

Swindon Borough Council

Health and Wellbeing Board

Wednesday, 8 January 2014

Committee Room 6, Civic Offices (Anticipated meeting room)

At 2.00 p.m.

Contact Officers:

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AGENDA

1. Apologies for Absence

2. Declarations of Interest

Members are reminded that at the start of the meeting they should declare any known interests in any matter to be considered, and also during the meeting if it becomes apparent that they have an interest in the matters being discussed.

3. Public Question Time

See explanatory note below. Please phone the Committee Officer whose name and number appears at the top of this agenda if you need further guidance.

4. Minutes (Pages 1 - 6)

To receive the minutes of the meeting held on 13th November 2013.

5. Annual Reports of the Local Safeguarding Children Board and Adults Board 2012/13 (Pages 7 - 110)

At its meeting held on 13th November 2013 the Board considered the draft Annual reports of the Local Safeguarding Children's Board 2012/13 and the Local Safeguarding Adult's Board 2012/13. The Board requested that Members refer the reports to their respective organisations to consider how the key issues and recommendations fit into their organisation's work and to report responses received back to this Board.

A copy of the papers considered by this Board on 13th November 2013 are attached to facilitate discussions on the feedback received.

6. Domestic Violence and Abuse: The impact on children and young people Joint Strategic Needs Assessment (JSNA) (Pages 111 - 124)

7. Better Care Fund Plan (Pages 125 - 140)

Date of Despatch: 23 December 2013

Key:

Public Question Time - Swindon Borough Council is committed to increasing its accountability to the public and to promoting active citizenship. Up to 15 minutes will be allowed at the start of all Council meetings for questions to the Chair from members of the public about the work of the Committee (except for confidential matters and specific planning applications). Questions must be relevant, clear and concise. Because of time constraints Public Question Time is not an opportunity to make speeches or statements. Prior notice of a question to the Director of Law and Democratic Services is desirable - particularly if detailed background information is needed.

Access Arrangements - The venue is wheelchair accessible and an infrared receiver hearing system is provided. If you would wish to attend the meeting but have any special requirement to enable you to do so please contact the Committee Clerk, whose name appears at the top of this agenda, as soon as possible prior to the date of the meeting.

If you would like to receive any of the pages contained in this agenda in a larger print size please contact the Committee Officer whose name appears on the first page of this agenda.

HEALTH AND WELLBEING BOARD

WEDNESDAY, 13 NOVEMBER 2013

PRESENT:- Councillors Ray Ballman and David Renard (Chair); Gavin Jones (Chief Executive, Swindon Borough Council), Tony Ranzetta (NHS Swindon Clinical Commissioning Group Accountable Officer) John Gilbert (Director of Adult Social Care/Children's Services, Swindon Borough Council), David Wray (Third Sector representative), Dr Liz Mearns (Medical Director, NHS England), Cherry Jones (Acting Director of Public Health, Swindon Borough Council) and Angus MacPherson (Wiltshire Police and Crime Commissioner) .

Also in attendance: James Griffin (Swindon Borough Council), Louise Tapper (Swindon Borough Council) and Sue Wald (Swindon Borough Council).

Apologies for absence were received from Councillor Brian Mattock, Carol Burns (Chair, Healthwatch Swindon), Dr Peter Crouch(NHS Swindon Clinical Commissioning Group) and Jennifer Howells (NHS England).

26. **Declarations of Interest**

The Chair reminded Members of the need to declare any known interests in any matters to be considered at the meeting. No declarations were made.

27. **Public Question Time**

No public questions were received during the meeting.

28. **Minutes**

Resolved – That, subject to Stuart Macpherson being amended to read Angus Macpherson in Minute 25, the minutes of the meeting held on 11th September 2013, be accepted as a correct record.

29. **Presentation - NHS England**

Tony Ranzetta and Liz Mearns gave the Board a presentation on “A Call to Action” highlighting the following issues:

- “A Call to Action” was not a public consultation but was a sustained programme of engagement with patients, the public, staff and stakeholders.
- It was intended to inform the future of the NHS and how it needed to change and the outputs of the debate would be used to plan for immediate issues and for a sustainable future.
- “A Call to Action” was a response to the significant number of challenges facing the NHS and intended to create a consistent national framework and context and support to the NHS. It was also intended to enable existing conversations between commissioners and their local community about local health priorities to help meet the challenges faced.
- There were already a number of recommendations for improvement to the NHS arising from reports such as the Mid Staffordshire NHS Foundation Trust Public Enquiry, The review into the quality of care and treatment

provided by 14 hospital trusts in England (Sir Bruce Keogh KBE) and the Berwick review into public safety.

- Pressure facing the NHS included, a rise in long term conditions (diabetics were expected to rise by 29% by 2015 to reach 4 million), a doubling of the number of over 80 year olds (the most intensive users of health and social care) by 2030, and increasing expectation on service delivery resulting from factors such as seven day access and new health technology.
- The reservation of the strengths of the general practice, including generalist skills, a central role in managing long term conditions, patient care (proactive co-ordination, a holistic approach and fast and responsive access).
- The role of general practices in preventing ill-health, involving patients and carers in managing their own care and health.
- The operation of general practices at greater scale through networks, federations and practice mergers whilst preserving their traditional strengths.
- The role of the general practice as part of an integrated out of hospital care system.
- Specialised Commissioning – derogation plans submitted by Trusts, regional meeting held on 25th October to agree final position, and the impact on the local area being shared with CCGs and Local Authorities.
- A breakdown of the health planning timetable.
- The engagement themes of Prevention, Future Scenarios, Valuing mental and physical health, patients in control, well-co-ordinated care and Learning from the best.
- The Integration Transformation Fund (£3.8 billion funding to ensure closer integration between health and social care), a single pooled budget for health and social care services (local areas ring fenced for investment in out of hospital care) and targeting a range of initiatives.
- The Integrated Transformation Fund pooled budget can be deployed locally subject to national conditions being addressed in plans (jointly agreed plans, protection for social care services, 7 day working in health and social care to support patients being discharged to prevent unnecessary admissions at weekends, better data sharing, ensuring a joint approach to assessments and acute planning, use of funding for integrated packages and agreement on the consequential impact of changes in the acute sector).
- Opportunities offered by these changes and the key components that should be retained.
- The resource gap likely to be seen locally as a result of funding pressures, population growth and increased life expectancy (and the additional care challenges this presents).
- Planning better patient flows and priorities for local transformation.
- The role of One Swindon in the transformation agenda and potential projects being considered by the One Swindon Board.

The Board noted the presentation.

30. Annual Report of the Local Safeguarding Children Board 2012/13

Michael Howard (Independent Chair of the Local Safeguarding Adults Board and the Local Safeguarding Children's Board) introduced the Annual Reports of the Local Safeguarding Adults and the Local Safeguarding Children's Boards.

The report comprised three key elements (a) the Protocol supporting the relationship between the Swindon Health and Wellbeing Board, the Local Safeguarding Adults Board and the Local Safeguarding Children's Board (this was based upon the Slough Protocol and adapted to meet Swindon's requirements), (b) the Local Safeguarding Children's Board Annual Report 2012/13, and (c) the Safeguarding Adults at Risk in Swindon Annual Report 2012/13. The Government expected the Board reports to be self-critical and Michael Howard welcomed challenge from the Health and Wellbeing Board.

The Board welcomed the reports and discussed the following issues:

- The role of the Health and Wellbeing Board in challenging the work of the Local Safeguarding Adults Board and the Local Safeguarding Children's Board and in being a critical friend where appropriate and vice versa.
- The role of the Annual reports and Protocol within the Business Plans of the Safeguarding Boards, the Health and Wellbeing Board and the Joint Commissioning Board (Adults and Children's).
- The protocol, which was welcomed by the Board, together with the timescales set out on page 5 of the Protocol.
- The importance of the Health and Wellbeing Board's response to the Annual Reports and the need to ensure that key elements were embedded within the work and practice of the Board as well as more widely within the organisations represented on the Board.
- The issue of Domestic Violence within the reports and subsequent work of the Board and constituent organisations.
- How the Annual Reports might help inform the upcoming revised Crime and Policing Plan.
- That the response of this Board would be included within the LSCB Business Plan 2014/15.

Resolved – (1) That, subject to "Scrutiny" being amended to read "Challenge" the Protocol set out as Appendix 1 to the report be welcomed and approved.

(2) That the Local Safeguarding Children's Board Annual Report 2012/13, and the Safeguarding Adults at Risk in Swindon Annual Report 2012/13, be endorsed and received.

(3) That, further to (2) above, the Annual Reports be referred to organisations represented on this Board with a recommendation that they consider the implications for their respective organisations and how the key issues and recommendations fit into their work and that the responses received be considered at the next meeting of this Board.

31. Autism Self Evaluation 2013

The Board considered a report setting out the Autism Self Evaluation Assessment submission by Swindon Borough Council to Public Health England. Officers had sought advice from the Autism Board prior to completing the two year evaluation; it was noted that there were four areas of good practice highlighted with no "red" rating responses identified. The amber responses were areas of on-going work. The report before Members' was to raise awareness of work related to Autism currently being undertaken within the Borough.

The Board discussed the responses and raised queries as to the reasons for the identification of red, amber and green by officers and in particular in relation to:

- Response 18 and the extent to which local magistrates were engaged with appropriate training.
- Response 37 and the marginal take-up of the alert card system used by the probation Service locally. The scheme being introduced by the Wiltshire Police and Crime Commissioner to have appropriate signage in police stations asking if people carried autism cards.
- Response 27 and the lack of numbers in the return. It was noted that data collection was an issue with compiling the return and that therefore officers only included those they were certain were correct. The information related to the previous year.

Officers noted Members comments and undertook to present the submission for next year to the Board for its input and information.

Resolved – That the report and rating set out within the officer return be noted.

32. Diabetes Joint Strategic Needs Assessment (JSNA)

The Board considered a report of the Acting Director of Public Health setting out the findings of the Diabetes Joint Strategic Needs Assessment.

The Board discussed the following issues arising from the report:

- That diabetes was generally poorly managed by people leading to early death.
- That there were 10,000 registered diabetics in the Borough but it was believed that there was up to 1,000 additional diabetics that weren't registered.
- Concern that only 64% of diabetics managed their sugar levels properly against a national average of 70%.
- The mortality rates for people with diabetes living within the Swindon CCG area.
- Whether further research was needed to ascertain whether diabetes was higher in particular ethnic groups.
- Work undertaken within the first public patient diabetes workshop.
- The importance of educating young people as to the benefits of healthy eating and exercise in the prevention of illnesses such as diabetes.

Resolved – (1) That the report be noted.

(2) That the recommendations of the Diabetes Joint Strategic Needs Assessment be agreed by the Board, and the development of an action plan for the implementation of the recommendations be supported.

33. Integration Transformation Fund Update (Oral)

The Board received an oral update on the current position of the Integration Transformation Fund setting out:

- Further Government Guidance on the Integration Transformation Fund.
- That funding would be in two stages with the first funding in 2014/15 and increased funding in 2015/16.
- The funding was not new money but was funding already allocated to

services; this included the current transfer of monies between the NHS and Local Authorities and there was expected to an uplift in this figure although whether any additional funding would be new money was not clear.

- Future funding 2015/16 could include some Clinical Commissioning Group budget areas (Capital monies from CCG and 3% CCG baseline).
- The funding is planned to be part of a National Health Services 2006 Section 75 funding agreements which Swindon already had in place. Governance of the Section 75 Agreements in Swindon is through the Joint Commissioning Board
- Local areas could increase funds in pooled budgets (Swindon's budget is currently aligned).
- The national conditions for use of monies were not yet fully known but it was expected to encompass protection of spending on Adult Social Care services, 7 day social work and joint assessments).
- Part of the 2015/16 payments could be based on achieving agreed outcomes. The final guidance on this is expected in December 2013.
- Plans are due to be submitted by 14th February 2014.
- A working group has been established across Swindon Borough Council and the Clinical Commissioning Group. The working group will submit proposals for the Integrated Transformation Fund to the next Health & Wellbeing Board in January 2014.

Resolved – That the report be noted and a follow up report be presented to the January 2014 Board meeting.

34. Health and Wellbeing Strategy

The Acting Director of Public Health submitted a report setting out the Swindon Health and Wellbeing Strategy based upon the priorities agreed by the Board in May 2013 and following an extensive engagement and consultation process. The Board discussed the priorities and outcomes set out in the Strategy.

The Board noted that there would be a meeting between the Acting Director of Public Health and the Wiltshire Police and Crime Commissioner regarding the outcome and vision priorities.

Resolved – (1) That, subject to Priority 21 reflecting the promotion of public transport and the outcome of the discussion between the Acting Director of Public Health and the Wiltshire Police and Crime Commissioner regarding the outcome and vision priorities, the Health and Wellbeing Strategy be supported and adopted.

(2) That, further to (1) above, any technical amendments be circulated to members of the Health and Wellbeing Board for information.

(3) That the Cabinet and the Governing Body of the Swindon Clinical Commissioning Group be recommended to approve and adopt the Health and Wellbeing Strategy.

35. Presentation - Winter Planning

Mr Tony Ranzetta made a presentation to the Board regarding Winter Planning by the Health Services noting:

- The timing of preparatory work.
- The expected 40% increase in demand for medical assistance, including a

rise in the number of hospital admissions based upon the evidence of the previous three years.

- Preventable admissions to hospitals and the extra stress such admissions had on the operation of the Great Western Hospital.
- A review of admission rates and current projections for 2013/14.
- The effect of the Nora virus and seasonal flu on medical care provision in previous years.
- The current capacity of the Great Western Hospital and subsequent work on increasing bed capacity.
- The use of the seasonal flu vaccination in helping to save lives.
- The use of other sources of assistance (the voluntary sector, friends and family) in reducing the need for hospital care.
- Publicity and the co-ordination of health campaigns during the winter and Christmas period to help reduce preventable admissions to hospital.

Resolved – That the presentation be noted.

2012/13 Annual Reports of the Local Safeguarding Children Board and the Local Safeguarding Adult Board

Health and Wellbeing Board

Date: 8th January 2014

Author:	Board Director Commissioning/ Chair of the LSCB and the LSAB
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

- 1.1 To inform the Health and Wellbeing Board of the 2012/13 Annual Report of the Local Safeguarding Children Board and to invite the board to comment on the report
- 1.2 To inform the Health and Wellbeing Board of the Draft 2012/13 Annual Report of the Local Safeguarding Adult Board and to invite the board to comment on the report

2. Recommendations

Board is recommended to:

- 2.1 Note and comment on the Local Safeguarding Children Board Annual report 2012/13
- 2.2 Note and comment on the Draft Local Safeguarding Adult Board Annual report 2012/13

3. Detail

- 3.1 The Swindon Local Safeguarding Children and Adult Boards (LSCB/LSAB) Annual Reports April 2012 to March 2013 explains the Board's purpose, structure and membership, lists some key performance data, highlights some of its achievements and summarises the activities contained in next year's business
- 3.2 The Swindon Local Safeguarding Children Boards (LSCB) Annual Report 2012/13 is attached as Appendix One
- 3.3 The Swindon Local Safeguarding Adult Board (LSAB) Annual Report 2012/13 is attached as Appendix Two
- 3.4 LSCBs were established by the Government to ensure that organisations work together to protect children from harm and promote their welfare. Both Boards are not accountable for operational work but holds partner agencies to account on the effectiveness of their safeguarding services for Swindon's children and adults at risk

Further information on the subject of this report can be obtained from Contact Person, Direct Dial Telephone Number, Employee@swindon.gov.uk.

2012/13 Annual Reports of the Local Safeguarding Children Board and the Local Safeguarding Adult Board

Health and Wellbeing Board

Date: 8th January 2014

3.5 The Children's report details how the LSCB has made a difference to safeguarding children in Swindon including their activity during 2012/13 around:

- Quality Assurance and performance
- Case review on neglect using the SCIE methodology
- Child Death Reviews
- Training outcomes
- Managing allegations against people who work with children
- Advocacy
- Sexual Exploitation and runaways
- Service user consultation
- Safeguarding disabled children and young people
- Safeguarding children in a digital world
- Engagement of children, young people and the community
- See the adult, see the Child

3.6 The Adults report details the work of the LSAB on:

- Winterbourne View
- Developing the Board and its sub groups
- See the adult, See the Child
- Improving the relationship between agencies delivering safeguarding services
- Performance and activity

The report also includes a number of case studies illustrating safeguarding Practice

3.7 The Annual Report for the LSCB 2012/13 sets out the challenges for 2013/14. The Chair of the Board states that 'the need to show the impact of our work is the Board's challenge for 2014. New government guidance on the work and role of the LSCB makes frequent references to being 'effective' which I take to mean 'doing the right thing'. We have to move to a child protection system where all individuals and organisations are continually learning and improving the way they work to protect children from harm. Swindon's LSCB focus for the next year will be on outcomes, quality of practice and the child's journey to a safer and happier life. These are fundamental yet demanding objectives but I believe that this summary report shows that the LSCB has made a good start towards achieving these goals.'

3.8 During 2013/14 the work of the LSAB will focus on developing the involvement of adult victims of alleged abuse. We will also be working towards determining their desired outcomes following safeguarding alerts and where possible meeting these desired outcomes

Further information on the subject of this report can be obtained from Contact Person, Direct Dial Telephone Number, Employee@swindon.gov.uk.

2012/13 Annual Reports of the Local Safeguarding Children Board and the Local Safeguarding Adult Board

Health and Wellbeing Board

Date: 8th January 2014

4. Alternative Options

- 4.1 No alternative options are proposed

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 There are no financial or procurement implications arising from the recommendations of this report

Legal and Human Rights Implications

- 5.2 There are no direct legal or human rights implications arising from this report

All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

- 5.3 The LSCB coordinates the work of agencies to safeguard children and to promote the welfare of children in Swindon and to ensure the effectiveness of safeguarding children in Swindon. The LSCB has clear links to the Swindon Children's Trust Board

Links to One Swindon, Strategic Objectives, Plans and Policies

- 5.4 One Swindon Priority – Living independently, protected from harm, leading healthy lives and making a positive contribution. Health and Wellbeing Strategy – Everyone in Swindon lives a healthy, safe, fulfilling and independent life and is supported by thriving and connected communities.

Diversity Impact Assessment

- 5.5 A Diversity Impact Assessment has been completed for the One Swindon priority to which this report relates and can be made available to the Board if required

Risk Management

- 5.6 A risk assessment has not been completed as this is not recommending a specific amendment to a policy or strategy.

6. Consultees

- 6.1 The Board Director Finance, Revenues, Benefits and Property (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

Further information on the subject of this report can be obtained from Contact Person, Direct Dial Telephone Number, Employee@swindon.gov.uk.

2012/13 Annual Reports of the Local Safeguarding Children Board and the Local Safeguarding Adult Board

Health and Wellbeing Board

Date: 8th January 2014

7. Background Papers

7.1 None

8. Appendices

8.1 Appendix one. Annual report 2012/13. Swindon Local Safeguarding Children Board

8.2 Appendix two. Draft Annual report 2012/13. Safeguarding Adults at Risk in Swindon.

Annual Report 2012/13

Swindon Local Safeguarding Children Board
Safeguarding Swindon's Children Together





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Essential Information

This report was approved for publication by the Board of Swindon LSCB in September 2013

The interactive report is available on the Swindon LSCB website www.swindonlscb.org.uk

A limited number of hard copies have been produced for distribution to:

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

A hard copy will also be available in every branch of Swindon's libraries, for public accessibility

For information in relation to this report, please contact Swindon LSCB on: lscb@swindon.gov.uk

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Foreword and Introduction

by Mike Howard, LSCB Independent Chair



As the chair of the Local Safeguarding Children Board for Swindon, I am pleased to present its annual report covering the period from April 2012 to March 2013.

The Board is established in law with the purpose of satisfying itself as to the effectiveness of member agencies in keeping

Swindon's children as safe as possible. It is expected to challenge the work of members, both collectively and individually, assess performance and highlight areas of strengths and weaknesses. To enable the Board to meet these objectives, it has a business plan with five key safeguarding outcomes. These are listed in section 9 with a commentary of achievements, areas of concern, remedial action and plans for 2013/14.

These accounts are summarised in section 4. Other sections give information about the structure, membership and working methods of the Board; performance data describing the Child's journey through the 'care system' and reports on other aspects of the Board's work with additional information in the Appendices. Section 12 contains the Board's business plan for 2013/14. Case studies and personal experiences are included throughout the document.

Swindon's LSCB has a number of Sub Groups which are responsible for delivering the overall business plan on behalf of the Board. Each group has a chair; terms of reference and individual action plans relating to one or more of the key safeguarding outcomes. I am grateful to the Sub Group chairs and members for their commitment, industry and effort over the past year.

I believe that the Board's key achievements have included the 7% increase in the number of participants in the LSCB training courses with a corresponding rise in satisfaction with the quality of the training over the previous year. Work is on-going to meet the challenge of how to assess the application of this training in the workplace. Swindon has the highest uptake of schools in the South West participating in the e safety self- assessment program and works closely with the Junior Good Citizen scheme to teach children directly how to be safe on line.

Swindon LSCB has an established Sexual Exploitation and Runaways Group and has now published a local strategy to inform its work which is focussed on prevention, protection and prosecution. The protection of these most vulnerable children is a national priority and the Group's achievements are detailed in outcome 6 of the main report.

The Board strives to engage with young people. The annual conference in 2012 had presentations from local schools as well as a drama production from young people in care about their own experiences. Swindon's school children, at both primary and secondary level, are encouraged to complete a 'feeling safe survey'; 1176 primary pupils participated in 2012 (937 took part in 2011) and 2683 secondary students engaged in 2012 (up from 1405 the previous year). Outcome 9 gives details of the responses and how one school used the findings to tackle bullying.

The Board wants to learn the lessons from both local case reviews and national serious case reviews. I personally challenged Swindon's head teachers about how they were implementing the findings from the North Somerset case, the Rochdale work into sexual exploitation has informed our Child Sexual Exploitation strategy and the Early Years Adviser has incorporated the lessons from the Plymouth nursery case into her training and audits.



The Board continues to face challenges in how we directly consult with children and young people about safeguarding. I have had conversations with youth groups which have led to their participation in a forthcoming scrutiny of the impact of domestic abuse on young people. However more needs to be done and this is recognised in priority 3 of the LSCB business plan for 2013/14.

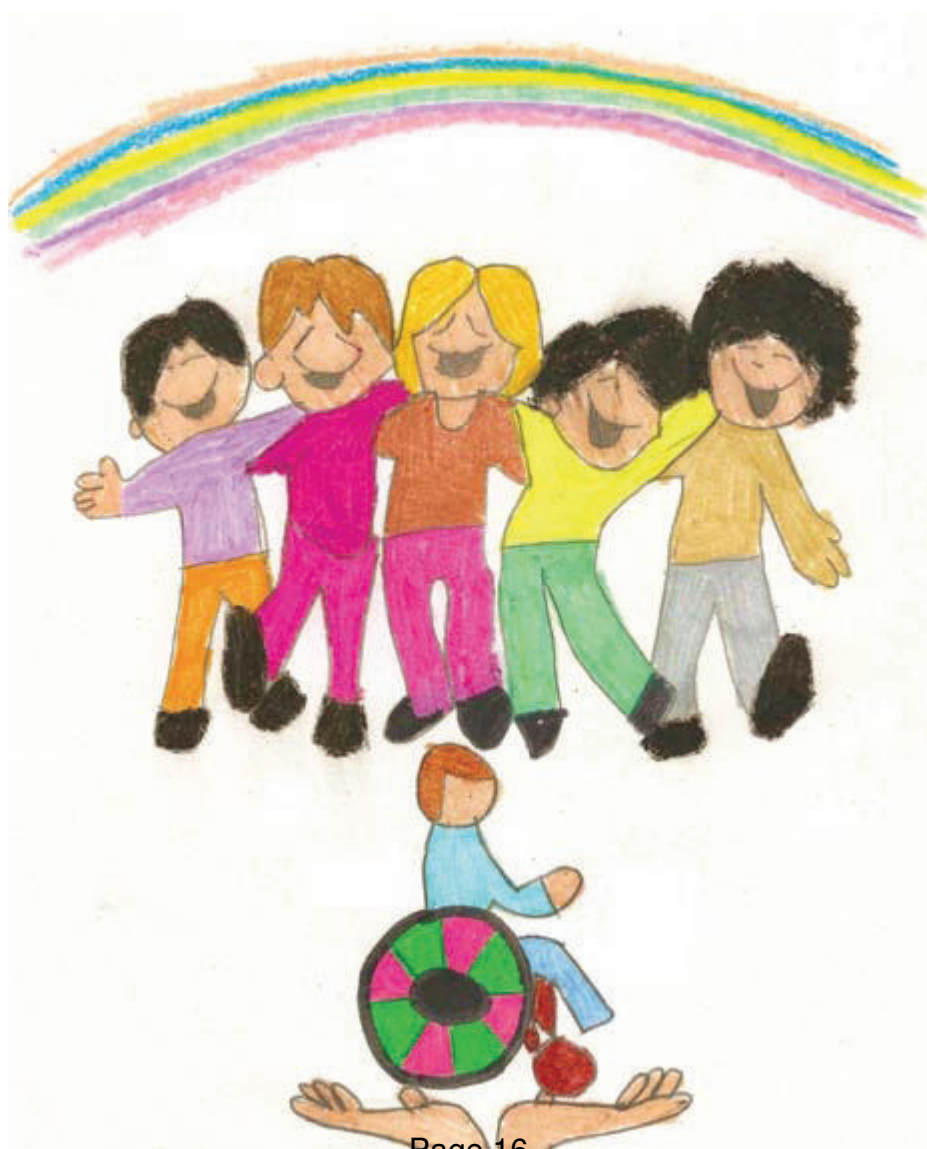
The performance data in section 8 shows another area where the LSCB needs to see improvements. There has been a decline in the number of Common Assessment Frameworks with a corresponding fall in the number of Team Around the Child meetings. However demand, as measured by the number of contacts, is up year on year. The Board agreed to set up a Performance Sub Group to scrutinise the issues behind these statistics in more detail. Its progress in addressing these concerns is shown in section 8.

I am pleased to report that Board membership continues to grow; December's meeting attracted over 40 people. It is a challenge to chair such a large meeting. The sheer size inhibits discussion and scrutiny which are vital when

considering issues such as performance. The Board have accepted my proposals to restructure the meeting to include break out and feedback sessions to allow everyone an opportunity to challenge and discuss safeguarding issues.

My foreword can only be a 'snapshot' of the Board's performance and work over the past year. The report's format is designed so that it can be used as a reference document as well as providing detailed insight into how everyone has worked together to ensure the safety of Swindon's children. The business plan for 2013/14 will ensure that areas of weakness are addressed whilst maintaining the momentum in work such as sexual exploitation, engagement with young people and the establishment of an early support hub.

Mike Howard



Executive Summary

The LSCB Annual Report 2012/13 assesses the effectiveness of safeguarding children and young people in Swindon, against the outcomes of the LSCB Business Plan 2012/13

Outcome 1: Maintain and implement up to date and effective Child Protection procedures

In 2012 the LSCB completed an audit of the use of child protection procedures in Swindon. The audit identified a need to further raise awareness of the policies and procedures and resources available from the South West Child Protection Procedures (SWCPP). Following the redevelopment of the SWCPP website in July 2013, and in addition to the coasters printed with the LSCB and SWCPP website details sent to all schools and GP surgeries, the LSCB Policies & Procedures Sub Group is planning an awareness raising campaign.

Outcome 2: Ensure safeguarding training is delivered across all agencies to a high standard and is effectively implemented in the workplace

In 2012-2013, 59 courses were delivered and attended by 1,125 learners. The 2012-13 training programme saw a 7% increase in learners undertaking courses compared to the previous year. This reflects an overall trend and there has been a 16% increase in learners between 2011 and 2013. The overall satisfaction for LSCB training was scored as good or above, with most delegates reporting that their knowledge increased significantly as a result of attending the training course.

Outcome 3: LSCB training significantly contributes to a safe workforce for working with children and families

The LSCB has developed a new Safer Recruitment Update training course to ensure that recruiting managers continue to be informed about current legislation and guidance, including the recent Independent Safeguarding Authority changes. The training has led to a good level of awareness of the allegations and safer recruitment processes locally and contributed to the number of allegations referred to the LADO.

Outcome 4: Increase E-safety awareness to pupils, parents and practitioners across all agencies to make children safer in a digital world

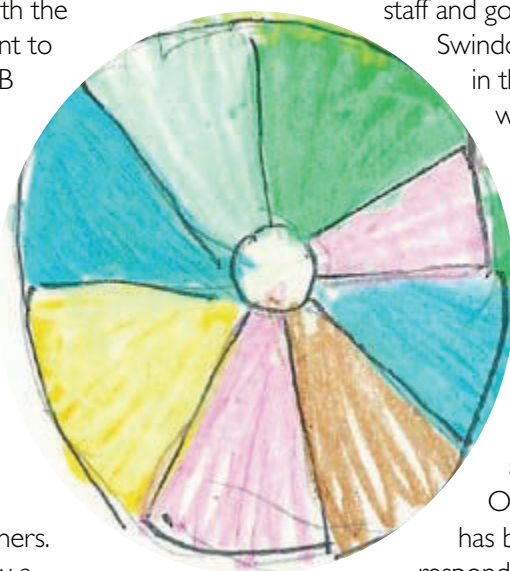
The online safety harm reduction programme continues to be a focus for the LSCB, as it impacts on all aspects of safeguarding children in Swindon. In 2012-13 briefing sessions and training courses have been delivered to early year providers, child protection co-ordinators, and staff and governors in both schools and colleges.

Swindon has the highest percentage uptake in the South West of schools engaged with the e-safety self-assessment.

Building upon this, the Swindon annual child protection report to school governors has been adopted to include e-safety.

Outcome 5: Ensure the particular safeguarding needs of disabled children and young people are addressed

Over the last 12 months consideration has been given to how the Local Authority responds to the needs of children and young people with a disability who require safeguarding or protection. An objective for the LSCB Safeguarding Disabled Children Sub Group in 2012/13 was to review two multi-disciplinary cases, to identify learning through sharing information on working practices. The two case audits found a number of areas of practice that required improvement, predominantly the lack of emphasis on the voice of the child in assessments, which has been raised as an area for development with individual schools.



Outcome 6: Reduce sexual exploitation of children and young people and incidence of children and young people running away from home

The LSCB Sexual Exploitation Strategy is focussed on prevention, protection and prosecution. The Strategy has been developed in line with recommendations and guidance from the Department for Education National Action Plan, Rochdale Multi Agency Responses to Child Sexual Exploitation Review and Barnardos 'Cut Them Free' Report. A system is now in place where all reports of missing children from the police are received by the social care Referral and Assessment Team; those that do not reach the threshold for a social care initial assessment are further assessed for a response by a lead in the integrated locality teams. The LSCB contributes to the Missing People Charity, which runs the only national helpline for young runaways. Swindon social care has contributed to a Child Sexual Exploitation (CSE) Profile completed by Wiltshire Police and helped to build a profile of CSE in Swindon.

Outcome 7: Early Support Hub

The pilot of the Early Support Hub, which took place in 2012/13, has informed the development of the Family Contact Point, which is planned to act as a single point of contact that connects children and families with the most appropriate resources and is scheduled to be fully operational in April 2014.

