



Swindon LSCB Annual Report 2016/17

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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 2016-March 2017.

As a statutory partnership, the LSCB brings together organizations 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.

Below are some key areas of focus, challenge and activity undertaken by the LSCB during 2016/17, which are set out in more detail in the body of the report.

Challenge and Scrutiny

Challenge and scrutiny are the key functions of an LSCB and a number of changes have improved the overall effectiveness and coherence of arrangements to improve the impact of learning on practice. The Case Review Group now oversees all Serious Case Reviews (SCRs) and Local Case Reviews (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. In 2016/17 the LSCB published two Serious Case Reviews –SCR D and SCR S and provided updates on the progress by all partners to achieve the recommended areas for improvement. The learning was disseminated to all practitioners through the LSCB training programme and was the focus of the LSCB National Conference in October 2016. The action plans continue to be monitored for evidence of progress and the LSCB has ensured it has driven issues such as the escalation policy and has welcomed improvement in issues of workforce capacity and operational child protection arrangements. The CRG also oversaw a further SCR and an LCR, which were both commissioned in Jan 17 and will conclude in September 17. The Quality Assurance (QA) sub group has ensured that its multi-agency audit programme addressed the areas requiring scrutiny informed by the priorities in the LSCB Business Plan, performance data and from SCRs and LCRs. The Performance sub group reviewed and introduced significant improvements in the performance data received from partner agencies, the content of the overall data set and the quality of the narrative provided. Section 11 arrangements have been reviewed and enhanced during 2016/17 for implementation in 17/18 to enable more detailed and robust challenge and the Challenge Log itself continues to record challenges around performance and practice, which are identified by the LSCB and its sub groups and regularly monitored by the LSCB. This is a live document providing evidence of challenge and transparency to enhance the LSCB collective responsibility to provide scrutiny and challenge and is published as part of this Annual Report in 2016/17.

Engagement of Children young people, their families and staff.

The LSCB is working to improve the engagement of children and young people, their families and frontline practitioners and to ensure there are mechanisms to hear their voice. This is undertaken through a number of ways including the presentation to the LSCB of services which engage with children and their messages on the effectiveness of their experiences. In addition both the LSCB audit methodology and the SCR/LCR methodology incorporate direct feedback from children, young people and practitioners and the LSCB also undertakes more generalized survey activity of frontline practitioners i.e. the CSE, E-safety and Escalation survey undertaken with practitioners in 16/17. This is an area of work however that the LSCB recognizes still requires further focus and drive from the LSCB

Early Help.

Early Help arrangements were discussed at the LSCB in 15/16 and recognition that further work was needed to review and ensure that the Thresholds document, Early Help Pathways, Early Help assessments 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 group met during 16/17 and identified some of the key barriers to effectiveness of the system and identified further work and Stage 2 has now began to finalise the Early Help strategy and the Thresholds document and will present to the LSCB in September 17. However contacts and referrals to Children's Social Care reduced in 16/17 and this is the first time a decrease has occurred for more than 3 years. The development of the MASH arrangements in 16/17 are felt to have contributed and the LSCB will receive a report on the first year of the MASH in 17/18. Early Help and the application of Thresholds continues to be a priority for 17/18.

Child Sexual Exploitation

The LSCB is determined to ensure that the impact of learning from case reviews concluded in 2015/16 is evidenced in improved practice. The work has included the revision of the overarching CSE strategy and undertaking the detailed CSE audit in 16/17 which included a front line survey of over 1000 practitioners and evidenced that there had been considerable progress over the last two years and identified more focus is still required to improve the quality of independent interviews of missing children on their return. Evidence included the positive independent evaluation of the Multi Agency Risk Panel (MARF), which demonstrated progress in operational arrangements to share information, manage risk of individual children and inform cohesive disruption activities. The work around CSE and wider exploitation of children continues within the LSCB but is no longer a targeted priority for improvement.

Health

The Independent Chair met with key health leads to review current safeguarding arrangements and clarify governance and accountabilities in March 16 and December 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 provided support and the outcome was a revised and enhanced JD for the Designated Nurse, which was successfully recruited to in August 16, and additional funding from NHS E to support succession planning for designated and named health professionals. In addition the CCG has also committed additional resource and capacity into its safeguarding functions and now has a named GP and a clear structured programme of improvement activity. Agreement was reached to create a Health sub group of the LSCB led by the CCG to provide the cohesion and oversight of all partners in the Swindon health economy, which began meeting in 2017.

Local Authority Children's Services

The Board requested and received a report in December 16 to provide an update to the LSCB of the work undertaken since the Ofsted inspection of 2014 in terms of addressing workforce capacity and securing sustainability and improvements to practice particularly in front line social work teams and strengthening the quality assurance arm of CP Chairs/IROs /audit activity etc. Reports are routinely provided to the LSCB on performance and the effectiveness of the single and multi-arrangements to safeguard children and audits showing improved quality of performance and improvements in performance measures. However the report recognizes that the service is at a point in its improvement journey, which needs continued focus to sustain and build on improvements in 17/18.

Schools

The Board has recognized the conduit between the LA and schools around safeguarding issues needed to be strengthened and has been supportive of the LA work to support designated school leads and to ensure a robust system to capture the annual safeguarding audits undertaken in

schools. The Chair met with secondary heads in December 16 and ensured that designated school leads were involved in consultation on the LSCB Business Plan 17/18 and has encouraged their representation on the sub groups of the LSCB to ensure schools' voices are heard and can inform the work and priorities of the LSCB.

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 Children and Social Work Act which received Royal Assent in April 17. The legislation confirmed the need for multi-agency safeguarding arrangements based on local need and overseen by the 3 identified Statutory Partners-the LA, Police and the CCG and changes to SCR and CDOP arrangements. Implementation will be over the next 18 months/two years and will be the subject of future local discussions in 2017/18 following the publication of the Working Together draft guidance for consultation in October 2017.

In recording my thanks to members of the Board and those supporting the work of its sub groups, I would like to specifically 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 2016-2017

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 LSCB's Business Plan for 2016/17 contained seven core functions and four priorities for development.

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).

2. Core Functions:

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.

Child Death Overview Panel: To review child deaths and learn lessons in order to improve the health, safety and wellbeing of children and to reduce future incidence of preventable child deaths.

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 and evaluate high quality multi-agency innovative training programmes and initiatives that meets the training requirements of the local workforce and the priority safeguarding issues being progressed.

3. Priorities for Development 2016/17

- Early Help
- Child Exploitation.
- Strengthening the Voice of the Child and their families and practitioners
- Supporting the effectiveness of adults and children's services to work together to safeguard children

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

Priority 1 – Early Help
<p>The LSCB recognised the need to understand the effectiveness of the current arrangements and services, which provide Early Help. It therefore established a multi-agency Working Group, which met throughout 2016/17 and was chaired by the CCG.</p> <p>The Working Group’s remit was to review the Thresholds document and the quality of EH Plans and identify barriers to delivery. The Working Group produced a report for the March 2017 meeting of the Board which set out the group’s progress and findings and identified further work required.</p> <p>In summary, the Working Group found that although progress has been made in supporting the Early Help agenda, the evidence indicates there is more to do to further embed the culture of early help amongst the workforce across all agencies. There is more to do to ensure that the multi-agency threshold document is valued and used appropriately across the partnership.</p> <p>The performance data also indicates that not all services and practitioners, that should be, are making use of Early Help Records and Plans (EHRP) to assess and plan services for children and families with additional needs. Greater insight is required to further understand how we can effectively tackle these barriers going forward. An audit of Early Help Records and Plans to provide assurance that Early Help Records are good quality and lead to sustained improvements for children, young people and their families is planned for 2017/18 once the work of Phase 2 is complete.</p> <p>Phase 2 of this work (chaired by SBC Children’s Services) is to produce a revised Threshold Document and a detailed implementation plan and is expected to report on progress to the LSCB in September 2017.</p>
Priority 2 - Child Exploitation
<p>The LSCBs work on child sexual exploitation was led by its CSE & Missing Subgroup. The Subgroup’s objectives under the business plan for the year were to complete a broader partnership profile to better understand key issues for Swindon; review the groups Terms of Reference to reflect all issues related to child exploitation; and, ensure agency awareness of roles in prevention and intervention. The Subgroups activities for the year included the following:</p> <ul style="list-style-type: none"> • A new Partnership Profile was completed. There was an improvement in the way that agencies provided data to inform the profile with reassurance that any operational elements identified within the profile will be addressed by the recently established Opal team • Key partner agencies carried out self-assessments on their response to CSE and Missing. The resulting areas for development were taken into the Sub-groups action plan. • A two part audit of multi-agency awareness and responses to CSE was conducted by the LSCBs Quality Assurance Sub-group with learning from this informing the Sub-groups action plan for 2017/18 • 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.

- The Subgroup oversaw the implementation of the integrated and co-located Police/Social Care CSE team (known as Opal). 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. 2016 has seen the Opal team consolidating its role in supporting victims and those at risk from CSE with a more specialised and dedicated service.
- During 2016 the sub-group started to receive performance reports from the Multi-Agency Risk panel (MARF), to ensure the LSCB had oversight of this critical partnership activity. The panel meets monthly to consider children who are at risk of exploitation and children who, when they go missing, are considered a high risk. In addition to the regular performance reports and following an independent review on the effectiveness of the panel in 2015, the sub-group received a follow up evaluation (carried out by the same reviewer) in March 2017 which considered the panel's response to the original recommendations. In the report, the reviewer made the following observation:

"MARF functioning was unrecognisable from the previous evaluation. The previous evaluation was largely positive but there have been major improvements since that time. A meeting that generates over seventy actions to safeguard children is a powerful influence. Overall I thought MARF was impressive.

I did not detect any areas of major weakness or concern. All the areas where I have suggested improvement are already known to MARF and have work in progress. I think the MARF assessment of activity both in the February strategic meeting discussion and in the survey returns are accurate.

MARF appears to be a hard-working and effective process that is making a significant contribution to safeguarding children. It is also an evolving and improving entity which is important because it is clear the perpetrators of abuse perpetually change their methods and open up new challenges. I hope efforts will continue to identify clearer evidence of impact and to strengthen existing safeguarding arrangements."

Priority 3 - Strengthening the Voice of the Child and their families and practitioners

The LSCB looks to strengthen the voice of the child by considering the extent to which services listen to children and reflect their lived experience in service development plans and in individual support plans.

During 2016/17 the LSCB has made specific efforts to reflect the views of children, families and frontline practitioners in the Serious and Local Case Reviews it has carried out and in the multi-agency audits on CSE and Domestic Abuse (both of which engaged with practitioners as part of their methodology). Both these areas of work are referred to later in this report.

In addition to the work the LSCB is doing itself to engage with children, families and practitioners, the Board also encourages partners to develop further their work to ensure that the child's voice is at the heart of service design and delivery. Examples of ways in which the LSCB and its partners have developed their engagement work are as follows:

- A new website which aims to reach out to young people in Swindon was launched at the LSCBs Annual Conference in October 2016. Thedockswindon.co.uk was designed with the help of young service users and contains a range of information aimed at helping young people to make better life choices.

Working with Swindon Borough Council's Restorative Youth Services, young people chose the style, layout and most of the new site's content, as well as the website's name. It is promoted across all of Swindon's schools and colleges, and any other groups where young people meet.

The site contains information for young people on physical and emotional health, education, employment and training links. There are sections on sports, recreation, how to stay safe, apprenticeships, volunteering, and securing a placement from school or college.

- A number of services in Swindon have been verified and moderated through the South West process in conjunction with Public Health England and have achieved Young People Friendly accreditation including The Great Western Hospital NHS Foundation Trust – Children's Out Patients, Swindon New Sanctuary (Sexual Assault and Referral Centre) and New College Swindon, College Nursing. These organisations were presented with their certificates of achievement at the LSCB Annual Conference in October 2016.
- The LSCB received a report from the Council on the work its commissioned services have done to enable children to participate in public service decisions, service design and reviews in order to ensure that the voice of the child is heard and used to inform local services and support. An overview of the participation activity in 2016/17 can be found later in this report. The following Youth Participation groups carried out the work:
 - Member of Youth Parliament (MYP)
 - Youth Council
 - Thought Tank
 - Young Inspectors
 - Children in Care Council
 - Young Carers
- Swindon Borough Council coordinates a termly forum for School Designated Safeguarding Leads. The forum provides an opportunity at which organisations including the LSCB can both provide information on a range of safeguarding issues (including CSE, Online Safety, Missing Children, and Learning from Serious Case Reviews) and hear about the issues DSLs are facing in schools.
- Work to further develop the LSCBs engagement with children, their families and practitioners continues into 2017/18

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

The LSCB seeks assurance that services supporting adults and services supporting children are working together effectively to safeguard children. Learning from case reviews has shown that whilst it is vital that the needs of the adults in a family are recognised and addressed, the impact of those needs on the children must be considered by all the agencies and joint work to reduce risk to children must be of paramount importance. The following are examples of the different ways in which partner organisations within Swindon have developed their joint working:

- The multi-agency practice guidelines for the assessment, support and case management of families - 'See the Adult See the Child' - has been refreshed in light of the Care Act 2014 and social care staff have been briefed. There is a clear focus is on alerting managers that they are dealing with a case that involves children and adults so that they receive appropriate support and Swindon Borough Council has good oversight of these cases. The focus is on face to face meetings for multi agencies, ownership of actions and responsibility to raise concerns with managers.
- The multi-agency Transitions Programme (established September 2016) is focused on providing young people and families with a more joined up experience of the transition into adulthood and the associated involvement in children and adult services. This programme focusses on those young people who are likely to transfer to a service provided by Adult Social Care or Adult Mental Health. The programme supports early engagement with the Adult Services Transitions Team (from Year 9 or age 14) so professionals can focus on understanding how the young person can be as independent as possible in adulthood, and build a realistic but ambitious picture with them on what their adult life could be like.
- Transitions: Preparing for Adulthood Roadshows aimed at providing advice, guidance and information for parents, carers and professionals supporting young people with additional needs have been held at Swindon Support and Advice Centre with more planned for 2017/18.
- The Adult Learning Disability Team has reviewed the Munby Case (which centred on a four year old child whose parents had learning disabilities) and have ensured that staff in Adult Services, Children's Services and Mental Health (AWP and CAMHS) are aware of the implications for ensuring children who are vulnerable and at risk are identified as part of the adult assessment and plan.
- Adult social workers are supported to attend Child Protection Training and there is a requirement for all staff to undertake the online CP training.
- Work is continuing to further develop the contract management framework for commissioned services so that they set out more clearly the requirement for safeguarding and child protection training and provide for a balanced evaluation of performance to include the number of adult service users who have children living with them and how many of those are children in need/in need of protection.
- The Special Educational Needs workforce within Children's Services have been briefed on the adult eligibility thresholds for accessing services.
- Roles and Responsibilities Workshops held with multi agency partners - Adult and Children's Services, schools, colleges, Health and Mental Health services to review and share good practice in relation to a young person's Annual Review.
- A Child Protection Policy for Housing Services has been completed and distributed to all housing staff along with Child Protection Pocket Guide.
- A new post of Domestic Abuse Homelessness Officer (funded by DCLG grant) is preventing a minimum of 10 households per month from becoming homeless. These are households who

are victims of domestic abuse; some of these will be families with children.

- Avon and Wiltshire Mental Health Partnership NHS Trust promote the 'Think Family' principles (as defined by The Social Care Institute for Excellence Think child, think parent, think family: a guide to parental mental health and child welfare December 2014) to help practitioners ensure appropriate communication and joint working between agencies and services to enable joined up working, develop a complete picture of a child's experience, and better understand how to safeguard and manage risk to the child.
- Avon and Wiltshire Mental Health Partnership NHS Trust has recruited two Named Safeguarding Children Nurses to support locality team's partnership working. The Trust's annual safeguarding survey has indicated increased awareness with regards to identifying children at risk of FGM and CSE.
- The National Probation Service in Swindon is making use of a national audit tool to monitor the quality of their referrals to CSC. The ongoing and active involvement of NPS staff at child protection conferences and core groups is reflected in their use of information to support appropriate sentencing in court.
- Public Protection staff within Swindon Borough Council's Public Health team play an important role in providing intelligence on Child Sexual Exploitation matters gained whilst visiting the wide range of premises their work entails (private rented accommodation, takeaway food and other retail outlets) and report concerns in line with 'See Something, Say Something'. They are available to utilise their legally privileged role to target attention on particular premises where called upon by the Police or other involved agencies.
- Work is underway to ensure that all contracted public health services adhere to the safeguarding and child protection requirements within the commissioning agreements.
- The LSCB Quality Assurance Subgroup is to undertake an audit in 2017/18 to test effectiveness in the Child Protection system when parents have substance misuse, mental health issues or are receiving services from adult facing services for issues which are impacting on their capacity to safeguard their children.

