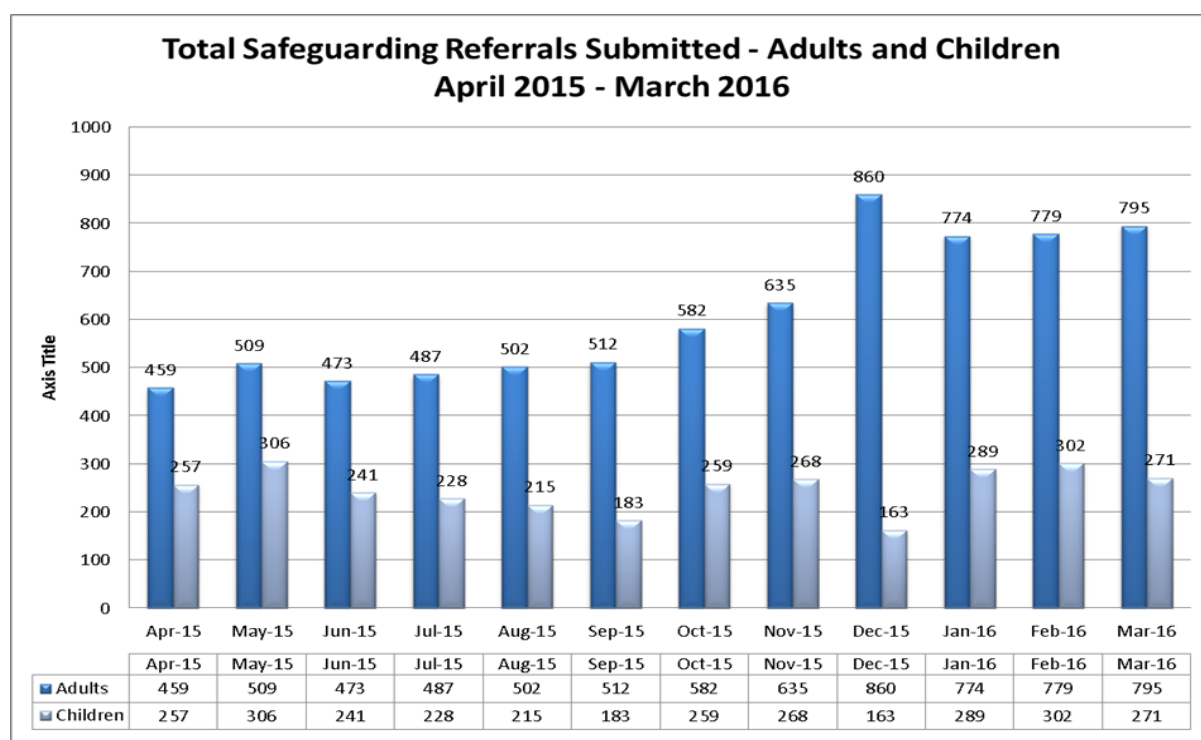
South West Ambulance Service Foundation Trust (SWASFT)

To give an idea of SWASFT activity in Swindon, the trust has made 17 child referrals within the last 3 months of this financial year – Jan 1 – March 31 2016. Swindon accounts for 1% of the overall safeguarding activity in the trust.

Of the 17 referrals, 6 met the internal SWASFT threshold for safeguarding and the remaining 11 met the SWAST threshold for welfare.

Of the 6 safeguarding referrals 4 were for Neglect and 2 for physical abuse. The 11 welfare referrals include 5 for parental intoxication, 1 for child mental Health, 1 for inconsistent history, 1 for child on plan, 1 child alcohol, 1 child suicidal and 1 parental overdose.

The total numbers of Trust safeguarding referrals for both adults and children are as follows:



The SWASFT Safeguarding Team provides advice, training, ad hoc supervision and support to all frontline and support staff across the trust area. There are 3 Named Professionals that cover the 3 trust localities. The Named Professional for the Swindon area is Simon Hester and he reports to the Head of Safeguarding, Sarah Thompson.