Outcome 8: Increase awareness of safeguarding amongst partner agencies and wider community

Young people from Swindon's Youth Forum have been involved in reviewing the LSCB website, which contains information and advice for children, parents and workers and volunteers. The LSCB has produced a Child Protection Pocket Guide for workers, volunteers and members of the community, giving basic safeguarding advice and contact details. A regular LSCB Newsbyte, containing news and useful safeguarding information, is circulated to all LSCB members for dissemination throughout their organisations. The 2012 LSCB Annual Conference included a DVD produced by Holy Rood Junior School as part of Swindon's anti-bullying week 2011. Presentations at the conference featured students from The Commonweal School and a group of Swindon's young people in care. The challenge remains as to how Swindon LSCB directly consults with children and young people about safeguarding, and discussions are continuing to explore links with the Youth Forum and Chatterbox Disabled Children Young Peoples Participation Group.

Outcome 9: Views of children and young people are routinely asked for, listened to and outcomes for children improve over time

March 2012 saw the launch of the second annual 'Feeling Safe' Survey in Swindon. The aim of this survey is to gain an insight into how safe children and young people feel in Swindon. 45 out of a possible 54 Primary schools accessed the survey, with a total of 1176 pupils completing the survey, an increase from the 937 who responded last year. All 2 mainstream secondary schools accessed the survey, with a total of 2683 completions, far exceeding the 1405 responses in 2011. In one Primary School the data collected from the survey highlighted an issue of bullying in the school, which the school has since been working in partnership with the school council to solve. Pupils at the primary school are about to embark on a visit to another primary school to show them the work their school has done towards gaining the anti-bullying mark accreditation.

Outcome 10: Improve and assure multi-agency Child Protection practice

The LSCB Quality Assurance Sub Group monitors and evaluates the effectiveness of what is done by partners, individually and collectively, to safeguard and promote the welfare of children and advise them on ways to improve. The Swindon LSCB quality assurance framework aims to help organisations to: keep children safe; manage the risk inherent in this area of work; drive improvement in outcomes for children and their families; promote organisational reflection. The LSCB quality assurance programme is a three year cycle focussing on cross-and inter-agency themes and issues. This year the group undertook: multi-agency case file audits on pre-birth assessments and a repeat audit of strategy discussions; a deep dive systems review (using the SCIE methodology) of a neglect case, and single agency audits of safeguarding supervision were peer reviewed by the QA Sub Group.

Outcome 11: Reduce the number of unintentional injuries leading to hospital admissions and prevent death, thereby keeping Swindon's children safer

Unintentional injury data covers all age groups 0-19 years and any recommendations will apply to different teams, many of whom will be partners in the children's workforce across Swindon. Discussions with groups of practitioners and managers in School Nursing, Health Visiting, Midwifery and Children's Centres took place during the year to explore some of the data in more detail and to begin some targeted work. Swindon Health Visiting teams have piloted work focussed on safer sleeping advice for parents of new born children. The aim of this work is to help identify the most successful ways of getting safety messages and information to families and help reduce the number of unintentional deaths.

Outcome 12: Learn from and reduce the incidence of child deaths/ serious injuries

The Wiltshire & Swindon Child Death Overview Panel (CDOP) reviews all child deaths across the Swindon and Wiltshire area. During 2011-12 CDOP met four times. Agency representation at the panel was high and consistent. An executive panel was introduced half way through the year, consisting of four members of the main panel (Public Health, Midwifery, Paediatrics and CDOP team at University of Bristol). This group reviews 'expected' deaths and feeds back discussions and conclusions to the wider panel. In the main, this covers neonatal deaths and children with known life limiting conditions. Childhood deaths in Swindon and Wiltshire have been lower than the England average. In 2011/12 the Panel was notified of 21 Swindon children who died. The panel believed that in 32% of the Swindon child deaths reviewed this year there were modifiable factors; this proportion is not statistically significantly different to the national rates.

Outcome 13: Learn from Serious Case Reviews to reduce the incidence of deaths/ serious injuries

There have been no serious case reviews in Swindon this year. The LSCB has responded to the learning from national Serious Case Reviews.

Plymouth SCR – Nursery Z

The Early Years Safeguarding Adviser and the Schools' Safeguarding Adviser have extensively briefed managers and safeguarding leads in settings about learning from this SCR. Settings have been supported to develop or update a range of their safeguarding policies including use of mobile phones, baby changing areas etc. The safeguarding advisers have used the findings to inform the questions they ask in their annual audits.

North Somerset SCR –

The Abuse of Pupils in a First School

The Schools' Safeguarding Adviser has briefed all child protection coordinators on this SCR. The LSCB Chair presented the findings to the LSCB and Schools Heads Association in July 2012. There has been an increase in numbers attending Allegations and Safer Recruitment training. The LSCB training Sub Group has developed a more robust post course evaluation form to help quality assure the training and for line managers to see how effective it has been for their staff.

Rochdale SCR – Review of Multi-Agency Responses to the Sexual Exploitation of Children

The Sexual Exploitation and Runaways Sub Group has developed a multi-agency risk management panel for teenagers at high risk. Thames Valley Police presented at the LSCB conference in September 2012 on child sexual exploitation.

Wiltshire SCR - Child G

Swindon Restorative Youth Services looked at this SCR as the focus of a development day. It highlighted for them the importance of sharing information with parents in high risk cases where teenagers at risk disengage with support services.



Guiding Principles of our Work

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
- ✓ Early help is a critical part of keeping children safe
- ✓ 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
- ✓ Information will be shared safely and effectively, so that agencies working with children, young people and families know the whole story, understand the risk, and the child only has to tell their story once
- ✓ Safeguarding children is viewed in the wider context of their needs and rights

The Local Context

The resident population of Swindon was 209,000 people at the Census in 2011. This was an increase of 16% since the 2001 Census. Approximately 14,000 people were aged under five years (6.7% of the total), and 38,800 under fifteen years (18.55% of the total).

The overall level of poverty in Swindon in 2010 was 17.4%, which is below the national figure of 21.8%. 7,285 children were classed as living in poverty in 2009.

This is a time of great challenge for the public and voluntary sector in Swindon.

- There is a growing need for savings to be found across public sector finances, including health and social care services
- The economic situation is putting a strain on businesses and families and the youth unemployment rate is high
- The population of Swindon is growing, and ageing
- There is a growing burden of lifestyle related ill health, particularly due to physical inactivity, obesity and smoking
- The number of children in care has risen significantly, and cases are more complex

In 2011 and 2012, Swindon Borough Council built a **One Swindon** Plan with all its public sector and voluntary sector partners, with four priorities:

- We can all benefit from a growing economy and a better town centre
- I like where I live
- Everyone is enjoying sports, leisure and cultural opportunities
- Living independently, protected from harm, leading healthy lives and making a positive contribution

Swindon Borough Council's **Corporate Strategy** to 2015 builds on One Swindon and sets out five priorities to give clear direction to support budget planning and decision making. The priorities that relate directly to children and young people are:

- Work with residents to create well cared for neighbourhoods
- Right skills, right jobs in the right places
- Together, find new ways to reduce vulnerability and improve health for all
- Work with people and families to help them fulfil their potential
- Consistently make the best use of all available resources and focus them on what matters most

Swindon's Health and Well Being Strategy 2012-2016 sets out the vision and long term improvements in local people's health and wellbeing that we want to achieve in Swindon. It focuses on the health and social care issues for everyone living in Swindon, but also recognises the wider factors that affect health and wellbeing including education, employment, housing and leisure. It is based on a detailed assessment of need, the Joint Strategic Needs Assessment, which can be found at: www.swindon.gov.uk/healthandwellbeing

This also informs the **Swindon Children and Young People's Early Support Strategy 2013-2016**, which was developed by the Swindon Children's Trust Board during 2013. The priorities in the Early Support Strategy clearly impact on the agenda of the LSCB and joint work between the two Boards ensures that the work of each Board is not duplicated, and that good practice and issues of concern are shared. Swindon LSCB works in close partnership with the Swindon Children's Trust Board to ensure that the most vulnerable children in Swindon continue to be cared for and protected, and that young people are motivated and safe, living in a supportive and appropriate environment.

Children Services priorities are developed based on a detailed analysis of what is working well, what needs to be improved and what children and young people say about services. The priorities are informed by the **Joint Strategic Needs Assessment** (JSNA) which can be found at: www.swindon.gov.uk/sc/sc-healthmedicaladvice/jsna/Pages/sc-jsna.aspx

A **Learning Disability Needs Assessment** has been developed during 2012 as a JSNA bulletin. This informs the development of services for people with Learning Disabilities in Swindon. This will be published during 2013 and will inform further development of the Children and Young People's Early Support Strategy.

The **Child Poverty Needs Assessment 2011** starts to describe how poverty affects the lives of families and the impact this has on children's life chances and can be found at: www.swindon.gov.uk/pages/search.aspx?k=child%20poverty%20needs%20assessment

Swindons Partnership Network



The voice of children, young people, parents and service users informs all of our work

The Local Safeguarding Children Board has a responsibility to hold partners to account to fulfil their statutory safeguarding duties

Contribution from partners – Janet King, Designated Doctor

It is a time of major changes in all our services, in particular the NHS with the advent of Clinical Commissioning groups led by GPs and the abolition of PCTs and Strategic Health Authorities. The designated posts are within the new CCGs but support and supervision will come from the Local Area Team covering Swindon, Gloucestershire, Wiltshire and BANES.

I have continued to offer Child Protection level 2 training to doctors at the Great Western Hospital at induction and on study days. 20 Consultants have been trained to level 3 intercollegiate competencies (excluding Paediatricians)

72 Swindon GPs have completed Child Protection level 2 training and have attended multi-agency training sessions offered by myself and the children's social care Referral Team Manager, and four have been signed off as having achieved level 3 competencies. Several GP practices have taken up the offer of training within the practice, which has been attended by the whole team.

Swindon Local Safeguarding Children Board

What are the responsibilities of Swindon LSCB?

Swindon LSCB has a statutory responsibility to co-ordinate and ensure the effectiveness of what is done by each agency/organisation on the Board for the purposes of safeguarding and promoting the welfare of children in the Borough. The LSCB is not accountable for operational work but holds partner agencies to account on the effectiveness of their safeguarding services for Swindon's children.

Who is represented on the LSCB in Swindon?

Swindon LSCB is composed of senior representatives nominated by each of its member agencies and professional groups. (See Appendix 3 for details of attendance).

Statutory (the Board partners set out in Section 13(3) of the Children Act 2004) & **Other Partners**, of whom 100% attendance at meetings is expected by the representative or nominated substitute:

- Swindon Borough Council, Director Children Services
- Swindon Borough Council (Service Director Head of Children, Families & Community Health; Head of Commissioning Children & Adults; Head of Safeguarding)
- NHS Gloucestershire & Swindon Cluster
- Wiltshire Police
- Designated Doctor, Child Protection
- Designated Nurse, Child Protection
- Great Western Hospital NHS Foundation Trust
- Avon & Wiltshire Mental Health Partnership NHS Trust
- Oxford NHS Foundation Trust
- Great Western Ambulance Service
- Wiltshire Probation Trust
- CAF/CASS
- Swindon Early Years
- NSPCC
- Swindon Youth Offending Team
- Strategic Health Authority
- Wiltshire Fire & Rescue Service
- Housing, Libraries & Leisure
- Schools & Learning
- Adult Services
- Public Health
- Public Protection & Streetsmart

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

Two lay members have been part of the Board since March 2012. The remit of the lay members is to:

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



The Board is independently chaired by Mike Howard, Independent Consultant, and meets quarterly. The LSCB Independent Chair is a member of the Children's Trust Board, which is also independently chaired. He is also Independent Chair of Swindon's Safeguarding Adults Board. He is a member of the National Association of LSCB chairs, which is a conduit for best practice, and has established a close working relationship with the Chair of the Wiltshire LSCB. The LSCB Chair has met with the Leader and Deputy Leader of the Council to discuss the relationship between the LSCB and the Swindon Health and Wellbeing Board (HWB), with a view to developing a formal understanding between the HWB, the LSCB and the Local Safeguarding Adults Board (LSAB).

How does Swindon LSCB work?

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

- Awareness & Engagement (joint with the Local Safeguarding Adults Board)
- E-Safety
- Performance
- Policies & Procedures (links with the South West Policies & Procedures Group)
- Quality Assurance
- Safeguarding Disabled Children
- Serious Case Review (constituted as required)
- Sexual Exploitation & Runaways
- Training & Safe Workforce

Each of these groups has defined its membership and terms of reference.

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

In July 2012 the LSCB Management Group supported the establishment of a short term working group with the purpose of developing an action plan to further implement the 'See the Adult, See the Child' protocol across children's and adult's services in Swindon.

As well as annual Sub Group reports, regular reports are presented to the Board for scrutiny relating to:

- Licensing & Gambling
- Sexual Exploitation & Runaways
- E-Safety
- Safeguarding Disabled Children
- Section 11 audit
- Section 175 audit
- Advocacy
- Private Fostering
- Child Death Overview Panel
- Independent Reviewing Managers
- Allegations Management
- Domestic Abuse

The LSCB commissioned an independent facilitator for its business planning workshop in January 2013, where partners worked to develop a strategic 3 year business plan, focussing on four priorities agreed for the LSCB and taking into account the Ofsted guidance for LSCB Chairs. The Independent Chair of the Kensington, Westminster and Hammersmith LSCB commented of the business plan "this is the standard I aspire to".

The LSCB will establish a Chairs Group in 2013, consisting of the Chairs of all LSCB Sub Groups and working groups, as well as the Service Director, Children, Young People & Families, the Designated Doctor and the Chair of the Domestic Abuse Steering Group and chaired by the LSCB Chair. This will facilitate communication between the Board and the Sub Groups and respond to the desire expressed by Sub Group Chairs for greater direction from the Board.

As a result of discussion of the future requirements for LSCBs and feedback from the business planning workshop, the LSCB is reviewing how it conducts business, to enable it to more robustly challenge the local authority and its partners on the effectiveness of the help and protection offered to children, young people and families in Swindon. LSCB Board meetings will be more interactive, with the introduction of breakout sessions to allow all Board members to participate in discussions and challenge issues brought to the Board.

Contribution from Liz Holmes, Swindon Children's Trust Board

Swindon has benefited significantly from its commitment to an Independent Chair for not just the Local Safeguarding Board, but also for its Children's Trust Board. The independence of two roles has enabled us to promote and demonstrate a capacity to seek and accept challenge from each other, while working in collaboration at a planning level to develop a framework which enables the two boards to work in tandem.

As roles and responsibilities have been realigned to reflect current requirements and inspection expectations, the impact of the Children's Trust Board in Swindon over the last seven years has been captured to strengthen the challenge and knowledge base available to the Safeguarding Board. To this end, a consistent theme at planning meetings over the last year and during development of the Early Support Strategy has been the required linkage to the Local Safeguarding Board.

This focused relationship between the two boards, in Swindon, has created a greater capacity to provide challenge around the scope and quality of strategies, the input and feedback from partner agencies and support for active monitoring of outcomes. A significant outcome of our collaborative working has been the ability of board members to hear from, actively engage with and be more directly accountable to a wider range of Swindon's young people.

Examples:

- Challenge around LSCB training provision/ Exploitation in context issues in Oxford - CTB to LSCB
- Actioning of outcomes from self-review of early help - LSCB to CTB
- Engage in Domestic Violence strategy - joint approach, including reporting at relevant boards
- Test of Assurance - joint action to review the impact of restructuring the Director of Children Services and senior role/reporting lines
- Early identification of concerns, resulting in actions and request for follow up action
- Obesity strategy – Boards working in collaboration to reflect progress beyond the original strategy, which fell within the remit of the Children's Trust Board. Challenge sought clear identification of pathways where issues are identified such as anorexia and neglect, as well as linkage to other existing appropriate strategies

Engagement with young people:

- Young Carers mental health and vulnerabilities if supporting single parent - challenge to agencies through board around the support and engagement they experience
- Youth Parliament adoption of aspects of early support plan for own focus, e.g. as part of the community, keeping themselves safe, ability to engage with agencies
- Evidence of positive progress by children in care at their presentation evening as seen by Chair Children's Trust Board, leading to discussion around the LSCB hearing first-hand the voice of foster parents and children placed with them by building upon existing informal networks

Swindon Performance Information – the Child's Journey

1. Each professional, family member and resident who gets in touch with Children's Social Care and is seeking advice on a potential safeguarding matter is counted as a **contact** by the advice and information staff in the Referral & Assessment Team. If the query is detailed, and concerns are expressed which indicate that the child or family are in need of significant help, then the contact is accepted as a **referral**.
2. A social worker takes the details of the referral and if necessary makes further enquiries with other agencies about the child and family. This information is given to the manager within the Referral & Assessment team who makes the decision within 24 hours on whether further information is required, whether the case should be referred to another agency or whether the case does not meet the threshold of a child in need. The referrer is contacted if the case does not meet the threshold. If further information is required a social worker will complete an **Initial Assessment** within 10 working days.
3. Following an initial assessment a case may be closed, or referred to another agency or allocated to a social worker for provision of a service if the child is deemed to be a child in need. If the case is complex, the manager may decide that a more detailed **Core Assessment** needs to be completed within 35 days. 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 a full investigation 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 investigation. If following the investigation the allegations are substantiated, the manager decides whether a child protection conference is required, which will be held within 15 days of the referral. The child protection conference decides whether the child should have a child protection plan.



Common Assessment Completion (CAF)

- 325 **CAFs** were recorded during 12/13. This was a decrease of 402 in the previous year. The number of common assessments has been in decline for the last 2 years and there are multiple actions in place to improve performance in this area.
- This area of work is monitored by the **Swindon Children's Trust Board**.

The **CAF** is a standardised approach of undertaking an assessment of a child or young person's additional needs. Any practitioner in the children and young people's workforce can complete a CAF.

Team Around the Child (TAC) (Initial) and Team around the Child (Reviews)

- There has been a decrease in the number of **Team Around the Child** Meetings over the last 2 years. This trend is to be expected, alongside a decrease in the number of common assessments. There are, however, multiple TAC reviews taking place and each child on average receives 2 reviews a year. There were 1,249 reviews in total completed during the year.
- This area of work is monitored by the Swindon Children's Trust Board.

The **TAC** brings together a range of different practitioners to support an individual child or young person and/or their parents/carers. Members of the TAC develop and deliver a package of solution-focused support to meet the needs identified through the common assessment and/or specialist assessment.

Contact

- The number of **contacts** to children's social care has increased from 6,004 in 2011/12 to 6,421 in 2012/13.

Referrals are requests for action from Children's Social Care to the perceived need of a child or young person or their family. Contacts are where information is forwarded to Children's Social Care but the intention is there will be no action arising from this unless the information adds to a picture of the child that suggests to Children's Social Care that action is needed.

Referral

- 1,632 **referrals** were accepted during 2012/13, up from 1,592 in 2011/12. The referrals in Swindon are very low when compared to the national average, and this is the first increase in referrals in Swindon in three years.

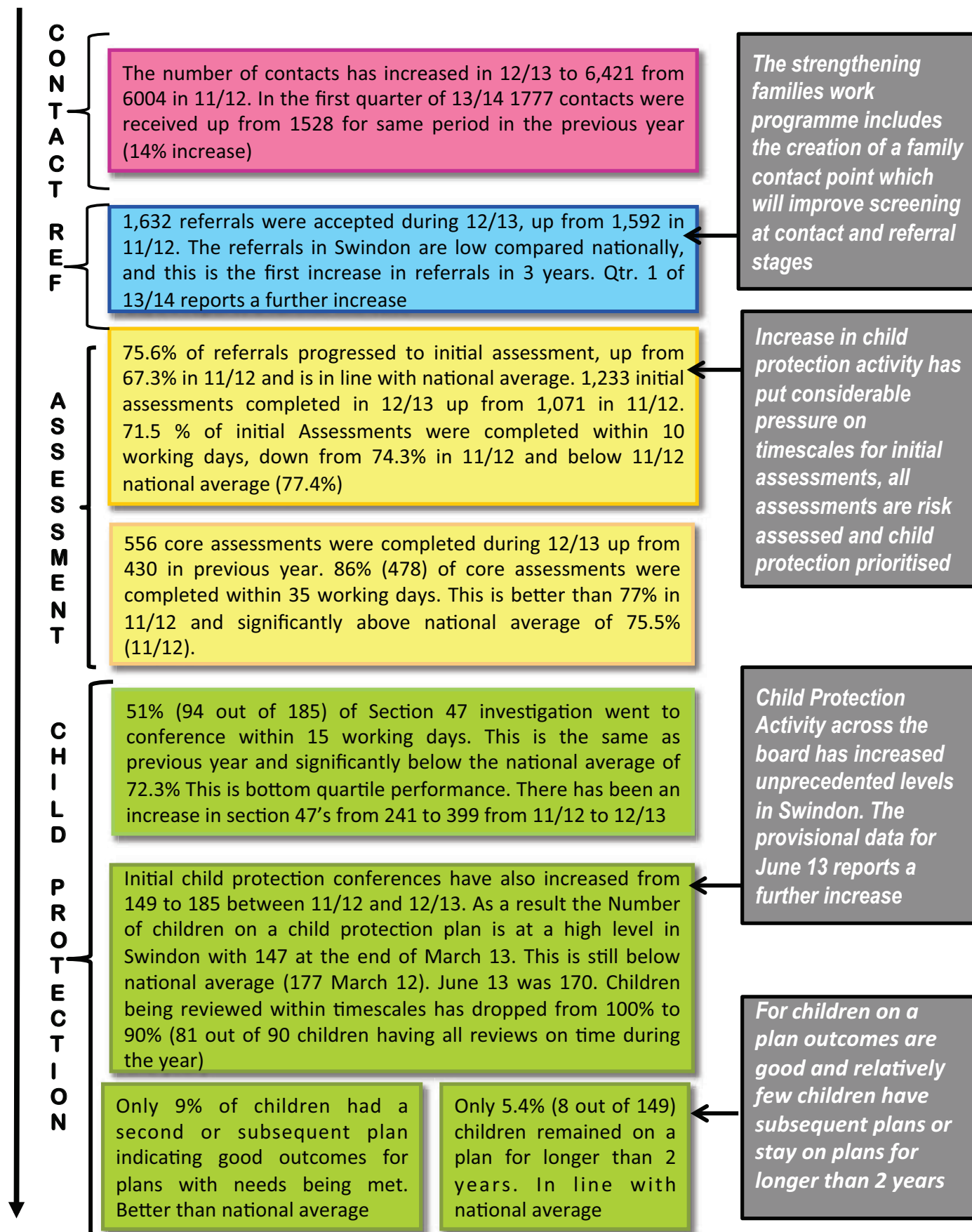
Assessment

- 75.6% of referrals progressed to **Initial assessment**, up from 67.3% in 2011/12. This is in line with the national average.
- 1,233 initial assessments were completed in 2012/13, up from 1,071 in 2011/12. 71.5% of initial assessments were completed within 10 working days, down from 74.3% in 2011/12 and below the 2011/12 average of 77.4%. We are not as responsive as others in our overall completion rate of initial assessments, but we always risk assess and prioritise child protection.
- 556 **core assessments** were completed during 2012/13, up from 430 in the previous year. 86% (478) of core assessments were completed within 35 working days. This is better than 77% in 2011/12 and significantly above the national average of 75.5% in 2011/12.

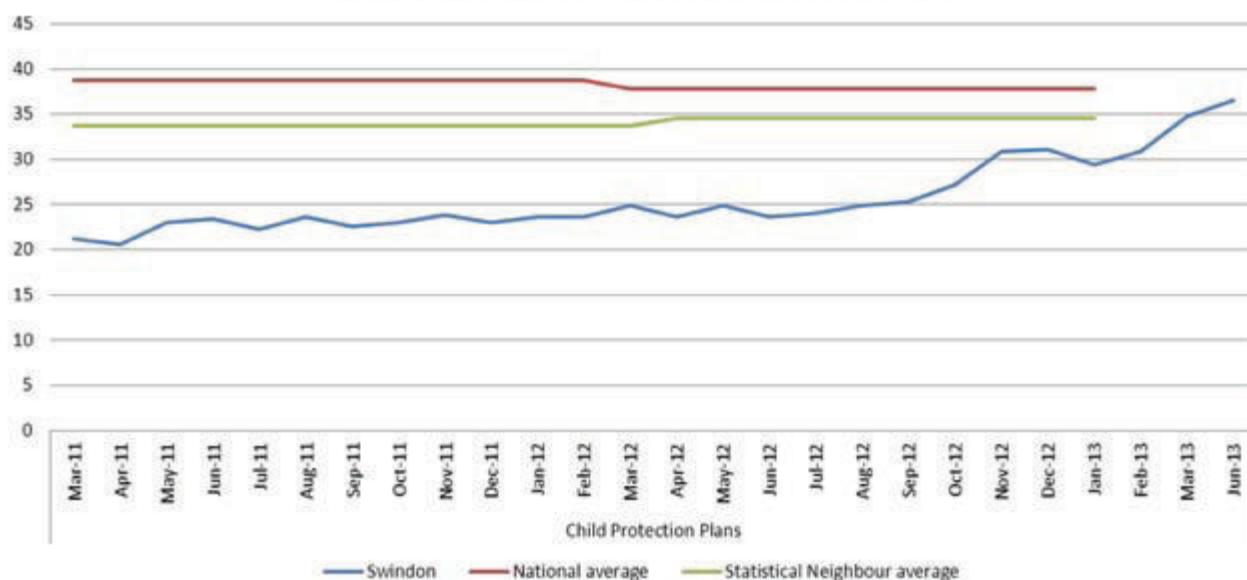
The **Initial Assessment** is a brief assessment of each child referred to Children's Social Care where it is necessary to determine whether the child is in need, the nature of the service required and whether a more detailed **Core Assessment** should be undertaken.

A core assessment should be undertaken when a more in-depth multi-agency assessment is necessary to understand the child's developmental or welfare needs and circumstances and the parents' capacity to respond to those needs, including the parents' capacity to ensure that the child is safe from harm now and in the future.

Headline Messages from the Data for Children's Social Care Safeguarding 12/13



The number of children on child protection plans per 10,000 population under 18, March 11 to June 13



Performance Sub Group

The LSCB established a Performance Sub Group in 2013 to enable partners to examine the performance of services to safeguard children in more detail, to provide challenge and assurance to the LSCB Board.

The following agencies have provided reports to the LSCB performance Sub Group:

- Children & Families
- Wiltshire Police
- Avon and Wiltshire Mental Health Trust
- Wiltshire Fire & Rescue
- Great Western Hospital

The Performance Sub Group has provided regular reports to the Board summarising the strengths, area of development and risk identified by each agency in relation to safeguarding services. A core data set has been revised and will be used to identify how well services are safeguarding children. The following risks were identified by the Performance Sub Group and reported to the Board:

- Change in definition of 'missing children', particularly the change that missing from care is changed to absent from care
- Increase in child protection activity and potential impact of welfare reform to further increase activity. This leads onto capacity issues amongst front line staff to be able to respond

- Increase in the number of days from child protection investigation to first child protection conference from 16 to 18 days (national target in Working Together is 15 days) and delays in distribution of minutes and plans
- Low number of common assessment and team around the child whilst referrals accepted are also low and this could indicate that there are some children with additional needs who are not being identified and not receiving an assessment and service

As a result of this work, performance management actions have been taken and improvements have been made in:

- Revision of Missing Children protocol
- Increase in the number of children identified by children's social care as suffering from neglect and requiring a child protection plan (170 children at the end of May 2013 compared to 110 in February 2012)
- Additional resources for the Quality Assurance team to reduce the length of time between strategy meetings and initial child protection conferences and minute taking



Reports on LSCB Business Plan 2012/13 (context in Chair's Foreword)

I. Thresholds, Policies & Procedures Function

Outcome One: Maintain and implement up to date and effective Child Protection procedures

All statutory organisations within Swindon LSCB are signed up to the South West Child Protection Procedures (SWCPP). These procedures are made available to staff via the LSCB website www.swindonlscb.org.uk

In December 2012, the LSCB Policies and Procedures Sub Group changed from being a 'virtual' group to one that meets quarterly. The purpose of this is to robustly assure that policies and procedures are meeting the needs of the local workforce.

The role of the LSCB Policies & Procedures Sub Group is to:

- Comment and advise upon practice developments arising from new legislation, government reports, research findings and other relevant documents, including serious case reviews
- Contribute to the development of the South West Regional Child Protection Procedures (SWCPP)
- Maintain, develop, and review inter-agency child protection procedures, protocols and practice guidance
- Carry out work according to priorities as defined by the LSCB
- Refer all information received in relation to practice issues to the LSCB Chairs Group and other LSCB groups as appropriate
- Influence the development of the LSCB training programme
- Ratify procedures, protocols and practice guidance and post on the LSCB website

In 2012, the LSCB identified that it was not clear whether people working with children were using procedures correctly, whether they had good access to the procedures and whether the procedures were appropriate. As a consequence the LSCB completed an audit of the use of procedures. The audit identified that there is a need to further raise awareness of the policies and procedures and resources available from the SWCPP and of the need for managers and workers to access the SWCPP regularly to improve their working practice. The LSCB has created coasters printed with the LSCB and SWCPP website details and has sent these out to all schools and GP surgeries. Following the redevelopment of the SWCPP website in

July 2013, an awareness campaign is planned for September 2013. Planned work for the Policies and Procedures Sub Group in 2013 is: reviewing all LSCB policies and procedures in light of Working Together 2013; reviewing Swindon Neglect Practice Guidance in light of national developments and the Swindon SCIE review; ensuring all appropriate policies and procedures are featured in the LSCB training programme.

Outcome Two: Ensure safeguarding training is delivered across all agencies to a high standard and is effectively implemented in the workplace

'Interagency training is not an end in itself but should be seen as a necessary and vital component of the safeguarding children process.'

Outcomes and Costs of Inter-agency Training for Safeguarding, Professor John Carpenter et al, Durham University

Swindon LSCB training is effective, with a comprehensive training programme linked to business plan priorities. Training courses are well attended and feedback is positive. In 2012-13, 59 courses were delivered and attended by 1,125 learners. The 2012-13 training programme saw a 7% increase in learners undertaking courses compared to the previous year. This reflects an overall trend and there has been a 16% increase in learners between 2011 and 2013. Child Protection training is audited through the annual Section 11 audit. Agencies are asked to report on the percentage of staff required to have child protection training and those who undertake training. From 2013, an annual Training Needs Analysis will be linked to the Section 11 audit and will be administered on behalf of the Training & Safe Workforce Sub Group. The analysis will inform the development of the training programme and strategy going forward.

There is a robust 3 stage evaluation framework for LSCB training. Learners complete an evaluation form at the end of every training course and are asked their opinion on the quality and effectiveness of the course. One month later, questionnaires are sent to learners and managers asking about the impact of the training and how this has changed their professional practice. The evaluation data is analysed and reported bi-annually to the Training & Safe Workforce Sub Group. The overall satisfaction for LSCB training was scored as good or above, with most delegates reporting that their knowledge increased significantly as a result of attending the training course.