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 2017–2022 (see below) 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.
- 244 children were subject to a child protection plan at 31st March 2017, and is slightly above 2015/16 when 238 were reported.
- 327 children were looked after by the Council at the end of 2016/17. Swindon now has a higher number of children in care when compared to national and statistical neighbours. 18 children are unaccompanied asylum seeking children.
- 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 2017-2022](#) sets out the vision and long term improvements in local people's health and wellbeing that the Health & Wellbeing Board 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.

In its 2016/17 summary the JSNA highlights the following key challenges it is looking to address under its strategic priority "Good Start in Life":

- The challenges facing children and young people with Special Educational Needs and Disabilities need to be better understood along with why they experience poorer outcomes.
- A key prevention priority around domestic abuse is to tackle the hidden harm of abuse within the home that significantly impacts the health and well-being of children witnessing violent acts; on the mental health of victims; risk of suicide; and substance misuse issues, including smoking.

- The effectiveness of the response to children and young people who are at risk from criminal exploitation including, but not limited to, child sexual exploitation must be continued to be developed.
- Educational attainment in Swindon needs raising at the end of secondary school to the England average and the attainment gap between disadvantaged pupils and their peers addressing.

During 2016/17 The JSNA conducted needs assessments and other work focussing on: Suicide; Inequalities; Child Poverty; Oral Health; Domestic Abuse; and Substance Misuse. The reports on these and more is available at <http://www.swindonjsna.co.uk/>

Swindon Performance Information – the Child’s Journey

The Safeguarding Process Explained

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 fulfill their potential and make a contribution to their community.

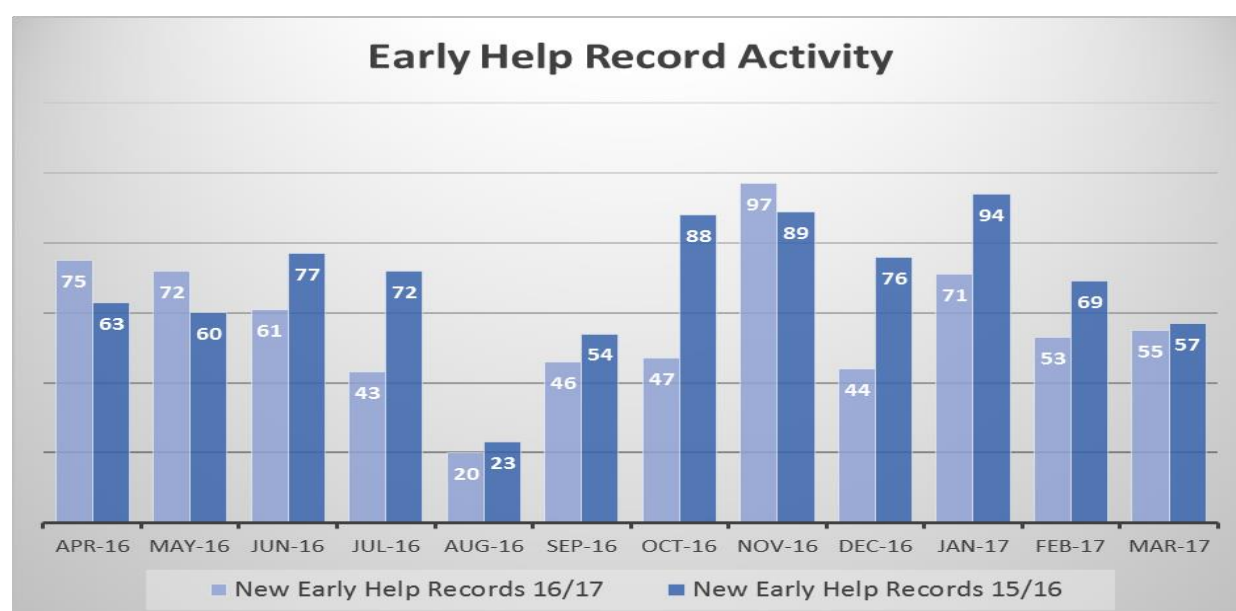
Children, young people and families experience a range of needs at different times in their lives. However, while all children and young people require access to high-quality universal services, some of them also have additional needs that may relate to their health, well-being, development and education. 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.

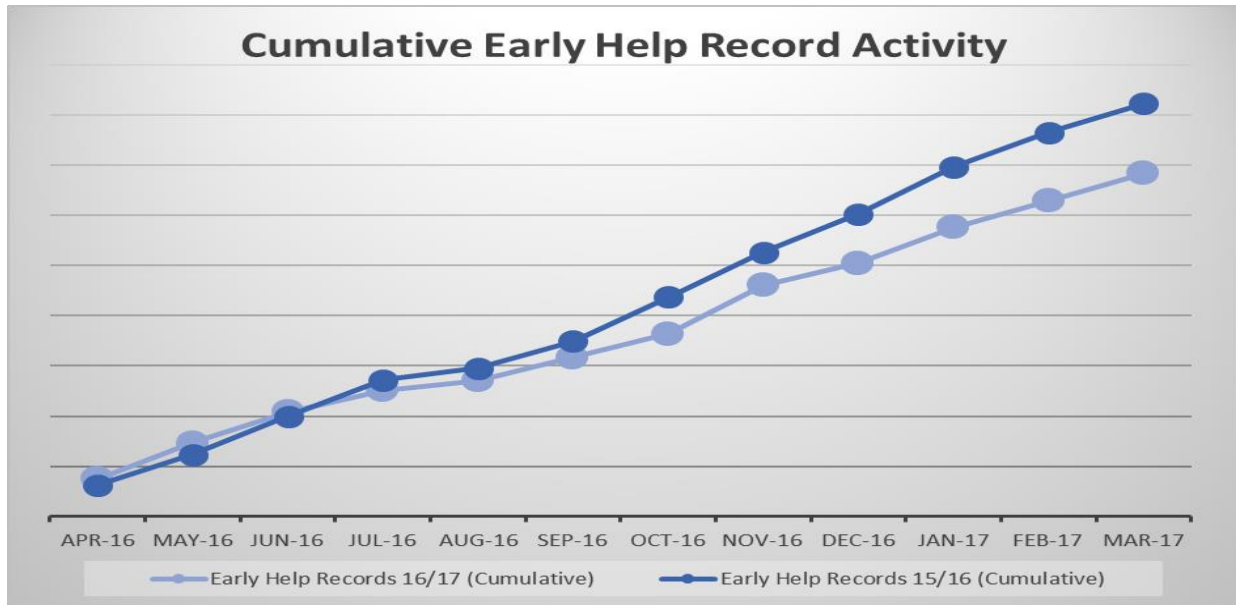
The LSCB’s guidance around a child’s level of need helps workers to identify the appropriate level of response to a child’s assessed needs.

The Early Help Record and Plan (EHR&P) is the common process for assessing, planning and 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 table and graphs below show Early Help Records and Plans activity across agencies for 2016/17 with comparison data for 2015/16.

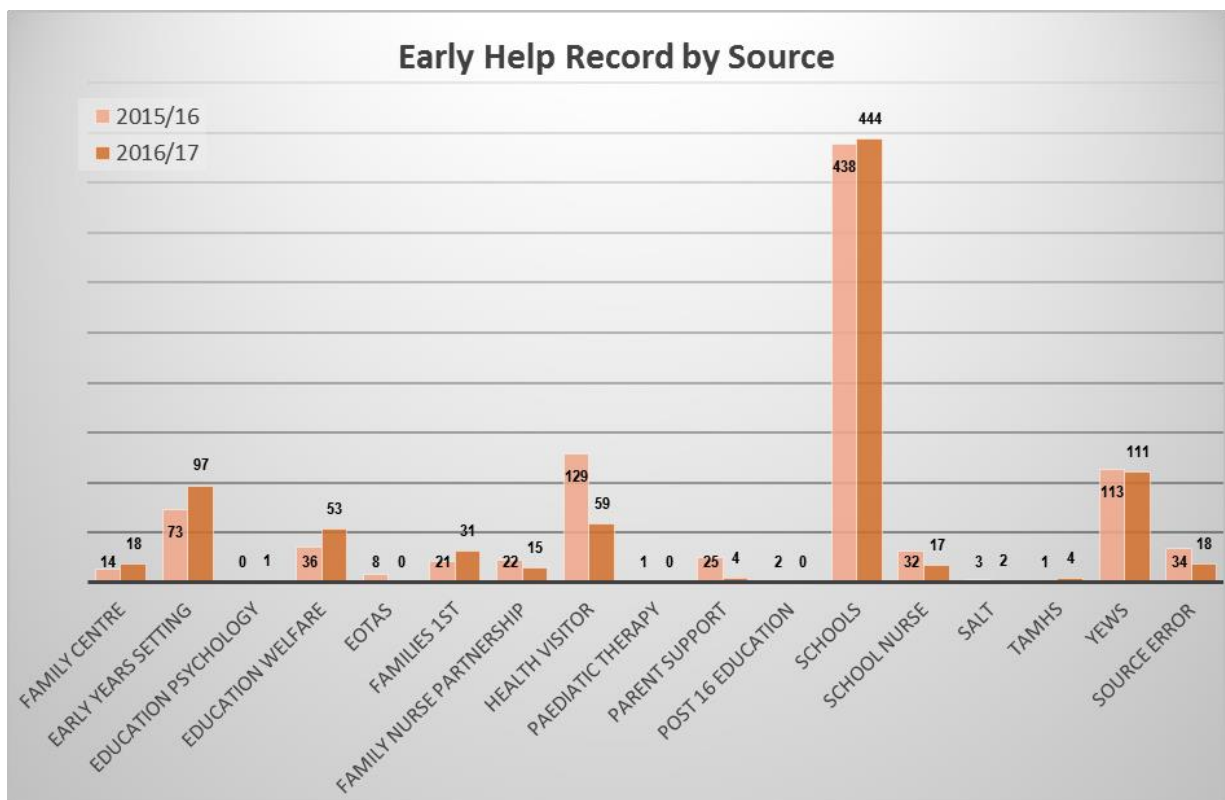
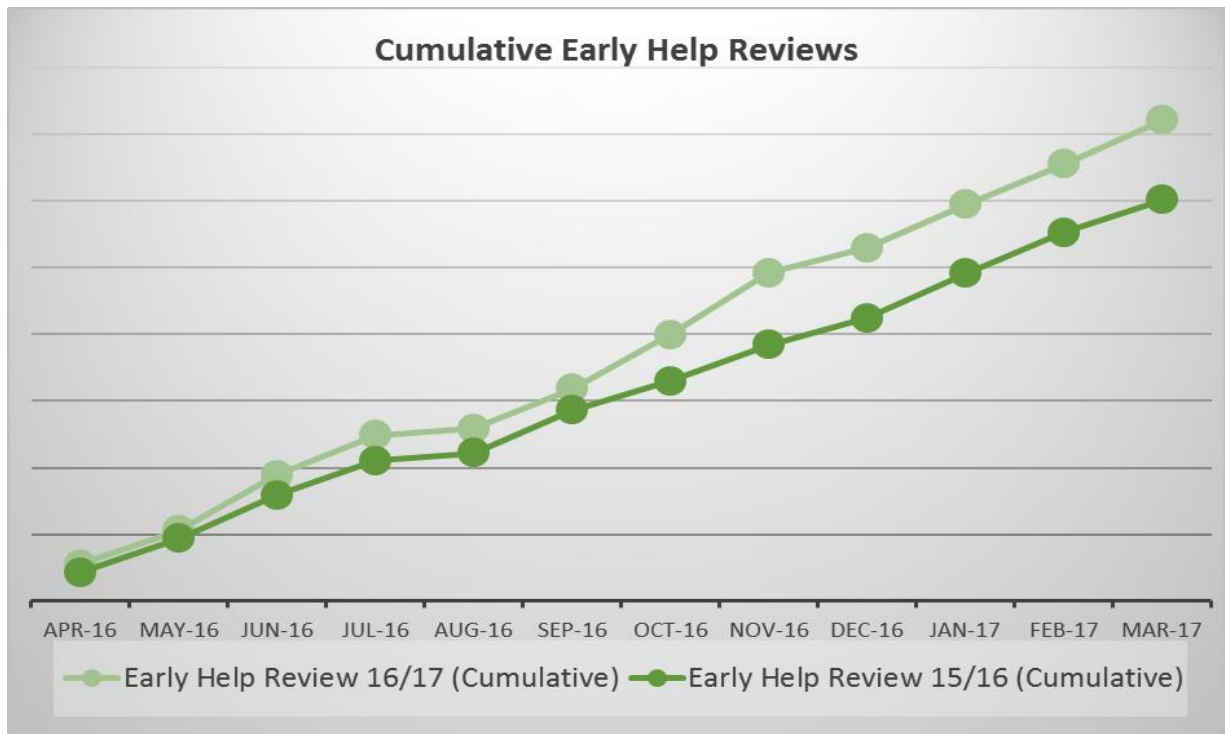
Early Help Record Activity												
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
New Early Help Records 16/17	75	72	61	43	20	46	47	97	44	71	53	55
New Early Help Records 15/16	63	60	77	72	23	54	88	89	76	94	69	57
Early Help Records 16/17 (Cumulative)	75	147	208	251	271	317	364	461	505	576	629	684
Early Help Records 15/16 (Cumulative)	63	123	200	272	295	349	437	526	602	696	765	822





Early Help Review Activity												
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Early Help Review 16/17	110	102	165	121	18	121	161	187	74	131	120	133
Early Help Review 15/16	86	100	131	104	22	130	87	108	81	133	123	98
Early Help Review 16/17 (Cumulative)	110	212	377	498	516	637	798	985	1059	1190	1310	1443
Early Help Review 15/16 (Cumulative)	86	186	317	421	443	573	660	768	849	982	1105	1203





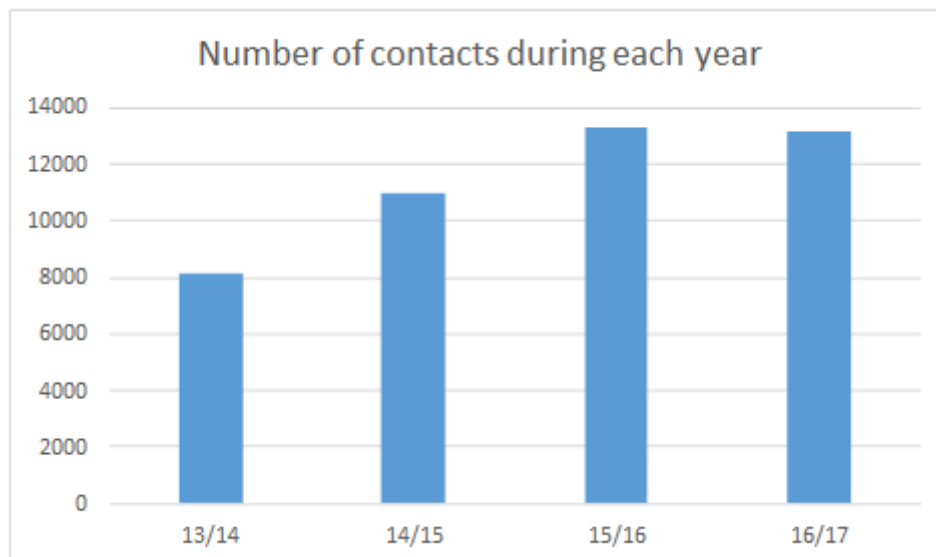
Where the child's needs are such that they are considered to be at risk of suffering significant harm, practitioners will want to contact Swindon Borough Council's Children's Services. The following paragraphs describe what happens when such a contact is made and is followed by some key statistics relating 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 Family Contact Point / MASH (Multi-Agency Safeguarding Hub) 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/MASH. When the child's level of need requires social care's involvement, then the contact is passed as a **referral to Social Care** and referred to the Assessment & Child Protection Team.
2. A worker in FCP/MASH 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/MASH 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 is 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, 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.