Achievements this year

- Analysis and Review of Referral Process for efficiency and Demand Management.
- Development of a standardised audit tool to review 40 randomised cases.
- Risk assessment of the referral process.
- Delegation of whole team to triage role due to long term absence of the Triager.
- Positive letter of support from Safeguarding Board for 111 CQC inspection
- Positive verbal feedback from 111 CQC inspections.
- IMR/SAR/DHR completed despite capacity issues.
- Recruitment to the administration position – referral triage processor to commence May 1 2016.
- First module of the NHS England Safeguarding Leadership course at Taunton completed by Named Professional North.
- TOR and Work plan for NASG (National Ambulance Safeguarding Group) agreed March 2016.
- Managing Allegations Policy updated and agreed at SOG.
- Prevent Policy agreed at SOG (Safeguarding Operational Group).
- PTS training quality assured and completed for all PTS (patient transport staff).
- Quality Assurance of CFR Safeguarding Training
- Positive action from North CDOP meetings including facilitating SWASFT Macmillan Nurses under the Palliative Care Response Times
- Facilitated OO abstraction to join Gloucestershire Safeguarding Fire Subgroup to look at joint working on hoarding
- Named Professional East achieved The Award in Education & Training enhancing the Service Training portfolio
- All team members received half day Emotional Resilience Training
- Quality Audit of Referrals with the 111 Service
- Production of an 'OO pack' for use by all Operational Officers related to Safeguarding by West Named Professional.
- SOP (Standard Operating Procedure) agreed for all frontline staff in relation to Child Death produced by Named Professional West.
- Launch of trust wide Welfare Service for staff – The Staying Well Service – 400 staff seen in first 5 months.

Future challenges

The Fact that SWAST report to 30 safeguarding boards is a challenge in itself. It is a priority for the new Named Professional to build a relationship with this board in his area.

The increase in referral rate reveals a steady growth in the referral rate in an 18 month period with a significant rate of growth in the last 5 months. The general growth rate is most likely explained by improvement in safeguarding awareness by operational staff, the ease of access to safeguarding referral process through ePCR roll-out and changes in statutory duties (The Care Act).

This has led to a greater demand on the safeguarding team to triage and process the referrals

Objectives for 2016-2017

- Respond to the imminent Care Quality Commission Inspection – June 2016
- Secure 2 seconded posts to permanent positions
- Increase capacity of safeguarding referral process

Children and Family Court Advisory and Support Service (CAFCASS)

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

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

The following are examples of work undertaken by Cafcass in 2014/15 to promote the continuous improvement of our work and support reform of the Family Justice:

- Revision of both the **Quality Assurance and Impact Framework** and **Supervision Policy** which together set out the organisation's commitment to delivering outstanding services, and the ways in which staff are supported to achieve this and the quality of work is to be monitored. The Framework integrates the impact of the work on the child into the grade descriptors so that evidence of positive impact is to be present, alongside compliance with the expectations of Cafcass and the Court, for an outstanding grade to be achieved.
- Implementation of the **Equality and Diversity Strategy**. This entails: a network of Diversity Ambassadors who support the development of staff understanding and skill; the holding of workshops; a themed audit on the impact of diversity training on practice.
- Extending the **Child Exploitation Strategy** introduced in 2014/15 to include trafficking and radicalisation as well as sexual exploitation. Key elements of the strategy include: Ambassadors (at a service area level) and Champions at a team level to have a 'finger on the pulse' of local issues and to support learning; training and research (including a study of 54 cases known to Cafcass in which radicalisation was identified as a feature).
- Working with a **range of partners** across family justice, children's services and the voluntary sector for examples the judiciary, the Adoption Leadership Board and the Association for Directors of Children's Services with whom Cafcass has developed the social work evidence template for use in care cases, and with whom we are developing good practice guidance for children who are accommodated by the local authority. Cafcass also chairs the Wiltshire Family Justice Boards that covers the Swindon Courts,
- The development of **innovations** that are aimed at improving our practice and supporting family justice reform. These include: piloting the provision to our Family Court Advisers of consultations with a clinical psychologist; the extension of Family Drug and Alcohol Courts; *the supporting separated parents in dispute* helpline (a pilot across five service areas aimed at promoting out-of-court settlements of disputes where safe to do so).