Some comments from course evaluation forms are:

'It is helped me to listen with greater clarity and understanding to the experiences and challenges Parent Carers bring in Caring for their child/children. Where I feel more able to hold the Carer and the cared for appropriately in terms of thinking about risk' Counsellor

Completing the training has refreshed my knowledge in relation to Child protection awareness and has enabled me to focus more carefully on issues in relation to child protection when assessing adults with mental health problems who may have access to or caring responsibilities for children and young people. This will enable me to identify cases where children may be at risk and where a referral to Social Services may be required.' Social Work Lead (Mental Health)

'I feel that this has given me the information I need to fulfil my role as governor with safeguarding responsibilities and its broadened my knowledge to enable me to participate in things like the safeguarding audit, reviewing school policies etc' Parent Governor

'This course has built on my existing knowledge and given me a more in depth understanding which I can share with colleagues. It enables me to be more vigilant in my every day practice to pick up on the more 'subtle' aspects of child abuse which I would be more confident in spotting and therefore acting on in the most appropriate way. The course was extremely valuable, thank you.' Midwifery Sister

'[The training provided] reassurance that gut feelings are often based in knowledge base and experience of what is acceptable and not acceptable - particularly when working with disabled children when the needs of the family are often considered rather than the needs of the child as paramount - increased cynicism is a positive thing when I am working with families and remember to think about the needs of the child as paramount at all times - even when this may mean difficult conversations and challenges' Children's Complex Care Nurse

E-learning has progressed for Child Protection Awareness training and forms part of induction for new Swindon Borough Council Children's Services staff. Training is considered relevant and timely, as evidenced through comments on course evaluation forms. The Training & Safe Workforce Sub Group ensures that training keeps pace with local trends and developments. An example of this is the new Safer Recruitment Update course. This came about as a result of participants from previous training requiring an update, ensuring that their training remains relevant. During 2012, staff sickness meant that more training has been delivered through commissioned

trainers. For this reason a lesson observation schedule has been introduced to peer assess and quality assure all commissioned training courses. Feedback has been positive and feedback given to trainers. Issues raised will be incorporated into any reviews of the training programme. A regular Training Newsbyte has been created to market courses and broaden the range of agencies accessing courses (see Appendix 7).

Outcome Three: LSCB training significantly contributes to a safe workforce for working with children and families

The LSCB training attendance records suggest that there are no apparent barriers to agencies accessing training. New developments in on-line training are being introduced (Artemis) and this is a standing agenda item at the Training & Safe Workforce Sub Group.

New Safer Recruitment Update training has been developed by the LSCB Training Manager, Local Authority Designated Officer (LADO) for managing allegations, and HR representative from St Joseph's School, Swindon, who co-facilitates Safer Recruitment training (including update) to ensure that recruiting managers continue to be informed about current legislation and guidance, including the recent Independent Safeguarding Authority changes. The training has led to a good level of awareness of the allegations and safer recruitment processes locally and contributed to the number of allegations referred to the LADO.

The LSCB training records show that this new course has been received positively and has given participants the knowledge to test out the principles of Warner-style interviews and to review their action plans (made at the initial Safer Recruitment training).

The Training & Safe Workforce Sub Group reviewed agency representation and concluded that there was excellent wide ranging representation and very good attendance. Where further agency attendance was identified, they were contacted, invited and agreed to attend.

Key staff who support the LSCB Training Manager in delivering training include the LADO, members of the Safeguarding & Quality Assurance Team, Probation Service, Police, GWH, Named Nurse for Child Protection (Community), and NSPCC.

Contribution from partners – Mark Burton, Safeguarding & Intensive Support Manager, Swindon College

Swindon College has approximately 2500 full-time learners per academic year and offers mainly vocational based courses from entry level through to Level three, and also some Higher Education foundation degree courses. I work alongside the Student Engagement Manager and the Additional Learning Support (ALS) Manager, with the key priority of maintaining safeguarding protocols whilst meeting the social, emotional and educational needs of an increasingly complex student cohort. This work is supported by four Student Experience Managers (SEMs) and a Student Experience Mentor who also work in collaboration with staff to address the pastoral and academic needs of learners.

The College has developed information sharing protocols and working practices with Swindon 'Looked after Children Education Service' (LACES), Youth Offending Team (YOT) and 'Route 16 plus' – Children's Services (Swindon Borough Council). The College now hosts an introductory event at the start of the academic year for Looked after Children and their carers and social workers; learner's social workers and carers are invited to termly college reviews, and, in turn, SEMs attend Looked After Children meetings to report on educational progress, concerns and transitions guidance. 44.4% (16) of the Looked after Children and Care Leaver learners successfully progressed onto further courses at Swindon College in 2012-13. 78% of learners receiving intervention from the Youth Offending Team (YOT) achieved their main qualification.

The Targeted Adolescent Mental Health Service (TaMHS), that was initially provided for one day in every six weeks, was increased to one day per week to support the dramatic rise in learners presenting with mental health difficulties (96% increase compared to 2010-11). This additional facility has helped to provide broader support for learners with mental health difficulties with a view to complementing the existing counselling provision; therein offering an increasingly robust and diverse service.

Amanda Burnside and I attend the LSCB Board meetings. We take any information or learning from these meetings and cascade it through meetings with SEM and Additional Learning Support Teams. We also raise issues at the Board, as appropriate; for example Michael Wadley (Student Support Mentor) and lay member of the Board raised an issue about trans-gendered young people and the lack of support services and information available at the December 2012 Board. The follow up on this issue was taken up by Amanda Burnside, who has provided information to schools online. We have also very recently taken part in the Public Health Children & Young People Domestic Abuse Needs Analysis, providing information about the prevalence of domestic violence and the associated needs of our learners.

Being a member of the LSCB is incredibly valuable. Due to the large number of vulnerable learners we have at the college it is imperative that the College continues to work in partnership with the LSCB.

Managing Allegations against Staff and Volunteers who Work With Children

Following the introduction of the allegations management procedures in 2006, there was a year on year increase in the number of allegations referred to the Local Authority Designated Officer (LADO) until October 2010, when the number of referrals fell. This fall was attributed to the implementation of the Managing Allegations and Serious Concerns about Foster Carers Practice or Standards of Care guidelines, which filtered out some of the lower level referrals that would previously have been referred to the LADO. From April 2012, however, the number of referrals has begun to increase again and in 2012/13 the LADO received a total of 118 referrals.

Allegations procedures were introduced to identify people who use their role either as a professional or volunteer to access children and sexually abuse them. It is, therefore, encouraging to see that a significant percentage of the referrals relate to sexual abuse or internet related concerns. These are the cases that generally lead to police investigations and prosecutions.

There are some key organisations that work with children that are under-represented in referrals to the LADO. These are vulnerable groups such as faith groups or voluntary organisations which could be seen as 'soft' targets for sexual offenders. The LSCB Awareness & Engagement Sub Group will continue its work to promote child protection policies and procedures in these areas, focussing on promoting the safer recruitment and managing allegations against staff training. The Sub Group has produced a safeguarding pack to improve understanding of safeguarding and child protection and of the allegations procedures. This has been well received, with one organisation making a referral and organising training within a week of getting a pack. The allegations process flowchart and information leaflets are available on the LSCB website.

Allegations Relating to Children with Disabilities

Children with disabilities are recognised as a particularly vulnerable group, who may use little or alternative communication methods and may have limited understanding and limited access to seeking support to make an allegation. National research has identified this group of children as particularly vulnerable to abuse and neglect.

Where a child has communication impairments or learning disabilities, the LADO process will make every effort to meet those needs. Enabling the child to share his/her experience and concerns allows for a fairer process that does not assume children with disabilities cannot communicate effectively. We will as part of the

process, identify who has the expertise to communicate with the child/ young person and engage them in planning the investigation.

One referral has been received from a residential college in Swindon for young people with Asperger's Syndrome and associated disorders, which has been managed appropriately. The manager at the college has liaised with the LADO in relation to developing and implementing allegations procedures. When there are allegations against staff in residential schools in other areas where Swindon children are placed, the LADO from the other authority will liaise with the Swindon LADO in relation to the investigation of the concerns.

Timeframes

Timeframes for dealing with allegations vary according to the nature, seriousness and complexity of the allegation. Working Together guidelines set some 'indicative' target timescales for different stages of the process. Most cases are dealt with within a month. The longer timescales normally occur when there is a police investigation or court proceedings. These cases are subject to regular reviews and significant delays discussed with all concerned. The LADO works very closely with the police Child Abuse Investigation Team (CAIT) to resolve cases within the agreed timescales.

LADO Capacity

Within the Safeguarding and Quality Assurance team, one of the Independent Reviewing Managers covers much of the allegations work, supported by the Team Manager when required. This allows the Team Manager to overview and quality assure the allegations management process. The LSCB funds a post providing administration for the allegations process.

Learning from allegations

When concluding investigations the LADO always considers, with managers involved, whether there are lessons to be learned about working practices and procedures. Improving recruitment practices, introducing the use of Safer Working practice guidance for staff, and training staff in safe handling are examples of the changes introduced by managers following investigations. There have been occasions when organisations have been encouraged to attend Child Protection, Safer Recruitment and Allegations training. The LADO, who is involved in delivering the training, has seen this followed through with staff attending the courses.

Case study

The LADO received information from the police that a person working with children in Swindon was being investigated for historical sexual abuse of a child. A strategy meeting was convened and a plan put in place

which involved suspending the member of staff from his role in the organisation whilst the police investigation took place. Within the meeting, support was agreed for the member of staff, who was assessed as vulnerable to self-harm. The police investigation and subsequent court process were lengthy. Review meetings were held at intervals to review plans and monitor progress. The matter concluded with a conviction and prison sentence. Appropriate measures were put in place to prevent the individual working with children in future.

Outcome Four: Increase E-safety awareness to pupils, parents and practitioners across all agencies to make children safer in a digital world

The online safety harm reduction programme continues to be a focus for the LSCB, as it impacts on all aspects of safeguarding children in Swindon.

In 2012-13 briefing sessions and training courses have been delivered to early year providers, child protection co-ordinators, and staff and governors in both schools and colleges. The LSCB e-safety course is additional, reaching multi-agency staff from across Swindon and targeted programmes include those of the Young Wardens and teachers in training.

The 4th annual e-safety pupil survey obtained views from nearly 1900 children across Swindon. All four surveys can be found here... <http://schoolsonline.swindon.gov.uk/https://SWGfL/Pages/safety.aspx>

Across all Key Stages there is an increase in the number of children stating their school is teaching them "well" to be safe online. However, the survey has shown a clear and significant decline from Key Stage 2 to Key Stage 3, of what the children think their parents know about what they do online. The LSCB has been working with schools to deliver monthly parent sessions to highlight risky behaviours and raise the awareness of online child sexual exploitation. Anecdotal evidence shows that parents from the more affluent sector of society are the hardest to reach.

An emerging trend from the survey shows an increase of cyber bullying occurring in Key Stage 2, as reported by the children. As a result, the work of the LSCB has been focussed at Key Stage 2 and is being addressed within the Junior Good Citizen (JGC) programme. This scheme is specifically for Year 6 children and provides an opportunity to directly teach how to be safe online and how to stop and report cyber bullying. More than 1200 children attended the programme in 2012 and the evidence of impact is recorded in the annual report which can be found here: <http://schoolsonline.swindon.gov.uk/sc/cp/Pages/policies.aspx>

Swindon has the highest percentage uptake in the South West, of schools engaged with the e-safety self-assessment (<http://www.360safe.org.uk/>). Building upon this, the Swindon annual child protection report to schools governors has been adapted to include e-safety. This is enabling visibility, support and challenge to further develop and safeguard children online.

Building upon the Child Exploitation & Online Protection Centre (CEOP) ThinkUKnow teaching materials that are being delivered in schools, the South West Grid for Learning's, (SWGfL) 'digital curriculum' is enabling the wider aspects of keeping safe online, digital literacy and citizenship to be taught to children and young people in Swindon.

Looking ahead, a stronger focus to support work of the LSCBs child sexual exploitation and domestic abuse agendas will be key in next year's priorities to safeguarding children online.

Contribution from partners – Duncan Webster, Student & Safeguarding Manager, New College

New College is committed to providing effective safeguarding arrangements, including staff trained in Safer Recruitment on all interview panels; a group of Safeguarding Officers to give appropriate access for staff and students needing support and advice; a Safeguarding Committee including safeguarding officers and other appropriate staff to steer our practices; and a range of information to students, parents/carers and staff promoting the available support.

In 2012/13, a particular initiative has been the widespread use of electronic learning materials by tutors to support students in taking a short qualification in e-safety, the Level 1 Award in Internet Safety. Over 2,000 students took the on-line exam during the college's Progression Day in March and a number of staff have also completed the qualification. Although many young people would say they know about e-safety, the discussions after taking the exam were illuminating as students spoke about what new information they had learned from the experience. I hope this learning will help them to remain safe online in the future.

Outcome Five: Ensure the particular safeguarding needs of disabled children and young people are addressed

Over the last 12 months consideration has been given to how the Local Authority responds to the needs of children and young people with a disability who require safeguarding or protection. Ofsted undertook a thematic inspection of safeguarding disabled children in April 2012, and recommendations from that inspection have resulted in significant staffing and organisational changes within the Disabled Children's Team. From analysis of child protection thresholds within this service, there is evidence that more children and young people with a disability are now having their needs investigated through child protection procedures. An action plan to address issues arising from the Ofsted inspection was developed in May 2012 and updated in October 2012, and is monitored by the LSCB Management Group. There has been progress in all areas identified in the plan.

The LSCB Safeguarding Disabled Children Sub Group meets six times a year and includes a range of professionals across Health, Social Care and Education and a representative from Wiltshire Police Child Abuse Investigation Team.

An objective for the Sub Group in 2012/13 was to review two multi-disciplinary cases, to identify learning through sharing information on working practices, i.e. what went well and what could have worked better to ensure the best outcomes for the child and family. The two cases originally identified for review were substituted by two case file audits commissioned as a result of the Thematic Ofsted Inspection. These audits identified a number of areas of practice that required improvement, e.g. including references to the voice of the child in assessments; the need to be more consistent in relation to the threshold for deciding if a child's needs should be investigated under the child protection procedures. The Disabled Children's Team now has a new Management Team, supported by the Principal Social Worker, a full complement of qualified Social Workers, and two additional full-time equivalent Social Care Workers to facilitate the case-holding ability of the team. The case review process will be repeated in 2013/14.

Two members of the Sub Group are currently in the process of auditing five Intimate Care Plans based on criteria identified by the Sub Group. Initial feedback indicates that there is not a strong enough emphasis on taking the child's views into account. As an outcome of the audit visits, this has been raised as an area for development with individual schools. The Schools' Safeguarding Adviser will also review this as part of her monitoring visits to schools.

The Sub Group completed an audit to review Swindon's procedures in line with government recommendations in respect of deaf children, using the National Deaf Children's Society audit framework, and a report was presented to the LSCB Management Group.

In 2013/14 the Sub Group will complete the Intimate Care Policy audit, consider how child protection training can be provided which is specific to disabled children and young people, and re-commence the process of undertaking reflective case reviews. It will also be working alongside the LSCB Quality Assurance Sub Group to review a number of cases involving disabled children and young people.

Outcome Six: Reduce sexual exploitation of children and young people and the incidence of children and young people running away from home

Child sexual exploitation is a form of child abuse involving children and young people receiving something, such as accommodation, drugs, gifts or affection, as a result of them performing sexual activities, or having others perform sexual activities on them. It can occur without physical contact, when children are groomed to post sexual images of themselves on the internet.

Child sexual exploitation is a hidden issue taking place out of public view. Practitioners often do not identify it and young people themselves frequently do not recognise themselves as the abused. It can be difficult to get an accurate picture of the risk of sexual exploitation.

The link between children being sexually exploited and children going missing is very strong. Some 140,000 children go missing from home or care in the UK each year and it has been estimated that running away places around a quarter of these at risk of serious harm. Children and young people who run away may be 'pushed away' following abuse or other factors or 'pulled away' wanting to be near friends or because they are being exploited by adults.

Currently the Office of the Children's Commissioner (OCC) is undertaking a two year enquiry into Child Sexual Exploitation in Gangs and Groups. The interim enquiry report published in November 2012 cited evidence to suggest that at least 16,500 children were identified as being at risk of child sexual exploitation during one year and 2,409 children were confirmed as victims of sexual exploitation in gangs and groups during the 14-month period from August 2010 to October 2011.

Evidence to the enquiry indicated that in any given year the actual number of children being abused is far greater than the 2,409 that have been confirmed. Interviews with

children and young people, evidence collected during site visits and gathered at hearing sessions all indicated that many children who were sexually exploited either remained unseen by professionals or, even when known, were not recorded in the call for evidence submissions received by the OCC. 16,500 children from across England were identified as being at high risk of child sexual exploitation during the period April 2010 - March 2011.

In December 2011 the Department for Education published the Tackling Child Sexual Exploitation Action Plan and the Home Office published the Cross Government Strategy for Missing Children and Adults. It has since published a progress report in July 2012 with a Step by Step guide to tackling sexual exploitation for frontline staff.

Swindon LSCB established the Sexual Exploitation and Runaways Sub Group in 2008 and in July 2009 the Government issued statutory guidance on children who run away or go missing from home or care and practice on child sexual exploitation.

In 2012 the Sub Group completed a detailed needs analysis to understand the extent of sexual exploitation in Swindon and as a result established a Swindon Sexual Exploitation and Young Runaways Strategy, focussed on prevention, protection and prosecution. The Strategy has been developed in line with recommendations and guidance from the Department for Education National Action Plan, Rochdale Multi Agency Responses to Child Sexual Exploitation Review and Barnardo's 'Cut Them Free' Report.

Progress to date

- A system is now in place where all reports of missing children from the police are received by the social care Referral and Assessment Team; those that do not reach the threshold for a social care initial assessment are further assessed for a response by a lead in the integrated locality teams
- The LSCB has funded VOICE to provide independent return interviews for children who run away and are considered at high risk
- The LSCB has commissioned training on sexual exploitation from Just Whistle which has been very well attended
- The LSCB Annual Conference included a section on child sexual exploitation and keynote speakers from Operation Bullfinch, Oxford
- The LSCB contributes to the Missing People Charity, which runs the only national helpline for young runaways. Raising awareness of the helpline is part of the local protocol

- The LSCB has commissioned the development of multi-agency online training in sexual exploitation that will be available for all staff
- The LSCB undertook a multi-agency audit in May 2012 to get a snapshot of the profile of young people in Swindon who at risk of being sexually exploited and which agencies were working with them
- Wiltshire Police are providing accurate data to the Sub Group on the numbers and profile of children who go missing
- Swindon social care has provided evidence to Wiltshire Police to develop a profile of sexual exploitation in Swindon
- The Sub Group has developed a multi-agency protocol for responding to sexual exploitation that includes the development of a multi-agency risk assessment panel to support information sharing between agencies about individual children and young people
- Sexual exploitation leads have been established to provide expertise, advice and guidance to frontline staff

What the LSCB plans to do next

- Continue to commission high quality multi-agency training on sexual exploitation
- Further develop the sexual exploitation tracking tool and, in October 2013, undertake a comprehensive multi-agency exercise to try to identify the levels of sexual exploitation in Swindon and the level of response to these children and young people
- Use the information from the tracking exercise to scope the need for an effective multi-agency response to sexual exploitation. There is no dedicated service for this group of young people in Swindon
- Develop an awareness raising strategy as part of the prevention plan
- Develop a Sexual Exploitation Multi Agency Risk Panel to share intelligence, identify patterns and raise awareness of sexual exploitation

Outcome 7: Early Support Hub

In early 2012, the Children & Families Referral and Assessment Team began a pilot of the Early Support Hub, a project to provide a single point of access to a wide range of services. The Principal Officer, Social Work was appointed to be Project Lead for this piece of work. The pilot identified some benefits to working in this way, such as speedier responses and a reduction in the number of referrals to Social Care - mainly due to more appropriate signposting to other agencies. It was also noted that there was greater information sharing across a number of partners, including Wiltshire Police, Wiltshire Fire & Rescue and health practitioners.

The results from this pilot were used to inform the development of the Family Contact Point, part of the redesigned operating model for Children's Services and planned to be fully operational in April 2014, which will bring together multiple disciplines and practitioners and act as a single point of contact that connects children and families with the most appropriate resources.



Operating Model – Strengthening Families Programme – Debbie Deimert, Principal Officer, Social Work

We are designing a new operating model for services to children and families to help reduce demand on our services and focus more on early intervention. This will enable us to reduce costs further down the line. There are four main parts of the operating model, which are set out below, as well as an additional workstream around Traded Services.

Family Contact Point (FCP)

The Family Contact point is part of the redesigned operating model for Children's Services acting as a multi-disciplinary single point of contact that connects children and families with the most appropriate resources. The Family Contact Point will be the first port of call for families, connecting them with the most appropriate resources at that time. The implementation of FCP will be broken into three phases:

- **Phase 1 - 4th September 2013 – December 2013 – Advice and Information teams**
- **Phase 2 - September 2013 – November 2013 – FAST teams**
- **Phase 3 - December 2013 – April 2014 – Implementation of FCP**

Phase 1

The CAF/TAC Team, the Child Health Team and two of the three Assessment and Information Officers in the Referral and Assessment (R & A) Team will work together as a single team. This is the 'Way in'. They will screen all contacts made by agencies and families for help and support and identify the work that needs further enquiry. This will ensure a decision is made within 24 hours. The Triage Team will consist of two social workers from the R&A Team, one social worker from the Disabled Children Team and one manager from the early

help services. Both the Triage Team and the Way-in Team will be managed by the Principal Social Work Officer. The Way-in Team (Screening) will identify cases that need an immediate child protection response. These will be referred immediately to the Assessment and Child Protection Team. The Triage Team will also identify cases in need of a 'child protection' as well as 'children in need'. In these circumstances the triage team will pass the cases to the Assessment and Child Protection Team.

Phase 2

Other work will require a coordinated Early Help response and will be referred to Operational managers for allocation. It has been identified that there are a number of occasions when a rapid response to families is needed, alongside the gathering of information and assessment, to reduce the risk of family breakdown or children on the edge of care. This will be a FAST (Family Assertive Support Team), consisting of six 'children and family practitioners' who will have a range of skills to practically assist and assertively intervene to divert a crisis. This team will work across early help, children in need and child protection, whilst a common assessment, initial assessment, core assessment or Child protection investigation is undertaken. Currently we have advertised for three posts and this will be reviewed at the end of the year.

Phase 3

This will take us to the point of delivering a new service as of 1st April 2014 in a new co-located office. We will review our systems and business processes.

It is our belief that by reconfiguring our resources in this way it will give us greater capacity to manage the increased demand we are experiencing, but also help to manage down the nature of the demand by offering an earlier response followed by an appropriate

Contribution from partners – Deborah Murphy, CAFCASS

In my role I manage a team of social workers that covers the family courts in Swindon & Wiltshire. Our core role is to champion the interests of children involved in family proceedings and advising the family courts on what we consider to be in the best interest of individual children. Examples of matters decided by a family court are: when children are subject to an application for care or supervision proceedings by social services (public law); an adoption application (public law); or when parents who are separating or divorcing cannot agree on arrangements for their children (private law).

All children subject to public proceedings are allocated a guardian and a solicitor. Depending on the age of the child, they will meet with the guardian and solicitor and the reason of the application will be explained. The Children's Guardian will use tools to help children express how they feel about what is happening to them. The role of the guardian is to independently express the views and wishes of the child and to ensure that the voice of the child does not get lost in any disputes.

As a member of the LSCB, I use my monthly team meetings to feedback information raised at the board, I regularly present information on learning from SCRs to the team and integrate into training and development activities so that staff are completing their work in an up to date and evidence based way. I also integrate LSCB training into the team's training calendar. I find LSCB training particularly useful, especially, as a contributor to the LSCB budget, it is free for my staff.

I regularly meet with senior managers from Bristol, Milton Keynes, Reading and Gloucestershire. This provides a forum to share information from our respective LSCBs. I believe that my role in the LSCB needs to be relevant to all multi-agency partners because everyone has a role to play in Family Justice. Being a member of the LSCB connects me with strategic managers from other organisations, specifically Health and Education, which I would not get any other way.

In private law proceedings it is often important to share information in order to build up a picture of safeguarding concerns. Sometimes this can lead to a referral to Children's Social Care if there are significant safeguarding concerns. Sometimes it can be just to log information, as it can be an accumulation of evidence that highlights the real issues. I regularly meet with senior managers in Children's Social Care and regularly have discussions about thresholds for referrals, escalation of cases and in my role I am able to advise on current practice within the family courts.

CAFCASS are committed to playing a key role in safeguarding children in Swindon. I see the LSCB as a platform that, as a member of the Board, I can use to drive CAFCASS's work forward with partners. The new way of conducting Board meetings is an important development in the way we can work as a board. The inclusion of breakout groups allows to me to contribute and participate fully. The LSCB is a valuable place to build up contacts and relationships.



2. Communicating and Raising Awareness Function

Outcome Eight: Increase awareness of safeguarding amongst partner agencies and the wider community

The joint LSCB/LSAB (Local Safeguarding Adults Board) Awareness & Engagement Sub Group was set up with the aim of communicating to individuals and organisations in Swindon the need to safeguard and promote the welfare of children and young people, as well as adults at risk of harm, raising their awareness of how this can best be done, and encouraging them to do so. Its members link with asylum seekers and other minority ethnic groups; faith and religious groups; and the local community via Swindon Borough Council's Localities Team and has begun delivering safeguarding awareness sessions to local groups identified through these links. The Sub Group will develop an evaluation tool to measure the impact of these sessions in 2013.

The Swindon LSCB website contains information and advice for children, young people, parents and carers, as well as for staff and volunteers. Work is currently underway to review the content and presentation of the website and young people from Swindon's Youth Forum have been consulted as part of this process.

The LSCB has produced a Child Protection Pocket Guide for workers, volunteers or members of the community, giving basic safeguarding advice and contact details. This is being widely distributed through schools, GP surgeries, and training events. One GP practice contacted the LSCB to say:

'The Pocket Guides will provide an excellent source of reference. I would like to provide each of my members of staff with one of these guides. Please could you send another 20 copies'

The LSCB produces a regular LSCB Newsbyte (see Appendix 6), containing news and useful safeguarding information, which is circulated to all LSCB members for dissemination throughout their organisations, as well as being shared with local voluntary groups via Voluntary Action Swindon.

The 2012 LSCB Annual Conference, 'Young People at Risk', began with a DVD produced by Holy Rood Junior School, of pupils performing a rap composed as part of Swindon's anti-bullying week 2011.

A performance by students from The Commonweal School highlighted the work undertaken by students as part of their anti-bullying project.

This year, the competition to design the cover for the LSCB Annual Report was co-ordinated through the Swindon 10 to 18 Project (STEP), which provides structured therapeutic group work, using a combination of youth and play work models of delivery. All group work activities have an underlying theme which address the unmet needs of young people accessing the service; providing targeted support and life skills development opportunities for young people who have considerable vulnerabilities, including; experienced physical / emotional abuse and / or neglect, primary family carers, self-harming, are in care, behavioural and / or mental health issues, experiencing poverty, deprivation as well as isolation and exclusion due to either circumstances or behaviour. Artwork throughout this report was produced during the group's art sessions.

The challenge remains as to how Swindon LSCB directly consults with children and young people about safeguarding, and discussions are continuing to explore links with the Youth Forum and Chatterbox Disabled Children Young Peoples Participation Group. The LSCB Chair met with the Project Manager Swindon 10 - 18 Project/ Swindon Youth Forum in January 2013 to explore the possibility of young people contributing to Board meetings.

Swindon LSCB has two lay members. They attended their first Board meeting in March 2012. The remit of the lay members is to support stronger public engagement in local safety issues; contribute to an improved understanding of the LSCB's child protection work in the wider community; challenge the LSCB on the accessibility by the public and children and young people of its plans and procedures; and help to make links between the LSCB and community groups.

ANNUAL CONFERENCE 2012

The LSCB Annual Conference was held on the 26th September 2012 at Swindon Town Football Club. The theme of the conference was 'Teenagers at Risk' and keynote speakers included Dr Susannah Bowyer who spoke about Risk Taking Adolescents and Simon Moreton and Damian Griffiths from Operation Bullfinch, a police investigation into child sexual exploitation in Oxford.

All of the evaluation forms completed at the conference indicated that delegates were satisfied or very satisfied with the conference content. In response to the question: What changes will you be making to your working practice following this conference? Responses included:

'Feeding back to colleagues in Adult Services – thought provoking and particularly made me think about tools and reflection on safeguarding in supervision' SEQOL

'To continue to develop multi-agency relationships and shared working practice – plus embed Signs of Safety methodology across safeguarding work and referral processes' College

'By developing a greater picture of child exploitation across Wiltshire & Swindon with partners. Develop a proactive partnership operation by looking beyond the data' Police

'Using school information to cross reference 'risk'. Use data and implement Signs of Safety. We should have community 'surgeries' each month with sector workers, e.g. Health, Education, Police, Social Care, to discuss emergent need in 9-13 year olds' Secondary School

LSCB Annual Conference 2012 - Commonweal School
http://www.swindonlscb.org.uk/about/Documents/lscb_annual_conference_2012_-_commonweal_school.pdf

LSCB Annual Conference 2012 - Children in Care
http://www.swindonlscb.org.uk/about/Documents/lscb_annual_conference_2012_-_children_in_care.pdf

Contribution from partners – Kate Riddle, Trust Lead Nurse Safeguarding Children, Oxford Health

Oxford Health provides Community Child and Adolescent Mental Health Services (CAMHS) in Swindon; this includes Learning Disability CAMHS service and in-patient adolescent unit at Marlborough House in Swindon. Oxford Health also has a contract with Swindon Clinical Commissioning Group to provide community health services, including health visiting, to a GP surgery in Shrivenham.

The Swindon LSCB Board representative for 2012/13 was Donna Clarke Head of Service. From 01/06/13 the Board representative is Michelle Maguire, the Head of CAMHS for Swindon/Wiltshire/Bath & North East Somerset (BANES) area.

The Trust provides a representative on a safeguarding children meeting for the Swindon/Wiltshire and BANES area. This is attended by Safeguarding team members including Named Nurse and Named Doctor for Safeguarding and CAMHS managers. This forum enables the sharing of information regarding LSCB activity and safeguarding work with CAMHS services across the area. This would also include sharing lessons from Serious Case Reviews.

Safeguarding knowledge and information is also disseminated to individual staff members via

safeguarding supervision and training and learning events across the Trust. The Named Nurse and Named Doctor attend network meetings with other Named Professionals from other health providers and are able to share information there.

Being part of an organisation that works with five other Local Authorities allows cross fertilisation of information and knowledge across other LSCB areas. An example is the Swindon LSCB Peer Review process for Section 11 Audits. Oxford Health have shared this with another LSCB and it has been adopted by that Board.

As a statutory member of the LSCB, the Trust has a duty to fulfil its statutory duties around safeguarding and also to work in partnership and take into account the local needs of children and young people. Board membership and working also supports the internal assurance of our safeguarding duties and practice standards.

Over the past year Oxford Health has taken part in the Ofsted Thematic Inspection in relation to Safeguarding Disabled Children, Section 11 Peer Review and Annual Business Planning workshop to develop the LSCB Strategic Business Plan.

Outcome Nine: Views of children and young people are routinely asked for, listened to and outcomes for children improve over time

Feeling Safe In Swindon

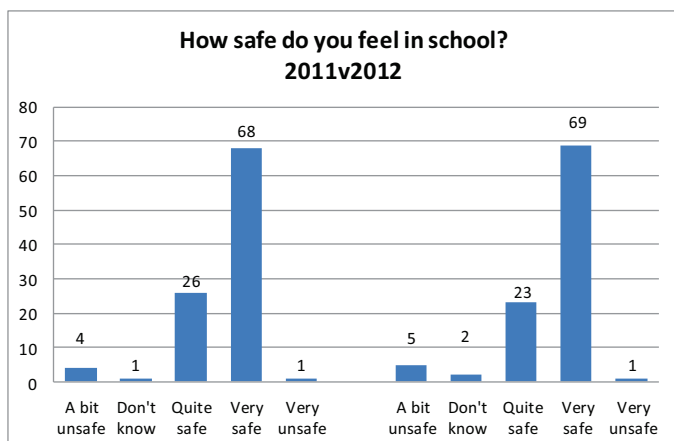
About the survey

March 2012 saw the launch of the second annual 'Feeling Safe' Survey in Swindon. The aim of this survey is to gain an insight into how safe children and young people feel in Swindon.