Early Help and Safeguarding Performance Analysis 2016/17

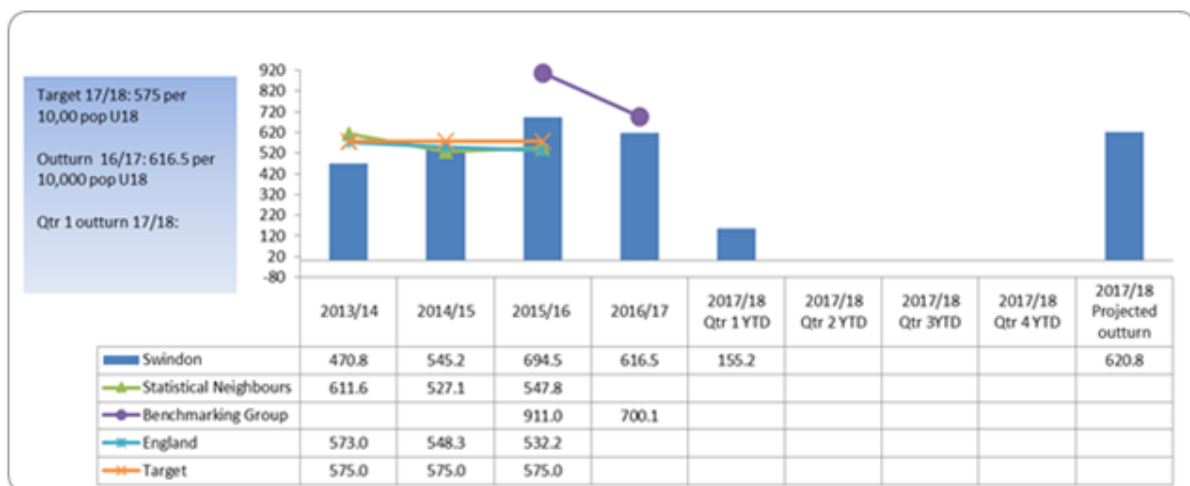
Contacts to Children's Services

Swindon received around 1000 contacts a month during 16/17. This is lower than the 1100 monthly average during the previous year. 21% of contacts progressed to social care referral. This is lower than 25.6% during 15/16. The embedding of the FCP/MASH, within Swindon has led to contacts being dealt with in a more efficient manner, and ensures that early help services are engaged in the process and can accept pieces of work as an alternative to referring to social care where appropriate to do so. The number of contacts during 16/17 was slightly less than in 15/16, and this is the first time a decrease has occurred for more than 3 years:



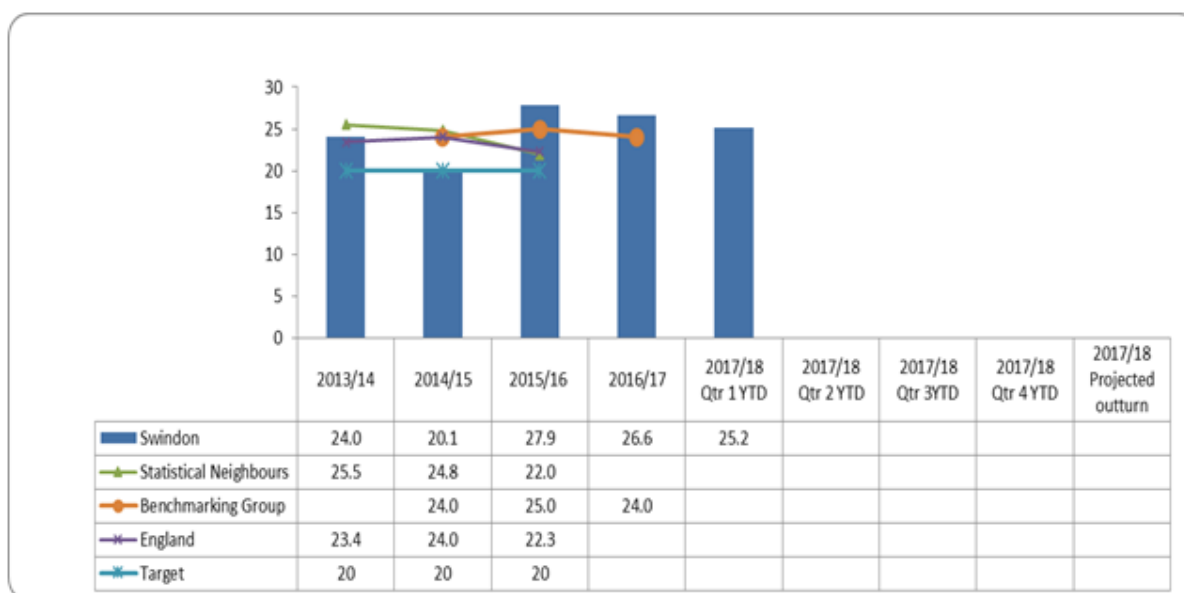
Rate of referrals per 10,000 population aged under 18:

The referral rate in Swindon reduced from 694.5 per 10,000 population in 15/16 to 616.5 in 16/17. This equates to 3022 referrals. This is the first time we have seen a decrease in the last 4 years. Swindon is still above the national and statistical neighbour average, but the gap has decreased. The benchmarking group that we use has also reported a decrease, and this is based on the latest data (16.17), whereas the national and statistical benchmarking data only goes up until 15/16.



Re-referrals into Children's Social Care that occurred within 12 months of the previous referral:

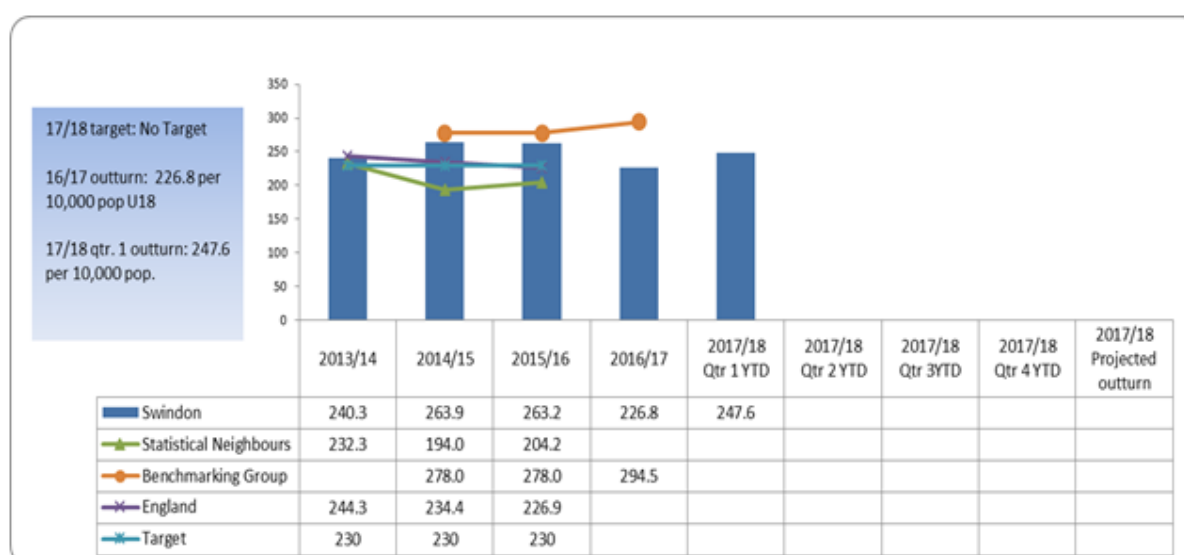
The re-referral rate was 26.6% during 16/17. This was a slight reduction from 27.9% in 15/16, but still above national average (22.3%), and statistical neighbour (22%). The main reason for re-referrals links to domestic violence, mainly because this referral reason forms the highest group of referrals overall.



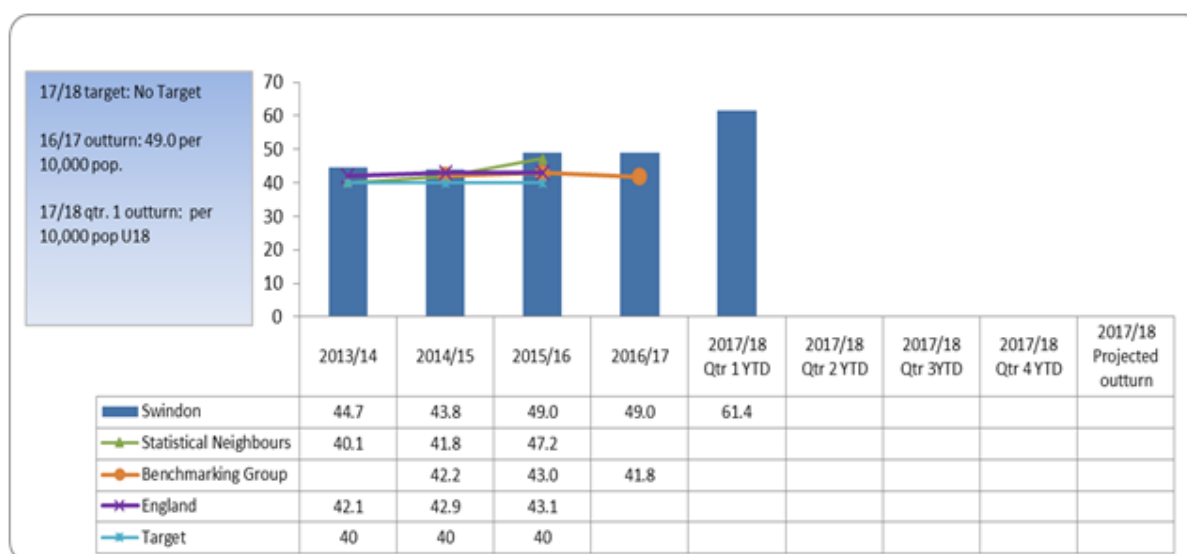
2986 Statutory Assessments were completed in 2016/17. This compares with 3146 in the previous year. Although, a slight reduction, the service volume is still high, particularly as a high percentage of those assessed (80.2%), go onto receive a service. This compares with 69% for statistical neighbours and 75.6% national average.

Children in need (section 17 social care)

There were 1111 children in need (this does not include children subject to a child protection plan or children in care) at the end of March 2017. This is a reduction from 1283 at March 2016. In terms of comparison with others, Swindon is in line with the national average, but above the statistical neighbour average (graph shown in per 10,000k under 18 for comparator purposes):



Children subject to a child protection plan as at 31st March annual snapshot



244 children were subject to a child protection plan at 31st March 2017, and is slightly above 2015/16 when 238 were reported. For 2016/17 Swindon had a rate of 49 per 10,000 population under 18 and whilst figures for England and our statistical neighbours is not yet available this is above the rate of the Local Authority's benchmarking group.

Of the 244 children on child protection plans, 93% were reviewed within timescales. This is a decrease in performance from 95% the previous year, but is in line with the national average. Reasons for delays in review vary, and in some instances the delay is in the best interests of the child. Swindon consistently targets 100%.

There is significant performance improvement activity in the Quality Assurance team to enable improvement of performance alongside increased service volumes and limited capacity. Performance for quarter 1 17/18 shows a much improved picture.

Children subject to a child protection plan by category of abuse:

Category of abuse	2013/14	2014/15	2015/16	2016/17
Neglect	64	77	92	112
Physical abuse	72	33	20	24
Sexual abuse	15	15	14	25
Emotional abuse	63	88	112	83
Total	214	213	238	244

Neglect and emotional abuse continue to be the main reasons for child protection plans. However, there has also been a notable increase in children being on a plan for sexual abuse, and reasons for this need further investigation: It could be that there are one or two large families where sexual abuse was the category for a number of siblings. Think we should know why this is by now...

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

For 2016/17, the rate of children starting a child protection plan for the second or subsequent time was 21%. This is up from 19% in 15/16, and is now higher than the national average of 17.9% and above the statistical neighbour average of 18.8%. Performance is being closely monitored via the Children, Families and Community Health performance reporting arrangements, and the percentage has reduced again in the first quarter of 17/18, although this does tend to be an annual trend.

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

Swindon has very small number of children ceasing a plan who, at the point of ceasing, had been on a plan for 2 years or more and this should be considered when reviewing performance. Performance for 16/17 reports a very slight increase from 3.1% in 15/16 to 3.6% in 16/17. This equates to 11 children out of 309 children ceasing plans during the year. This measure should be considered in conjunction with a relatively high number of children having subsequent child protection plans in the reporting period, as a low duration could indicate children are coming off plans prematurely, leading to a subsequent child protection plan in the future for the same reason. Performance has increased to 7.6% in quarter 1 this is due to one family remaining on a plan for slightly over 2 years. There is currently one child currently on a plan who has remained on a plan slightly longer than a year but is yet to cease.

Children Looked After

327 children were in care/looked after by the Council at the end of 2016/17. The rate of children looked after increased from 60.1, (per 10,000 pop U18), in March 16 to 66.6 in March 17. Swindon now has a higher number of children in care when compared to the national (60), and statistical neighbour (61), averages. 18 children are unaccompanied asylum seeking children.

Placement Stability

At the end of March 2017, 12.5% of children in care had 3 or more placements, compared to 10% nationally. This measure is influenced by the need to move children, when they come into care, in an emergency and a good match between child and carer cannot be found. The national lack of foster placement affect this measure.

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 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.

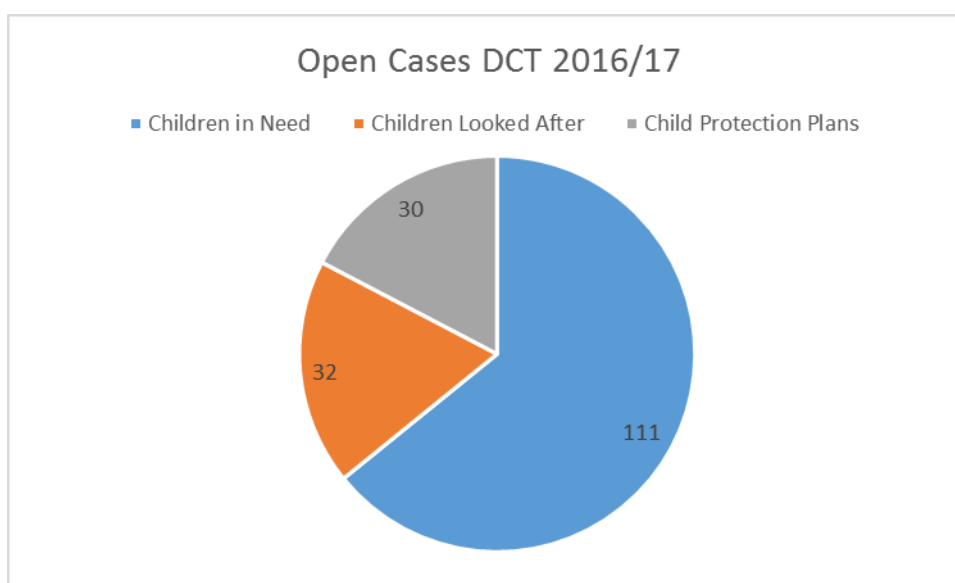
In Swindon during 2016/17 there were 17 children under private fostering arrangements, this is a decrease of 2 from 15/16:

	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Number of Privately Fostered Children	15	9	20	16	19	17

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.

Child Protection and Disabled Children

Child protection assessments of disabled children and young people are undertaken by the Disabled Children Team (DCT). Currently, there are 171 children open to the DCT (plus an additional 30 cases that are case managed (where the care packages is provided by DCT and monitored on a six monthly basis). Of these, 111 are Children in Need (46 of these are only open for overnight respite), 32 are Children Looked After and 30 are the subject of Child Protection Plans. Of these cases 2 are the subject of Public Law Outline (pre care proceedings).