- Contributing to the government **review of Special Guardianship Orders**, including a small piece of research that was included in the government's response to the consultation.
- A **Service User Feedback Survey**, which looked at the interim outcomes of children six to nine months after private law proceedings concluded. Specifically, the survey looked into whether arrangements ordered by the court had sustained; how effective communication was between parents before and after court proceedings; and whether participants believed that the court order was in their child's best interests.

The future challenge is to show continuous improvement in our performance and to deliver our services as effectively and as efficiently as possible within the resources available. Cafcass is also undertaking, on a national basis, a number of innovative projects designed to support reform in family justice.

Swindon LSCB Priorities for 2016/17

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 2015/16 LSCB Business Plan.

The Business Plan for 2016/19 was agreed by the LSCB in April 2016 and sets out the seven core functions of the Board and four key priorities for improvement in 2016/17. 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 core functions are:

Policies and Procedures:

Developing policies and procedures for safeguarding and promoting the welfare of children and young people in Swindon, including the publication of thresholds for intervention where a child's safety or welfare is compromised.

Communication and Safeguarding Awareness

Communicate the need to safeguard and promote the welfare of children among both the professional and lay community, raising awareness of how this can be done and encouraging them to do so.

Performance Management

Monitoring and evaluating the effectiveness of safeguarding and preventive strategies and the actions of partner agencies to the Board (individually and collectively) and setting standards for continuous improvement.

Serious Case Reviews

Undertaking and commissioning reviews where abuse or neglect of a child is known or suspected and the child has died or has been seriously harmed and there is a cause for concern as to the way in which partners have worked together to safeguard the child. Consider and undertake local case reviews when the threshold for Serious Case Reviews is not met.

Quality Assurance Audits and Scrutiny (including Section 11 audits)

Evaluating the effectiveness and efficiency of local actions to safeguard and promote the welfare of children, evidencing outcomes and challenging improvement.

Training and Staff Development

To devise and deliver high quality innovative training programmes and initiatives that meets the training requirements of the local workforce and the priority safeguarding issues being progressed.

Child Death Overview

To collect and analyse information on child deaths to identify opportunities to share learning, improve services and prevent further avoidable deaths.

The four priority areas for improvement during 2016/17 are:

1. Early Help

Evaluate the effectiveness of the Thresholds document to ensure that it is fit for purpose, well understood and used appropriately by professionals in partner agencies and identify any barriers to delivery of early help

2. Child Exploitation

To undertake a partnership profile in order to better understand the nature and extent of CSE and related issues across Swindon and to evaluate the effectiveness of the multi-agency response to CSE and other forms of child exploitation.

3. Strengthening the Voice of the Child and their families and practitioners

To develop the ways in which the LSCB can 'hear' the voice of the child and their families and also front line professionals when evaluating the effectiveness of services that support them and their families.

4. Supporting the effectiveness of adults and children's services to work together to safeguard children

To identify and promote better outcomes for children through closer working between services that support children and the adults that care for them.

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 areas of responsibility and keep the LSCB informed of the work they are undertaking and of any safeguarding issues requiring attention by the LSCB.

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 and members of the LSCB Business Team have also written some sections of the report and have edited the final report.

This report was approved for publication by the Board of Swindon LSCB in September 2016.

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 at 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

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.