- 45 out of a possible 54 Primary / Junior schools accessed the survey, with a total of 1176 pupils completing the survey (last year 937 responded).
- All 12 mainstream secondary schools accessed the survey, with a total of 2683 pupils completing the survey (last year 1405 responded).
- The survey is open to all pupils in Year 6 and above
- Uplands school have developed a version of the survey for use in special schools

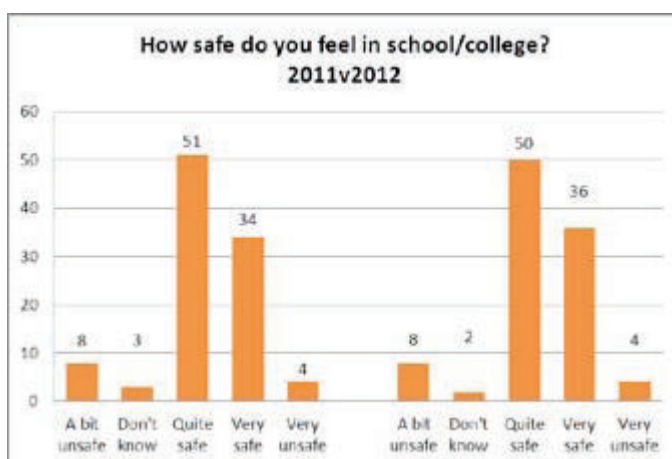
Schools who took part were given individual feedback about their pupils' responses, alongside the cumulative data for the local authority.

How safe do our Year 6 children feel?



- The large majority of pupils spoken to have said that they feel very safe whilst in school
- Any comments about feeling slightly unsafe tend to link to issues with:-
 - the grounds/fencing for example (primary)
 - Arguments / fights (secondary)
 - E safety issues, including cyber-bullying which adults may see as the exception are viewed by many pupils (particularly secondary) as the 'norm'

How safe do our secondary aged children feel?

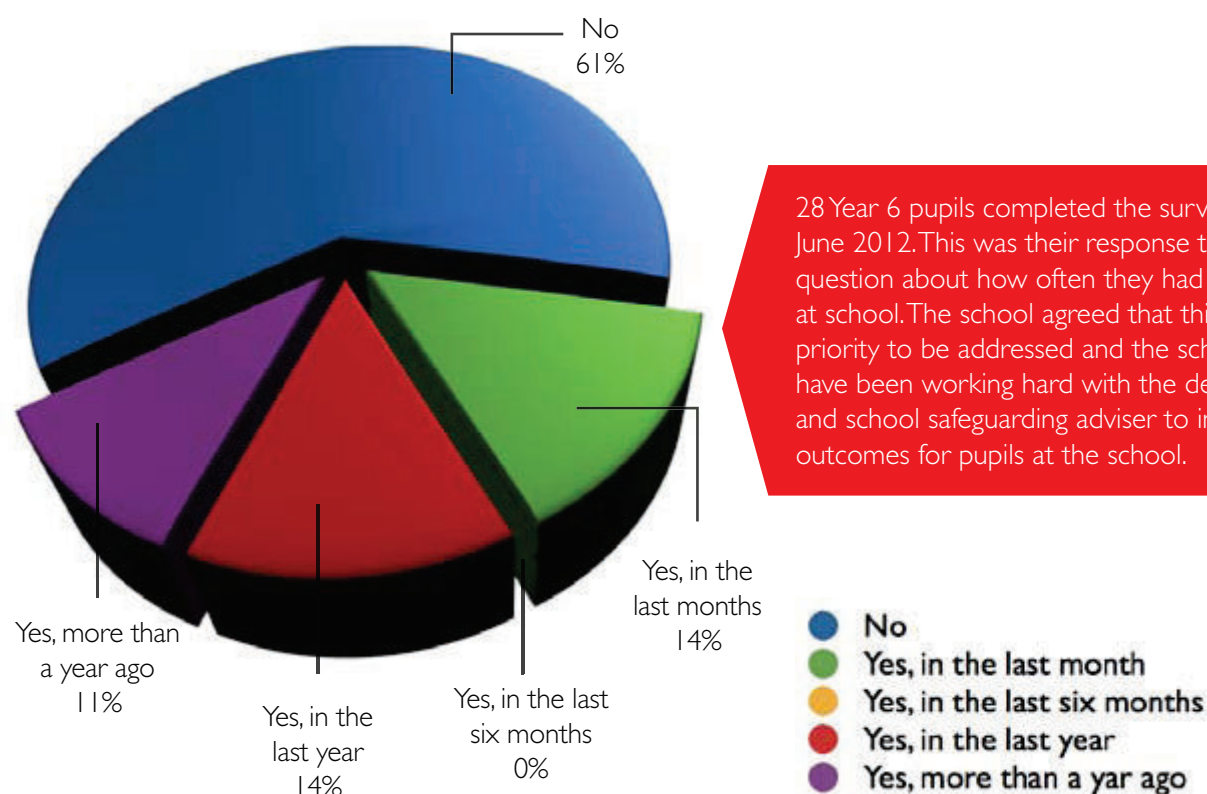


How is the data being used?

Schools and colleges taking part now have a huge wealth of data at their fingertips. The challenge is to use this information as a focus for discussion with pupils and to inform safeguarding priorities on the school development plan, leading to improved safeguarding outcomes for pupils across the school. Below is an example of some of the work being done to build on the outcomes of the survey.



Case Study – Primary School A



A 'school council 'owned' project

The project began with a visit to meet the school council representatives at Primary school A. The council is made up of two pupils from each year group. At our first meeting we explored their understanding of what bullying is and how it can make us feel if we are being bullied. The children were asked to rank the examples of bullying and identify which they felt was the worst example. The result, that each child chose a different example, highlighted that different actions and words affect people in different ways.

The children agreed that they would like to share this work with the wider school and subsequently prepared and presented a whole school assembly. Following this, a questionnaire was circulated by the school council, with questions about bullying and how well the school deals with bullying. The results were collated by the school council and it was agreed that they would focus on developing an anti-bullying project across the school. The project is still in full swing and the pupils at Primary school A are about to embark on a visit to another Primary school to take part in a collaborative learning walk, looking at the work this school has done towards gaining the anti-bullying mark accreditation.



Informing school safeguarding monitoring visits

A visit is made by the schools' safeguarding adviser to schools and colleges in Swindon at least once every 3 years to ensure that they are meeting the relevant safeguarding requirements to keep children safe. The visit builds on the school safeguarding audit, which is completed annually. Part of the visit includes a pupil conferencing session, and where schools and colleges have completed the feeling safe survey, this helps to tailor the theme of the questions. By 'unpicking' further some of the questions where there was a mixed response on the survey, areas for development can be highlighted with schools. It also supports colleagues to know what is working well. For example, where the survey asks 'How well does your school do at keeping you safe?' this is explored further to identify what it is that schools are doing. Recent conversations in schools have identified the following positive steps schools are taking:-

- Good links with the local Police Community Support Officers
- Regular 'keeping safe' assemblies, with guest speakers from emergency services
- E safety lessons about using the internet safely
- High profile of staff around school and playground at all times
- Approachable teachers and wider support staff if children need to share a concern
- Secure grounds and premises. Children regularly refer to the buzzer entry system or the secure fencing around school
- Anti-bullying work and resources

What next?

This year's survey was launched in June 2013, using survey monkey to capture responses. The questions have been kept the same, so that schools and the local authority can begin to look at trends emerging from the data year on year.

How to access the survey:-

Primary survey 13

<https://www.surveymonkey.com/s/GHZL7X6>

Secondary survey 13

<https://www.surveymonkey.com/s/BKGH3FH>

3. Monitoring and Evaluation Function

Outcome Ten: Improve and assure multi-agency Child Protection practice

The LSCB Quality Assurance (QA) Sub Group monitors and evaluates the effectiveness of what is done by partners, individually and collectively, to safeguard and promote the welfare of children and advise them on ways to improve. The Swindon LSCB quality assurance framework aims to help organisations and partners answer the question 'How effective are we at keeping children safe?' in a more holistic and comprehensive way. The aim of the framework is to: keep children safe; manage the risk inherent in this area of work; drive improvement in outcomes for children and their families; promote organisational reflection.

The LSCB quality assurance programme is a three yearly cycle focusing on cross- and inter-agency themes and issues. This year the group undertook: multi-agency case file audits on pre-birth assessments and a repeat audit of strategy discussions; a deep dive systems review (using the SCIE methodology) of a neglect case and; single agency audits of safeguarding supervision which were peer reviewed by the QA Sub Group.

Other quality assurance activity that helps the LSCB to monitor and evaluate the effectiveness of safeguarding in Swindon are: the annual section 11 audit; single agency quality assurance activity reported to the Performance Sub Group; a three year cycle of safeguarding monitoring visits to all schools by the Schools' Safeguarding Adviser and; a three year cycle of safeguarding monitoring visits to all pre-school settings by the Early Years Safeguarding Adviser.

The strategy discussion audit was a repeat of an audit undertaken in October 2011. 'Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm there should be a strategy discussion involving local authority children's social care, the police, health and other bodies as appropriate' (Working Together 2010). The audit of 10 cases identified many examples of good practice and positive impact from the previous audit. Strategy discussions take place promptly as required and in all cases where it was necessary prompt actions were taken to safeguard children. Most information was consistently recorded by the police and social care with clear action plans put in place. A specific impact from the previous audit is that most strategy discussion action plans are sent out within 24 hours of the meeting. The Quality Assurance Sub Group intends to undertake an annual audit of strategy discussions.

The pre-birth assessment audit in July 2012 took into account the Ofsted Report 'Ages of concern: Learning the lessons from serious case reviews', which recommended that LSCBs consider carrying out an audit to check that pre-birth assessments are routinely being undertaken whenever there may be safeguarding risks to the unborn child and that systems in place are adequate. The audit looked at six cases and identified many positives including: good handover between midwife and health visitor; some cases showed evidence of good involvement by midwives in implementing the plan. The audit found some learning for midwifery regarding record keeping and information sharing which is now the subject of a midwifery safeguarding action plan, which is monitored by the Designated Nurse for Child Protection and reported to the Quality Assurance Sub Group to ensure that the areas for improvement are addressed.

Each agency undertook their own **audit of safeguarding supervision** on behalf of the QA Sub Group and, while there were many examples of very good practice, the Sub Group recommended a number of actions as a result of the findings of the audit for the LSCB to address. The LSCB will produce key safeguarding supervision principles which will be applicable across all agencies and advice and guidance around safeguarding supervision will be developed for the LSCB website. All agencies should have child protection/safeguarding as a formal part of their supervision policy where necessary. Supervision training will be included in the multi-agency safeguarding training programme.

SCIE review of neglect

The QA Sub Group undertook a local case review to look at how well agencies in Swindon were working together to address the issue of child neglect. They wanted to trial the new systems methodology developed by SCIE 'Learning Together to Safeguard Children' and engaged SCIE to support this process.

A case was selected to use as a "window on the system". The case was not chosen because there were any existing concerns about practice, but because the family came into contact with a number of agencies across both early support services as well as statutory agencies. It was felt that this case would provide a valuable opportunity to work with a wide variety of practitioners to develop an understanding about the experience of working with families where neglect is a concern.

Section 11

Local Authorities, NHS bodies, the Police, ambulance service, probation, prison services and youth offending teams all have a duty under Section 11 of the Children Act 2004 to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children. The LSCB monitors the effectiveness of organisations' implementation of their duties under Section 11.

Every year Swindon LSCB audits each organisation's governance arrangements and compliance with national standards for safeguarding using an agreed pan-Wiltshire audit tool. The audit of agency's submissions for 2011/12 took place in May 2012 in partnership with Wiltshire LSCB.

All Swindon agencies submitted audit reports; however four Wiltshire agencies withdrew or did not submit. Great Western Ambulance Service (GWAS) requested an extension to their submission due to changes in their internal structure.

This year the peer review revealed some disparity in scoring between the groups of assessors. This had the effect of lowering some previously high scores. To mitigate this anomaly, all audits that scored over a 10% variance on the previous year were independently moderated.

All Swindon organisations scored above 50% in every category and most saw an increase in their compliance overall. No Swindon agencies were asked to submit additional evidence.

In July 2012 representatives from Swindon and Wiltshire LSCBs met to discuss how to amend and improve the Section 11 audit process. The result was the development of a new, more comprehensive toolkit that will enable greater information about safeguarding responsibilities and practices to be gathered. This toolkit was piloted in November 2012. The full 2012/13 audit is due to take place May 2013.

Annual Safeguarding Audit of all Early Years Settings and Children's Centres

Each setting is asked to undertake an annual safeguarding audit, in the form of a self-assessment. These are monitored by the Early Years Safeguarding Adviser, who gives feedback to all settings. The audit provides the Local Authority (LA) with an overview of safeguarding practice in Early Years Settings. Any settings that may need additional support can be identified and a visit arranged. The audits provide the LA with up to

date information about personnel with responsibility for safeguarding in settings, training of staff and numbers of children with Child Protection plans.

This year about 80% of settings have returned their audits; next year the aim is to get 100% returned.

Future plans include the distribution of a safeguarding audit to child minders. This will enable the LA to monitor safeguarding policies, procedures and levels of training of child minders.

Test of Assurance

The Council's Stronger Together structure was introduced in April 2012. Department for Education guidance recommended that a Test of Assurance be undertaken if the role of DCS was combined with any other role, to ensure that capacity and lines of accountability in relation to the Director of Children's Services were sound.

Following discussions about the new Stronger Together structure with the Chief Executive, the Chair of Swindon LSCB and Chair of Swindon Children's Trust Board were commissioned to undertake a Test of Assurance which took place in October 2012. The purpose of the Test of Assurance was to ensure that the new Council structure established through Stronger Together enabled the Director of Children's Services to fulfil his statutory duties effectively, that responsibility and accountability was transparent in the new model, and that the structure supported interagency and partnership working.

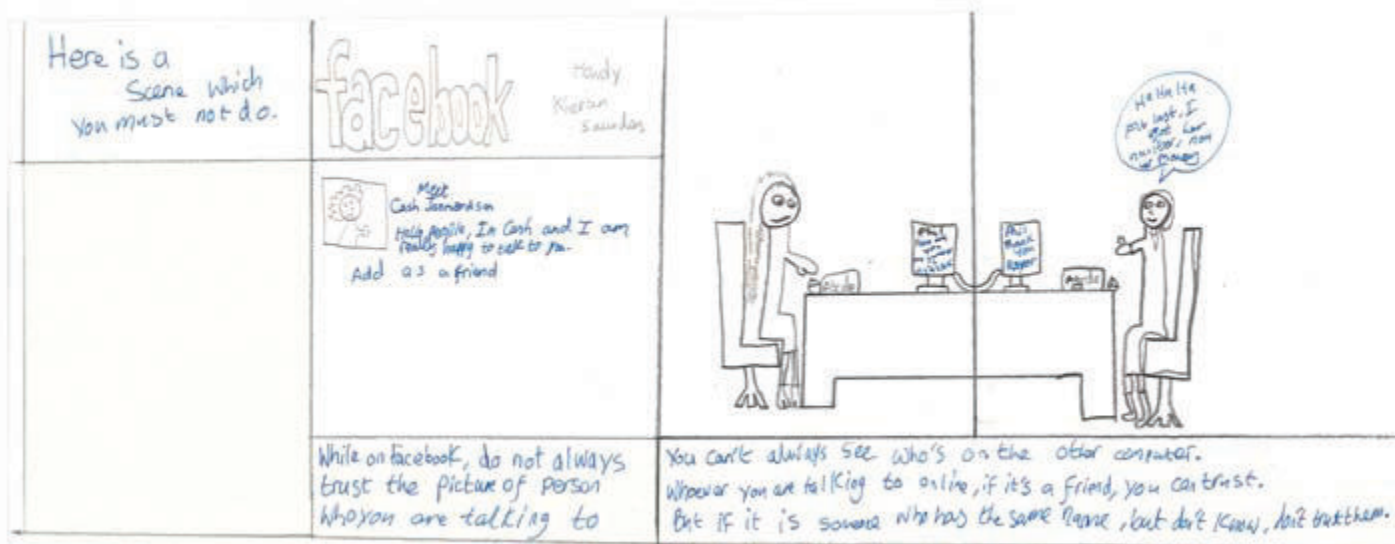
Stronger Together combined the roles of Director of Children's Services and Director of Adult Services

with the role of Board Director Commissioning, and established a new structure based around Commissioning, Delivery and Localities.

As part of the Test of Assurance, individual interviews were conducted with the Chief Executive, Director of Children's Services, Director of Service Delivery, Head of Children and Family Services, Head of Commissioning Children and Adults, Head of Economy and Attainment, Head of Safeguarding and focus groups were held with front line staff and managers.

Interviews covered areas including decision making, accountability, performance management and review, supervision and partnership working.

The findings of the Test of Assurance were presented to the Chief Executive, and recommendations for adjustments to the structure were implemented as a result, with lines of accountability to the Director of Children's Services being revised to strengthen safeguarding. A further Test of Assurance will be undertaken in October 2013 to test the revised structure.



Outcome Eleven: Reduce the number of unintentional injuries leading to hospital admission and prevent death, thereby keeping Swindon's children safer

Unintentional injury data covers all age groups 0 – 19 years and any recommendations will apply to different teams, many of whom will be partners in the children's workforce across Swindon. Discussions with groups of practitioners and managers in School Nursing, Health Visiting, Midwifery and Children's Centres took place during the year to explore some of the data in more detail and to begin some targeted work.

Swindon's Public Health team used the data to produce posters and leaflets for National Child Safety Week 18th – 24th June and distributed these to universal settings targeted at specific aspects of prevention. Local pharmacies were asked to ensure that they identified parents when distributing medicines and highlight important aspects of medicine safety. Children's Centres used the materials produced by the public health teams and held activities about safety within their settings.

Swindon Health Visiting teams have piloted work focussed on safer sleeping advice for parents of new born children. This aim of this work is to help identify the most successful ways of getting safety messages and information to families and help reduce the number of unintentional deaths.

The LSCB and the Children's Trust Board are working together to develop the distinct roles and responsibilities of each Board and the priority of unintentional injuries is included in the Children & Young People's Early Support Strategy, which is monitored via the Children's Trust Board, rather than being a priority for the LSCB business plan in 2013/14.

4. Functions Relating to Child Deaths

Outcome Twelve: Learn from and reduce the incidence of child deaths/ serious injuries

Local Safeguarding Children Boards have a statutory responsibility for the child death review process. This involves two inter-related processes: a 'Rapid Response' where a group of professionals come together for the purpose of evaluating the cause of an unexpected individual

child death and; a 'Child Death Overview Panel' that comes together to undertake an overview of all child deaths under the age of 18 years in a defined geographical area.

The child death (rapid) response team has changed, with Swindon adopting the Gloucestershire model and only having a health response to support police five days a week during working hours.

The Wiltshire & Swindon Child Death Overview Panel (CDOP) reviews all child deaths across the Swindon and Wiltshire area. Wiltshire and Swindon LSCBs have agreed to continue to work together as a CDOP but have acknowledged that this may change with the coming NHS changes in 2013. The CDOP aims to understand the reason why a child has died in order to identify factors that are modifiable, which could prevent future deaths, and to ensure that children living with life limiting conditions are in receipt of the best possible services.

During 2011-12 CDOP met four times. Agency representation at the panel was high and consistent. An executive panel was introduced half way through the year, consisting of four members of the main panel (Public Health, Midwifery, Paediatrics and CDOP team at University of Bristol). This group reviews 'expected' deaths and feeds back discussions and conclusions to the wider panel. In the main, this covers neonatal deaths and children with known life limiting conditions.

Childhood deaths in Swindon and Wiltshire have been lower than the England average. In 2011/12 the Panel was notified of 21 Swindon children who died. The panel believed that in 32% of the Swindon child deaths reviewed this year there were modifiable factors; this proportion is not statistically significantly different to the national rates.

Local case reviews frequently make recommendations arising from their review of cases. The CDOP has written to Chief Executives of relevant organisations to ensure that these actions have been followed up. CDOP made a number of recommendations regarding individual children's care, which have not been included in its report. Recommendations about service improvement have been fed into local authorities and health care providers and commissioners.

The CDOP report makes the following specific recommendations to the LSCB:

- Given the association between low birth weight and poorer long-term health outcomes, Children's Trust Boards and LSCBs should monitor prevalence of low birth weight babies born as a proxy for improving health outcomes for children and young people
- Smoking is a major risk factor for causing low birth weight babies and, as such, the LSCB should put their weight behind any initiative to promote children, young

people and their parents from stopping smoking. The LSCB supported the Plain Packs Protect Campaign and provided a response to the formal consultation via the Public Health representative

- To hold local providers to account to ensure delivery against the recommendations listed in the CDOP Annual report 2011/12

CDOP Annual Report 2011-12

http://www.swindonlscb.org.uk/wav/Documents/Child_Deaths_child_death_overview_panel_2011-12_report.pdf

Contribution from partners – Stephanie Glasscoo, Wiltshire Probation Trust

Both Andrew Murray and I work as Team Managers within Wiltshire Probation Trust. Andrew has responsibility for Offender Management and I lead the Programmes Team. Our work is primarily with offenders but offenders can be parents so, indirectly, our work links to Children and Families. In the course of our work with offenders we may identify safeguarding issues where a child could be the victim of an offence, or be at risk of harm.

Risk assessments are completed for every case that we work with. Those risk assessments will have a specific section focused on children/young people. Sometimes the information that Probation has, or may uncover through the course of our work, might be a very important piece of the jigsaw. It is therefore essential that we share information effectively and appropriately. We report any safeguarding concerns to children's social care as a matter of routine, even if this is just to log information.

Current work within Probation is moving towards adopting a more holistic approach. This means more work with children and families to understand the impact of offences and ensure the needs of the family are met. For every case where the offender is a parent or has caring responsibilities for children, we have introduced a new form to collect details about the children and wider family and to capture what other agencies are working with family.

Liz Rijnenberg (Chief) and Liz Hickey (Deputy Director of Operations) are the Probation representatives at the LSCB Board meetings. They routinely feedback information from the Board meeting to me as the LSCB lead and I will keep them informed of any developing

issues in Swindon. From board members, staff are made aware of practice issues that are raised through the LSCB and the learning from Sub Groups is shared through the workforce. A particular example is the sharing of lessons learned from audits completed by the Quality Assurance Sub Group. Rob Jackson (Probation Officer) is member of this Sub Group and takes responsibility for disseminating this information through the Swindon Team.

Being part of the LSCB means that Probation is integral to a multi-agency approach to safeguarding children. We benefit from working together with other organisations and from using resources and guidance via the LSCB and SWCPP website. This supports us to follow the correct policies and procedures and to be compliant within our safeguarding work and practice standards.

Case Example

Mr A was released from prison and was assessed as high risk of harm to children. Prior to release, a MAPPA level 2 meeting took place with Children's Services involved. It was discovered that he was in contact with his brothers and sisters who have children, and he also had an on-off partner with children. The Probation Officer liaised with social workers regarding the children and passed on information to Children's Services when it arose. The offender had licence conditions not to see a certain child and the Probation Officer liaised with Children's Services to verify this. Joint working continues with the family and the Police have made disclosures to other family members when necessary in order to protect the children of relatives.

5. Serious Case Review Function

Outcome Thirteen: Learn from Serious Case Reviews to reduce the incidence of deaths/serious injuries

There have been no serious case reviews in Swindon this year. The LSCB Quality Assurance Sub Group looked at the 2011 Ofsted report: 'Ages of concern: learning lessons from serious case reviews' and has undertaken audits of teenagers at risk (April 2012) and pre-birth assessments (July 2012).

SCIE systems review of neglect

The Quality Assurance Sub Group undertook a systems review of a neglect case using the SCIE (Social Care Institute for Excellence) Learning Together systems case review methodology which has been endorsed by Professor Munro. We wanted to learn more about the systems methodology of case review and use the review to learn about how agencies work with families where there are concerns about child neglect. The review was undertaken by an accredited Lead Reviewer who worked with two trainee reviewers including Steph McQuade who is a member of the Quality Assurance Sub Group. The process has involved approximately 30 staff from across Swindon including the QA Sub Group and was reported to the LSCB in June 2013.

Local case review 2012

The Quality Assurance Sub Group undertook a local case review where a child suffered serious harm as a result of accidental ingestion of prescribed medication. The review found evidence of good multi-agency working with effective information sharing, identification and assessment of need and parenting capacity and good levels of support to the family. It highlighted some areas where practice and systems could be strengthened and enhanced. The advice to parents on safe storage of medication needs to be adapted according to their levels of understanding and given in a number of different ways by as many professionals as possible. The need for a stronger focus on parent's health needs and their impact on parenting capacity and the important role of GPs in providing information is also evident. A number of recommendations came from the review to help professionals in working with parents around safety, including issuing advice to pharmacists and developing a public health leaflet for parents.

National Serious Case Reviews

- **Plymouth SCR – Nursery Z**

The Early Years Safeguarding Adviser and the Schools' Safeguarding Adviser have extensively briefed managers and safeguarding leads in settings about learning from this SCR. Settings have been supported to develop or update a range of their safeguarding policies including use of mobile phones, baby changing areas etc. The safeguarding advisers have used the findings to inform the questions they ask in their annual audits.

- **North Somerset SCR – The Abuse of Pupils in a First School**

The Schools' Safeguarding Adviser has briefed all child protection coordinators on this SCR. The LSCB Chair presented the findings to the LSCB and Schools Heads Association in July 2012. There has been an increase in numbers attending Allegations and Safer Recruitment training. The LSCB training Sub Group has developed a more robust post course evaluation form to help quality assure the training and for line managers to see how effective it has been for their staff.

- **Rochdale SCR – Review of Multi-Agency Responses to the Sexual Exploitation of Children**

The Sexual Exploitation and Runaways Sub Group has developed a multi-agency risk management panel for teenagers at high risk. Thames Valley Police presented at the LSCB conference in September 2012 on child sexual exploitation.

- **Wiltshire SCR - Child G**

Swindon Restorative Youth Services looked at this SCR as the focus of a development day. It highlighted for them the importance of sharing information with parents in high risk cases where teenagers at risk disengage with support services.

6. Other LSCB Work Strands

See the Adult See the Child

As a recommendation, following the audit of the use of the See the Adult See the Child (STASTC) protocol, by the LSBC Management Group, the STASTC Working Group was established in November 2012. The working group has representatives from children's and adult services and the work completed to date has primarily focused on raising awareness of the protocol and identifying any barriers to its implementation. The protocol is currently being revised to bring it up to date with current legislation, policy and procedure.

An action from the first meeting of the group was the development of regular practice workshops to share learning from joint working case studies. The first workshop was facilitated by the NSPCC and drugs agency, Include. The workshop was advertised through the LSCB and well attended. The workshop received positive comments from attendees.

The 2013 LSCB Annual Conference will be a joint venture with the Local Safeguarding Adults Board. The themes of the conference will be parental mental health, substance and alcohol misuse, learning disability and domestic abuse. The conference will explore the impact of these issues on families and aims to promote inter agency working and information sharing between children's and adult services.

The work of the STASTC Working Group is reported quarterly to the LSCB and LSAB respectively. Future work will include multi-agency audits of joint working, the development of good practice resources that will be published on the LSCB website and commissioning of STASTC training to be delivered through the LSCB.

Private Fostering

A private fostering arrangement is where a child under 16 (or under 18 if a disabled child) lives with a carer other than their parent or close relative for 28 days or more. A private fostering arrangement is one that is made privately and without the involvement of a local authority. The private foster carer could be a friend of the family, a parent of the friend of the child/ young person or someone previously unknown to the child or the family.

The Local Authority has a statutory duty to assess, support and monitor such arrangements and to ensure that privately fostered children are safe and their needs are met. The LSCB has a role in ensuring that the Local Authority carries out its duties.

Swindon has a specialist private fostering social worker, who deals with all private fostering notifications and referrals. This social worker responds to all referrals by:

- Visiting and speaking with the private foster carers and members of their household and assessing whether they are suitable and can meet the child's needs
- Visiting and speaking with the child alone
- Speaking to and, where practical, visiting the child's parents
- Assessing whether the privately fostered child is a child in need and providing appropriate services to meet the need

The assessment is overseen by a team manager and is then presented to Fostering Panel for a recommendation as to the suitability of the arrangement. The Director of Children and Families, as Agency Decision Maker, considers the recommendation of the Fostering Panel and makes a decision.

If the decision is that the arrangement should be prohibited then the private foster carer can appeal through the court (this has not occurred in Swindon). The parent of the child or young person will be informed of the decision. If consent has not been given and the child is already with the carer, the parents will be advised that they need to care for the child themselves or make other suitable arrangements. This has happened on one occasion.

If, during assessment or later, it becomes apparent that a private fostering arrangement is harmful to a child, it is not necessary to wait for foster panel to consider the issues. Instead the chair of the panel and the private fostering social worker can make a recommendation to the agency decision maker.

The private fostering social worker visits at least every six weeks in the first year and thereafter three monthly. Private foster carers are also offered support, including advice on finance and benefits, negotiating and encouraging the relationship with parents and health and education. The Looked After Children Education (LACES) team has expanded its remit and is now offering support with education to privately fostered children and their carers.

The Local Authority also has a duty to raise awareness of private fostering amongst the public and professionals and has implemented a range of initiatives to publicise private fostering and highlight the notification procedures to the public, existing and potential private foster carers and agencies that may come across private fostering arrangements.

The LSCB multi-agency training programme includes fostering information in its child protection training. Induction sessions for new staff include details about private fostering and key contact information. Schools are regularly updated about private fostering through the termly child protection briefings and newsletters. The private fostering social worker has visited all Children's Centres in Swindon to talk about private fostering.

There are leaflets available for: people who work with families and children; parents thinking about private fostering for their children and for private foster carers themselves with information about who to contact. These are distributed widely in public areas of council offices as well as community and leisure facilities, voluntary organisations, GP surgeries, solicitors' offices and courts. The LSCB has funded posters to raise awareness about private fostering which have been displayed throughout Swindon.

In 2012 – 2013 children's social care assessed and supported 9 children who were privately fostered in Swindon; of these 6 were new notifications during the year. This is a reduction from the previous year when there were 15 privately fostered children during that year. There is no national comparator bench marking data about numbers of children privately fostered.

Age	
Under 1	0
1 – 4	0
5 – 9	1
10 – 15	8
16 and over	0

Ethnicity	
White British	8
Middle east	1

Case studies

Child A

Child A is one of four children who lived all her life with her mother in County X until her mother's death in 2012. She then went to live with her cousin's partner in Swindon; her siblings are in the care of County X. Children's Services were notified of the placement and, under the Private Fostering Regulations, an assessment was undertaken of both Child A's and her carer's needs. The private foster carer has embraced her role, Child A is well supported and all her needs met. There was some financial hardship and Social Care is financially supporting the private fostering arrangement.