About 80% of all referrals into the DCT have child protection concerns (the concerns are spread fairly evenly across the four categories of abuse, with a slightly higher proportion under neglect).

Disabled Children living in Swindon are provided with packages of support and short breaks to ensure their care needs, at a child in need level, are met. The Short Break Statement and offer is detailed at: www.swindon.gov.uk/aiminghighshortbreaks.

Support packages are either provided by the DCT following a statutory assessment or via self-assessment directly from the Aiming High Short Break Team. There are currently 486 children receiving a service through Aiming High. Should a child protection concern be identified amongst

this group of children, then workers in the Aiming High Team will refer the matter to the Family Contact Point/MASH.

The criteria for the provision of a service from DCT means that the most vulnerable disabled children and young people receive a service. The support provided is more targeted to ensure that the children and young people receive the help they need to remain safe and living with their families in their local communities, for example Social Care Workers in DCT working directly with families to support behaviour plans written by the Learning Difficulties Child & Adolescent Mental Health Service.

During 2016/17 DCT has been able to work closely with the OPAL Team to address issues regarding CSE and the particular challenges facing young people who have an Autistic Spectrum Condition. This joint work has resulted in tailored packages of care for both victims and perpetrators of CSE thereby ensuring that the young people received support at an early stage. The DCT continues to work closely with the OPAL Team in an advisory capacity.

The Disabled Children Team has identified that a number of boys are being referred into the team with an Autistic Spectrum Disorder who are presenting as at risk of criminal exploitation. Currently there appears to be little support for this group and DCT is to explore this further.

Advocacy in the Child Protection System

Coram Voice has been commissioned by Swindon Borough Council Children's Services to provide a children's rights service in Swindon since 2008/9. The contract has three distinct elements, Participation, Independent Visitors and Advocacy

Background and Context:

Coram Voice receive invitations to support young people aged 7yrs and over through the Child Protection Process by the Swindon BC Conference and Review Team.

Coram Voice provides support to a high percentage of children and young people with trained advocates, either through enabling young people to attend conferences or through gathering their views and presenting on their behalf.

During this period the service has undergone a small change in that an advocate is no longer offered for children/young people at Initial Child Protection Conferences (ICPC's). It was agreed that the service would be more effective if offered at the first review conference. This ensures that the service is provided at the most appropriate time for the child.

The take up of this service is 95%, with a total of 1806 hours have been spent on the CP cases.

Coram Voice also work with young people who have been through the CPCC and then been placed in care on developing better facilities and venues.

A total of 413 young people received Child Protection advocacy during this period, some of whom were receiving a service in the previous reporting year. The table below gives a comparison for the three years to end of March 2017.

New cases	2014/15	2015/16	2016/17
Q1	10	32	66
Q2	49	43	8
Q3	26	60	37
Q4	21	66	62
Open cases from previous year	174	224	240
Total	280	425	413

Outcomes

54 completed evaluation forms were received over this reporting period from different pieces of advocacy work and cases.

Question						
How easy was it to get hold of your advocate	27%	Easy	0%	Not easy	0%	Difficult
Did your advocate listen	51%	Always	6%	Mostly		
Did your advocate treat you fairly	100%	Always				
Did your advocate give you enough information	92%	Always	6%	Mostly	2%	Some
Did your advocate respect your privacy	96%	Always	2%	Mostly	2%	Some
Did your advocate treat you fairly	100%	Always				
Did your advocate help in the way you wanted	94%	Yes	6%	Mostly		
Did your advocate help to get your views heard	98%	Always	2%	Mostly		
How do you rate Coram Voice	77%	Excellent	21%	Good	2%	Average
If you were unhappy would you know who to tell	83%	Yes	17%	No		
Would you recommend Coram Voice to others	93%	Yes	7%	No		

Feedback from Young People

- *If you get a big worry you can't tell anyone else you can tell your advocate and they tell the other people for you, which is better than trying to tell them yourself. I'm more braver and confident to tell Mum and Dad too now*
- *I like X and like having an advocate but sometimes it's hard to talk about the difficult things, but at least they listen*
- *it helps to talk to you because sometimes I don't want to speak at meetings and I know that you will speak for me*

Feedback from Professionals.

- *He is able to ask the right questions that would assist the child or children he is working with. He is a great advocate in children's rights and balances that with right to safety and protection.*
- *I value X in his role and I know how well the children, young people and families value his role.*
- *"Thank you for your work with the children, it changed the meeting and the plan after hearing their voices"*

Participation

Participation for Young People 2016 – 2017

Swindon Borough Council commissions a number of organisations to enable children to participate in public service decisions, service design and reviews in order to ensure that the voice of the child is heard and used to inform local services and support. This report gives a brief overview of the youth participation activity in 2016/17, carried out by the following Youth Participation Groups:

Facilitated by STEP;

- Member of Youth Parliament (MYP)
- Youth Council
- Thought Tank
- Young Inspectors

Facilitated by Coram Voice;

- Children in Care Council

Support provided by Swindon Carers Centre;

- Young Carers

Member of Youth Parliament (MYP)

The MYP and two deputies stand for a period of two years, during this reporting period they have been involved in the following pieces of work:

- A survey on 'Emotional Health and Well-being' developed by the MYP and deputies has been completed with a total of 601 responses from 14 schools, special schools and colleges, and children & young people who are home schooled. 3% of respondents stated that if they felt they needed support they did not know of anybody who could help, those that did feel they had support favoured family and friends in the first instance.
- Other than family, school, friends, the internet or a doctor, over half were not aware of any other organisations who they could reach out to for support. 261 children & young people were aware of other avenues of support; however 16% were unsure how to access these services; 53 respondents who were happy to say that they had accessed additional support, including TAMHS, CAMHS, School Counselling, STEP and support from social care were reasonably positive about their experiences with 37% stating that services were 'Slightly Useful', 39% found services 'Useful', and 22% found them 'Very Useful'.
- Following the findings of this survey, with a particular focus around service promotion, information and access; at the request of the Senior Public Health Manager for Mental Health, the MYP has been asked to review and support development of current mental health and emotional well-being provision.

Phase 1

The MYP will undertake a mapping exercise to understand the kinds of mental health and support services that are available in Swindon, and will run a children & young person led campaign with the aim of promoting current services and reducing the stigma around mental health.

Provide an up to date list of all mental health and support services – statutory, voluntary and private –available to children & young people within the borough of Swindon (including those accessed through GP surgeries).

Phase 2

The MYP will carry out 'targeted' consultation with those dealing with well-being and mental health issues, as well as those who have no experience of services. Developing the original survey to include an additional focus around stigma and self-harm. They will create a 'working group', made up of young people aged 11 to 19, who will use the information gathered to develop a dual campaign – to support the promotional campaign in phase 1 – using mixed media to educate, inform and dispel myths around mental health and self-harm.

Swindon Youth Council

The Swindon Youth Council has met 3 times this year with a core membership of 13 young people, 12 schools (Primary and Secondary) are currently represented, and membership includes representation from young people in care, young carers, and young people with special educational needs and disabilities (SEND)

Work that has taken place during this reporting period includes:

- The Youth Council has continued to work closely with hospital representatives and have researched and designed a 'Useful website for young people in Swindon' as part of the transitions CQUIN for the Great Western Hospital <http://www.gwh.nhs.uk/wards-and-services/a-to-z/transition-to-adult-care/useful-websites-for-young-people-in-swindon/>
- The Youth Council has also created a questionnaire to be used by Great Western Hospital (GWH) to obtain feedback about treatment experience and how to improve the experience for young people, and ensure they are providing a 'young person friendly' environment. A representative of the Youth Council was selected to participate in the Whitehall Takeover Challenge where they were given the opportunity of shadowing Gavin Barwell who is the Minister of State for Housing and Planning, for the day on 17th November. They attended various meetings, public events and met lots of ministerial staff at their government offices in London.
- The Youth Council has also made links with Healthwatch and have determined a work plan for the remainder of the year

Thought Tank (Disabled Children & Young People)

Thought Tank has a core membership of 13 young people with a mix of learning and physical disabilities.

- The group has supported the local Special Educational Needs and Disabilities (SEND) reforms by creating the 'You tell us' survey, this survey aims to assess the impact of publicity and service improvement following the reforms. 78% of the 132 young people who have taken part have stated that they feel that services have improved for them over the last year.
- The results of this survey will feed in to the CQC and Ofsted Local Area Inspection in identifying and meeting the needs of children and young people who have special educational needs and/or disabilities.
- Thought Tank is also supporting Healthwatch and have reviewed their current promotional material to make it accessible for young people.
- The thought tank group has designed a draft 'Transitions Charter' to be displayed in the Great Western Hospital.

Young Inspectors

- The 'Young Inspector's' programme has been made up of Thought Tank members with the purpose of inspecting services on offer through the 'Aiming High' provision. A total of 19 young people received training regarding inspection processes and helped to redesign the

evaluation and feedback sheets to be used during the inspection process. 6 young people carried out inspections which are now uploaded onto the Borough's My Care My Support 'local offer' website.

- Following the inspections, and submissions of their reports, all young people's recommendations have been actioned by the individual provisions to the satisfaction of the young people.
- Further information on the above can be found in the attached paper from STEP submitted to the Health, Adults & Children Services Overview and Scrutiny Committee.

Children in Care Council (CiCC)

During this period Thirty-five young people from 7-18 year olds have taken part in two monthly group sessions; looking at ways to enable the voices of children in care to be heard. The groups aim to provide young people in Care with regular access to a safe environment to ask questions, challenge systems and express themselves. Young people can gain new experiences and confidence, accreditation for learning as well as the mutual support of being with others who can truly understand how they feel.

The CiCC has continued to work on its three priorities for the year;

- Social worker consistency
- Family contact
- Mental health services.

The group has contributed to:

- the Children in Care Awards planning process
- the design and content of new Health passports for Looked After Children
- the Care Leavers Pack
- Young people also prepared questions and answers for interviewing candidates for Director of Children's Services for Swindon Borough Council.
- Five young people prepared and delivered a presentation highlighting this year's issues for the Corporate Parenting Board in March 2017.
- Young people took part in a consultation for SBC with ISOS, giving young people's perspective as part of the wider information gathering.
- Four young people took part in a peer-learning, training and consultation day with 'Leap', an organisation that support young people to manage conflict in their lives and achieve their goals.

They have also submitted six entries to the National 'Voices' writing competition and began working on a theatre piece with the 'My Place' project.

Young Carers

- The Salamander project took place during February half term with 16 young carers taking part. This is the 8th year that Swindon Carers Centre and the Dorset and Wiltshire Fire Rescue Service have worked together on the project which was a resounding success.
- Consultation took place with young carers aged 14-15 who attend a monthly support group to ascertain what they wanted from the service as there were very low attendance numbers each month. The result of the consultation was that this would change to a monthly drop in at Sanford House with an activity every 12 weeks as the young carers enjoyed an activity but wanted the option of a drop in where they could relax and chat too. There has since been an increase in attendance to the drop in. This change was communicated in the most recent YC newsletter.

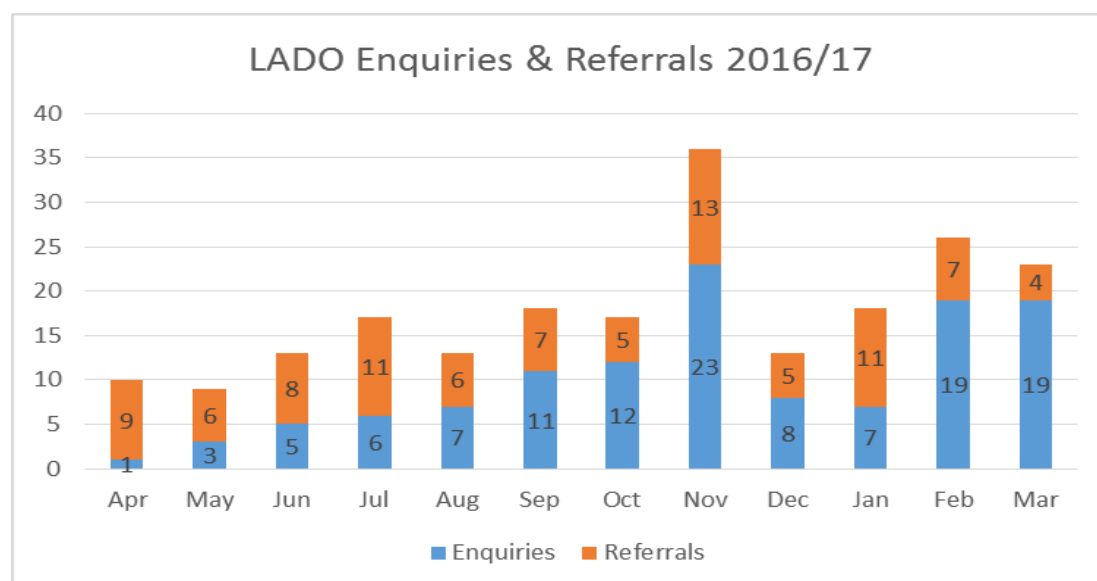
Allegations Management

Statutory Guidance places a clear responsibility on organisations to report to the Local Authority Designated Officer where it is alleged that a person working with children has:

- Behaved in a way that has harmed, or may have harmed a child;
- Possibly committed a criminal offence against, or related to a child; or
- Behaved towards a child or children in a way that indicates that he or she would pose a risk of harm to children.

Over the course of 2016/17 there were more than 200 cases which were reviewed by the LADO. Of these 92 are considered to have met the threshold for referral with the remainder consisting of cases where the LADO provided advice and guidance for instance supporting organisations to manage their own internal investigations.

The following chart shows the numbers of enquiries and referrals made to the LADO for each month of 2016/17:

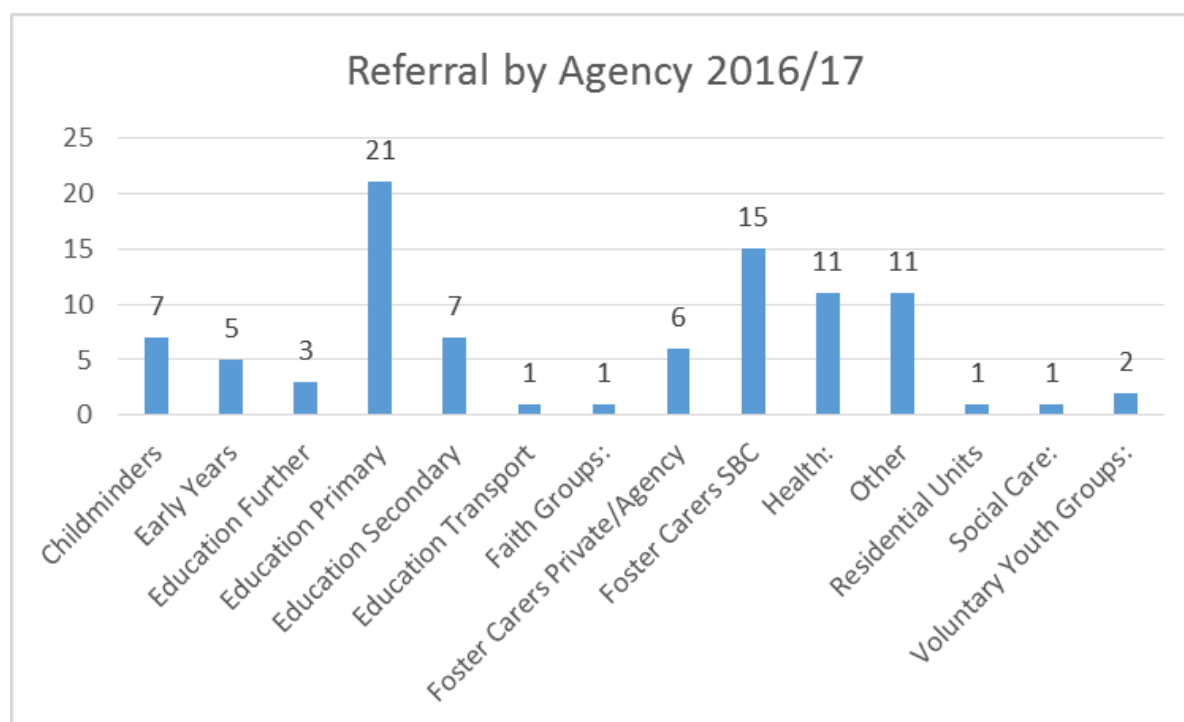


Referrals by Agency

Referrals from the education sector account for approximately one third of the total and although this is proportionate to the previous year, referrals from secondary schools has halved year on year. This may well be a positive reflection on improving practices in terms of safer recruitment and safer organisations and further work to better understand the nature and pattern of referrals from schools will take place over the next year.