Tel: 01793 466849

Child abuse on the web

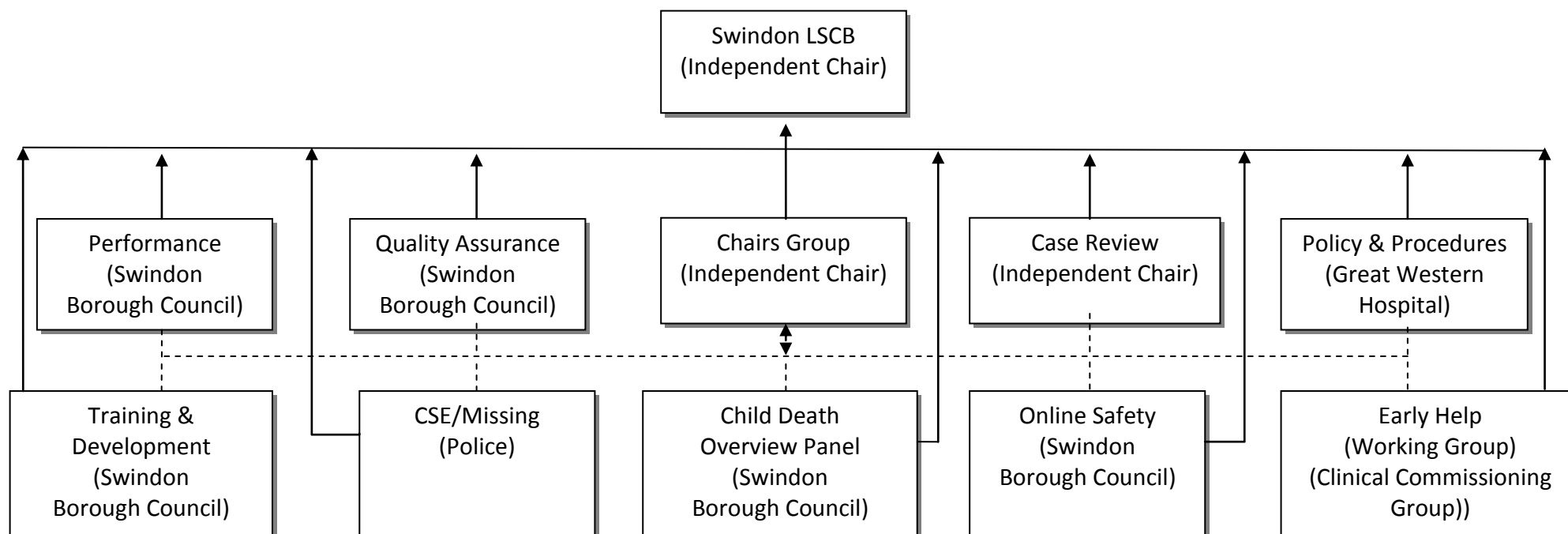
You can report online sexual abuse and content from the CEOP (Child Exploitation and Online Protection) website.

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

<http://www.proceduresonline.com/swcpp/>

**LSCB Structure Chart & Board
Membership & Attendance**

BOARD MEMBER	ROLE & ORGANISATION	BOARD MEMBER	ROLE & ORGANISATION
Alex Walters	LSCB Independent Chair, Chair's Group & Case Review Group Chair	Amanda Murray	Area Manager, Gloucestershire/Wiltshire LDO, National Probation Service (NPS)
Bernie Brannan	Board Director, Service Delivery, Swindon Borough Council (SBC)	Catherine Clark	LSCB Quality Assurance & Training Manager
Cherry Jones	Director of Public Health, SBC & Chair of Child Death Overview Panel (CDOP)	Craig Holden	Detective Superintendent, Head of Public Protection, Wiltshire Police & CSE sub-group Chair
Deborah Murphy	Senior Service Manager, Children and Family Court Advisory & Support Service (CAFCASS)	Deidre Fitzpatrick	Swindon Association of Secondary Headteachers
Duncan Webster	Head of Student Services and Safeguarding, New College	Fiona Francis	Service Manager, Quality Assurance & Review Service, SBC & Quality Assurance sub-group Chair
Fionuala Foley	Cabinet Member Children's Services, SBC	Gill May	Executive Nurse, Swindon Clinical Commissioning Group (CCG) & Early Help Working Group Chair
Hilary Walker	Chief Nurse, Great Western Hospital (GWH)	Huw Ford	Children's Services ICT Manager, SBC & Online Safety sub-group Chair
Ingrid Anson	NSPCC Service Manager for Swindon	Janet King	Consultant Paediatrician and Designated Doctor, Swindon CCG
Joanne Smith	Named Nurse, GWH & Policies & Procedures sub-group Chair	Kathie Bryan	Association of Swindon Special School Headteachers
Karen Reeve	Interim Director of Children's Services (Interim) SBC	Lin Williams	Domestic Abuse Strategic Lead, SBC
Liz Hickey	Assistant Chief Officer, Community Rehabilitation Company (CRC)	Lyn Davis	Lay Member