Children visiting from overseas

A Swindon based language school for children from China and Saudi Arabia has made private fostering referrals for children who come to England to learn English and have stayed for more than four weeks.

The Chernobyl Children's Life Line West Wilts Link is a charity which was formed to help the children of Belarus. The Belarusian people are reported to be suffering more than ever from the legacy of the World's worst nuclear disaster. It is estimated that more than 2 million people in Belarus still live in contaminated areas and have no access to clean food, people still eat contaminated produce. This constant exposure to contamination is reported to reduce children's immune systems' ability to cope with other diseases. It is reported that there are now 140 Links throughout the country who raise funds and bring groups of children to the UK for approximately 4-6 weeks each year. For these children it is believed that a month away from the radiation, eating nourishing food, and breathing clean air may significantly increase their life expectancy, by giving their immune systems a chance to recover. These children are subject to Private Fostering Regulations if they stay with a host family for more than four weeks and the arrangements are monitored and supported by the Private Fostering social worker.

Advocacy



VOICE

Swindon LSCB contributes £28,000 to Voice to provide an advocacy service for children and young people, as part of the wider Swindon Borough Council children's rights service. The Swindon Children's Rights Project has three distinct yet linked elements; Participation, Independent Visitors and Advocacy. The contract was re-tendered this year to include return interviews with young people who have run away from care or home, advocacy for disabled children in need and advocacy for young people subject to child protection procedures from age 7 (in the previous contract the minimum age was 10). The LSCB increased its annual contribution to the contract by £3,000 to support this additional work. Through this service, Swindon LSCB empowers children and young people to ensure that their views are heard and acted upon by decision makers, and helps children and young people as young as 7 years of age to navigate and negotiate the child care system.

The take up of advocacy in child protection is the highest that Voice, an independent national charity, has experienced, due to the unique service that is offered in Swindon. Voice has promoted this method nationally and the Swindon model was referred to in the recent publication 'Independent Advocacy in Child Protection – Guidance for Policy Makers'.

2012/2013 Key Output Data

- 95 children and young people were referred directly to the Swindon office for support at Child Protection Conferences during 2012/13. (In addition the year started with 78 open cases). All were seen by an advocate
- 2 young people subsequently refused the service following an initial meeting with the advocate, where the service was explained to them. If young people initially refuse the service, when the notification for the review conference is received, Voice contacts the social worker to find out if anything has changed for the young people and if they are likely to want advocacy for the review conference. Voice also writes to the young people periodically to remind them about the service and how to access it.
- None of the young people had a change of advocate
- In total 1 686 hours of advocacy support was provided for young people subject to child protection procedures

Service User Feedback

100% of children and young people who completed evaluation forms reported feeling that their voice had been heard and they had been supported in the child protection process.

Young people commented that the most helpful thing about having an advocate was:

'That I had someone to talk to about my problems and that I didn't have to bottle up my thoughts.'

'I think my advocate has helped me more than anyone else because he has listened to me.'

'Not something you want to be on (CP Plan) but the help and support you get have helped a lot.'

Through the advocacy service, the child's voice is being heard, listened to and acted upon, evidenced through child protection plans which reflect concerns or worries and positive views from children and young people. There is evidence through case studies that changes have occurred that have improved safety for children or have led to changes in their family circumstances that have improved their quality of life.

Case Study

A young person was referred November 2012 due to neglect. She lived with her father, who was a single parent. At the conference, dad listened carefully to what the advocate reported from his meeting with the young person and actually took some notes himself of what the young person thought and wanted. He acknowledged that he needed to spend more time with her; make sure she has breakfast and walk her to school. He also agreed to make a plan with the social worker to talk to her about her mother; as a direct result of listening to her views. In preparation for the review meeting, the young person reported to the advocate that she does more fun things with her dad and they plan what to do together. As dad had taken on board the other concerns (i.e. sorting the house, finishing work earlier and ensuring school attendance) the case was closed.



SWINDON ADVOCACY MOVEMENT

Swindon Advocacy Movement (SAM) supports parents with learning difficulties through the child protection process, promoting the parents' views and also helping parents to establish good working relationships with professionals. Swindon LSCB funds 11.5 hours advocacy work per week.

2012/2013 Key Output Data

- SAM received 28 referrals during 2012/2013, 19 new clients and 9 clients who SAM has worked with previously. 7 were self-referrals
- 6 clients had to be signposted to other services/organisations, as SAM did not have the capacity to work with them. Those clients did not have a learning disability and were not going through the child protection process
- There was a waiting list during 2012/2013, which was difficult to manage because of the demand and need for advocacy
- 2 cases which do meet the criteria of having a learning disability and going through child protection are still waiting to be allocated
- Of the 28 referrals, 7 were male and 21 female, 27 were White British and 1 Asian and the age range was between 16 and 66
- SAM is currently working with 12 cases

Service User Feedback

'When things went wrong for me, [advocate] was very supportive she listened to me and said to take one day at a time and gave me options about how to get back on track. She gave me quality time she helped me when I had no money and wrote letters which is very important. I have a moderate learning difficulty so I know that there are many others worse off than me and if we lose this service lots of people would suffer which would mean the children will suffer especially when growing up. There would be lots of mixed up parents which means that their children would suffer. My children have a better quality of life because of the help I have received and they help me realise that life does go on and face things and help cope with what life throws at them. So as a parent of disabled children I know how very important they have been there for me and have been a life saver.'

Case Study

A couple were identified pre-birth; father had a learning disability and was an open case to adult services and mother was borderline learning disability.

Mother engaged with all pre-birth services and father was in full time employment. A family placement in Swindon was identified for a parent assessment to be completed. The couple moved in and a couple of days later the baby arrived early. Support was immediately available at hospital from the placement family. The placement had experience of working with adults with learning disabilities and the approach was one of consistent and appropriate to both the parent's needs.

The parents were both able to engage with their family and network of support during their placement and the father continued to work full time. The assessment was successful, parenting the baby in addition to other vital support and skills learnt within the placement. Couples counselling was sought by the placement family, through which the couple gained very important skills in sharing responsibilities and working out relationship issues along the way. The couple were taught cooking skills, reading skills, budgeting, rotas for chores around the home, keeping a home, and health and safety around the home, whilst still being assessed and engaging with all services.

The outcome of this successful assessment was that the parents left the placement with their baby and moved into their home independently with the support of children's services.

Swindon LSCB Finance Report 2012/2013

	2012-13 Budget	2012-13 Outturn Position	Variance
Expenditure			
Employment Co			
LSCB Posts	146,000.00	141,767.60	-4,232.40
Lay Member expenses	500.00	0.00	-500.00
Child Protection Minuting	20,400.00	20,400.00	0.00
Independent Chair	13,750.00	15,864.20	2,114.20
	180,650.00	178,031.80	-2,618.20
LSCB Projects			
Advocacy - Voice	25,000.00	25,000.00	0.00
Advocacy - SAM	10,800.00	10,700.00	-100.00
Missing & Runaways	750.00	458.20	-291.80
	36,550.00	36,158.20	-391.80
Multi-Agency Training			
Training Programme	10,000.00	20,514.67	10,514.67
Events & Conferences	6,000.00	3,174.78	-2,825.22
	16,000.00	23,689.45	7,689.45
Delivery of Statutory Agenda			
South West CP Procedures	3,500.00	2,173.68	-1,326.32
Awareness & Engagement	500.00	382.64	-117.36
	4,000.00	2,556.32	-1,443.68
Serious Case Reviews			
SCR contingency	25,000.00	0.00	-25,000.00
	25,000.00	0.00	-25,000.00
Business Support			
Staff & Member Development	500.00	662.00	162.00
General Supplies	200.00	63.83	-136.17
Design & Printing	1,500.00	1,221.39	-278.61
Hospitality	400.00	426.95	26.95
Business Support to LSB	5,000.00	476.44	-4,523.56
	7,600.00	2,850.61	-4,749.39
Total Expenditure	269,800.00	243,286.38	-26,513.62

	2012-13 Budget	2012-13 Outturn Position	Variance
Funding			
Annual Contributions			
PCT	-49,778.00	-44,103.00	5,675.00
GWH	-20,000.00	-17,725.00	2,275.00
Police	-14,067.00	-12,467.00	1,600.00
Probation	-5,150.00	-4,575.00	575.00
CAFCASS	-500.00	-450.00	50.00
	-89,495.00	-79,320.00	10,175.00
Local Authority Budget Allocation			
Local Authority	-126,000.00	-111,200.00	14,800.00
Local Authority Child Death post	-4,000.00	-4,000.00	0.00
Swindon Early Years Training	-4,000.00	-4,000.00	0.00
	-134,000.00	-119,200.00	14,800.00
Training Income			
Course Income	-11,500.00	-21,680.50	-10,180.50
Events & Conferences	-2,500.00	-2,185.00	315.00
	-14,000.00	-23,865.50	-9,865.50
Total Funding	-237,495.00	-222,385.50	15,109.50
Total Balance			
	32,305.00	20,900.88	-11,404.12

	2012-13 Budget	2012-13 Outturn Position
Prior Years Underspend Balance	103,208.52	103,208.52
Funding required to support in year budget	-32,305.00	-20,900.88
Remaining Underspend Balance	70,903.52	82,307.64

The LSCB will be required to use £22,000 of its reserves to support the 2013/14 budget and a proportion of its reserves to support the annual budget going forward. As this continues, the amount in reserves will reduce over time.

Swindon LSCB Strategic Business Plan 2013/14

PRIORITY AREA ONE: EFFECTIVE RESPONSES TO SPECIFIC SAFEGUARDING CONCERNS			
Outcome for 2013-2014	MILESTONES	LEAD/SUBGROUP / AGENCY	Date for completion and evidence
Detailed strategies and comprehensive approaches to Child Sexual Exploitation and Domestic Abuse that keeps children and young people safe and promote effective intervention with those who are at risk.	1.1 A clear understanding of Child Sexual Exploitation in Swindon is informed by the LSCB Sexual Exploitation Annual Needs Analysis and recommendations are implemented via the Sexual Exploitation & Runaways action plan	Sexual Exploitation & Runaways Sub Group	September 2013. Needs analysis findings reported to the LSCB
	1.2 Inter-agency policies support and processes support the effective identification, assessment and intervention on the broad themes of Prepare, Protect, Prevent and Pursue/Prosecute and at a level appropriate to the needs of children and young people	All/ Sexual Exploitation & Runaways Sub Group/ Policies & Procedures Sub Group	March 2014
	1.3 The LSCB understands the synergy between the LSCB and LSAB and how the principles of See the Adult See the Child and the Community Safety Partnership are embedded to safeguard children at risk of harm from Sexual Exploitation and Domestic Abuse, as evidenced through audit.	LSCB/Chair	September 2013
	1.4 Systems are in place i.e. Sexual Exploitation Needs Analysis and Children & Young People Domestic Abuse Needs Assessment, for monitoring and evaluating the effectiveness of multi-agency responses to Sexual Exploitation and Domestic Abuse.	Sexual Exploitation & Runaways Sub Group/ Domestic Violence Steering Group/Quality Assurance Sub Group	June 2013
	1.5 The Early Support Hub has clear information sharing protocols and provides a forum to effectively share information and intelligence on Sexual Exploitation and Domestic Abuse as evidenced through file audit.	Service Director, Head of Children, Young People & Families	March 2014
	1.6 Training is planned and delivered which meets the needs for knowledge and skills of staff working with children and young people at risk of Sexual Exploitation and Domestic Abuse so they are suitably skilled to intervene effectively as evidenced through the training evaluation framework.	Training & Safe Workforce Sub Group/ Domestic Violence Steering Group	March 2014

Swindon LSCB Strategic Business Plan 2013/14

PRIORITY AREA TWO: EFFECTIVE EARLY INTERVENTION AND SAFEGUARDING			
Outcome for 2013-2014	MILESTONES	LEAD/SUBGROUP / AGENCY	Date for completion and evidence
The LSCB can demonstrate that children and young people in Swindon receive effective early intervention that meets a range of needs in different communities.	2.1 The LSCB agrees an early help statement which understands the role for the Children's Trust and Sub Groups	LSCB	June 2013
	2.2 The LSCB has a clear understanding of how agencies identify safeguarding risks and how they work together to build services around children and families through audit and reports to the Performance Sub Group	LSCB	April 2013
	2.3 The LSCB has a clear understanding of 'the journey of a child' and challenges the way agencies work together through different journeys of children with differing needs, through audit and learning from the SCIE Model.	LSCB	April 2013
	2.4 The LSCB understands where the gaps are in service provision at all levels of need, manages them as a risk and challenges those agencies involved.	SCB/Quality Assurance Sub Group/Performance Sub Group	March 2014
	2.5 The LSCB ensures that the Early Support Hub and Single Assessment Process is established so referrals and responses for children with all types of need are effective and consistent	LSCB/Service Director, Head of Children, Young People & Families	March 2014
	2.6 The LSCB policies, procedures and training support development of knowledge and confidence to assess and manage risk at all levels of intervention, evidenced through the training evaluation framework and learning events.	LSCB/Training & Safe Workforce Sub Group/ Policies & Procedures Sub Group	March 2014

Swindon LSCB Strategic Business Plan 2013/14

PRIORITY AREA THREE: COMMUNICATION AND ENGAGEMENT			
Outcome for 2013-2014	MILESTONES	LEAD/SUBGROUP / AGENCY	Date for completion and evidence
The LSCB and partner agencies communicate effectively with children and young people; their families; the community (including different sections of the Community); and staff at all levels from partners agencies.	3.1 On-going engagement with children and young people, involved with acute safeguarding services and general services (schools, Junior Good Citizen); their inclusion in different LSCB activities; the LSCB takes advantage of different opportunities to communicate.	School and Early Years Safeguarding Advisers/ E-Safety Sub Group/ Disabled Children Sub Group	March 2014
	3.2 Systems that allow for effective communication within the LSCB and between LSCB subgroups and the Children's Trust Board through sharing of information in meetings with Children's Trust Board Chair and coordination of agendas four times per year.	LSCB Business Manager	March 2014
	3.3 The LSCB is represented and creates clear links on all multi-agency partnerships where safeguarding is a focus of their work e.g. Early Hub, Domestic Abuse Steering Group and Sexual Violence Strategy Group; Health and Wellbeing Board; Adults' Safeguarding Board evidenced through minutes of those meetings and identification of areas of joint work.	Chair	March 2014
	3.4 Engagement with parents around specific safeguarding issues	E-Safety Sub Group/ Quality Assurance Sub Group	March 2014
	3.5 The LSCB communicates with the local workforce and community to raise awareness of safeguarding issues, through the LSCB website, Annual Conference, Annual Report, community partnerships and directly with public.	LSCB/Training & Safe Workforce Sub Group/ Engagement & Awareness Sub Group	March 2014

Swindon LSCB Strategic Business Plan 2013/14

PRIORITY AREA FOUR: PERFORMANCE MANAGEMENT			
Outcome for 2013-2014	MILESTONES	LEAD/SUBGROUP / AGENCY	Date for completion and evidence
The LSCB has a performance management framework which promotes different ways of knowing and learning about the effectiveness of early intervention for and safeguarding of children and young people in Swindon.	4.1 The LSCB supports the establishment of a performance Sub Group with each agency reporting, based on data: Three strengths, three risks and mitigating actions against effectiveness of early help and safeguarding. These are recorded at each LSCB meeting.	Performance Sub Group	April 2013
	4.2 Regular programmes of quality audits, which include interviews with practitioners and support an understanding of the child's journey, are used by the LSCB to challenge practice and make recommendations to improve and are discussed and improvement actions agreed at LSCB.	QA Sub Group	March 2014
	4.3 The LSCB receives regular 'health check' reports from each agency represented on the board (that include vacancy, turnover) and identifies areas of improvement if required.	Performance Sub Group	March 2014
	4.4 The LSCB supports an audit and review methodology that promotes learning, and encompasses the perspective of the child and the family as well as the practitioner. Findings of audits are reported to each relevant LSCB Sub Group to ensure learning and improvement in practice and outcomes for children.	Performance Sub Group/ QA Sub Group	March 2014
The LSCB performance management framework supports and promotes effective challenge by the LSCB so that early intervention and safeguarding improve	4.5 Regular high level reporting to LSCB for scrutiny and feedback with a focus on what board members can do to improve/change practice. To include learning from; SCIE methodology, Section 11, single agency audits.	Performance/QA Sub Group/LSCB	March 2014

Appendix I

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 Referral Team

Tel: 01793 466903

Emergency Duty Service

Tel: 01793 436699

Police Child Abuse Investigation Team

Tel: 101

In emergency, please call 999

Allegations against staff and volunteers

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

LADO

Tel: 01793 466849

Child abuse on the web

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

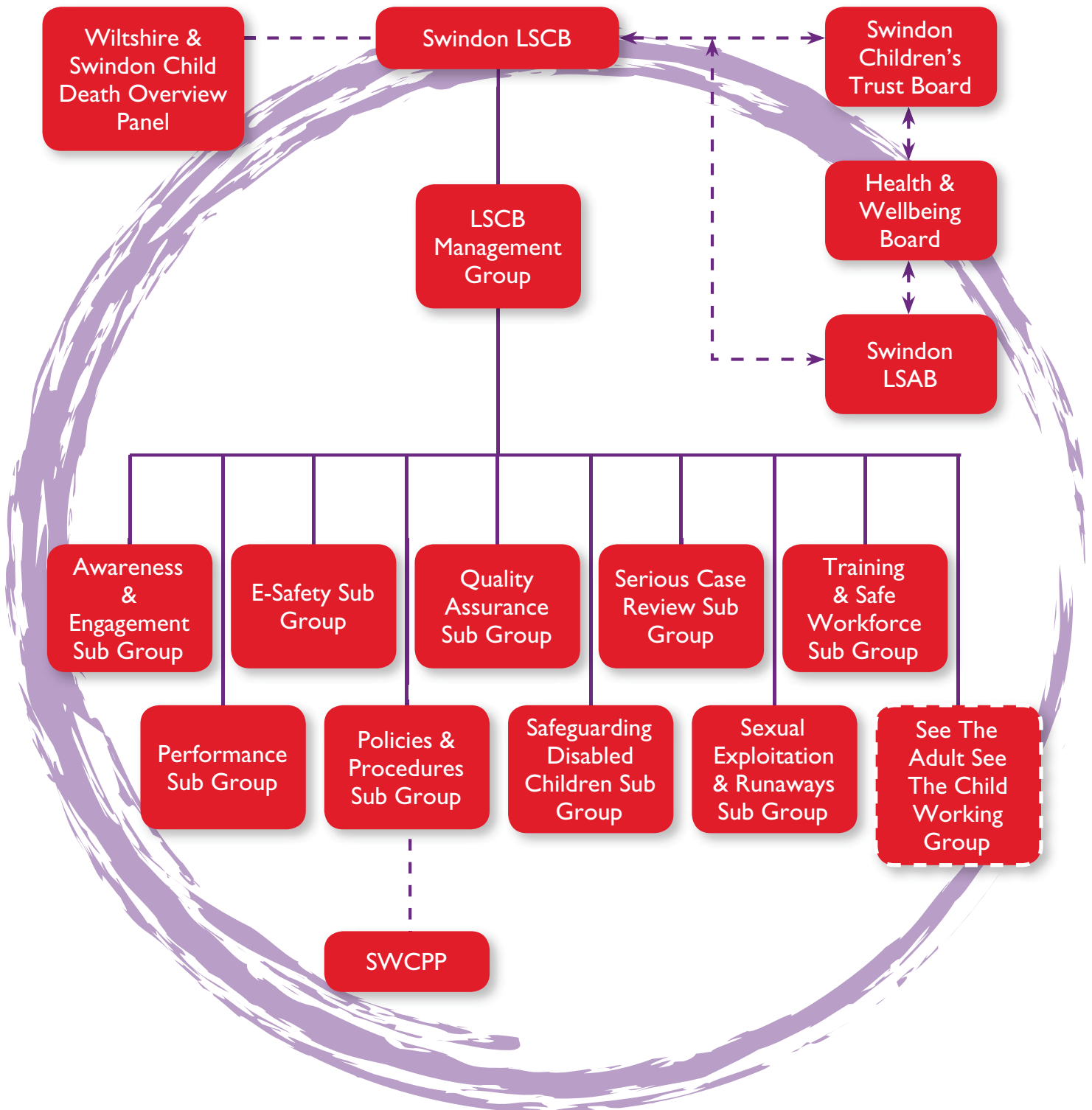
www.ceop.gov.uk

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

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

Appendix 2

Swindon Local Safeguarding Children Board Structure 2013



Appendix 3

Swindon LSCB Attendance Register - Board meetings 2012/13

Agency	Representative	June	Sept	Dec	Mar
Adult Services	Doug Bale	√	√	√	√
AWP	Mark Dean/Pippa Lucas/Thomas Kearney	√	√	√	√
CAFCASS	Deborah Murphy	DNA	Apols	Apols	√
Designated Doctor	Janet King	√	√	√	√
Designated Nurse	Adina Grace/Helen Chrystal/Stephanie Bailey	√	√	√	√
Disabled Children Sub Group	Mark Green			Apols	√
E-Safety Sub Group	Huw Ford	√	√	Apols	√
Early Years	Caron Lubin/Jane Greening	√	√	√	Apols
GP Lead for Safeguarding	Peter Mack			√	Apols
GW Ambulance Service	Sue Smith/Liam Williams/Stephen Arnold	Apols	DNA	√	Apols
GWH NHS Foundation Trust	Sue Rowley/Rob Nicols/Hilary Walker	√	√	√	√
Lay Member	Lyn Davis/Michael Wadley	√	√	√	√
NHS Glos & Swindon Cluster	Jill Crook/Helen Chrystal	√	√	√	√
NSPCC	Ingrid Anson/Jeanette Chipping	√	√	√	√
Oxford Health NHS	Donna Clarke	√	√	√	√
Pharmacies	Toni Lloyd	DNA	√	√	
Public Health	Cherry Jones	√	Apols	√	Apols
SBC - Children & Families	Sara Tough	√	√	√	√
SBC - DV Co-ordinator	Lin Williams	Apols	DNA	√	Apols
SBC - Group Director, Children, DCS	John Gilbert	√	Apols	√	√
SBC - Head of Safeguarding	Lucy Young	√	√	√	√
SBC - Housing, Libraries & Leisure	Mike Ash/Nick Kemmett	√	√	√	√
SBC - Commissioning - Economy & Attainment	Paddy Bradley	√	Apols	√	Apols
SBC - Commissionin - Children & Adults	Sue Wald	√	√	√	√
SBC - Public Protection & Streetsmart	Phil Thomas			√	√
SBC - Cabinet Member	David Renard	√	√	√	Apols
Schools - Primary	Sue Kershaw	√	√	Apols	√
Schools - Secondary	Wendy Conaghan	√	√	√	√
Schools - Special	Kathie Bryan	√	√	√	√
Strategic Health Authority	Mandy Cox/Ian Tucker	Apols	√	Apols	
Swindon Colleges	Amanda Burnside/Duncan Webster/ Dave Corcoran	√	√	√	√
Voluntary Sector	Stephanie Hathaway	√	Apols	√	√
Wiltshire Fire Service	Yasmine Ellis	Apols	√	√	√
Wiltshire Police	Kier Pritchard/Sarah Bodell/Jerry Dawson	√	√	√	√
Wiltshire Probation	Lynne Wootton/Amanda Murray/Liz Rijnenberg/Liz Hickey	DNA	√	√	√
Youth Offending Team	Kevin Leaning	Apols	Apols	√	√

Appendix 4

Risks Management

Risk	Impact	Sts	What it will take to overcome this risk, timescales and owner
Change in definition of 'missing children', particularly the change that missing from care is changed to absent from care	Children will be absent from care and potentially at risk as they are not activity looked for by the Police	Mediium	Review of missing children protocol by social care and Police (Catherine C), Monitoring of impact by looked after children's services in the LA (Terry Scragg) by mid June 2013
Increase in child in need / protection activity and potential impact of welfare reform/court process to further increase activity. This leads onto capacity issues amongst front line staff to be able to respond	Increase in volume of work for children's social care and potential delay in access to services	Medium	Monitoring of impact by children's referral and Assessment team and impact of court process (Frances M) – end of July 2013
Increase in the number of days from child protection investigation to first child protection conference. from 16 to 18 days (national target in Working Together is 15 days). Delays in distribution in child protection minutes and plans	Delay in establishing a good child protection plans for children suffering abuse and neglect and risk of further harm. Lack of clarity over risk and delay in implementation of plan	High	Action Plan to set out meeting 15 day requirements, facilities, minute distribution (Lucy Young-May 2013
Low number of common assessment and team around the child whilst referrals accepted are also low and this could indicate that there are some children with additional needs who are not being identified and not receiving an assessment and service	Delay in identifying the needs of children with additional needs and lack of support of early help resulting in poor outcomes for children	High	Action plan in place to address quality issues in common assessment. New early Support Plan and training piloted with roll out from November 2013 (Louise Campion)

Appendix 5

Breakdown of LSCB Training courses & delegates 01.04.12 - 31.03.13

	Allegations	Conf & Core	CP Awareness	CP Advanced	CP Update	Disabled Children	Domest Abuse Awareness	Domestic Abuse Advanced	Facebook & E-safety	Foundation Plus	Neglect	Safer Recruitment	Safer Update	Sexually Harmful Behaviour	Sexual Exploitation
Number of courses	3	4	8	6	8	1	2	2	4	6	2	5	3	1	2
Take-up overall	45	52	176	133	161	13	23	24	58	137	48	115	51	18	33
By Agency															
Capita	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Charities	1	3	14	1	1	0	0	0	3	11	0	8	0	1	0
Children & Families	0	18	28	23	25	8	10	14	21	31	20	4	3	10	26
Church/Faith Groups	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0
Early Years	16	15	49	35	38	2	8	2	2	41	7	31	13	1	0
NHS Foundation Trust	0	0	2	17	3	0	0	0	0	5	0	29	1	0	1
Other	0	0	17	1	1	0	0	1	2	10	0	0	0	2	0
Police	0	0	1	2	8	0	0	0	2	0	1	0	0	2	2
Probation	0	2	0	1	7	0	0	0	0	0	0	0	0	0	0
SBC	0	0	10	1	4	1	0	3	6	0	4	0	0	0	2
Schools/FE	26	9	19	51	67	1	4	1	20	34	13	40	34	0	2
Self Employed	0	0	5	0	2	0	0	0	0	0	0	1	0	0	0
Seqol	0	0	6	0	1	0	0	0	0	0	0	0	0	0	0
Vol Sector	2	4	22	1	1	0	0	3	1	5	2	2	0	0	0
YOT	0	1	0	0	3	1	1	0	1	0	1	0	0	2	0

Appendix 6

SWINDON LOCAL SAFEGUARDING CHILDREN BOARD NEWSBYTE ISSUE 4: JANUARY 2013



LSCB ANNUAL CONFERENCE, 26th SEPTEMBER 2012 'YOUNG PEOPLE AT RISK'

Speakers were Dr Susannah Bowyer, Research in Practice; Milly Carmichael, MO Training & Consultancy; Damian Griffiths, Independent Consultant; and Simon Moreton, Thames Valley Police.

Delegates were given an insight into the views of children and young people through performances by a group of Swindon's young people in care and The Commonweal School, as well as a DVD produced by Holy Rood Junior School.

Comments on the day included: *'Very good – mixed day including hearing from young people and hearing of their own experiences'* *'Amazing day. Some very moving, thought provoking sessions that make you realise how difficult life can be for our adolescents'*

[Conference presentations](#) from the day are available here

DISCLOSURE & BARRING

As part of the Government's review of the Vetting and Barring Scheme, a new scaled back employment scheme has been introduced from 10 September 2012, along with a reform of the criminal record checking regime. The leaflet [Changes to disclosures and barring: What you need to know](#) explains the changes.

SEE THE ADULT, SEE THE CHILD (STASTC)

The first meeting of the LSCB See The Adult See The Child Working Group took place in November 2012, with representatives from a range of organisations and agencies. The group has been developed to further implement the STASTC protocol in Swindon across children's and adults' services.

An action from the first meeting is the establishment of regular Practitioner Workshops which will bring practitioners together to discuss case studies and will provide an opportunity for practitioners to share good practice and learn from colleagues in other agencies.

The first workshop will be jointly facilitated by the NSPCC and Inclusion and will focus on parental substance misuse. It will be held at the Civic Campus on **5th February 1.30pm – 3.00pm**. This is a **free** event open to all practitioners working with children, young people and families. To book, please click on the following link:

[STASTC Workshop](#)

For more information about the workshop for any questions about STASTC, please contact Catherine Clark on 01793 465830 or cclark@swindon.gov.uk



SAFER INTERNET DAY

Safer Internet Day promotes safe and responsible use of online technology amongst children and young people across the world.

The 10th edition of the event, will take place on **Tuesday 5 February**. The theme for the day is 'Online rights and responsibilities', when users will be encouraged to 'Connect with respect'.

For further information, please click here: [Safer Internet Day](#)

CHILD SEXUAL EXPLOITATION

Swindon LSCB carried out its second annual Sexual Exploitation Needs Assessment in May 2012. The report detailing the findings from the audit was presented, with recommendations, to the board in September. A copy of the report can be found on the LSCB website under the following link: [Sexual Exploitation Report 2012](#)

justWhistle

The LSCB is continuing to commission JustWhistle, a national organisation committed to stop child sexual exploitation, to deliver training courses designed to equip practitioners to effectively recognise and respond to exploitation and support the children and young people they work with.

Click here for: [LSCB Training Information](#)

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 www.swindonlscb.org.uk lscb@swindon.gov.uk

Appendix 7

SWINDON LOCAL SAFEGUARDING CHILDREN BOARD TRAINING NEWSBYTE: NOVEMBER 2012



Swindon LSCB continues to offer a varied and comprehensive safeguarding training programme for all individuals who work with children or their carers in the statutory, voluntary and independent sectors. The LSCB training programme is underpinned by an ethos which values working together collaboratively across agencies, respecting diversity, promoting equality, is child centred and promotes the participation of children, young people and families in the process.

Each training course is run with an appropriate mix of professions, rather than on a first come first served basis, to ensure that it is truly multi agency. Courses and learning events are arranged throughout the year and these will be updated on the LSCB website and advertised through the Training Newsbyte. For the full list of LSCB courses available in 2012/13 please visit www.swindonlscb.org.uk or contact Christine Mister on 01793 463803

Focus on: Domestic Abuse

Swindon LSCB offers two training sessions on the subject of Domestic Abuse. The Awareness and Advanced training is delivered by Swindon Women's Aid which is part of the national charity working to end domestic violence against women and children. This training has been incredibly well received with one participant commenting, *"I don't know when I have been on a better child protection training course."* Booking is now taking place for the next courses in March 2013

HURRY! Courses with limited places available

Course Title	Information	Dates
Managing Allegations	For Working Together Group(s) 4-8. The aim of this one day course is to explore and develop the new roles for managing allegations and to gain a better understanding of these responsibilities.	5 th Dec 2012
Conference & Core Group	This one day course has been designed to provide knowledge and skills in preparing for and making positive contributions to Child Protection Conferences and Core Groups.	12 th Dec 2012
Safer Recruitment	For Working Together Group(s) 4-8, this one day course is designed to help managers fulfil their responsibilities in the recruitment of staff.	16 th Jan 2013
Safer Recruit Update	For Working Together Group(s) 4-8, this half day course is for managers who have attended safer recruitment training and need an update.	30 th Jan 2013
Neglect	The aim of this one day course is to increase participant's knowledge and skills in working effectively with neglect.	26 th Feb 2013
Child Sexual Exploitation (CSE)	For Working Together Groups 2-8. This one day course is delivered by Just Whistle , the first social enterprise dedicated to stopping child sexual abuse. This course is relevant for those with responsibilities for preventing or investigating child sexual exploitation.	6 th Mar 2013
Domestic Abuse (DA) Awareness	This one day course is delivered by Swindon Women's Aid and provides and awareness of the relationship between DA and child abuse.	4 th Mar 2013
Domestic Abuse (DA) Advanced	Working Together Group(s) 2-8. This one day course is delivered by Swindon Women's Aid and is designed to enable participants to recognise the impact on children living with a DA situation and the importance of a multi-agency approach to working families	5 th Mar 2013

Feedback

The quality, range and accessibility of safeguarding training is something of which Swindon LSCB is justly proud. Comments received from recent training include:

"This helped me understand organisational procedures and given me ideas to improve them. Safer Recruitment April 2012"

"I thoroughly enjoyed the course. It will help me write a clear policy for my setting"
Facebook & E-Safety May 2012

We are always keen to find out how our training has impacted on your practice. If you have any comments or would like more information please get in touch.