The second largest number of referrals relate to Foster Carers with both in-house and agency foster carers figures increasing from last year. This potentially positive position may be due to the LADO providing a consistent approach and possibly indicating an improvement in self-regulation and safeguarding awareness confidence within the independent sector or an enhanced understanding of the allegations management process by Social Workers for Looked after Children.

A similar for referrals from Health has also been identified. However the term “Health” covers a wide range of partner agencies especially in the way that Public Health Provision is now commissioned and provided. Future data collection and analysis will provide for a better breakdown of figures to show referrals from individual ‘health’ organisations for example the CCG, GWH & CAMHS.



LSCB - Scrutiny and Challenge

Swindon LSCB provides scrutiny and challenge of single and multi-agency safeguarding arrangements as follows:

- Considering reports from partner agencies.
- Requesting reports on specific issue.
- Conducting a 'Section 11' audit.
- Maintaining a Challenge Log.
- Monitoring performance.
- Quality assurance activity.
- Conducting Serious and Local Case Reviews

Regular reports from Partner agencies

In 2016/17 The Board received progress reports on the effectiveness of safeguarding arrangements from the following organisation:

- Clinical Commissioning Group (June 2016)
- Swindon Borough Council – Children Families & Community Health (December 2016)

The LSCB received the following reports on core safeguarding arrangements and activity and provide for scrutiny and analysis of the effectiveness of core components of the safeguarding system and identify key challenges and opportunities for development:

- Child Protection Conferences
- 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
- The Multi-agency Risk Assessment Conference (MARAC) and Multi-agency Public Protection Arrangements (MAPPA) processes

Reports on specific issues

- Disabled Children
- Substance Misuse
- Advocacy in the Child Protection Process
- School Exclusions
- Children Missing Education
- Children Missing from Home & Care
- Private Fostering
- Domestic Abuse
- Licensing & Gambling
- Safeguarding in Dentistry & Pharmacy Services
- Radicalisation and Extremism (Prevent Strategy)

'Section 11' Audit

Following a full Section 11 review of agencies in 2015/16 the assurance activity in 2016/17 asked partners to provide an update against their 2015/16 returns with a specific focus on the effectiveness of agency responses to Child Sexual Exploitation. Partners were also asked to complete a Child Protection and Safeguarding Training Needs Analysis to inform the work of the Training & Development Sub-group.

Child Sexual Exploitation: Agencies were asked to report on how well they met the following standards:

1. All appropriate staff have access to an awareness raising programme that includes associated risk factors.
2. All professionals who work directly with those at risk of, or experiencing, sexual exploitation have the skills and knowledge to do so
3. services are fully accessible to all young people who may need them, regardless of gender, ethnicity or any other characteristic
4. There is an agreed protocol/procedure in place specifically relating to CSE
5. There is a risk assessment tool being used to identify vulnerable young people.
6. There is a clear referral/pathway in place and practitioners are fully aware of it
7. Staff are aware of thresholds for referrals and support has been publicised to practitioners
8. Child sexual exploitation is championed at the highest level
9. In all cases of children and young people going missing, the risk of sexual exploitation is specifically considered
10. Preventative work is delivered as early as possible with children and young people identified as at particular risk, and with their parents/carers
11. Feedback from service users is taken into account in the development/review of services
12. All staff in direct contact with children and young people understand how to record information for evidential purposes
13. There are arrangements for supervision and management oversight of staff working with children and young people at risk

Returns were received from thirteen organisations with their responses being considered by the CSE/Missing Sub-group in order that they could inform the development of the subgroups action plan.

Training Needs Analysis: Agencies were asked to provide information that would help the LSCBs Training & Development Subgroup to:

- ascertain the safeguarding training needs of different organisations
- understand, in larger organisations, what specific training is to be attended by which roles
- advise and support organisations to meet their training requirements
- identify opportunities for sharing resources
- identify areas of unmet need in order to plan to meet that need

Eleven agencies responded to this request with the returns being considered by the Training & Development Subgroup in their commissioning of the next learning and development programme.

Challenge Log

Whilst the vast majority of 'challenges' that arise during the work of these groups is addressed within those meetings the LSCB also maintains a Challenge Log for issues that prove to be

particularly complex or longstanding and require some level of escalation within the Board. In 2016/17 key areas of challenge have been:

- The commissioning of a review of the process for responding to child deaths following a challenge raised by the Child Death Overview Panel. The CCG is leading on the revision of the multi-agency protocol.
- The Community Paediatric Care Pathway is to be reviewed as part of the CCGs review of its services for children following a challenge from the LSCBs Case Review Group.
- Following a change in the way in which Swindon Borough Council provided support for safeguarding in schools a number of the Board's subgroups identified the challenge this posed in ensuring that schools were appropriately engaged with the work of the LSCB. The Independent Chair has raised this challenge with the Local Authority and in addition has liaised with Headteachers and Designated Safeguarding Leads (DSL) in order to identify opportunities for two-way communication. To date this has involved the LSCB taking part in the termly DSL Forums, attending meetings of the Swindon Secondary, Primary and Special School Headteacher meetings and 'recruiting' a number of volunteer DSLs onto LSCB Sub-groups.

The challenge log is reviewed at every meeting of the sub-groups and considered at the quarterly meetings of the Board.

During 2016/17 the LSCB sought to further develop and embed its Learning and Improvement Framework. This work was overseen by the Board and three of its sub groups - Performance, Quality Assurance (QA) and the Case Review Group (CRG) which discharged their functions as follows:

Performance Monitoring

The Performance Sub-group supports the performance management function of the Swindon LSCB. It uses both qualitative and quantitative information to provide assurance to the Board that *'We are doing things right?'* and *'We are making a difference'* by providing evidence to demonstrate:

- we have kept children safe;
- we have improved outcomes for children and their families; and,
- we are working in a consistent manner.

The sub-group is responsible for overseeing the gathering of a full range of intelligence from across the partnership to ensure information sharing at both child level and performance data level is robust and acted upon. This year, the group has focussed on reporting against a core dataset relating to safeguarding activity and outcomes for children and young people. It has adopted a theme based approach to analysis. Alongside this information, organisational headlines have also been collated from individual partner organisations which flag both strengths and challenges in service delivery

Activity during 2016/17

This year we have developed a performance core dataset which adopts a themed approach to analysis and reporting. This dataset, alongside organisational headline reports from across the partnership, relates to the LSCB Business Plan priorities. It measures the impact of the work undertaken by the LSCB sub-groups as well as learning from Serious Case Reviews. The definition and method for calculating the core dataset Key Performance Indicators (KPIs) have been identified and linked to national government returns to reduce the burden as well as ensure transparency and consistency in safeguarding reporting across the partnership. The quarterly

performance updates for the core dataset and the organisational headline reports are scrutinised and discussed by members of the Performance Sub-group with further action identified when appropriate.

Impact

The gathering and reporting of intelligence across the LSCB partnership has provided a means by which a number of improvements in services provided to children and young people can be evidenced. For example:

- A performance management approach which is less burdensome and supports the analysis of themes and strands providing a more joined up and holistic approach to tackling emerging and current safeguarding concerns in a timely manner.
- Foster Carer Recruitment has improved, hence more children able to be placed locally and going forward the skill set of the carers will improve to increase stability
- 30% improvement in the timeliness of Pre-proceedings and Care proceedings (court work) and Swindon is now amongst the three best performing LA's in respect to timeframes in court work

Evidence

Quarterly updates against the core dataset and the organisational performance headline reports provide ongoing evidence of impact and improvement. This is scrutinised by the Performance sub group and presented to the full LSCB to enable further debate and assurance.

Challenges raised through analysis of performance data:

- The inability for ICT systems operating within and across organisations to support joint case management working across agencies to protect and safeguard children, young people and their families.
- To address the shortfall in the use of Early Help Records and Plans across the partnership
- Increase in demand for Children's Social Care services.
- Staffing pressures and capacity issues for all partners.
- To further embed the core dataset and performance reporting arrangements to provide relevant intelligence and information to assure the LSCB that agencies are working together effectively to deliver the 2017/18 safeguarding priorities and continuing to learn from serious case reviews.

Quality assurance activity

The QA sub group is guided by the LSCB Business Plan, SCR/LCR Action Plans and issues arising from performance data in the focus of its multi-agency QA work.

The key audit multi-agency LSCB auditing activity for year 2016/17 included:

- **Child Sexual Exploitation (CSE) Part 1 - Workforce Survey**

This survey was reported to the QA sub group in July 2016 and was a comprehensive piece of work with over 1000 frontline practitioners responding.

Key Findings: It told us that overall, staff were aware of CSE and what to look for: however, some were unsure where to find the correct guidance in a small number of agencies e.g.

primary schools. There were some staff who relied on their manager for advice which led the group to consider how the LSCB could be assured that managers were clear and aware of the good practice required to support staff in identifying CSE. GPs did not participate in the survey at all and this was raised as a challenge with the CCG. Another issue was that for some agencies not all practitioners saw CSE as an issue for the 16-18 age group. The survey report was shared widely so that the learning from it could commence and positives celebrated. It was agreed that actions arising from the survey would be carried forward to a combined action plan following completion of part 2 of the audit.

- **CSE Part 2 – Multi Agency Case File Audit**

Key findings were:

- Return Interviews for Children/Young People (C/YP) who go missing – acknowledged that where Coram Voice carried out the return interviews there was good recording and sharing of information. However, when the interviews were done by other professionals this was less effective.
- Ongoing need for improvement about information sharing, especially with services such as Probation and CAMHS who are not routinely invited to Strategy Discussions.
- Input by GPs to Part 2 of the Audit was improved.
- Specific Learning included not just believing what the parents say, but listening also to the C/YP and ensuring that any change of address was shared with all professionals working with the C/YP.
- Overall the recommendations did not highlight anything of significance, but reinforced the continued need to further improve working together and information sharing – a common theme from audits and case reviews.
- A combined action plan for part 1 and 2 of the CSE audit was developed and will be monitored by the QA Group.

- **Domestic Abuse Audit**

This activity was delayed due to capacity issues but the scoping, methodology and lead was agreed at the January 2017 meeting and the work was completed within Q4 and is to be presented to the QA group in June 2017. The learning from the methodology for CSE part 2 has influenced the facilitation of this audit and it has been a more positive experience for partners and the LSCB.

Key Findings: The main areas highlighted by this audit, to be included in an action plan overseen by the QA group, were:

- The need to ensure that when supporting children living with domestic abuse, practitioners maintain a sufficient focus on the needs of the child and ensure that support plans reflect their lived experience.
- Information systems within and between agencies need to be able to ‘talk’ better to each other so that information can be shared at the most appropriate time and support earlier more effective interventions.
- Assessments need to better evidence the impact of domestic abuse on the child and subsequent support plans must focus on addressing and reducing this impact recognising that it changes over the time that children are supported and can manifest in different ways as children grow older and experience transitions to secondary school or into adulthood.

- The importance of making sure that the right professionals are involved at the right time. To facilitate this their needs to be an understanding of the different roles and responsibilities of professionals and agencies. For example, 'Health' covers a range of services and organisations often with little crossover with each other.
- Each agency that took part in this audit also identified a number of single agency learning points which will be considered by the QA group alongside the multi-agency recommendations.
- **E-safety Training Audit**

The audit was devised to establish how agencies are ensuring that staff have the relevant knowledge and understanding of e-safety and online communication to safeguard the children and young people they work with. There were 80 responses primarily from education and childcare.

Key findings were:

- 100% of respondents have an e safety policy to regulate the use of technology by staff. It was noted that 3 responses highlighted that this is not shared as part of the staff induction process.
- 65 responses confirmed that they have a policy to regulate the use of technology for use by children. Where this is not in place, respondents said this was because children are not provided with access to the internet.
- A number of responses made reference to the positive impact of using the 360 degree safe / online compass self-evaluation tool.
- The majority of agencies (in the main schools) provide single agency e-safety training for staff on an annual basis. Many early years providers are not providing single agency e-safety training.
- Agencies are not consistently measuring the impact of staff training. This is evidenced by less than 30% of responses reflecting that courses are evaluated. However some responses were able to give clear examples of how they have measured the impact of training e.g. visual prompts for children who are working online.
- The majority of audit responses were from early years and education and a wider audit may be needed in the future to capture a greater scope of agencies.
- Recommendations which the On-line Safety Group is taking forward were:
- Agencies need to consider how they will measure the impact of e-safety training on a regular basis.
- All agencies need to check whether their induction procedures include training in relation to e-safety.
- The audit has highlighted a need to raise the profile of multi-agency e-safety training.

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:

- Health Visitor Response to Domestic Violence Notifications – this audit is a regular dip sample of responses by Health Visitors when domestic abuse had been reported by the police via PPD1 forms and looks to ensure that responses are timely and effective.
- Great Western Hospital (GWH) Referrals Audit – this was an audit of 12 referrals from GWH into Family Contact Point (FCP). This audit reported on the quality of referrals and information sharing between GWH and FCP. The highlighted areas from improvement across the different departments within GWH and agreed some changes. It highlighted good communication between GWH and FCP.
- Swindon Council - Monthly Case File Audit Report– Childrens Social Care throughout the year provided reports regarding their monthly case file audits to share the areas of practice development identified and plans for improvement. These audits take place each month with managers and social workers for the child which is the subject of the audit. This audit work is being embedded within teams and is showing key areas where work to improve is required, Learning included evidencing reflective supervision and timely assessments.
- Swindon Council – Child Protection Core Group Audit - this was presented in November 2016 following the learning identified within the Serious Case Reviews to review the effectiveness of these arrangements. This audit looked at the timeliness of core groups; the minutes; the agenda and the review of child protection plans undertaken within core groups. It made a number of recommendations which were shared with the LSCB “Child Protection Conference and Core Group” trainer to inform the training provided to partners agencies. The LSCB Escalation Policy was highlighted as not being consistently used and one of the key areas of learning for partner agencies was sharing the minute taking and chairing of Core Groups across partners agencies. This activity will continue to be monitored and re-audited.
- Swindon Council - Spot Survey Satisfaction Report_– this shared the feedback from parents whose children are an open case to children social care and gathered information from telephone surveys on the service they received.

Key figures from March 2017 when compared with the previous survey were:

- 87% of clients completing the March survey knew the telephone number of their Social Worker, up from 76% in March 2016.
- 69% of clients surveyed said their social worker always or usually turned up on time, up from 57% in March 2016. 18% said they never turned up on time, down from 38% in March 2016
- 75% of clients in March stated that they felt they saw their SW often enough, up from 57% in March 2016
- 75% said they felt respected by their social worker, up from 71% in March 2016
- Supervision Audit within Midwifery section of GWH – this came to the sub group in November 2016. This highlighted the different compliance with the supervision policy within the GWH midwifery and community midwifery departments and actions agreed to address this issue.
- Swindon Council SDQ Audit- The report covered the provision of service and follow up of those children who are Looked After and who have a high Strength & Difficulties Questionnaire score (SDQ).

Review of Audit Action Plans

- Missing & Absent Evaluation Action Plan- this was from the Audit completed by MARP – CSE and Missing Manager and Police. The action plan was developed and will be reviewed by Children’s Social Care. The review of this action plan enabled GWH to be able to give feedback regarding the missing protocol so that it could meet their needs better.
- Adolescent Neglect Action Plan Review- this review enabled us to consider chronologies and genograms across key agencies including Children’s Social Care, G.Ps and Police and understand how these agencies are improving this key area of practice. We also considered the training and improvement required for all agencies to consider children as troubled rather than troublesome and the impact of neglect. The policy in all agencies when missed appointments happen is managed was also discussed and considered.