Mark Edwards	Swindon Health Watch	Mark Scully	Head of Local Delivery Unit, Gloucestershire/Wiltshire LDU, (NPS)
Matt Bywater	Service Manager - Restorative Youth Services, SBC & Training sub-group Chair	Michelle Maguire	Head of Service: Oxford Health NHS Foundation Trust
Mike Ash	Head of Service: Housing & Community Safety, SBC	Newlands Anning	Interim Managing Director, Avon & Wiltshire Partnership
Pat Porter	Lay Member	Peter Nathan	Head of Education, SBC
Phillipa Lamb	Strategic Planning Manager, SBC & Performance sub-group Chair	Robin Stannard	Lay Member
Ruth Gumm	Principal Social Worker, SEQOL	Sarah Merritt	Divisional Director of Nursing, Women & Children's Division, GWH
Sarah Turner	Safeguarding Advisor for Education, SBC	Sarah Warne	Safeguarding Lead Nurse, NHS England
Simon Hester	Named Safeguarding Professional, South West Ambulance Service Trust	Simon Ratcliff	LSCB Strategic Manager
Spencer Allen	Swindon Association of Primary Headteachers	Stephanie Hathaway	Manager, Koalas Opportunity Group
Sue Wald	Director of Adult Services (Interim), SBC	Tanya Musty	Student Engagement Officer, Swindon College
Yasmine Ellis	Youth Development Manager, Dorset & Wiltshire Fire & Rescue Authority		
LSCB BUSINESS TEAM			
Christine Mister	Administrator	Lesley Boorman	LSCB Business Administrator
Catherine Clark	LSCB Training & Quality Assurance Manager	Simon Ratcliff	LSCB Strategic Manager

Partner Attendance at Quarterly Local Safeguarding Children Board Meetings 2015/16			
Agency	% Attendance	Agency	% Attendance
Adult Services	25	SBC - Children, Families & Community Health	75
AWP	25	SBC - Education Commissioning	75
CAFCASS	25	SBC - Housing & Community Safety	100
CSE & Missing Sub Group	100	SBC - Head of Commissioning, Children & Adults	100
Designated Doctor CCG	100	SBC - Cabinet Member Children Services	100
Designated Nurse CCG	50	SBC - Restorative Youth Services	100
E-Safety Sub-group	75	Case Review Sub Group	100
Early Years	0	Safeguarding Advisor for Education	100
CCG	100	Schools - Primary	25
GWH NHS Foundation Trust	75	Schools - Secondary	50
Lay Members	100	Schools - Special	75
NHS England	0	SEQOL	50
NSPCC	75	SW Ambulance Service	0
Oxford Health NHS	100	Swindon Colleges/FE	25
Policy & Procedures Sub Group	75	Swindon Health Watch	100
Probation CRC	25	Training & Safe Workforce Sub Group	75
Probation NPS	100	Voluntary Sector	75
SBC - Public Health	100	Wiltshire Fire Service	25
SBC - DV Strategic Lead	25	Wiltshire Police	100
SBC - Group Director, Children, DCS	50		