Glossary

CAFCASS	Children and Family Court Advisory and Support Service, a public body set up to safeguard and promote the welfare of children involved in family court proceedings. It was formed on 1 April 2001 under the provisions of the Criminal Justice and Court Services Act 2000 and is accountable to Parliament through the Department for Education. CAFCASS is independent of the courts, social services, education and health authorities and all similar agencies
CDOP	Child Death Overview Panel, which reviews each death of a child normally resident in the LSCB's area and aims to understand the reason why a child has died
Independent Safeguarding Authority	Independent Safeguarding Authority (ISA) was a public body, that existed until 1 December 2012, when it merged with the Criminal Records Bureau (CRB) to form the Disclosure and Barring Service (DBS), a non-departmental public body, responsible for barring individuals and completing criminal record checks
Intimate Care	Intimate care is any care which involves washing, touching or carrying out an invasive procedure to intimate personal areas
LADO	Local Authority Designated Officer, responsible for overseeing the management of allegations against staff and volunteers working with children and young people
Lay member	An LSCB member who does not represent an organisation or professional body, but whose role is to promote greater community engagement and representation
Ofsted	Office for Standards in Education, Children's Services and Skills, the non-ministerial government department of Her Majesty's Chief Inspector of Schools In England (HMCI)
SAM	Swindon Advocacy Movement, a user-led independent advocacy service for people with a learning disability and High Functioning Autism and Aspergers in Swindon
SCIE	The Social Care Institute for Excellence, an independent charity working with adults, families and children's social care and social work services across the UK to gather and analyse knowledge about what works and translate that knowledge into practical resources, learning materials and services including training and consultancy
Serious Case Review	A detailed review of any case where children have died or received a life-threatening injury due to abuse or neglect, conducted by the LSCB in accordance with central government guidance contained in Working Together to Safeguard Children 2013
Voice	An independent national charity, founded in 1975, committed to empowering children and young people in care and in need and campaigning for lasting change to improve their lives
Warner-style interviews	Interviews developed to explore a candidate's motives for working with children and young people, their values and behaviours, emotional resilience, ability to cope with stress, deal with anger and to form appropriate professional relationships and maintain boundaries
Working Together	Government guidance that sets out how organisations and individuals should work together to safeguard and promote the welfare of children and how practitioners should conduct the assessment of children





This information is available on the internet at www.swindonlscb.org.uk. It can be produced in a range of languages and formats (such as large print, Braille or other accessible formats) by contacting the Customer Services Department.

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Safeguarding Adults At Risk in Swindon Annual Report 2012 - 2013



Avon and Wiltshire **NHS**
Mental Health Partnership NHS Trust



NHS
Swindon

 **SWINDON**
BOROUGH COUNCIL

Keeping Swindon **Safe**

Wiltshire
Probation



DRAFT

Safeguarding Adults at Risk in Swindon Annual Report April 2012 March 2013

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- *Please note, any names or initials referring to alleged victims used in case studies within this report are fictitious*

DRAFT



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FOREWORD

We are pleased to present the annual report of Swindon's Safeguarding Adults Board which covers the period from April 1st 2012 to March 31st 2013.

The report describes how the Board's agencies, both jointly and independently, work to ensure the safety of those adults within the Borough who are deemed to be most at risk of harm through the actions of other people. It contains statistical breakdowns which show the number, type, source and demography of safeguarding referrals, and the outcomes of the subsequent investigations.

The report emphasises the increase in the number of referrals received from last year- 406 compared to 293; a 40% rise in line with the experiences of other local authorities. There is undoubtedly a greater awareness of adult safeguarding heightened by the national outrage arising from the reports into the Winterbourne View scandal in August 2012 and the publication, in February 2013, of the Francis report into the Mid-Staffordshire hospital deaths.

The Board convened an extra-ordinary meeting to consider the recommendations from the Winterbourne View Serious Case Review. The report gives more detail of our action plan and subsequent monitoring programme on pages 21 and 22. The Board also considered the local response to the Francis report and its implications for Swindon's care providers and commissioners. Agency plans are still under development and will feature in next year's report.

The Department of Health has now given the responsibility to the new Health and Wellbeing Board to oversee all aspects of the Winterbourne View action plan. The need to formalise the working relationships between the Boards has prompted discussions between the LSAB chair and the Leader of the council (who chairs the Health and Wellbeing Board). These discussions will continue during 2013.

Collaboration between partner agencies is a key theme of Swindon's safeguarding activity. Whilst the statistics are important to gauge performance, the case studies throughout the report show that safeguarding is all about making a positive difference to people's lives. It is important to

stress that any remedial action must involve the adult concerned and achieve their desired outcome.

So the emphasis is rightly upon the 'voice of the user'. In last year's report mention was made of the Service User Forum which was still in its infancy. Over the past year, the Forum has met regularly, discussed a variety of safeguarding topics and is now looking to expand its membership. It now has its own independent chair who became a Board member in February.

Another developing area of partnership is with other Safeguarding Boards. Swindon and Wiltshire LSABs have a joint training sub-group and both Boards work together to update policies and have reformed a combined policy and procedures group. The Board works with the Local Safeguarding Children Board to promote awareness of safeguarding issues across Swindon. This will continue in 2013/14 through the first joint safeguarding conference and the re-launch of the 'See the Adult, See the Child' protocol.

Section 6 outlines the priorities and challenges facing the Board for 2013/14. The new Care Bill will make the Board a statutory body. The priorities reflect the new demands and requirements for the Board under this legislation. Other priorities include increasing further the involvement of individuals involved in safeguarding, responding to neglect, and improving the quality and availability of training. The Board also needs the flexibility and capacity to consider our response to national events.

We are confident that the response to Winterbourne View and the local partnership work as exemplified by the case studies, show that Board members, both individually and collectively, are committed to ensuring the safety and well-being of those adults at risk of harm who live in Swindon.



Michael Howard
Independent Chair
of the LSAB



Brian Mattock
Cabinet Member for Health and Adult
Social Care

SECTION 1

Safeguarding Adults at Risk in Swindon Annual Report 2012/13

Introduction:

Over the past year safeguarding adults at risk has gained a great deal of attention locally and nationally particularly with events previously reported at Winterbourne View and more recently with the publication of the Francis report (issues that will be referred to later on in this report). The draft Care and Support Bill was also published recently informing the Swindon Local Safeguarding Adults Board (LSAB) of development actions required over the coming few years. Locally there has been a great deal of work developing the LSAB and perhaps gives an indication of the importance key agencies place on adult safeguarding.

As the Government Policy confirmed that *No Secrets (Department of Health 2000)* will stay a statutory guidance until at least 2014 so the definition used by the LSAB and within the policy and procedures used remains unchanged:

An Adult at Risk is someone who is 18 years or over who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.

Working closely with the police and other health colleagues, alerts of alleged adult abuse are managed in the main by SEQOL, the social enterprise providing care and support that was previously provided by the Council and NHS Swindon. For people who are mentally unwell, the Avon and Wiltshire Mental Health Partnership NHS Trust fulfils this role. The work is overseen by the LSAB. As previously reported in the annual report for 2011/12, there has been considerable work on updating the policy and procedures to take into account the principles outlined in the Government Policy on safeguarding adults:

- **Empowerment** - Presumption of person led decisions and informed consent.
- **Protection** - Support and representation for those in greatest need.
- **Prevention** - It is better to take action before harm occurs.
- **Proportionality** – Proportionate and least intrusive response appropriate to the risk presented.
- **Partnership** - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- **Accountability** - Accountability and transparency in delivering safeguarding

Statement of Government Policy on Adult Safeguarding May 2011&13

According to the 2011 Census Swindon had a population of 209,159; of those 28,854 people were aged 65 years or more (13.8%), including 13,694 aged 75 years or more (6.5%). Fewer than 5,400 people were receiving services from adult social care in 2012/13 broken down into client groups as follows:

Clients	Age Band 18 - 64		Age Band 65 & Over	
	Female	Male	Female	Male
Physical Disability	414	306	1,911	939
Mental Health Need	347	356	313	164
Learning Disability	245	307	39	37
Total of Clients	1,006	969	2,263	1,140

The Borough of Swindon is largely urban with small pockets of rural areas. Within Swindon there are some deprived areas which can also impact of levels of vulnerability for some of those living there. In 2012 again there was a drop of 5% in the number of reported crimes in Swindon and Wiltshire. The number of reported crimes in Swindon fell from 19,953 in 2011/12 to 18,483 in 2012/13. Overall Swindon is considered to be a safe place to live and Wiltshire has one of the lowest crime rates in the Country. There is still a good level of community involvement in many areas of the town and the Council and its partners are keen to promote and develop this, recognising the importance of supporting communities helping people make a positive contribution at a local level under the “One Swindon” project.

The LSAB is aware of how the profile of safeguarding has impacted in many areas of the work and is reflected in the significant increase in alerts and presents a challenge to the agencies working in the field of safeguarding. Under reporting has been a long standing concern of groups like Action On Elder Abuse but the Board need to be assured that the increase in alerts is due to the increased profile and improved awareness rather than an increase in abuse taking place in the first place. The LSAB continues to be committed to improving the lives of all adults deemed at risk in Swindon and is keen to take action that not only ensures safeguarding processes and investigations take place, but measures are in place to prevent abuse and minimise harm for those at risk.

This annual report includes:

- Information on activity and data collected throughout the year about cases alerted and investigated under Safeguarding Adults at Risk procedures;
- An outline of the progress made in addressing the priorities from the Annual Report 2011/12 particularly with the development of the Board and the formulation of an action plan following the publication of the Winterbourne View Serious Case review last summer;
- Submissions from key partner agencies and members of the LSAB ; and
- An overview of the priorities for 2013/14 and news of other local, regional and national initiatives.

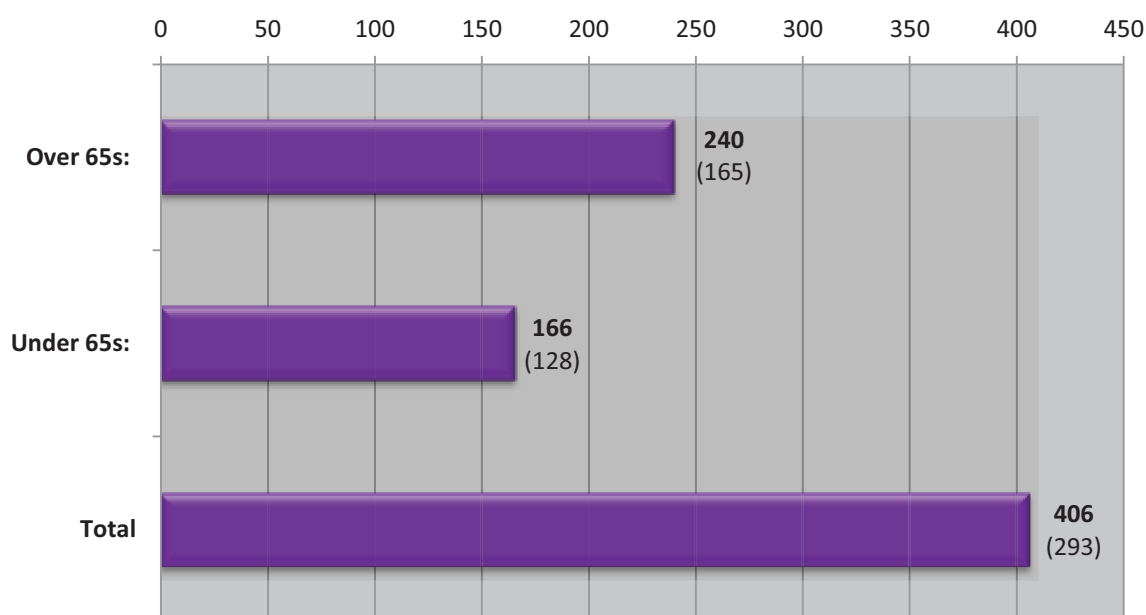
SECTION 2

Activity Data 2012 – 2013

(Where included, the figures in brackets relate to data in last year's annual report).

The following data has been collated by the Adult Safeguarding Manager using information provided by teams managing individual cases. The information is based upon the National Health Service Information Centre requirements and requests in previous years for specific data from board members and other interested parties.

Figure 1: Total number of referrals received



There has been a significant increase over the last year in the number of alerts being reported to adult services for further investigation. There has been a 40% increase since March 2012, this is possibly due to improved awareness and reporting practices. Other local authorities in the South West have reported sizeable increases over the past 2 years. Some suggesting similar increases as those experienced in Swindon and some reporting a 100% increase. The national attention given to safeguarding particularly following the Winterbourne View Scandal and the Frances report on care in Mid Staffordshire Hospital Trust is believed to have led to increased awareness and reporting, leading to the increased alert rates rather than an indication that there is an increase in the amount of abuse taking place.

Of the 412 cases recorded, 110 cases required no further action after the initial stage and 15 cases required other action (for example sign posting or a referral to another process more appropriate for the individual) but did not require action under the safeguarding procedures.

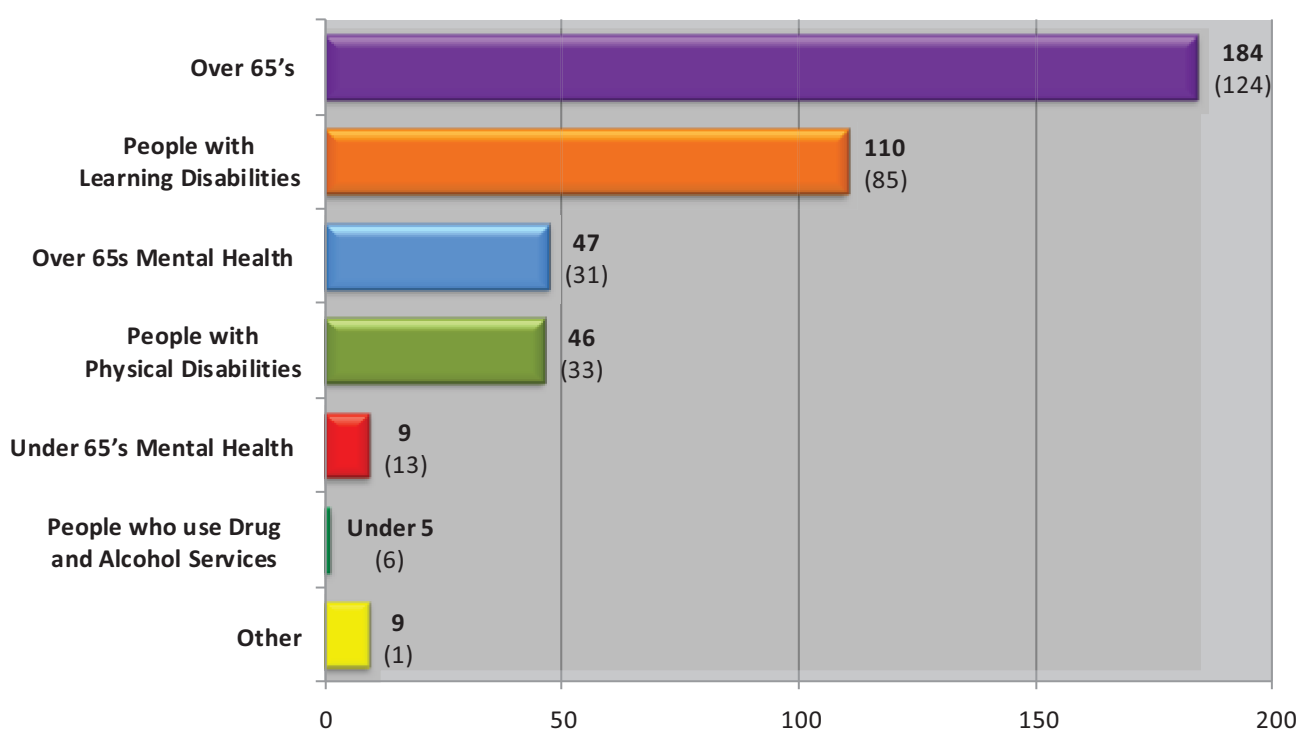
Teams are generally providing information on the cases they are not progressing under safeguarding procedures which could account for this increase, however there are times when alerts are received that do not require any action under safeguarding adults. For example, a minor drug error in a residential home, an argument between two service users where neither suffered significant harm.

Case Example

An alert was received from the ambulance service following their attendance at a service users' home where she had had a fall. They were worried that she may not be coping as she had accumulated a lot of old newspapers and "rubbish" in her house. A safeguarding alert was submitted. While action was required by adult services to make contact with the woman to see if she wanted support, no action was required under the safeguarding adult procedures as no abuse was alleged.

It is important to continue to monitor such cases. For example an incident that may initially be considered not to be serious for a response under the procedures, may be considered more serious if it reoccurs. Or it could transpire that a minor issue was affecting a number of vulnerable adults and determining this at an early stage could indicate a need for a multi-agency response to intervene to avoid more serious harm taking place. If it is evident that there are a number of frivolous alerts coming from a specific service, training may be required to improve awareness of appropriate alerting.

Figure 2: Breakdown by service user groups



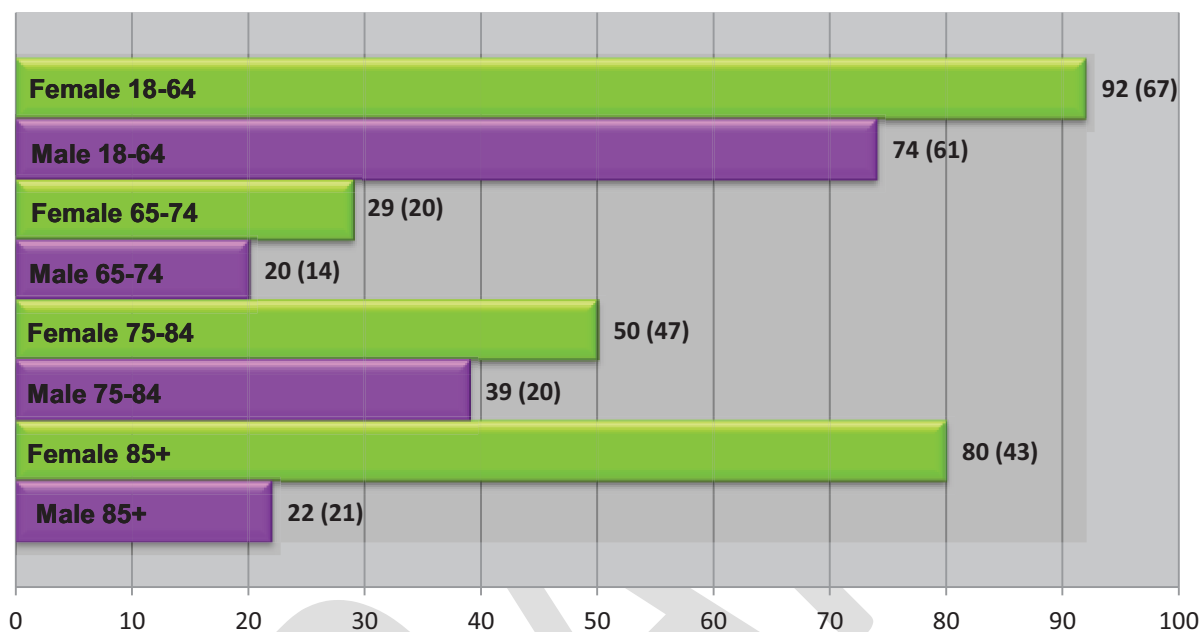
NB: Included in the figures above, there were 58 people recorded as living with dementia.

The number of cases managed by the teams working with people of working age within the Mental Health Trust has continued to decrease. Although there is a closer working relationship with these teams, there are still concerns that people with mental health issues either are not aware of the processes available or do not trust the process. Staff still need to be vigilant about safeguarding and need to know how and where to report allegations of abuse or where other processes are more appropriate for their service user.

There has been a 27% increase in the number of alerts concerning people with learning disabilities. Many of these are within care services and 30% needed no action under the safeguarding procedures. In previous years this percentage was much lower, which

may indicate that service providers are anxious to report incidents even though they may be minor concerns that need in-house action or incident reporting under Health and Safety regulations. There is no evidence to suggest that the increase in cases or the number of reported alerts regarding people with learning disabilities signifies an increase in incidents of abuse.

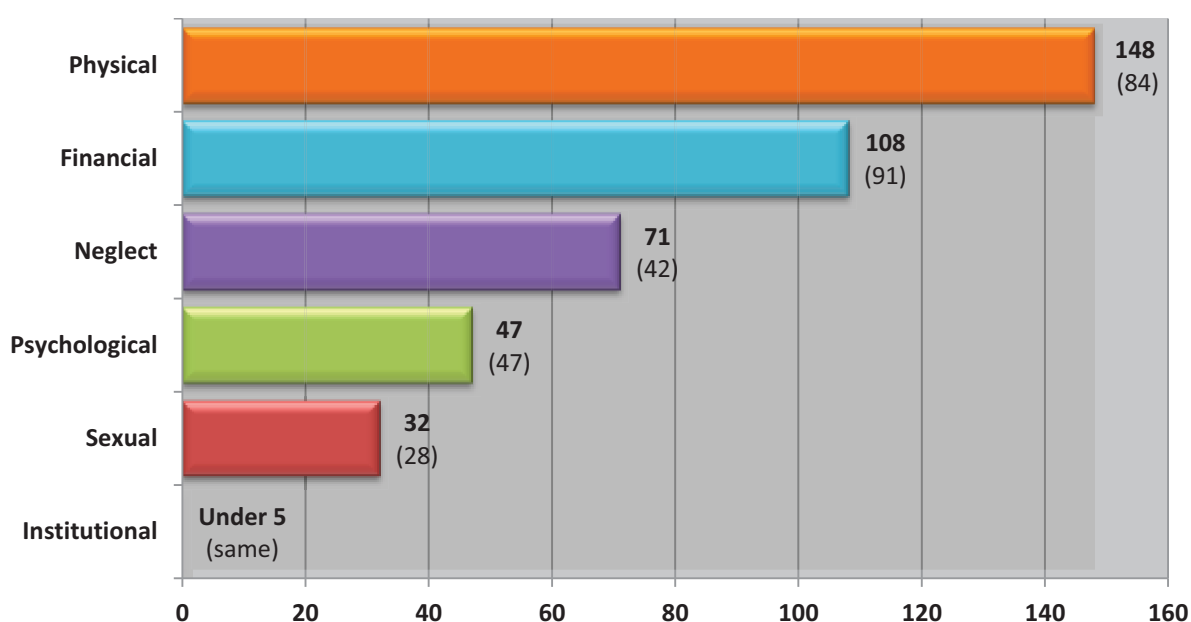
Figure 3: Breakdown by Gender and Age



Overall, the increases in the figures in this chart are in line with the total number of safeguarding alerts but the most significant change in these figures are the number of women who are over 85, which has seen an 85% increase. It is unclear as to why this is, as there has not been a similar increase in the number of new service users requiring general adult services. The majority of alerts (42) for this group involve an alert of an incident in their own home. In 20 of these cases the person alleged to have caused harm was a family member/carer or partner who had carer's responsibilities. This may signify an increase in carer stress and in most cases a proportionate response was required that included a review or increase in support. Out of these 42 cases, 6 were alerts where it was reported that members of staff were alleged to have caused harm (neglect and financial). No action was required following an investigation in all these cases.

32 of the cases involving females over the age of 85 regarded allegations within a care setting; of which 18 of those alleged to have caused harm were members of staff. All but one resulted in full safeguarding procedures being instigated and required action under the employer's disciplinary and training procedures or additional action by the team within the Council responsible for monitoring services.

Figure 4 Types of Abuse Alleged



The number of alerts in relation to physical abuse has increased in 2012/13 and has overtaken the number of alerts relating to financial abuse – long thought to be the most prevalent form of abuse. With reference to the overall increase in reporting, there has been a marked increase in the number of alerts from care homes who previously may not have reported minor incidents of physical abuse as a safeguarding alert. These cases are often closed quite quickly as requiring changes to a behaviour management plan or other actions by the provider. It should be emphasised that serious physical assaults are not closed without proper consideration through the safeguarding process with police involvement who will consider if criminal proceedings are required.

Case Example

A service user with learning disabilities called Karen who lives in a residential home was watching her favourite TV programme and another resident (Sam) came and sat with her and started talking. Karen told Sam to “shut up” and when she continued to talk, Sam was smacked on her arm by Karen. Although she was upset by this incident, Sam was not injured and later received an apology.

The home reported it as a safeguarding incident, and the learning disability team did not proceed with the case as the provider had put measures in place to minimise similar incidents, for example maintaining a staff presence when Karen was watching her programme or giving 1 to 1 time to Sam at these times.

There has also been an increase in the number of alerts relating to allegations of neglect. In 30 cases, these took place in care settings and most progressed to full safeguarding procedures. 8 cases were found to be substantiated or partially substantiated and resulted in disciplinary action by the provider, systems changes within the service or action by the Council’s commissioning team to monitor the service more closely.

Case example

Angie is a 35 year old woman with physical disabilities who is unable to communicate and is thought to lack mental capacity. Her mother was not able to care for her and requires carers to visit 2 times a day to provide personal care. The agency alerted adult services to say that Angie's mother had refused care staff entry and was quite offensive. They also reported that on their previous visit Angie was in an extremely neglected state and worried that without visits she would get worse and her health could deteriorate very quickly. The agency worker also shared concerns that her mother had been drinking. Angie's mother also rang the agency to tell not to return to the house as one of the workers had annoyed her.

A safeguarding process was started and with the support of another service Angie was using, her wellbeing was immediately monitored and additional support for personal care was provided at that service. Adult services, the care agency and the Police met to discuss the case and agreed that it would be in Angie's best interests to work with her mother to get her to agree to support from a different agency. They also explain to her that legal action could be taken through the Court of Protection should she continue to refuse care and support for Angie. Following discussions with her mother, a new care agency was arranged and she was accepting of support. Agencies were concerned that although care and support was being accepted again, that a small incident could lead to a repeat occurrence kept the case opened so the situation could be continually monitored and reviewed.

There continues to be low reports of discriminatory and institutional abuse. This is often the case for these categories as other types of harm are reported as the primary type of abuse, for example, neglect, physical abuse or psychological abuse. However later it may transpire that the root cause could be institutional failings or discrimination.

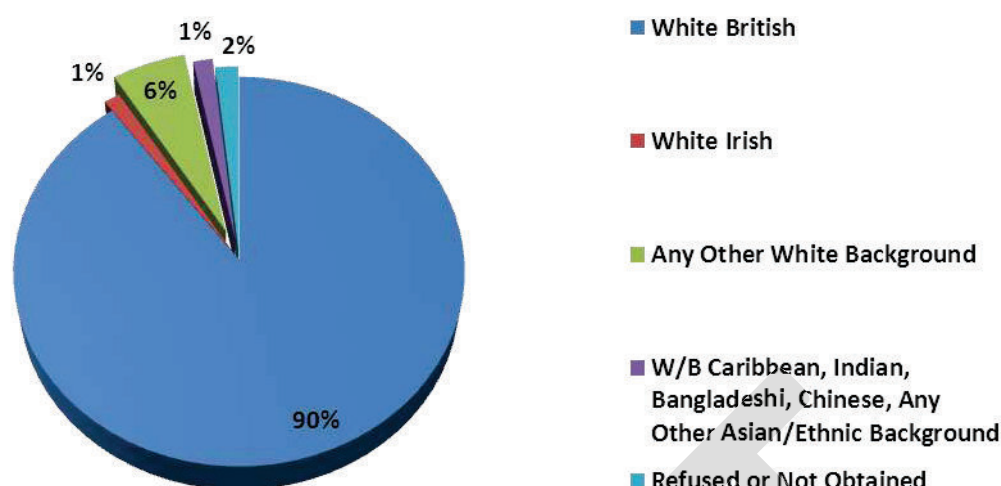
There were 96 cases where the alleged victim was not in receipt of community care services at the time of the alert being raised. This is a major increase and indicates a good level of understanding that the procedures are not just for those who receive services or are already known to adult services. Of these, half were not previously known to adult services. Under 5 alerts were received regarding people who receive a direct payment to fund their care and 43 cases were alerted where the victim funds their own care and again, could show that there is a high level of understanding that safeguarding procedures are not just for people who receive funding for care from adult services.

There were 52 cases where domestic abuse was considered to be a factor in the case of which 40 cases progressed to safeguarding procedures. In these circumstances it is likely that advice, guidance or input would be obtained from the Domestic Abuse Investigation Team. Often the outcome of such cases was to increase monitoring or to provide a community care assessment. The desired outcome for the adult at risk is important in such cases when considering a proportionate response.

Case example

An alert was received from a service expressing concern about Mr and Mrs Frim who they work with and how both partners said there had been a domestic (physical) incident and Mrs Frim was attacked. A safeguarding process was started and the wife who has had mental health issues in the past was contacted by a care manager in adult services to find out what action she would like to take. She said that she needed help with her relationship and did not want any action taken against her husband as things were better at home. She was also worried about her mental health and relies on Mr Frim to care for her. She was advised to contact her GP and was referred to the Domestic Abuse outreach service who agreed to support her. There was also a referral to the Multi Agency Risk Assessment Conference (MARAC) as it was felt that there was still a high level of risk. It was agreed that it would be more appropriate to deal with the case under the domestic abuse framework rather than through safeguarding as Mrs Frim did not have any significant community care needs.

Figure 5: Ethnicity of alleged victims



Other ethnic groups are recorded but during the period, no alerts were raised for people in these groups. These include (for example): Traveller of Irish Heritage, Gypsy/Roma, Black African.

Comparing these percentages with recent census data, there would appear to be an under representation of non-white victims where it would perhaps be expected incidents of discriminatory abuse or abuse as a result of discrimination would be prevalent. There is a similar “low representation” in children’s safeguarding which has led to a joint adult’s and children’s awareness and engagement group to increase the awareness of abuse of adults at risk and children and how to report incidents.