Monitoring Reports

- Revised Health Assessment Process- this was a progress report following the change in 2015 to the school nurse health assessments for children subject to Child Protection plans. It confirmed that the change was working well and that it was still being monitored.

Serious & Local Case Reviews

The Case Review Group (CRG) is a multi-agency sub group of the LSCB which is chaired by the LSCB Chair. It meets bi-monthly and its role is to oversee the process for the consideration of cases which might meet the criteria for a Serious Case Review (SCR).

If the decision is made to undertake either a Serious Case Review or a Local Case Review (LCR) then this is overseen by the Case Review Group. The group will agree the scope and terms of reference, arrange for the commissioning of an Independent Reviewer and then approve the draft Overview Report. Following ratification of the final report by the full LSCB the sub-group will then oversee the publication of the report and develop and monitor the Action Plans arising from the Report’s recommendations and those identified in contributing agencies Individual Management Reports.

The sub group is always well attended and the level of engagement by all partners continues to be high which reflects an increasingly mature and transparent culture and a sense of collective responsibility to achieve improvements for children.

Activity undertaken during 2016/17

- The CRG has met every two months throughout 2016/17 and overseen the process of completion and publication of two Serious Case Reviews, Child S and Child D both of which were published in December 2016. These reports are available to read and download on the LSCBs website at: <http://www.swindonlscb.org.uk/wav/Pages/SCReview.aspx>
- The CRG has also overseen the process and completion of Local Case Review N.
- SCRs D and S and LCR N have all been presented to the LSCB who have been involved in developing the Action Plans with CRG.
- All SCR and LCR Action plans have been developed and subsequently monitored at CRG

- Reviews of 4 previous Local Case Reviews have been undertaken and outstanding work identified and integrated into current workplace
- The CRG have had oversight of two other SCRs in Oxfordshire and Gloucestershire involving Swindon agencies
- The SCR notification and LSCB response procedure has been revised and adopted by the CRG
- Two additional cases referred into CRG in 16/17, one of which has become LCR A and the other case is awaiting conclusion of current operational process.
- The Chair has presented a report on the progress of SCR/LCR work to the quarterly meetings of the LSCB.

Each of the Local and Serious Case Reviews have included meetings with the families concerned and with a wide range of those front line professionals involved in the cases to ensure that the learning is informed by their voices and that the processes are accurate. As a result the Serious Case Reviews and Local Case Reviews have been a rich source of learning for agencies.

The learning identified from 2016/17 Serious Case Reviews/ Local Case Reviews included the following issues:

- Escalation Policy - the need to raise awareness and encourage confidence in its use by partner agencies to ensure issues of concern are raised in a timely manner.
- The engagement of GPs in Child Protection processes needs to be supported and improved.
- The effectiveness of Child Protection conferences and Core Group processes needs to be monitored and audited to ensure it is working to protect children and that all relevant partner agencies are involved.
- Workforce capacity in the acute sector and multi-agency discharge arrangements needed to be improved.
- The quality of social work evidence in care proceedings needed to improve particularly in relation to neglect.
- The Impact of the non-recognition of Learning Disabilities by professionals on families was recognised and needs to improve.
- The recognition of neglect by professionals working with large families needs to be supported and improve.
- Professional curiosity and accountability of all professionals needs to be actively encouraged.
- The need to support professionals to improve working with challenging parents.
- The quality and availability of safeguarding supervision within agencies.
- Disabled children and the need to review the effectiveness of services working together.

Much of the learning identified through these processes has resulted in actions taken to improve safeguarding arrangements. All partner agencies have been robust in recognising and acting on improvements and have provided evidence of assurance to the Case Review Group but inevitably some of these actions are still in the process of implementation in 17/18.

The LSCB Annual Conference in November 2016 attracted over 300 delegates from a wide range of agencies and provided a good opportunity to share the national learning from Serious Case Reviews produced by Brandon et al (see <http://seriouscasereviews.rip.org.uk/>)

In addition, the learning from the two Serious Case Reviews referred to above (Child S and Child D) were shared with all practitioners through workshops undertaken by the Lead Reviewer.

The presentations from the conference are available at:

<http://www.swindonlscb.org.uk/about/Pages/LSCB-Annual-Conference-2016.aspx>

Single agencies continue to implement the learning case reviews and all LSCB multi-agency training courses reflect the learning from case reviews with a specific course which pulls together all the learning from recent reviews both local and national. The LSCB is developing a suite of brief learning newsletters which incorporate all the learning identified and actions undertaken/planned. An example of these on Child Sexual Exploitation can be seen at: [Learning from Case Reviews - CSE](#)

In addition to the work of the Performance, Quality Assurance and Case Review Subgroups, the LSCB maintains five other sub groups. Each of these reports quarterly to a meeting of all subgroup chairs and annually to the Board. Each Chair has provided a summary of their subgroups activity during 2016/17 as follows:

Child Death Overview Panel (CDOP)

Overview

Fortunately a child death is a rare event in our society however each death represents a tragedy for the family. The Child Death Overview Process (CDOP) ensures that every child's death is comprehensively reviewed and lessons learnt so that action can be taken to prevent future deaths where possible. The majority of child deaths are expected deaths (through known illness or life-limiting conditions) accounting for 70% of child deaths in the past five years. Deaths from external causes, which includes trauma from external factors or self-inflicted harm and suicide are rare - 3% for Swindon children.

The majority of children under one month of age, in Swindon, die as the result of perinatal or neonatal causes and acquired natural cause remains the most common category of death for all children over 1 year of age. There has been no significant change in the numbers of children dying from each of these causes, or in the numbers of children within different age groups over the past five years.

The joint Wiltshire and Swindon Child Death Overview Panel (CDOP) met six times during 2016/17 and reviewed 42 individual child death cases of which 17 were Swindon children. This number differs slightly from the actual number of deaths notified (see table below) due to the time between the death and the case coming to the panel for review.

	Number of child deaths notified					
	2012-13	2013-14	2014-15	2015-16	2016-17	Totals
Swindon	8	17	12	18	14	69

We continue to raise awareness around the issues identified through the CDOP and have published two CDOP newsletters (predominantly for health and social care professionals) that have highlighted issues and learning from cases reviewed locally.

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 include writing to relevant agencies and bodies highlighting issues or concerns found as a result of the CDOP review. A full CDOP Annual Report is published that outlines the detailed activity of the CDOP and the key themes which includes:

- Importance of following safe sleeping advice, particularly when a child is unwell
- Importance of giving compliance information to the child and both parents and checking the understanding of the consequence of non-compliance
- Importance of timely administration of antibiotics when sepsis is suspected
- New sepsis 6 pathway and national early warning system to be embedded within the ambulance service
- Midwifery Service speaking with all families about overwrapping and document that they have spoken to partners and wider family about these issues to ensure the messages are passed on.
- Importance of wearing cycle helmets when riding bicycles
- Pneumococcal sepsis in post splenectomy cases can develop very rapidly; early use of antibiotics is vital
- Good communication by using group email updates to include tertiary units, paediatrics, GP and palliative care agencies with permission of the patient and family.

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 continues to benefit from good multi-agency representation which has been augmented in the last quarter to bring in licensing and the CSE Opal Team manager enabling additional impetus in relation to disruption and enforcement activity.

Due to the recognition that there are a number of new threats which the LSCB needs to understand, all which can be categorised as child exploitation, the group is to expand its remit so as to look at other forms of exploitation against children. There will be a continuing focus on Missing Children because of the overlaps with all areas of child exploitation and the intrinsic links between missing children and the child protection system.

This expanded remit will provide the LSCB with oversight in the following areas:

1. Missing Children
2. Exploited Children
 - Child Sexual Exploitation (as per the nationally agreed definition).
 - Criminally Exploited children – ***When a child is forced, coerced, compelled or exploited to commit a criminal offence by a third party who stands to gain.***
 - Cyber exploited children (Including Youth Produced Sexual Images (Sexting), Sextortion and Hacking)
 - Child victims of Human Trafficking and Modern Slavery
 - Radicalisation of Children - ***the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.***

What characterises all of the exploited children categories is the requirement to coerce/control/exploit, generally over a sustained period of time. In particular the children will be targeted as adolescents (although not exclusively) and in such a way that seeks to exploit the explorative characteristics of their age group.

Activity during 2016/17:

- The Partnership Profile for 2015 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 the Opal Team to target prevention and enforcement activity at several locations around Swindon.
- In March 2016 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 good media interest and a number of press interviews were broadcast across the partnership which helped raise the profile of CSE in Swindon. March 18th is the date for the 2017 National CSE day of awareness and the CSE sub-group is again co-ordinating activity across the partnership. The theme for the 2017 campaign will relate to seldom heard/hard to reach groups, to ensure that groups who have traditionally under reported get additional targeted awareness regarding the risks of CSE and are encouraged to report to those that can help.

- 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 helped the group to identify gaps in our combined approach to CSE, which helped to inform the 2016/17 plan. Since this date there has been a further self-assessment by all agencies as part of a Section 11 Audit on CSE. This process has been additionally thorough with agencies peer reviewing one another, ensuring consistency.
- CSE Audit work has been completed, with the CSE Sub Group and the QA Sub-Group working closely together to develop the programme and deliver the findings. 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 programme commenced in July 2016 and has highlighted a number of positive and some developmental practice which the sub-group has included within its priorities. These have helped to formulate a revised CSE strategy and action plan.
- Oversight of the implementation of the co-located/integrated CSE Team (Opal Team), located within the SBC estate has been one of the most important priorities for the sub-group in the last year. 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. 2016 has seen the Opal team move from developing to consolidating.
- There has been significant engagement with the Case Review 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. This has continued throughout 2016, ensuring that local, regional and national lessons are being learned and integrated into practice in the Swindon area.
- During 2016 the sub-group started to receive performance reports from the Multi-Agency Risk panel (MARF), to ensure the LSCB had oversight of this critical partnership activity. The trends identified in MARF and through other analysis (including the Ending Gang and Youth Violence Peer Review) has highlighted an emerging threat in relation to more general criminal exploitation of Children. CSE describes exploitation where the motivation of perpetrators is sexual. The broader exploitation of children includes financial motivations by perpetrators. One of the commonly used methods of criminal exploitation is to use children to either supply or courier drugs on behalf of established drug gangs, often based in London. This emerging threat has resulted in the CSE sub-group expanding its terms of reference to look at the broader exploitation of children (which includes CSE). The governance of this connects to both the LSCB, but also the Community Safety Partnership (CSP) and arrangements are now in place to drive forward a more comprehensive partnership response to this emerging threat.

Impact

- Increased awareness to children, young people and to the partnership workforce.
- Integrated Police/Social Care CSE team (Opal Team) being implemented giving victims and those at risk from CSE more specialised and dedicated resources to work with and support.
- The Multi-Agency Risk Panel (MARF) has ensured that there is cohesive and co-ordinated partnership activity to support victims, but also to target perpetrators. 2016 has seen a shift

towards identifying more offenders, targeting and disrupting them. This will continue in 2017.

- 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.
- Section 11 Audit
- CSE Audit Programme
- CSE Staff Survey (through Survey Monkey) with over 1000 responses.
- Production of 2015 CSE Partner Profile and 2015 CSE Regional Partner Profile.
- CSE and Missing Action plan, which shows the majority of 2015/2016 actions moving into green on the RAG status and becoming Business As Usual.
- Development and review of the MARP process (reports are consistently 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

- The most important work for the sub-group in 2017 is to develop new Terms of Reference to incorporate broader exploitation and from that to develop a new action plan, which fills the gaps in any partnership response to more generic exploitation. The expansion of the remit of the sub-group will require a review of the current membership to ensure that all those partners who can add value have a voice to develop strategies and plans. New strategies and plans will require the development of a refreshed audit process, to capture activity and performance in relation to criminally exploited children in addition to those who are at risk of CSE.
- The development of a more comprehensive framework for reporting on Missing Children will be another significant action for 2017. Understanding the impact that the partnership is having on children who go missing is fundamental to reducing the risk children face from CSE and criminal exploitation. Better understanding the impact of Return Home Interviews (RHI's), Police Safe and Well checks and support services to vulnerable children going missing, will be an important component of the groups work in 2017
- Developing a performance framework that can better demonstrate partnership disruption activity against CSE perpetrators and those that criminally exploit children will be another priority. Understanding what within the disruption toolkit works and what doesn't will enable the partnership to focus resources on the activity which delivers significant benefits.

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 or reviewed a number of policy and guidance documents including:

- The Neglect Framework – Revised to provide additional information relating to adolescent neglect
- The Escalation Policy
- Quoracy at Child Protection Conferences

The LSCB works with other Boards across the South West to maintain a shared web based resource - <http://www.proceduresonline.com/swcpp/> - which contains a range of information on child protection and safeguarding issues. The subgroup began the process of evaluating the extent to which this resource supports professionals in Swindon ahead of a re-commissioning exercise in 2018

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.

ONLINE SAFETY

Overview

The Sub-group meets termly and continues its work to identify and address safeguarding and protection issues arising from childrens online experiences and in particular their increasing use of social media.

Over the course of the last year there have been a number of examples of online ‘crazes’ that may present a risk to young people’s safety. They include:

- Fake News

Online articles about parents being warned about the ‘Blue Whale Challenge’ - an online phenomenon that encourages youngsters to undertake dangerous dares and eventually commit suicide. The craze was reported to have led to 130 suicides in six months in Russia, where it originated.

The Blue Whale Challenge encourages participants, via social networks, to face everyday challenges. These are intended to lead the ‘players’ to their death on the 50th day, thereby ‘winning’ the game. Challenges at the beginning include drawing a whale on a leaf or getting up at night to listen to sad music. As days pass, participants are invited to cut themselves and finally to jump from the roof of a building or to hang themselves.

Although this was fake news, there is a concern that children “copycat” these ideas, for example on YouTube there were videos of children trying to inhale aerosols for the record time before passing out.

Advice is to always to discuss with children their online experiences, concerns and worries.

Advice for having difficult conversations can be found here

<https://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/talking-about-difficult-topics/>

- **Sextortion**

Sextortion involves victims being lured to perform sexual acts and/or take intimate images using their web-camera. The victims are often unaware their acts are being recorded by the criminals. The fraudsters then blackmail them by threatening to upload the content to the internet, or send it to the victim's friends or family, if they do not comply with their demands.

There has been a significant increase in the number of 'sextortion' cases reported to agencies during the last 12 months. It is now clear organised crime gangs are targeting adults, children and young people in the UK.

Sextortion have led to suicides by young people and therefore it is key for agencies to help children to have resilience in their ability to seek help.

Activity

- Online safety briefing sessions/lessons have been delivered to just over 1,000 parents and staff, and more than 800 children and young people.
- Targeted work within the Junior Good Citizen programme has reached over 1,600 year 6's
- Updates on online safeguarding issues have been delivered at the termly briefings for Designated Safeguarding Leads in Schools'
- Briefing sessions have been delivered to GP's, child-minders and through the Young Warden's programmes across Swindon.
- With Wiltshire Police, advice and guidance on managing incidences of 'sexting' has been given to all schools. The guidance sets out the criteria for reporting such incidents to the police and is aimed at supporting schools to strike a balance between potential harmful criminal behaviour and young people's exploration of their sexuality.
- 99% of schools in Swindon are registered to use the 360° Online Safety self-assessment tool. Over the course of the year 51 schools used the tool to assess their effectiveness in promoting online safety; at 62% this is approximately double the national rate.

Challenges

- The sub-group is aware of the need to support agencies in their response to both existing and new online risks such as: Drones; Ransomware; Snap Chat glasses; and, the growing use of Virtual Reality.
- Evidence is emerging of the risk of online criminal exploitation with examples of 10 year olds being "groomed to carry out hacking activities. The nature and extent of the grooming process is coming to light as a result of the criminal activities and prosecutions of children in their mid-teens.
- Increasingly, attention is being paid to the longer term impact of lives lived online on childrens health and mental wellbeing.