Figure 6: Breakdown of Source of Referrals (or alerts)

Source of Referral	2012/13	2011/12
Care Providers (including Independent Sector & SEQOL)	140	110
Adult Social Care Staff (including LA & Independent Sector & SEQOL)	90	36
Family/Carers	32	24
Mental Health Professionals	30	19
Great Western Hospital NHS Foundation Trust	23	26
Police	19	8
SW Ambulance Service NHS Foundation Trust (& GWAS)	13	3
Housing Services (including Registered Social Landlords)	11	18
Council Employees (not Adult Services)	8	3
Self-Referrals	7	9
Advocacy Service	6	4
Business	6	0
Members of the Public	4	9
Educational Establishment	3	3
Care Quality Commission (CQC)	3	1
Out of Area Referrals (including NHS Direct)	2	3
GP	2	2
Fire Service	2	0
Personal Assistant (Direct Payments)	2	0
Confidential Alert	2	0
Hospice	1	1
Coroner’s Office	1	0

There are still a high number of alerts where the referral source is recorded as “adult social care staff”. These are mainly social workers, care managers or assistant care managers who could be receiving the alert from a third party and passing on the concern to a duty manager for assessing. The case gets recorded as the adult social care staff as the alerter rather than the third party who has (for example) rang into the team to raise the concern. The referral form was changed a few years ago in an attempt to address this. Further work with duty staff is required reminding them of more accurate recording. The low referral number recorded from CQC may not indicate low referral rates from this source. While CQC often report concerns, it is often the case the concern has already been received from other sources that are recorded as referrer (e.g. care provider). These two factors may have an impact on the accuracy of this data. (For example the low number of alerts from members of the public may not be an accurate picture, if the duty worker who received a call from a member of the public has not recorded this correctly). There could also be occasions where they wish to be anonymous.

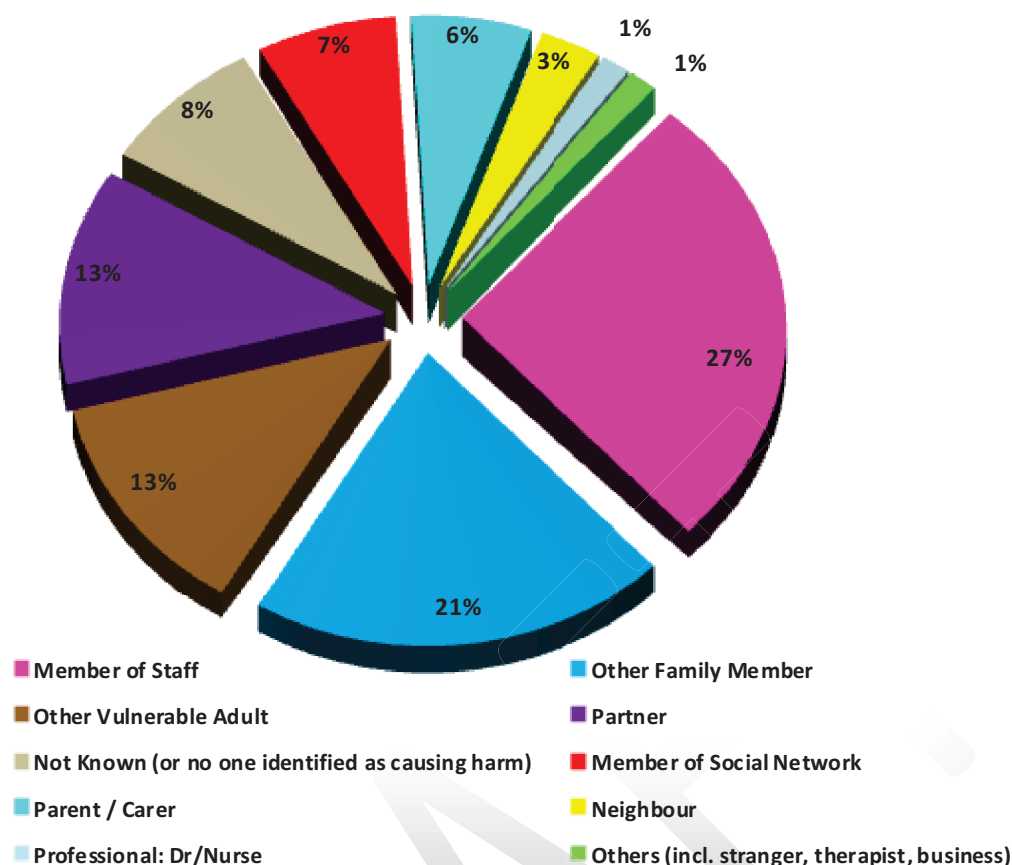
As previously reported in last year’s annual report, numbers of referrals from the Police was very low. There have been improvements with this where referrals from the Police have more than doubled. All except one of these progressed to full safeguarding procedures, indicating also an improvement in the accuracy of the referral. Similarly there has been an increase in alerts from the ambulance service. However most of these were welfare concerns or required signposting to another service, requiring no further action under the safeguarding procedures, 5 cases required further action. Often these alerts are helpful and provide some vital information concerning an adult at risk who requires support or is struggling to care for themselves.

Case study

The Great Western Ambulance Service (now South Western Ambulance Service) sent in one of their reporting logs outlining concerns about GJ who had bruising following a number of falls. She was admitted to Hospital. The house she was living in showed signs of severe neglect and the crew questioned whether she should receive a care package (although there were family members who had said they help with general household matters but not with personal care). The case was recorded as neglect at the hands of her family members although on being interviewed by the Investigating Officer from the Hospital social work team and prior to that, the Police, they were satisfied that there was no abuse alleged, GJ (who has mental capacity) was not making any allegations but did say she was having trouble with taking care of herself and agreed to an assessment prior to returning home. The ambulance crew’s additional information on the state of her home was crucial in deciding on the care package once she returned home.

There was a reduction in the number of cases referred by the Hospital. The lead for safeguarding within the Trust is aware of the number of alerts from staff at the hospital and a programme of awareness raising among hospital staff is underway.

Figure 7: Information on those alleged to have caused harm



There has been a 3% increase in the number of allegations against members of staff (mostly within care homes). There were 113 alerts of which 84 cases progressed through to safeguarding procedures. 28 cases were either substantiated or partially substantiated. 16 concluded cases require action under the employers' disciplinary procedures or additional staff training. In 7 cases additional monitoring was required by the Council's contracts and commissioning team. In last year's annual report it was stated that there were 67 allegations against staff signifying a 68% increase. Such a substantial increase maybe due to the recent national attention and high profile cases, especially Winterbourne View with a belief by providers that any incident, however minor needs to be reported through to safeguarding. (In other local authority areas a similar picture is emerging. Some providers have been instructed to raise alerts by the CQC when it would have been quite in order to take disciplinary action or complaints action. There have also been concerns that some employers have chosen the safeguarding route to elevate the need to take action themselves. It should also be recognised that many employers will raise alerts to demonstrate transparency and good practice. It is worth noting that many providers have been criticised in the past about not raising alerts but it is believed that better awareness raising among managers of services may be needed to promote more accurate reporting.

The next large group where there has been a significant increase is "other family members". The highest proportion of these alerts were in regard to financial abuse being alleged. Out of a total of 84 alerts received regarding allegations of all types of abuse 59 progressed to a full safeguarding investigation and 23 cases were either substantiated or partially substantiated. The outcomes for the adult at risk were increased monitoring, assistance with access to their finances or a community care assessment service.

There were 97 cases where the person alleged to have caused harm were recorded as having a caring responsibility (this does not include members of staff). Most of these took place in the alleged victim's own home and 73 where the alleged victim lives with the person alleged to have caused harm. 52 cases progressed to a safeguarding investigation of which 22 were substantiated. The outcomes of these cases included additional monitoring and care management support perhaps indicating a level of carer stress as being a factor or root cause to the alleged harm. Although the majority of the cases reported involved allegations of physical or psychological abuse (which could be an outcome of carer stress), financial abuse and neglect also feature.

Case example:

Mavis and Bill have been married 40 years. Recently Mavis has been diagnosed with early onset dementia and has become more and more repetitive. One evening Bill rang his daughter very upset as he had hit Mavis that evening as she had kept on shouting at Bill to take her to the shops (they had already been that day) and make her breakfast. Bill's daughter rang adult services as she was worried Bill was not coping (her mum did not have any injuries or bruising). The duty worker discussed the matter with her manager and while it did meet the criteria required for a safeguarding alert, it was agreed that a more proportionate response was needed and that they would carry out an urgent visit to assess Mavis and Bill and give him some coping strategies. Respite and a review of Mavis's medication were also arranged. During a care review some months later, the daughter reported there had not been any further incidents but did say her father is still upset about the incident which may well have been prompted more as a result of her diagnosis and his feelings of loss he is going through rather than Mavis behaviour towards him.

Outcomes of Investigations

In 2012/13 there were 115 cases that did not proceed under safeguarding procedures. This was either because the initial alert did not involve an adult at risk (or vulnerable adults) or did not highlight a concern where significant abuse or neglect was suspected.

37 cases remained open beyond the end of the financial year. There were 228 cases that were concluded and out of these, 99 cases were reported as substantiated or partially substantiated. 76 cases were recorded as unsubstantiated and 48 were inconclusive (for example, no evidence of abuse).

The following charts provide an overview of the outcomes for the adult at risk and the persons alleged to have caused harm. These are the main outcomes and actions arising from the safeguarding process, other actions may also have been taken. There were 126 cases that were closed following an initial investigation. This does not necessarily mean that no action was taken, it may mean that the action or intervention focused on the person alleged to have caused harm.

Figure 8 Outcomes for the Adult at Risk

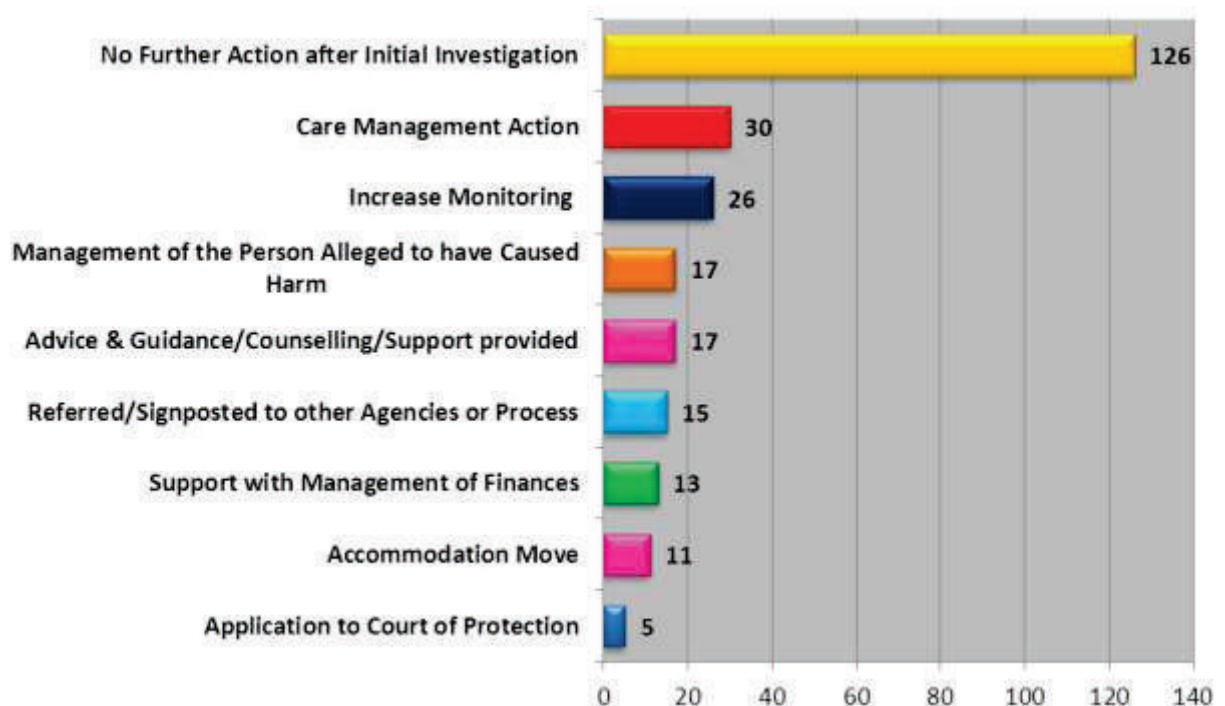
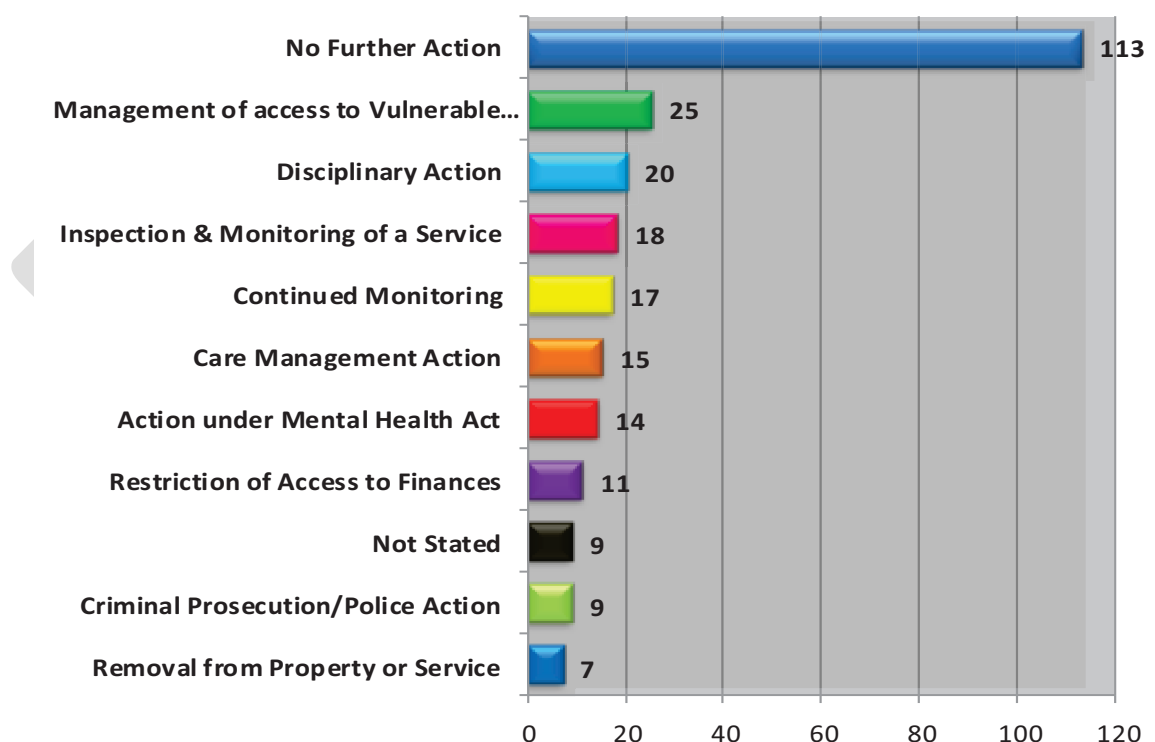


Figure 9 Outcomes for the person alleged to have caused harm



Serious Case Reviews and Large Scale Cases

There were no Serious Case reviews held in Swindon concerning adults at risk. There were 5 large scale investigations set up following concerns raised about the conduct of 4 specific care services all requiring action either by the CQC or adult services commissioners.

SECTION 3

Progress, developments and news in 2012/13

Priorities for 2012/13

For this year's annual report, the headings (or domains) used in the regional Self Assessment Quality & Performance Framework for Adult Safeguarding have been used for categories for the priorities for the coming period. As further guidance is still expected and recommendations from the enquiries into the incidents at Winterbourne View are published, priorities may change and revised actions plans will be required.

Prevention & Early Intervention

Monitoring contracts of service providers

Within adult services while monitoring providers, the contracts and commissioning team do check whether they take steps to prevent abuse and harm, know how to report abuse and know what action to take if abuse is suspected or disclosed in their services. Monitoring officers also monitor training undertaken by staff. In the past, where providers have not taken advantage of the Council's awareness training, the Council's safeguarding manager has evaluated training provided by viewing the programmes and materials used. There is a need to repeat this exercise.

Staff working for NHS Swindon have included the evaluation of safeguarding processes when monitoring services for which they have commissioning responsibilities. Council staff responsible for monitoring any Registered Social Landlords funded by the Supporting People Grant evaluate their procedures for safeguarding adults and reporting abuse.

Services that are commissioned to manage safeguarding cases (SEQOL and AWP), are also monitored to evaluate how they respond to alleged abuse, report abuse and manage investigations under the local safeguarding procedures.

Policy and Procedures

During the year much work has been undertaken to revise and renew the Policy and Procedures for Safeguarding Adults at Risk. Changes made include ensuring that the procedures are in line with the latest government's guidance which includes prevention, early intervention and proportionality. The policy also includes the need for investigating teams to identify and where possible adhere to the desired outcomes of the adult at risk.

Review of safeguarding processes

Resources have been secured, which has improved the arrangements around monitoring individual cases. There is now a Safeguarding Support Officer who has helped to improve the quality and timeliness of information and to send reminders for Investigating Managers to provide updates for open cases. This also acts to minimise the risk of cases "running out of steam".

During the year a 'Peer Challenge' (a process where other local authorities evaluate Swindon's performance) took place during which the Council's ability to address safeguarding was scrutinised. Among the concerns and queries raised were:

- *The need to act to ensure there is adequate Adult Safeguarding capacity;*

- *Continue to integrate Adult Safeguarding arrangements into every day performance managements; and*
- *Support the continued development of the Adult Safeguarding Board.*

There is on-going work to secure more capacity within the contracts and commissioning team. At the time of the Peer Challenge, capacity regarding adult safeguarding had been improved with an additional member of staff recruited to provide support and additional help with managing the LSAB came from the Children's Board. Additional support is also available through the commissioning team. There are additional performance measures in place to monitor the timescales that need to be adhered to when managing cases and these are to be reported every 3 months and action identified to improve performance as necessary. The LSAB continues to develop and is increasing its standing with other boards, for example the Health Overview Scrutiny Committee and developing Health and Wellbeing Board.

The Peer Challenge prompted a review of safeguarding procedures, where adult services have identified some improvements to be addressed over the coming year. While it is felt overall the procedures do work for adults at risk who use services, there are concerns that those who are not in receipt of services could miss out or could experience delays in responses. While further discussion continues with the Mental Health Trust and SEQOL, the handling of such cases are negotiated individually to secure involvement from the appropriate team.

Improvements in data collection

There have been improvements in the way data is collected and evaluated. However there is still a need to consider and improve IT systems that will be able to assist in the monitoring of information and reduce the reliance on paper based systems.

Assess actions required following Winterbourne View Report

Recommendations from The Winterbourne View Serious Case review
See below

Responsibility & Accountability

Changes to the LSAB take place in line with any Government policy

The LSAB continues to develop. There is a stable membership and attendance is good. Legislation is still awaited and further work may be required depending upon the final requirements within the legislation arising from the Care and Support Bill to put safeguarding boards on a statutory footing. It is understood that there will be a requirement for some key agencies to be core members of the Board (who are already members in Swindon) and a requirement to develop a safeguarding strategy and produce an annual report.

The LSAB is to continue to consider ways to provide shared resources

This continues to be an on-going priority. It is appreciated that all agencies have limited resources and continued requirements to reduce spending, however other types of resources are still being encouraged from board members (e.g. resources in kind, support with administration, printing for publicity).

Judging Effectiveness of Safeguarding

Key LSAB members completed a self-assessment on their performance and where needed took action to address areas of development. The safeguarding manager continues to carry out file audits to identify whether teams have taken appropriate action

regarding safeguarding are outlined in their service specification and their progress is discussed in performance meetings with the lead commissioner.

In the previous annual report, it stated that there was on going work with the Avon and Wiltshire NHS Mental Health Partnership Trust along with 5 other local authorities to reach agreement about cases they will manage. Since this time there has been further reorganisation and this will need to be considered again at a local level. One of the outcomes of this work is the local authority in Swindon now receives activity data directly so it is able to monitor cases in a more timely manner (previously, information was only provided every three months).

Training & Professional Development

Safeguarding Support Forum for trainers

With the assistance of the Wiltshire and Swindon Care Skills Partnership, this has been developed with an intention for half yearly workshops to “standardise” training delivered. During the year one event took place.

Training Strategy

At its August 2012 meeting, the LSAB agreed the adoption of the Training Strategy for Safeguarding Adults at Risk. This outlines the expectations around the provision of training for staff appropriate to their role and clarifies requirements and responsibilities about updates and refresher training. The Development Manager from the Wiltshire & Swindon Care Skills Partnership was instrumental in bringing together this document and sharing it with providers in the area.

Winterbourne View

In the last two annual reports reference was made to the Winterbourne View exposé by BBC Panorama of an undercover investigation into abuse at this specialist hospital in South Gloucestershire for people with learning disabilities and mental health problems run by Castlebeck. The abuse that was shown on the programme was deeply shocking and indicated a level of cruelty that could not be considered as valid interventions for people exhibiting challenging behaviour. The police investigation resulted in convictions of a number of staff and a Serious Case Review was commissioned by South Gloucestershire Council. There were a number of recommendations arising from the Serious Case Review. A Concordat was issued which was the joint response of agencies including the LGA (Local Government Association) and the NHS to the Department of Health Transforming Care report arising from the significant failings at Winterbourne View. The Concordat contains a number of specific commitments that lead to all individuals receiving personalised care and support in community settings no later than 1st June 2014.

A national Winterbourne View Joint Improvement Programme was also announced to ensure all local authorities take action to minimise and remove risks to service users with Learning Disabilities and Autism in specialist hospitals and work towards providing appropriate accommodation more locally and in community settings.

Eleven ex-members of staff from Winterbourne View pleaded guilty to the offences witnessed in the programme in relation to Mental Health Act Legislation and were sentenced in October 2012.

The Swindon LSAB has been closely monitoring the repercussions following the Winterbourne View scandal and has developed an action plan to monitor actions arising from the recommendations within the serious case review, the Concordat and the National Winterbourne View Joint Improvement Programme.

Much of what is required is in relation to the arrangements for commissioning services for people with learning disabilities and autism and behaviour that challenges. In Swindon there are no Treatment and Assessment Units, however placements had been made out of area for such services. Although there were no allegations of abuse, soon after the broadcast, health and council colleagues took action to immediately review service users in similar settings to ensure all care plans were in place and up to date. This also gave commissioners the opportunity to look at what services were available locally to meet the individual needs in less restrictive community provision.

Further work is required on workforce development and alternatives to out of area residential placements for assessment and treatment when these are required.

Overall there has been good progress in Swindon with regards to the provision of suitable alternative placements for those previously residing in treatment and assessment units like Winterbourne View. Where specialist placements are still required for people with learning disabilities, autism and behaviour that challenges, future plans will reflect the need for more community based support that is as local to Swindon as possible. There are good partnerships and good joint working with health partners and providers. A learning event following the publication of the Serious Case Review into Winterbourne View took place in September 2012. This was well attended and all teams were represented and contributed to the discussions. It was felt this event assisted in understanding although there is no service like Winterbourne View in Swindon, managers need to be aware of services that in their nature could present a risk to vulnerable adults (for example, those large in size, or services where behaviour that challenges is common place).

South West Region Safeguarding Adults Work Programme

The South West Region Association for Directors of Adult Social Services (ADASS) has developed a work programme to develop further the work around safeguarding adults. Swindon have agreed to participate in this work and any outcomes from it will be reported in next year's annual report. Further reference to this will be included in priorities for 2013/14 in section 6 of this report.

SECTION 4

Swindon Mental Capacity Act Programme

A joint initiative with Swindon Borough Council and NHS Swindon

Submission by John Hughes: Head of Policy Adult Social Care

Last year's report http://www.swindon.gov.uk/cd/foi/cd-foi-publicationscheme/Documents/safeguarding_vulnerable_adults_2011-12.pdf provided information regarding the proposed changes to Supervisory Body responsibilities. The changes were implemented within the proposed timescale with SBC Supervisory Body taking on responsibility for the activity previously the responsibility of the outgoing PCT on April 1st 2013. The period under review is therefore the last where 2 separate Supervisory Bodies were in place.

The referral rate continues to be (both nationally and locally) against the trend originally assumed by The Department of Health. They had anticipated an initial high number of referrals which would decline year on year thereafter; the experience has been a gradual increase.

Table 1: Swindon Deprivation of Liberty Safeguards Service

	Swindon Borough Council	NHS Swindon	Combined
Referrals April 1 st 2010 – 31 st March 2011	44	14	58
Referrals April 1 st 2011 – 31 st March 2012	49	15	64
Referrals April 1 st 2012 – 31 st March 2013	64	13	77

NB health and social care referrals will be recorded separately in order to be able to maintain meaningful comparisons.

Last year's report covered the role of the Court of Protection (CoP), as anticipated there have been a small but significant number of cases that have needed CoP ruling on matters of deprivation beyond the scope of the Local Supervisory Body and Best Interest decision making.

The effect of the Cheshire Judgement of November 2011 continued to be felt throughout 2012/13. The Official solicitor has been granted leave to appeal, but the Hearing is not scheduled until November 2013 and the Judgement from that hearing is not anticipated to be received until early 2014. As a result we have one case before the Court of protection deferred until the appeal judgement is known).

Last year we reported on Apointeeships and Deputyships held by the Council. The upward trend in Deputyships did not continue. There were 59 at the end of the period (March 2013) whereas there were 65 as at March 2012.

Appointeeships

The downward trend in Appointeeship numbers continues. In March 2012 the number of Appointeeships were 185 whereas at March 2013 this had decreased to 165. This reduction reflects continued efforts to move from a paternalistic approach whilst still

recognising the value of effectively managing vulnerable adult's finances where they lack capacity and have no informal networks to support them (and are vulnerable to abuse).

It remains the case that Local Authorities do not have coercive powers regarding acting on behalf of vulnerable people. The legislation underpinning Safeguarding procedures is the legislation that permits us to assess and provide services, not to move or remove people against their will. The Mental Capacity Act does not confer any additional powers to the Local Authority in this regard. What it does allow for is a Best Interest decision making process which can allow decision of adults who lack capacity to choose where they live and / or the nature of care that they require to have protective, least intrusive decisions made on their behalf by the involvement of the significant people in that person's life. Only in the absence of objection from any of such parties (we cannot select those people who are closely involved because we agree with them or discount those we do not) can a Best Interest decision be competent. In the light of emerging case law and Care Quality Commission reports, and on the basis of local judgement from experience, the Best Interest process has taken a priority during the past year. Best Interest decision making has been supported by guidance, templates, training and mentoring.

The vital importance of Capacity assessments being conducted with an accurate focus on the decision(s) that need to be addressed and that the process is robust and auditable continues to be reinforced. Misapprehensions about capacity continue to be challenged, the statement by a professional that an individual "lacked capacity to make the right decision" indicates that we still have a long way to go in some areas. It is not the quality of the decision that someone makes that we are assessing it is whether they have the wherewithal to make the decision in question. Making unwise decisions was always recognised as an Adult right in common law. The Mental Capacity Act 2005 enshrined it in primary legislation.

SECTION 5

The Swindon Local Safeguarding Adults Board and its Member Organisations

1. The Board

In Swindon the management committee that oversees the work and implementation of the Policy and Procedures for Safeguarding Adults at Risk is the Swindon Local Safeguarding Adults' Board (LSAB). During 2012/13 it consisted of:

Independent Chair
Board Director, Commissioning (DCS/DASS), Swindon Borough Council
Head of Commissioning Children and Adults
Director for Public Health
Cabinet Members relevant to adult safeguarding
Wiltshire Police
Executive Nurse, Swindon Clinical Commissioning Group
Great Western Hospitals NHS Foundation Trust
Avon & Wiltshire Mental Health Partnership NHS Trust
Wiltshire Fire & Rescue
SEQOL (social enterprise delivering health and social care in Swindon)
South West Ambulance Service NHS Foundation Trust (although this organisation has indicated their attendance will be by exception)
Board Director, Service Delivery, Swindon Borough Council
Care Quality Commission (annual attendance)
Wiltshire Probation Trust
Community Safety Partnership Manager
The Local Safeguarding Children's Board
Swindon Care Homes Association – service provider's representative
Learning Disability Partnership Board
LSAB Service User Forum

The Board met on five occasions during the year. An extraordinary meeting was called in October to consider Swindon's response to the Winterbourne View Serious Case Review (SCR). The meeting focused on the summary of the SCR review and the recommendations relevant to Swindon LSAB, and the individual agency responses. Agenda Items during the year included:

- Operational Group: the role, function and frequency of the Operational Group were discussed, with quarterly updates on progress/development of the Group.
- LSAB Business Plan (for sign-off): agreed by the Board
- Terms of Reference (for sign-off): agreed by the Board
- Discussion of potential areas of concern for LSAB: Missing Children & Adults Strategy, Trafficking Adults, and Self-Neglect;

- Service User Involvement: discussion held regarding the requirement for involvement of service users (or adults at risk subject to safeguarding procedures) in their Safeguarding process;
- Service User Forum: quarterly updates provided on progress/development of the Forum;
- Policy & Procedures: updates on the development of changes/amendments for the revision of the Policy & procedures, agreement of the Board and their launch in March 2013;
- Training Strategy (for sign-off): agreed by the Board;
- Winterbourne View Update: discussion of the key findings and recommendations within the report. Completion/review of the WBV Action Plan;
- See The Adult, See The Child;
- NHS Operating Framework: a self-assessment tool published by South West Association for Directors of Adult Social Services. SEQOL, AWP and GWH carried out self-assessments based on the NHS Operating framework and swapped their assessments for scrutiny and validation with each other;
- Joint Strategic Needs Assessment (JSNA): discussed the JSNA bulletin high-lighting the needs of residents in Swindon with a Learning Disability and links with safeguarding arrangements;
- LSAB Risk Register: Review of the register;
- NHS Reforms: Clinical Commissioning Groups and their role with regards to Safeguarding: discussed the Department of Health's publication 'Arrangements to secure children's and adult safeguarding in the future NHS (the new accountability and assurance framework – interim advice)', giving an outline on the emerging CCGs responsibilities and commitment required regarding safeguarding;
- Healthwatch: discussed the expectation of Healthwatch to develop a good working relationship with the local LSAB, and to play a role in supporting service user members of LSABs or LSAB sub-groups to promote participation from people who use services and carers;
- Francis Report: discussed the Executive Summary of the Francis report, which was being considered by the GWH Foundation Trust Board and the Clinical Commissioning Group; and
- LSAB Budget: discussed the increased responsibilities of the Board when it becomes statutory in 2014, and members were asked to consider the future funding of the Board.

2. Board Member reports

The following are submissions from members providing an overview on their priorities regarding safeguarding:

2.1 Avon and Wiltshire Mental Health Partnership NHS Trust (AWP)

This was a year of significant change and development in the roles undertaken by AWP to safeguard adults throughout 2012/13 in Swindon.

AWP continued to play an active role in the Safeguarding Adult Board, its work and in partnership working with other health providers and agencies. AWP attended the Board on a regular basis.

AWP also has a variety of staff involved in the Board's sub groups and has chaired the working group that has updated the Swindon and Wiltshire safeguarding adult procedures.

The Trust has continued to seek to improve its delivery of safeguarding in practice, with revision of the policy and guidance to practitioners, revised documentation to support safeguarding alerts and referrals, better access to information for staff on the intranet and service users and the public on the Trust Website, and significant updates to the training of practitioners.

AWP as well as being directly involved in the wider NHS support in managing the safety and resettlement of patients from Winterbourne View Hospital during its closure, has also reviewed its services in light of the Winterbourne View Hospital reviews and developed and implemented an action plan against the relevant recommendations and incorporating the multi-agency planning undertaken in Swindon led by the Safeguarding Adult Board. It is also developing actions arising out of the recommendations from the Francis Report on Mid-Staffordshire.