Training and Development

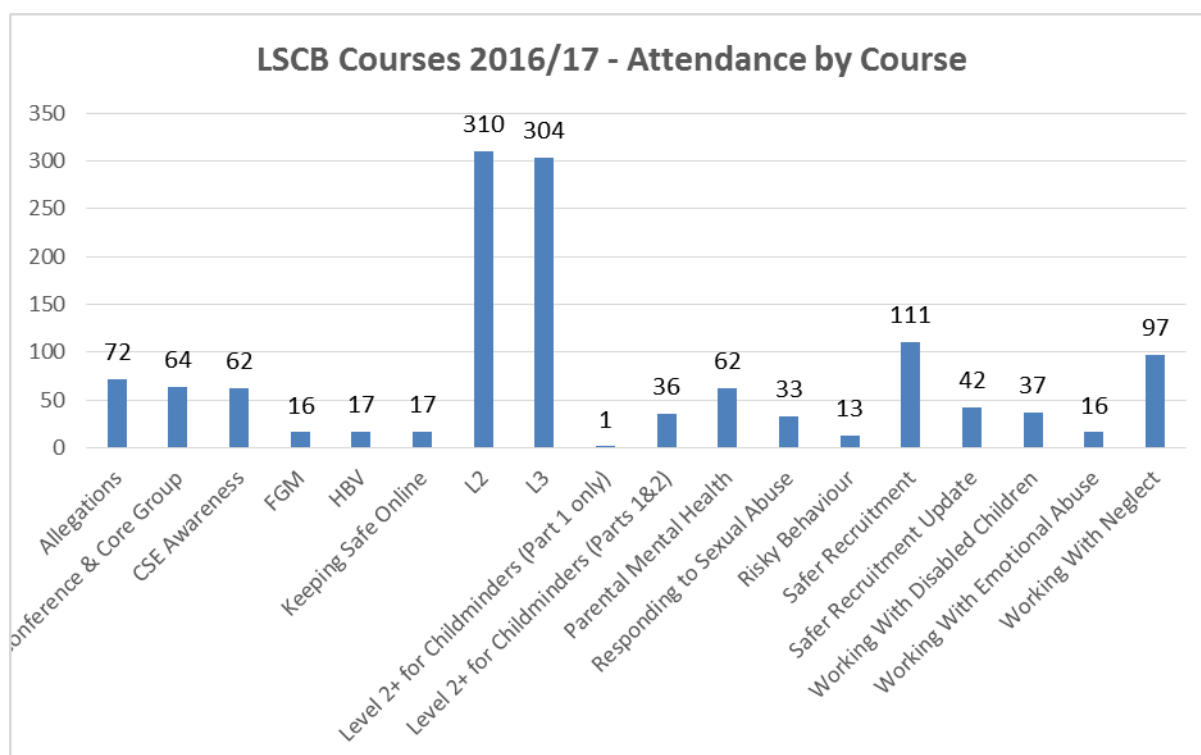
Overview

This sub group has met on a regular basis and has maintained its primary focus on sourcing, facilitating and providing best value for money, quality and meaningful and relevant training and development opportunities for all partner agencies and wider who work with children and young people in Swindon.

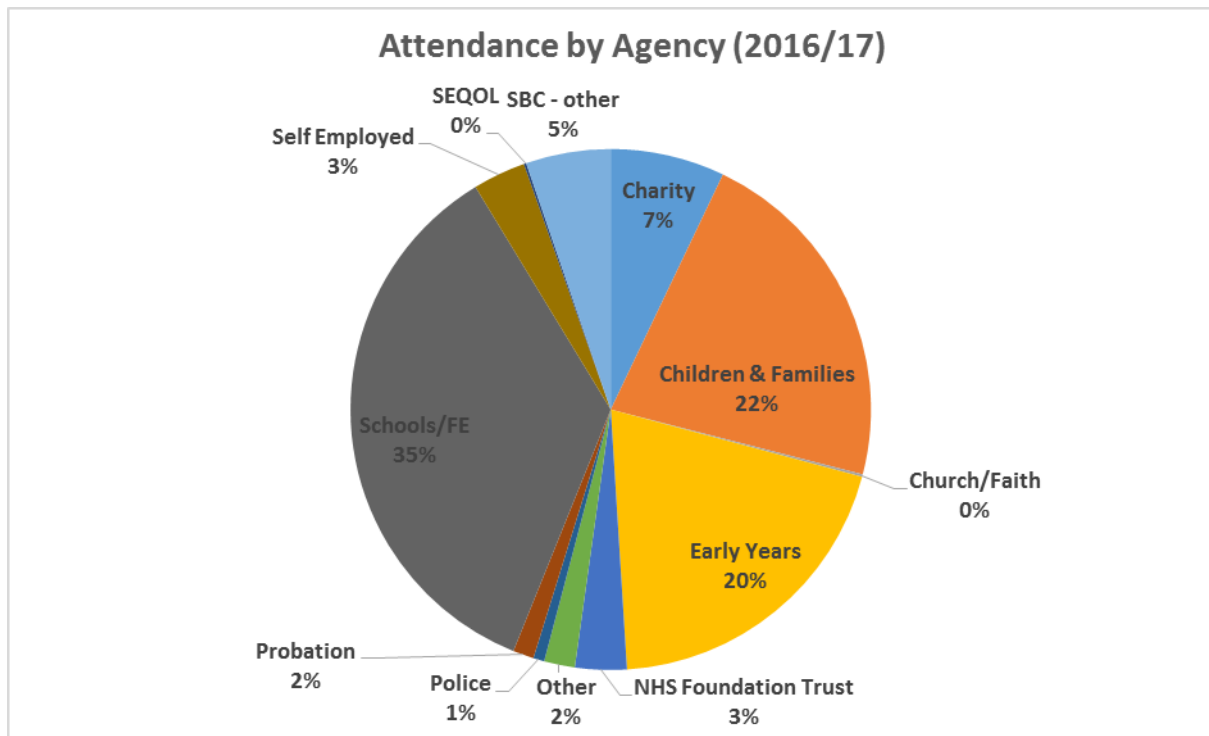
An ongoing focus of activity for this particular group is the planning for and delivery of a high quality and meaningful annual conference. This conference is traditionally very well attended by a diverse and wide-range of participants and aims to be as impactful and relevant as possible taking into account learning from serious and local case reviews as well as national trends and research.

Activity during 2016/17

- During 2016/17 the LSCB delivered 67 training courses.
- The 67 training courses reflect 15 safeguarding subject areas. These are all multi agency courses and subjects included:
 - Allegations
 - Conference and Core Group
 - Safer Recruitment
 - Responding to Sexual Abuse
 - Working with Neglect
- 11 courses were cancelled due to low numbers. This mainly affected Domestic Abuse Awareness, Conference and Core Group, where courses were cancelled twice and despite increased advertising, numbers continue to be low.
- There was an increase in numbers attending LSCB training in 2016/17. 1310 people attended LSCB training courses in 2016/17 compared to 903 in 2015/16 an increase of 45%.

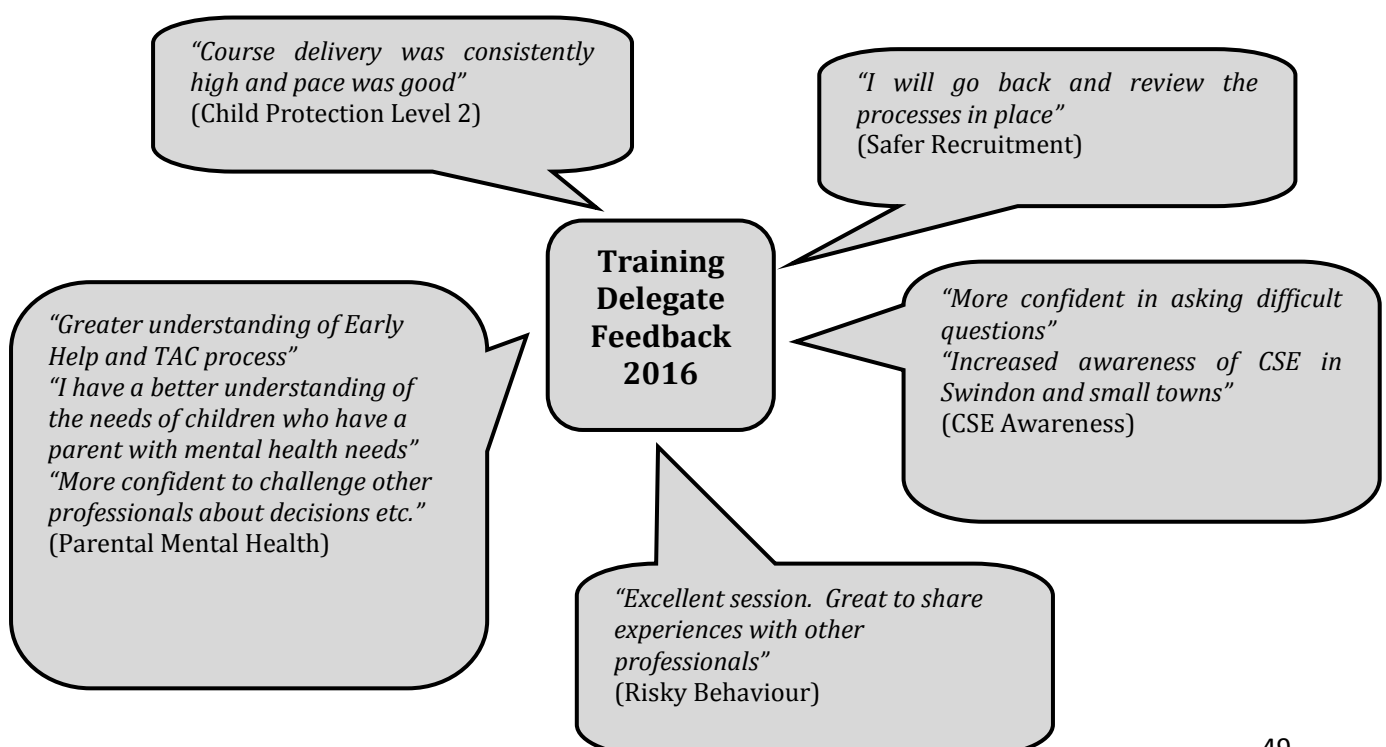


- Following the trend from previous years, the majority of training delegates are from Schools / Further Education, Early Years settings and Children and Families.
- Attendance figures are generally up across agencies, Children and Families saw an increase in attendance by 7%
- Attendance figures for 2016/17 saw a decrease of 7% by Early Years and 1% by Schools and Further Education



Impact

- Course evaluation data is collected from delegates at the end of each course; this continues to reflect that training enhances delegate's skills and knowledge.



LSCB Annual Conference (2016)

- The theme of the annual conference was 'Laying the Foundations' for Effective Safeguarding in Swindon
- Keynote speakers were Dr Susannah Bowyer Research In Practice talking about *Laying the foundations: messages from the triennial analysis 2016*, and Felicia Wood, Kate Cairns Associates who spoke about *Five to Thrive*.
- The conference was attended by over 300 delegates

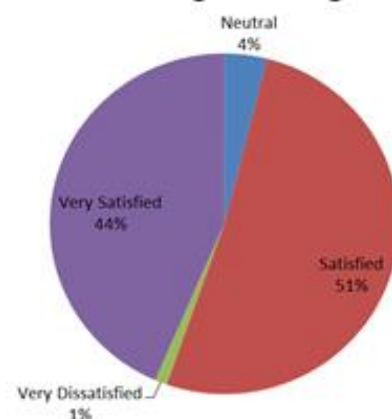
Delegates were asked to complete an evaluation questionnaire at the end of the event and on the whole, evaluations and comments were positive.

Evidence: Total evaluation forms received: 177

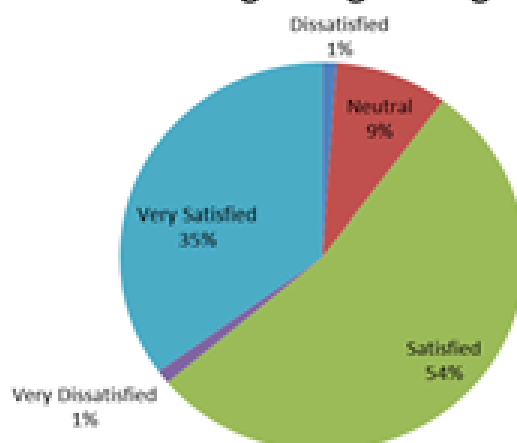
Overall rating of the conference



Satisfaction rating: Learning from SCRs



Satisfaction rating: Safeguarding in Swindon



Comments / feedback from Conference Delegates:

- *Presentation was excellent*
- *So good to take time out and absorb information during busy term*
- *Great information! Interesting and useful content*
- *Thank you for such a useful and valuable event*
- *Very well organised and relevant speakers thank you!*
- *A very worthwhile day, very thought provoking*
- *Outstandingly thought provoking*
- *presentation was so engaging and extremely useful to my practice*
- *The CP conference session was excellent. Speaker was inspirational*
- *Really enjoyed speakers talk. Excellent*
- *Well planned and well structured, Good thought provoking day thank you*
- *Thank you for an interesting and stimulating day*
- *Interesting to learn about serious case reviews. Good content by keynote speakers.*
- *Found very useful and hopeful that positive changes are being made*
- *Really interesting and engaging, a great speaker*
- *It's always excellent, well organised. I enjoyed it all so difficult to choose from the above*
- *Very good speakers, relevant and well organised*
- *Really useful day thank you. session was particularly helpful re timeframes and processes*
- *A great day. I feel like I have lots to take away, thank you*
- *It was interesting and useful to find out about what is happening in Swindon and the lessons we can learn*
- *Workshop was thought provoking and has made me rethink my approach to working with some individuals. All speakers were very good*
- *Good to be relevant to Swindon's systems and issues*
- *It's fantastic that the message 'safeguarding is everyone's responsibility' is now being more widely embraced by all agencies*
- *Interesting to hear about new services to early help processes but concerned that referrals can only come from health visitors and social workers*
- *Finding out about developments/changes in Swindon was very valuable as was seeing people in the various teams. Despite having attended KCA presentations previously this was still very engaging and so relevant*
- *Clear succinct summary of learning from SCRs - identified areas for learning and stimulated good discussion and opportunity to feedback. Presentation from young people was very powerful and good to focus us on the reason for our work*
- *Very interesting and insightful. Speaker was very knowledgeable and thought provoking*

Challenges

The group have noticed a trend for some agencies to deliver single-agency training rather than subscribe to the LSCB offer. This may, in part be linked to funding reductions. We remain keen to emphasize the value and importance of multi-agency learning and training and continue to monitor this in order to better understand the reasons behind the falling numbers and to ensure that this is not adversely impacting on multi-agency safeguarding knowledge and practice.

Given the number of local and serious case reviews the LSCB has commissioned, the subgroup remains focussed on ensuring the key learning and messages arising from these are extrapolated, understood and incorporated into the existing training offer.

The ongoing challenge for the subgroup is to ensure that the training 'offer' remains relevant, contemporary and meets the needs of practitioners and other relevant partners.

The subgroup is to ensure that a timetable of observations and quality assurance of training courses is undertaken in order to satisfy the LSCB that the programme is of sufficient quality and relevance and delivered effectively. The subgroup remains vigilant in redressing any issues detected or reported.

Key Challenges

- To ensure that 'the right training is delivered by the right people at the right time and for the right people'.
- To continue to emphasise and market the inherent advantages of multi-disciplinary training and development and to monitor and understand any shortfalls.
- To continue to promote and deliver a high quality Annual Conference which is relevant to all partner and other agencies.
- To continue a quality assurance regime to ensure quality is maintained throughout the training and development agenda.

Early Help Working Group

Introduction

Following the LSCB discussion in September and December 2015 on low level of EHRPs being completed and the increase in contacts/referrals to children's social care the Chair requested an Early Help Working task and finish group to be set up to evaluate the effectiveness of the Threshold documents 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. The Terms of Reference were discussed and agreed by the Chairs Group in Feb 2016 and the Group held its first meeting in May 16.

The aims and objectives of the task group were:

- Evaluate the effectiveness of the LSCB Threshold Document to ensure that it is fit for purpose, well understood and used appropriately by professionals in partner agencies
- Be assured that Early Help Records & Plans for children and young people are consistently of good quality, and lead to sustained improvements in outcomes for children and young people
- Identify the barriers to Early Help Record completion and taking up of the Lead professional role and what could be done to overcome this
- Ensure that the QA Sub Group, Performance Sub Group and Training & Development Sub Group are informed of learning and this is reflected in their work plans for 2016/17

Summary of the Working Group's findings:

The key findings were:

- Social care partners are more confident about the effectiveness of the threshold document compared to other partners. The key concern was being able to evidence Early Help support at level 1 and 2 as this was not being routinely documented through Early Help Records and Plans and the information was not accessible for sharing across the partnership should the referral be escalated to level 3 or 4.

- Although the threshold documentation and guidance had been revised and an additional A3 poster format developed to be used alongside the documentation ('threshold at a glance') to provide a quick point of reference, it became clear task group members had not shared this with their organisations. This leaves more work to do to provide assurance that the revised document is fit for purpose and supports partners in having a better understanding around thresholds, or whether further work is required.
- The task group identified a number of barriers impacting on the use of Early Help Records and Plans across the partnership but it is recognised further qualitative work in this area would provide a more complete picture. Some of the main barriers raised included:
- Partners not having access to the council's information system to directly record or access other Early Help Records and Plans.
- A backlog with Early Help data being entered on the system
- The role and responsibilities of a Lead Professional were perceived to be time consuming
- Lack of evidence to demonstrate that having an Early Help Record or Plan has improved outcomes for children and their families and reduced cases escalating.
- Attendance at Early Help training is voluntary and focusses more on the assessment tools rather than the shared vision and ambition for Swindon children and families to benefit from the best quality help at the earliest opportunity.

Next Steps

Although progress has been made in supporting the Early Help agenda, the evidence from the work of the task group indicates there is more to do to further embed the culture amongst the Early Help workforce across all agencies. There is more investment needed to ensure we have a threshold document that is valued and used appropriately across the partnership. In 2015/16, there were 952 Early Help Record and Plans completed compared to 3146 social care statutory assessments. This clearly indicates a need to shift the balance.

The performance data indicates that not all services and practitioners, that should be, are utilising Early Help Record and Plans(EHRP) to assess and plan services for children and families with additional needs. Greater insight is required to further understand how we can effectively tackle these barriers going forward. The audit of Early Help Records and Plans remains outstanding so at this stage we are unable to provide assurance that Early Help Records are good quality and lead to sustained improvements for children, young people and their families.

The report was presented to the LSCB in March 2017 who agreed that a small cross partnership working group, led by Swindon Borough Council, will take forward the Early Help Task Group findings and recommendations into a Stage 2 and develop a multi-agency Early Help strategy. The LSCB will receive regular updates on progress so Board members can use the information to drive improvements within their own organisations and this will be completed by September 2017.

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 Education; Director of Adult Social Services; Head of Housing & Community Safety)
- 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
- NSPCC
- Swindon Youth Offending Team
- Wiltshire Fire & Rescue Service
- 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
- GP Services
- Voluntary Sector
- Domestic Violence Representative
- 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.

Swindon LSCB has the benefit of a committed Lay Member who in his voluntary capacity attends the Board meetings and serves on 2 sub-groups. The Board is keen to recruit additional lay members during 2017/18. The remit of the Lay Member 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. Alex is Vice-chair of the national 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 during 2016/17, Swindon LSCB maintained the following sub groups:

- Case Review
- Child Sexual Exploitation & Missing Children
- Early Help
- On-line Safety
- Performance
- Policies & Procedures
- Quality Assurance
- Training & Development

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. The Early Help group is a working group to carry out a specific piece of work although this has been extended into 2017/18 in order to develop its work on thresholds and early help records and plans.

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 and the Chair of the Domestic Abuse Steering Group and chaired by the LSCB Chair, continues to facilitate communication between the various Sub Group chairs and to respond to their wish for greater direction from the Board.

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 annual business planning workshop in January 2017, when members updated the LSCB Strategic Business Plan for 2016/19 and determined the four strategic priorities which are to be the focus of work during 2017/18.

LAY MEMBERS

The Lay Member role continues to represent the public by challenging, questioning, and offering alternative perspectives to the work undertaken by the sub groups and Board whilst continuing to reduce the amount of unexplained abbreviations and the greater use of plain language in Local Safeguarding Children Board (LSCB) published policies.

Interaction with the community continues to improve steadily, although as always, more engagement work across the spectrum of the Board's activities still needs to be done. Over the last year I have spent eighty hours delivering fifty On-line Safety events to 2,712 children and 698 adults including teachers, support staff, parents and family doctors.

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

Robin Stannard (Lay Member)

Swindon LSCB Budget Monitoring 2016/17 and Budget Plan 2017/18				
	2016-17 Budget	2016-17 Out-turn	Variance	2017-18 Budget
Expenditure				
Employment Costs				
LSCB Posts	111,900	107,596	-4,304	119,000
Independent Chair	16,500	19,250	2,750	16,500
Staff Mileage	1,000	97	-903	1,000
Total	129,400	126,943	-2,457	136,500
Multi-Agency Training				
Training Programme	44,000	54,307	10,307	44,400
Total	44,000	54,307	10,307	44,400
LSCB Projects & Statutory Agenda				
CSE & Missing	1,600	0	-1,600	1,600
Serious Case Review / Case Review	22,900	20,098	-2,802	23,200
Procedures & Awareness	2,500	2,550	50	2,500
Total	27,000	22,648	-4,352	27,300
Business Support				
General Supplies	200	1,711	1,511	1,700
Design & Printing	100	361	261	100
Meeting Venues	600	965	365	600
Total	900	3,037	2,137	2,400
Overall Total Expenditure	201,300	206,934	5,634	210,600
Income				
Local Authority	-58,200	-58,200	0	-58,200
Total LA Funding	-58,200	-58,200	0	-58,200
CCG	-44,200	-44,150	50	-44,200
GWH	-17,700	-17,699	1	-17,700
Police	-12,450	-12,448	2	-12,450
Probation - CRC	-2,200	-1,000	1,200	-2,200
Probation - NPS	-2,200	0	2,200	-2,200
CAFCASS	-550	-550	0	-550
Total Partner Funding	-79,300	-75,847	3,453	-79,300
Training Income				
Course Income, Events & Conferences	-36,000	-53,820	-17,820	-37,800
Total Training Income	-36,000	-53,820	-17,820	-37,800
Overall Total Income	-173,500	-187,867	-14,367	-175,300
Balance	27,800	19,067	-8,733	35,300
Opening Reserves	76,534	76,534	0	57,467
Projected Movement in 2016-17		-27,800	-19,067	8,733
Budgeted Movement in 2017-18	0	0	0	-35,300
Projected Remaining Reserves	48,734	57,467	8,733	22,167

Swindon LSCB Priorities for 2017/18

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 2016/17 LSCB Business Plan.

The Business Plan for 2016/19 was agreed by the LSCB in April 2016 and sets out the core functions of the Board. At a business planning workshop in January 2017 and at the Board meeting in March four strategic priorities for improvement in 2017/18 were agreed. The priorities are outlined below and the LSCB are now developing strategic responses that will best improve outcomes for children and young people.

The core functions are:

1. **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.
2. **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.
3. **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.
4. **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.
5. **Child Death Overview Panel:** To review child deaths and learn lessons in order to improve the health, safety and wellbeing of children and to reduce future incidence of preventable child deaths.
6. **Quality Assurance Audits and Scrutiny:** Evaluating the effectiveness and efficiency of local actions to safeguard and promote the welfare of children, evidencing outcomes and challenging improvement.

7. **Training and Staff Development:** To devise and deliver and evaluate high quality multi-agency innovative training programmes and initiatives that meets the training requirements of the local workforce and the priority safeguarding issues being progressed.
8. **Online Safety:** To promote the development of effective policies, procedures and strategies relating to on-line safety; To co-ordinate awareness raising training for parents, their children and adults who work with them; and, address specific areas of concern, particularly where children and young people may be at risk of harm.
9. **Child Exploitation & Missing Children:** To ensure that there are effective multi-agency responses to all forms of child exploitation and that missing children are identified and supported at the earliest opportunity.

In addition to discharging its core functions, the LSCB will identify a number of issues, needs and groups as priority areas for improvement. The way in which the priorities will be met will vary over the lifetime of the Plan with some being effectively met and resolved through discrete and time limited pieces of work whilst others will require ongoing and evolving action over a number of years.

For the year April 2017 – March 2018 the LSCB identified the following four targeted areas of work for improvement based on a development workshop held in January 2017:

1. The Journey of the Child through Safeguarding Processes (to focus specifically on thresholds and effectiveness of Early Help):

This is a targeted area for improvement because:

- Learning from Serious and Local Case Reviews
- Learning from the LSCB Early Help Working Group 2015/16
- Low numbers and inconsistent use of Early Help Records and Plans
- Children subject to Multi-agency Risk Panel, Child Protection and Looked After Children processes without having had Early Help Records
- Low levels of escalations.
- Younger children have high support needs indicated by the high numbers of children in need and the small increase seen in children coming into care due to neglect (H&WB Strategy 2017 – 2022)

2. Domestic Abuse:

This is a targeted area for improvement because:

- Swindon has estimated high levels of domestic abuse, compared with its 'nearest neighbours'. Evidence suggests that the number of children affected by domestic abuse has increased in recent years. JSNA Update 2016.
- In 90% of domestic violence incidents a child or young person will be in the house or directly witness the incident. Health & Wellbeing Strategy 2017 - 2022

3. Disabled Children

This is a targeted area for improvement because:

- Disabled children are at significantly greater risk of physical, sexual and emotional abuse and neglect than non-disabled children;

- Disabled children at greatest risk of abuse are those with behaviour/conduct disorders. Other high-risk groups include children with learning difficulties/disabilities, children with speech and language difficulties, children with health-related conditions and deaf children;
 - Disabled children are more likely to be abused by someone in their family compared to non-disabled children;
 - Disabled children are more likely to experience the negative aspects of social networking sites than non-disabled children.
 - Almost 4% of pupils have a statement or Education, Health and Care Plan (England average 2.8%)
4. Supporting improved effectiveness of joint safeguarding work between services for children and adults.

This is a targeted area for improvement because:

- Children who are cared for by adults who are in receipt of support provided by a range of services may themselves need additional support; Support plans for these children, at whatever level, are likely to be more effective where there is joined up working between organisations that support children and those that support adults.

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 2017.

The final report is a public document available on the Swindon LSCB website

www.swindonlscb.org.uk

The LSCB Independent Chair will present the report to the following 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

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.

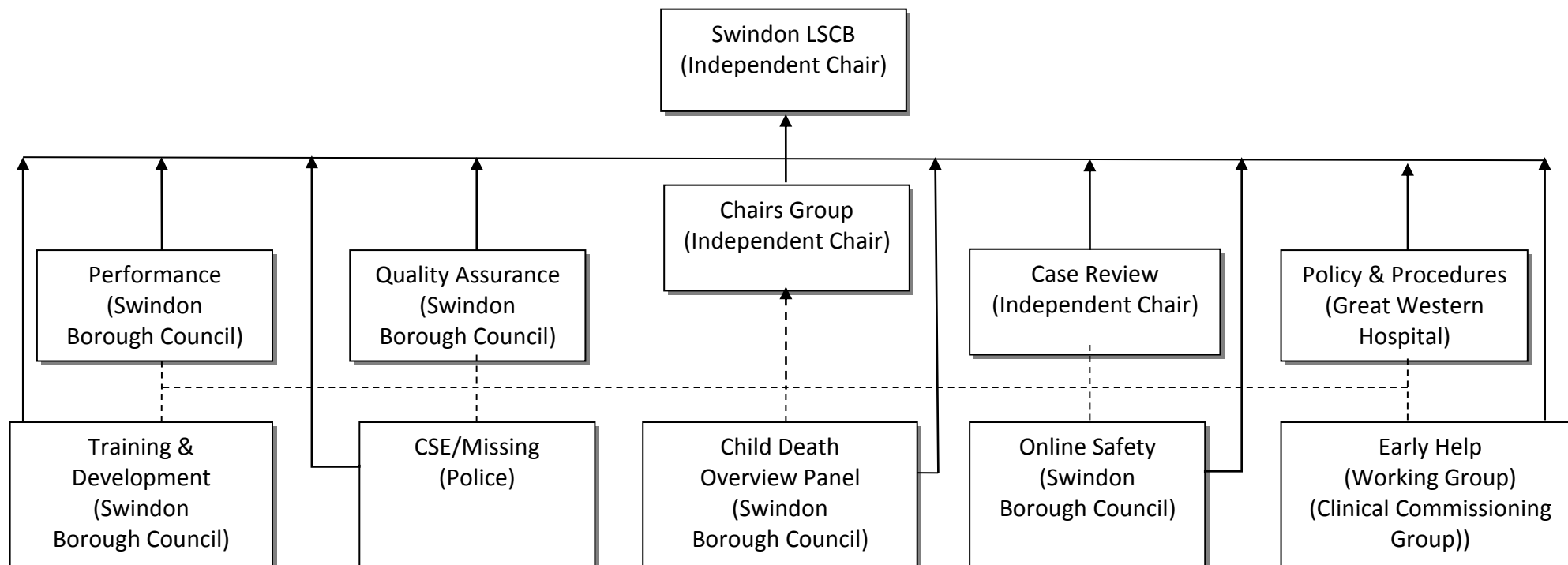
www.ceop.gov.uk

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
2016/17**



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)
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
Tanya Schottlander	Head of Student Services and Safeguarding, New College	Fiona Francis	Service Manager, Quality Assurance & Review Service, SBC & Quality Assurance sub-group Chair
Fionuala Foley (Participating Observer)	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	Designated Doctor, Swindon CCG
Joanne Smith	Named Nurse, GWH & Polices & Procedures sub-group Chair	Kathie Bryan	Association of Swindon Special School Headteachers
Karen Reeve	Director of Children's Services SBC	Lin Williams	Domestic Abuse Strategic Lead, SBC
Liz Hickey	Assistant Chief Officer, Community Rehabilitation Company (CRC)	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
Phillipa Lamb	Strategic Planning Manager, SBC & Performance sub-group Chair	Newlands Anning	Interim Managing Director, Avon & Wiltshire Partnership
Ruth Gumm	Principal Social Worker, SEQOL	Peter Nathan	Head of Education, SBC
Simon Hester	Named Safeguarding Professional, South West Ambulance Service Trust	Robin Stannard	Lay Member
Spencer Allen	Swindon Association of Primary Headteachers	Sarah Merritt	Divisional Director of Nursing, Women & Children's Division, GWH
Sue Wald	Director of Adult Social Care Services, SBC	Sarah Warne	Safeguarding Lead Nurse, NHS England
Stephanie Hathaway	Manager, Koalas Opportunity Group	Simon Ratcliff	LSCB Strategic Manager
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 2016/17			
Agency	% Attendance	Agency	% Attendance
Chair - Case Review Sub Group	100	Probation CRC	25
Chair - Child Death Overview Panel Sub Group	75	Probation NPS	100
Chair - CSE & Missing Sub Group	75	SBC - DV Strategic Lead	0
Chair - Online Safety Sub-group	50	SBC - Group Director: Childrens Services	75
Chair - Performance Sub Group	75	SBC – Head of Children, Families & Community Health	75
Chair - Policy & Procedures Sub Group	75	SBC - Education Commissioning	75
Chair - Quality Assurance Sub Group	75	SBC - Housing & Community Safety	100
Chair Training & Development Sub Group	100	SBC - Cabinet Member Children Services	100
AWP	0	SBC - Restorative Youth Services	100
CAFCASS	0	Schools - Primary	50
Designated Doctor CCG	100	Schools - Secondary	25
Designated Nurse CCG	50	Schools - Special	75
Early Years	0	SEQOL	25
CCG	100	SW Ambulance Service	0
GWH NHS Foundation Trust	100	Swindon Colleges/FE	75
Lay Members	100	Swindon Health Watch	100
NHS England	50	Voluntary Sector	75
NSPCC	50	Dorset & Wiltshire Fire & Rescue Service	25
Oxford Health NHS	75	Wiltshire Police	100
SBC - Public Health	75	Average Attendance	68%