The Trust has maintained compliance with Outcome 7 (Safeguarding) of the CQC Essential Standards in all CQC inspections of teams in Swindon during 2012/2013. However the Trust has identified that alert and referral rates are not consistent between teams, with lower comparative referral rates from teams providing services to younger adults being identified.

The Trust has undertaken an audit of safeguarding cases managed by AWP and implemented the recommendations arising from the findings of the audit in Swindon

The Trust has continued to ensure that its staff is trained in their role to safeguard adults at risk, with the target of 80% of staff being trained on a 2 year cycle at Alerter level (level 2) being maintained during 2012/2013. It has identified that additional training is needed for staff undertaking roles managing safeguarding investigations and alerts.

The Trust is continuing to review its joint working arrangements with Swindon Borough Council in its delegated responsibility for managing alerts, and has agreed further streamlining of data capture and management

AWP will be looking to use the current changes in its organisational structure to improve the direct relationship between its local services and the safeguarding adult partnership and Board in 2013/2014, and will be taking forward a number of key actions, including:

- Developing systems capturing and sharing risks and concerns, to assist triangulation and identify risks, and themes.
- Demonstrate compliance with the safeguarding adult requirements set out in the new NHS contract for 2013/2014
- Improving the comparative alert and referral rates from teams providing services for younger adults
- Develop joint understanding of application of clinical management and safeguarding thresholds with key partners in mental health inpatient services

- To identify and access training for staff who chair or investigate safeguarding adult alerts
- Developing effective systems to identify and manage capacity required to manage safeguarding adult referrals with Swindon Borough Council
- To complete the review of joint working arrangements with Swindon Borough Council in its delegated responsibility for managing alerts
- To further improve practice through the active involvement of the person in their own safeguarding

2.4 Great Western Hospital Foundation NHS Trust

The structure and approach to safeguarding adults work within GWH.

The Chief Nurse is the Executive Lead for Safeguarding. There is also a Non-Executive Lead for Safeguarding. The Chief Nurse assures the Trust Board of the adequacy of the systems and processes which are in place (or which are required) to support effective safeguarding measures across the organisation.

The Deputy Chief Nurse is the Operational Lead for Safeguarding Adults at risk and also Chairs the Trust Safeguarding Children and Adults Forum, providing strong leadership that support Directorates to make safeguarding integral to care. The Deputy Chief Nurse is the Trust's representative on the LSAB. The Trust has representation on the Learning and Development Sub-group.

The Trust's Safeguarding Children and Adults Forum is a multi-professional group that provides assurance to the Patient Safety and Quality Committee (Sub-Group of the Trust Board) that the Trust is protecting children and adults at risk, are following multi-agency procedures, and meets identified national and local standards.

Highlight achievements within the financial year 2012-13

A review conducted by the Internal Audit Services, Parkhill, in October 2012 as part of the planned Trust programme, identified a number of weaknesses in assurance. Further, a self-assessment using an assurance framework published by the Department of Health in March 2011 has been conducted to review the robustness of the Trust's current arrangements for Adult Safeguarding. The key outcomes are summarised below:

- The development of a Safeguarding Forum linking with related programmes within the Trust, e.g. Falls Prevention Strategy, Learning Disability Forum;
- Update and revision of internal safeguarding policy and procedures;
- Logging and monitoring safeguarding alerts raised by Trust staff and include lessons' learnt within the role of the Safeguarding Forum to work with Governance colleagues to align processes with the LSAB's requirements;
- Adult Safeguarding Facilitator's post developed to support and drive existing work for adult safeguarding. Also funding has been agreed to provide an administrative function to support Adult Safeguarding;
- There is appropriate and regular involvement with the LSAB and its Sub-groups;

- Close work with the Mental Health Trust.

Safeguarding adults staff training within the year

The Trust places high importance on staff learning and development and delivers training to maintain a competent and capable workforce that will:

- Be able to explain the concepts of protection and vulnerability;
- Recognise the type of abuse and their related sign;
- Understand how to report concerns including whistle blowing; and
- Take personal action to safeguarding adults in their care.

Safeguarding adults training is established as mandatory for all staff groups across the organisation and compliance has improved over the past 6 months with a Trust figure of 82.2% as of March 2013.

Key plans or objectives for safeguarding adults in 2013-14

- To continue to review and further develop the Trust's internal reporting systems and evidence learning from relevant safeguarding cases;
- To review and further develop education and training and evidence that such training is having positive outcome;
- To continue to raise the profile of safeguarding through the new Integrated Safeguarding annual forum and 'Big Conversation' month planned for June 2013;
- Work is also needed to determine what training or development members of the Trust Board should receive such that they have an understanding of the requirements of the Trust and can discharge their duties in relation to Safeguarding Vulnerable Adults (Adults at Risk);
- To have supervision available and accessible for staff involved in Safeguarding Adult's procedures and processes;
- To further strengthen the work of the Trust's Safeguarding Children and Adult Forum through the operational sub-groups and the development of an overarching Safeguarding Adults Action Plan outlining local and national priorities and actions; and
- To perform an annual self-assessment on the Trust's position around safeguarding adults – December 2013.

2.6 Community Safety Partnership Submission awaited

2.7 Healthwatch Swindon

Healthwatch was established on 1 April 2013 and subsequently invited to nominate a representative to the Swindon LSAB. This comment therefore looks forward rather than back. Whilst the priorities and work programme for Healthwatch will be determined by its own Board during the year, a fundamental aim will be to meet the recommendations set out in "[Establishing Local Healthwatch - Dignity, quality and safeguarding adults](#)" published by the Local Government Association in December 2012. At the very least, an early task will be to confirm the responsibility of those associated with Healthwatch to understand and act on the arrangements for alerting. This will mean that people know how to alert locally and appropriately if there are concerns about harm

and abuse to individuals or groups. It will include contributing proactively to safeguarding, working to ensure, for instance that services are of sufficient quality to protect people's dignity and rights, that people know how to keep themselves safe and how to get help if they need it. It will also include participating at and contributing to quarterly Quality Surveillance Group meetings under the auspices of the NHS England area team.

2.8 Housing Services

Submission awaited

2.9 The Local Safeguarding Children's Board (LSCB)

The LSCB representative on the Adult Board has a role to ensure there is liaison between the LSAB with regards to practice, incidents that may cross age groups and joint working arrangements on common themes. Examples include extending awareness and engagement, training opportunities and promoting their respective responsibilities with regards to safeguarding children and adults with team across services.

The audit of the use of the See the Adult See the Child (STASTC) protocol by the LSCB Management Group, prompted the creation of a See The Adult See The Child Working Group in November 2012. Its aim is to promote children's services working with adult services (and vice versa) when required particularly when children or "vulnerable adults" are at risk. The group has members from children's and adult services. The work completed to date has primarily focused on raising awareness of the protocol and addressing any barriers to its implementation. The protocol is currently being revised to bring it up to date with current legislation, policy and procedure.

An action from the first meeting of the group was the development of regular practice workshops to share learning from joint working case studies. The first workshop was facilitated by the NSPCC and, drugs agency, Include. The workshop was advertised through the LSCB and well attended. The 2013 LSCB Annual Conference will be a joint venture with the Local Safeguarding Adult Board. The themes of the conference will be parental mental health, substance and alcohol misuse, learning disability and domestic abuse. The conference will explore the impact of these issues on families and aims to promote inter agency working and information sharing between children's and adult services. The work of the STASTC Group is reported quarterly to the LSCB and LSAB respectively. Future work will include multi agency audits of joint working, the development of good practice resources that will be published on the LSCB website and commissioning of STASTC training to be delivered through the LSCB.

2.9 Public Health

Reorganisation of the NHS during 2012 – 2013 resulted in the transition of the public health responsibility for improving the health and wellbeing of those in Swindon to the Borough Council. The requirement to ensure effectively linking safeguarding adults into the Joint Strategic Needs Assessment process and the Health and Wellbeing Board will be facilitated by the representation of the Director of Public Health on the Safeguarding Adults Board. This link is reflected in the Health and Wellbeing Board Swindon Protocol (Draft). Safeguarding issues are reflected in specific joint strategic needs assessments (JSNA's) such as the Dementia JSNA, the Mental Health JSNA, the Learn Disabilities JSNA and the Domestic Violence JSNA which have been formed part of the JSNA work

streams during this period. The Swindon JSNA can be found at <http://www.swindon.gov.uk/healthandwellbeing> ”

The Public Health Directorate remains committed to the LSAB and its objectives and is keen to prevent harm to adults at risk and will ensure that commissioned public health services have a level of awareness to report safeguarding concerns when they come to light.

2.10 SEQOL

SEQOL staff continue to access safeguarding training on a regular basis, and more colleagues have completed the investigating managers training during the last year.

Sponsorship was also made available for a Social Worker to undertake a Continued Professional Development course in Intervention and Practice - Vulnerable Adults.

Some awareness training is now being delivered in house and there are plans for safeguarding training to be a more holistic part of existing training in areas such as manual handling, falls, and dementia so that we can keep this agenda at the forefront of a larger group of staff's minds. All training provided is being cross referenced to the national capability framework for safeguarding adults.

SEQOL are active members of the local adult safeguarding training sub group, and also attend the joint meeting for Wiltshire and Swindon to share best practice.

The Team will work closely with the Professional Lead for Social Work and the Safeguarding Lead for SEQOL on an on-going basis to ensure that training meets the needs described in the framework and is responsive to issues in practice.

Through 2012/13, SEQOL reported that they had assessed 354 safeguarding alerts to consider if there was a requirement to instigate full safeguarding procedures. Of these alerts, 242 cases were managed by SEQOL under the Policy and Procedures for Safeguarding Adults in Swindon and Wiltshire. Over the year we have seen an increase in the number of investigations into financial abuse with regards to old people and people with physical disabilities and an increase in the number of cases alleging physical abuse managed by the learning disability team.

As part of our improvement plan we have seen more involvement of our customers in the safeguarding process and which is evidenced through new recording systems. We regularly use the advocacy service if we find through a best interest assessment that our customer lacks the capacity to understand the safeguarding process.

2.11 Swindon Care Homes Association

The Swindon Care Homes Association, whose members provide social and nursing care for several hundred older townspeople (including a significant number with mental health problems such as dementia), is keen to support all relevant local safeguarding policies and initiatives. The members' Home Managers are expected to use their best endeavours to ensure that their frontline care staff receive the training and guidance that is necessary for them to identify and respond proportionately to any suspected safeguarding issue that may arise on their premises. Home Managers are committed to working effectively both with and within multi-disciplinary teams whenever allegations are being investigated or followed up, and to appropriately incorporate into day-to-day

practice any lessons that may be learnt from particular issues or events, whether local or national.

2.12 Swindon Carers' Centre:

Swindon Carers Centre is fully committed to raising the profile of safeguarding within the organisation. The Carer Support Manager has lead responsibility for safeguarding and represents Swindon Carers Centre on the Local Safeguarding Adults Board. During 2012/13:

- New members of staff receive a copy of the "No Secrets" booklet and the organisations Adult Protection policy within the first few days in post as part of their induction programme;
- New members of staff (including social work students on placement) are booked onto the first available Safeguarding Vulnerable Adults Basic Awareness training course once they are in post;
- Following recruitment of a large number of new staff and volunteers a Basic Awareness Course was held in house, provided by Swindon Borough Council's Adult Safeguarding Manager;
- Training records have been checked to ensure that front line staff across all teams (including young carer support workers) have attended Safeguarding Vulnerable Adults basic awareness training;
- All new staff and volunteers who are eligible have received Enhanced Criminal Record Bureau / Disclosure and Barring Service checks, which are repeated every three years;
- All staff and volunteers are required to sign an annual declaration to confirm that they have not received any criminal convictions since the CRB / DBS check;
- All new volunteers to the Centre attend mandatory training which includes safeguarding. Guidance on safeguarding is also given to all volunteers;
- Staff in the Adult Carer Support Team have received Child Protection training, and training on See the Adult, See the Child; and
- All members of the senior management team, and other key members of staff, have attended Safer Recruitment training.

During 2013/14 we will:

- Ensure that staff maintain an awareness of safeguarding matters; and
- Continue close working relationships with partner agencies in relation to safeguarding matters.

2.13 Swindon Clinical Commissioning Group

Submission awaited

2.14 Wiltshire Police

The Wiltshire Police Safeguarding Adult Investigation Team (SAIT) consists of specially trained investigators. The team consists of a Detective Sergeant, 7 investigators and an administrator (covering Wiltshire and Swindon). Other officers from other parts of the Public Protection Department also support this team and are "Omni- competent". These officers have experience in working in domestic abuse and child protection. The strategic lead for Safeguarding Adults is the Detective Superintendent of the Public

Protection Department who also sits on the LSAB and has the operational lead for Safeguarding.

During 2012, the 'Three Strands of Vulnerability' (Welfare Concerns, Anti-Social Behaviour and Safeguarding) previously reported in 2010/11 has helped reduce the number of unnecessary referrals to the SAIT as it encourages officers to deal directly with concerned agencies (e.g. by making a call to adult services when there is a welfare concern about a vulnerable adult). There is a plan to reinforce the 'Three Strands' message within Wiltshire Police by carrying out regular briefings to neighbourhood policing teams, response officers and CID officers.

Staff from the safeguarding team are also giving presentations to Nursing Homes to improve the reporting of abuse and to make sure that evidence of any abuse is properly recorded. Recently a presentation was given to a nursing home and as a result of the training given, we saw a marked increase in referrals from this nursing home as staff there understood fully what their responsibilities were regarding the reporting of adult at risk abuse. Wiltshire Police are currently reviewing the training package for training officers to tackle adult at risk abuse.

Financial abuse accounts for approximately 30 per cent of the referrals to the Safeguarding Adults Team. These cases are often complex in nature and involve dealing with fluctuating capacity, powers of attorney and applications for production orders. The Safeguarding Adults Department are now referring the majority of their financial abuse investigations to the Wiltshire Police Complex Fraud Unit. The Complex Fraud Team have excellent expertise to tackle complex fraud and securing the evidence in an effective and efficient manner. The safeguarding team will continue to manage the safeguarding aspect of the vulnerable adults in relation to financial abuse, particularly in liaising with the Councils and Trusts finance officers. There are currently 2 cases being put before the Courts.

Case example:

Following a safeguarding alert from the ambulance service, the Police Safeguarding Adults Investigation Team investigated the death of an older woman whereby a health care professional had refused to give resuscitation when the woman became seriously ill. Enquiries revealed that the victim who died did not have a 'do not resuscitate notice' and an attempt to resuscitate should have been made. A Home Office Forensic post mortem was arranged and the post mortem concluded that the adult at risk had died of a heart attack. The case is with the Coroner and the Nursing and Midwifery Council will be investigating the incident.

In last year's annual report, Wiltshire Police outlined its priorities in working in-line with the Policy and Procedures for Safeguarding Adults at Risk in Swindon and Wiltshire. To see this report, please follow this link. http://www.swindon.gov.uk/cd/foi/cd-foi-publicationscheme/Documents/safeguarding_vulnerable_adults_2011-12.pdf

The aims of all staff within the Safeguarding Adults Investigation Team within the Public Protection Department throughout this year will be:

- To prevent harm or further harm to both adult and child vulnerable victims;
- To bring the perpetrators of these crimes to justice;
- Prevent where possible, perpetrators from re-offending;
- To ensure that all staff are appropriately trained and accredited to recognise and respond to adult and children's safeguarding issues; and

- To strive to continuously improve systems, processes and people to provide a high quality service to the community and maintain and enhance the reputation of the Service.

2.15 Wiltshire Fire and Rescue Service (WF&RS)

Wiltshire Fire & Rescue Service are currently reviewing their policies and procedures for safeguarding children and adults and will deliver bespoke awareness training to all staff during the next financial year. Senior Managers and specialist roles within the service will get enhanced safeguarding training commensurate to their role.

Case example

A call was received to attend a small fire in the Swindon area. The fire was out when staff arrived. There was slight smoke “logging” which was ventilated by the fire fighters. There was one adult and one young child living in the property. The property was in a generally poor state of cleanliness, cigarette ends discarded throughout, there are no carpets in any of the areas and no food in the fridge. There is nothing to suggest there was any abuse or any deliberate neglect however the Fire Service contacted the Housing Officer and Social Services to get help and support for the family. This is good evidence of a partnership approach to ‘early help’ for a vulnerable family. “

2.16 Wiltshire Probation Trust

Submission awaited

2 Sub-groups of the LSAB

Operational Group met on four occasions during the year, with attendance from the following agencies: SBC (Head of Policy, Housing, Domestic Violence, Adult Safeguarding, Commissioning), Great Western Hospital Foundation Trust, Wiltshire Fire & Rescue, Wiltshire Police, NHS Swindon, Primary Care Trust and Wiltshire Probation. Agenda Items during the year included:

- Terms of Reference;
- Policy & Procedures Review;
- Services of Concern;
- Self-Assessments;
- Winterbourne View;
- LSAB Business Plan;
- Case Discussions;
- Monitoring Types of High Risk Services; and
- Francis Report.

The Training Sub-group: Has met on two occasions during the year. This is now a small group with membership from the large key agencies: SEQOL, The Council/NHS Swindon, Avon and Wiltshire NHS Partnership Mental Health Trust, Great Western Hospital Trust and the Police. Most of the work of this group has been to finalise the training strategy and consider training needs of the key agencies. As part of joint working with Wiltshire LSAB, Swindon and its key agencies have joined a Wiltshire wide

group which will meet twice a year. As Wiltshire and Swindon have joint procedures, it was felt that a pan Wiltshire approach would help to standardise the training delivered but also avoid some of the agencies who work in both local authority areas having to attend 2 meetings dealing mainly with the same issues. The first meeting is scheduled to take place in May 2013.

Policy and Procedures Sub-group: Met on one occasion during the year. The work of this group was to concentrate on the revision of the policy and procedures. This was carried out by a small “task and finishing group” involving a few agencies who work across Wiltshire. The wider group were consulted once the revision was completed.

Awareness and Engagement Sub-group: Has been developed alongside the Children’s Safeguarding Board to develop the awareness of safeguarding issues across the communities in Swindon. Much of the work has concentrated on developing links with established community groups and seeks to provide them with presentations about safeguarding and the links they have with adults and children at risk. Membership includes SBC (Safeguarding Adults, LSCB, Localities, Children Services including, Safeguarding & QA Team, U-Turn, Early Support) SEQOL, Wiltshire Police, Harbour Project, Swindon Multi-Faith Partnership.

Service User Forum: This was launched in 2012 / 13 with the direct support and involvement by the LSAB Chair who was instrumental in establishing it to a level where it may develop. The aim is for a representative from this group to become a full member of the LSAB. Martin Kelly (a disability expert) agreed to chair the Forum and later agreed to attend the LSAB from February 2013. This group is still at a forming stage with a view to extend its membership to other relevant groups supporting adults at risk. Subjects of discussion have included similar topics covered by the main board, for example, Winterbourne View, making Swindon Safer, Hate Crime, Healthwatch, the groups’ membership and Terms Of Reference.

SECTION 6

Priorities for 2013 / 14

For this year's annual report, the headings (or domains) used in the regional Self - Assessment Quality & Performance Framework for Adult Safeguarding have been used as categories for the priorities for the coming period. These priorities have been agreed by the LSAB and are included in its business plan.

Prevention & Early Intervention

- Ensure safeguarding is a key consideration in the tendering and procurement process during the commissioning of all services.
The Operational Group will be looking at each agency's statements that are in their contracts with suppliers/providers. By November 2013
- Monitor compliance to safeguarding elements at all levels to ensure existing guidance is implemented.
This will be looked at through a new self-assessment process being developed by a regional safeguarding project. The Operational Group will look at these once the new framework is published.
- Establish programme of "walkabout" sessions at GWH involving Adults Safeguarding manager and other relevant personnel.
The Executive Nurse from the Clinical Commissioning Group will be arranging this and will report to the Operational Group.
- Review the suspensions of placements policy.
This is required again, as the way services are inspected and are rated has changed since the last policy was developed. May 2013
- Revision of the Policy and Procedures for Safeguarding Adults at Risk is finalised and launched in line with national and regional guidance.
A launch of the revised policy will take place with managers who coordinate investigations under the policy and procedures. (By May 2013) The staff guide (No Secrets in Swindon and Wiltshire) will need to be updated in respect of the policy revision. By September 2013
- Reconvene the Wiltshire and Swindon Policy and Procedures Sub-group
Once the Policy is agreed the Policy and Procedures Group needs to be reformed to monitor practice and further changes required leading up to the development of legislation. By July 2013

Responsibility & Accountability

- Work plan for the LSAB to be agreed for 12 months and presented to the LSAB
A development day will be arranged for board members to consider what needs to be included in the Work Plan. (Mid-year)
- Develop a Safeguarding Strategy in line with proposed Government legislation.

The LSAB will be considering its response before the end of the year. What will be required under Government legislation is not yet known.

- LSAB to agree a pathway to view, review and evaluate the Government policy to make appropriate changes as necessary.
This work is required when there is clarity of the extent of legislation (this may not be within 2013/14).
- The LSAB reflect any changes in government policy including the inclusion of new members. *Again, once the extent of legislation is known.*
- Review of the quality and performance framework (which is taking place regionally) to be applied to local arrangements. *Once the framework has been published.*

Access & Involvement

- Develop a co-ordinated strategy for increased public awareness which will address general public, targeted groups and media. Use shared expertise and link with other initiatives to increase public engagement – e.g. CCG's Patient and Public Engagement Strategy. *From April 2013 the Awareness and Engagement Group will be working on this action.*
- Improve the information available to individuals who experience harm. *This is work that requires the involvement of the Service User's Forum. They will be looking at examples used in other areas.*
- Establish a method of collecting feedback on quality that is independent from the teams investigating cases.
It has been agreed that investigating managers will ask alleged victims whether they would welcome an informal interview with the Adult Safeguarding Manager.
- Collect information about the outcomes for the alleged victim (or their representatives) in all safeguarding cases to include:
 - Views on the handling of the case;
 - Whether the person feels safer as a result of the case and
 - Whether the alleged victim would be willing to be interviewed about their experience.*Logs required for completion by investigating managers revised to capture this information. To be used from April 2013.*
- The level of involvement of people who use services can be monitored and challenged as appropriate.
Information obtained from safeguarding logs completed by investigating managers from April 2013.
- Continue to develop a Service Users Reference Group & develop the role of voluntary organisations to assist with involving people who use services
Service User Forum is in place but will need to develop its membership throughout the year.

Responding to Abuse & Neglect

- Enhance sub-groups and ensure all partner agencies participate in these and the Operational Group.
- Each organisation is asked to give a verbal account to the LSAB Chair explaining “what safeguarding adults mean to us”
All agencies will be asked to report annually.
- Review IT systems ability to record relevant activity.
Work on the potential to improve care systems to include safeguarding is on-going.
- Monitor the resources and support required to ensure effective safeguarding arrangements are in place within teams and to support the work of the LSAB and Head of Safeguarding.
Again, this is on-going work that requires consideration within performance meetings with SEQOL and AWP. The LSAB will continue to discuss effective support of the Board.

Training & Professional Development

- That a standardisation process is set up with training providers with the Private & Voluntary sector
Standardisation events to be established with the support of the Wiltshire and Swindon Care Skills Partnership. Midyear
- Ensure that training for those involved in co-ordinating and investigating cases is relevant and up to date. Training is available to all Partner agencies to include:
 - Investigating Managers;
 - Investigating Officers; and
 - Minute Takers.*Adult safeguarding manager to ascertain the likely demand for training as listed above by September 2013.*
- Carry out an audit on training delivered by independent trainers to check use of the national competence framework, common induction standards to quality assure and monitor the outcomes of training.
Questionnaire to be developed and results considered by the Training Sub-group by December 2013.
- Review the training strategy in line with policy update and changes to the delivery of available training.
The Training sub-group will do this before November 2013 to ensure revised policy is reflected in any training required. Particularly with regards to establishing the desired outcomes of the adult at risk.
- Resource training adequately to meet the need for all working with adults at risk to achieve the competences for their level of work.
The LSAB Training sub-group to check funding is available to provide the required level of training (linked with audit of training required – 2nd bullet point above)

DRAFT

The Safeguarding Adults at Risk in Swindon Annual Report 2012/13 is available on the Internet at <http://www.swindon.gov.uk/sc/sc-adults/Pages/sc-adults-protectionvulnerableadults.aspx>

It may be produced in a range of languages and formats (such as large print, Braille or other accessible formats) by contacting the Customer Services Department.

Tel: 01793 445500

Fax: 01793 463982

E-mail: customerservices@swindon.gov.uk

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Domestic Violence and Abuse:
The impact on children and young people Joint Strategic
Needs Assessment (JSNA)

Health and Wellbeing Board

8th January 2014

Author:	Acting Director of Public Health
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

- 1.1 To inform the Health and Wellbeing Board of the findings of the Joint Strategic Needs Assessment (JSNA) on Domestic violence and abuse: the impact on children and young people, seek support for the recommendations and raise awareness of the needs of children and young people who are exposed to domestic violence and abuse.
- 1.2 Responsibility for responding to domestic violence and abuse is spread across a wide range of agencies and in addition to the human and emotional toll, it places costly demands on public services, with much of the focus being on the adult victims and perpetrators. This JSNA focuses on children and young people who have been exposed to domestic violence and abuse within their families or who are themselves within abusive teenage relationships. The findings of the JSNA inform a range of recommendations across agencies, to ultimately improve the outcomes for children and young people.

2. Recommendations

The Board is recommended to:

- 2.1 Note and agree the recommendations from the Domestic Violence and Abuse: the impact on children and young people JSNA bulletin. (Appendix One)
- 2.2 Support the development of an action plan for implementation of the recommendations.

3. Detail

- 3.1 Domestic violence and abuse (DA) is a complex and challenging social problem within families, which is largely hidden and underreported and disproportionately affects women and children as victims. It is more likely than other crimes to have repeat victimisation.
- 3.2 The government definition of domestic violence and domestic abuse (2013) includes 16 and 17 year olds for the first time:

Further information on the subject of this report can be obtained from Janet Janeway, 01793 444684, jjaneway@swindon.gov.uk.

Domestic Violence and Abuse:

The impact on children and young people Joint Strategic Needs Assessment (JSNA)

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“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: physical, sexual, psychological, emotional, or financial.”

- 3.3 Based on information from the Crime Survey for England and Wales we estimate that in Swindon 4,800 women aged 16-59 in Swindon have been victims of DA within the past year.
Female victims are more likely than male victims to suffer from emotional and financial abuse, threats and sexual assault.
- 3.4 National research found that almost a quarter of young adults reported having been exposed to DA in their family during childhood.
- 3.5 In Swindon we are aware of approximately 1000 children and young people each year who are exposed to DA. More than 40% of these are children under five, highlighting a significant concern, as what happens in early life is critically important for children’s development, health and wellbeing. A further 30% are primary school age. Some of the children are exposed to DA on more than one occasion.
- 3.6 Exposure to domestic abuse often leads to children exhibiting symptoms of disturbance during childhood which will vary depending on their age and stage of development. Children can develop depression, anxiety and aggression as a consequence of living with DA and may show increases in short and long term anti-social behaviour such as missing school, getting into fights, and cruelty to animals. Adverse effects are less likely when the DA is mild and short-lived or when they have at least one person in the family who responds to their developmental needs. When possible, maintaining friendships and continuity at school is very important.
- 3.7 The impact on children is aggravated by a range of factors such as the severity of the violence, a combination with problem drinking, drug misuse, mental illness or learning disability, and witnessing the sexual and physical abuse. It is often the combination of factors which can co-exist with domestic abuse that have been found to increase the risk of harm to children and this is reinforced by the findings from Serious Case Reviews.
- 3.5 Among children who have been directly abused there are a high number who have also experienced DA. In Swindon an audit of children on the child protection register was undertaken in 2009 and found that 58% of children on a child protection plan had DA noted as one of the risk factors.

Further information on the subject of this report can be obtained from Janet Janeway, 01793 444684, jjaneway@swindon.gov.uk.

Domestic Violence and Abuse:

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- 3.6 Research shows the impact of domestic violence on young people and an association with forming abusive relationships of their own. A national study of high risk DA victims aged under 18, found that in addition to experiencing physical and sexual violence, they often have associated health related vulnerabilities including self-harm, mental health problems and pregnancy. Internet and mobile technologies are often used to extend coercion and control within abusive relationships.
- 3.7 A wide range of agencies providing services for adults, families and children and young people come into contact with families experiencing DA. These include health, social care, education, criminal justice, voluntary and community sector, housing and DV specialist agencies.
- 3.8 Within the criminal justice system in Swindon in 2012 there has been an increase in repeat DA incidents, a reduction in total numbers of prosecutions of DA perpetrators and loss of the specialist DA courts.
- 3.9 Specialist DA services in Swindon include Swindon Women's Aid which is commissioned to provide a 24 hour helpline, a Women's Refuge, an Outreach service and an Independent Domestic Violence Advocate (IDVA) service. Hometruths is a Swindon based not-for-profit social enterprise which also offers DA services including IDVA provision.
- 3.10 DA victims are frequent users of health services, and present with symptoms including depression or anxiety, self-harm, tiredness, chronic pain, sexually transmitted infections, injuries or non-specific symptoms. They are more likely to be admitted to Hospital and are issued with more prescriptions. Nationally more than 1% of Emergency Department (ED) visits are due to domestic abuse.
- 3.11 More than 80% of the Swindon children we know have been exposed to DA, do not have any contact with Children's Social Services. Of those that do, less than 2% were on a child protection plan and less than 1% became children in care.
- 3.12 A set of recommendations to improve outcomes have been developed based on the findings in the JSNA.
- 3.12.1 Review current governance arrangements to ensure that the right strategic and operational partners are represented in a local partnership to prevent domestic violence and abuse, including focus on the needs of children and young people.
- 3.12.2 Improve the knowledge, skills and confidence of staff to identify DA and respond appropriately, through a robust training framework and developed pathways into specialist services.
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Further information on the subject of this report can be obtained from Janet Janeway, 01793 444684, jjaneway@swindon.gov.uk.

Domestic Violence and Abuse:

The impact on children and young people Joint Strategic Needs Assessment (JSNA)

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- 3.12.3 Develop information sharing about DA that is timely, purposeful, is supported by up to date protocols and includes information reaching the person who knows the child or young person.
- 3.12.4 Ensure that assessments of risk and impact focus on children as well as adult victims and that agencies work together to this end.
- 3.12.5 Develop the opportunities during pregnancy and early years for parents to disclose DA and access services and ensure that parenting programmes include a focus on DA.
- 3.12.6 Develop the opportunities for children experiencing DA to seek help, support and access to therapeutic services.
- 3.12.7 Improve recognition of DA in teenage relationships, both among young people and staff, backed up by a programme supporting teenage victims and perpetrators to develop non-abusive relationships.
- 3.12.8 Provide PSHE which promotes healthy relationships, including awareness of DA, and promote emotional wellbeing through a whole school approach.
- 3.12.9 Embed a whole-family approach, including DA, in adult and children services across Swindon.
- 3.12.10 Provide non-mandated programmes for perpetrators who wish to change their behaviour, including an appropriate programme for those aged under 18.
- 3.12.11 Improve the identification of DA and pathways to support during consultations with health professionals
- 3.12.12 Refer identified issues on the management of domestic abuse within the criminal justice process to the Criminal Justice Board for further scrutiny.

4. Alternative Options

- 4.1 Not to support the recommendations identified in the JSNA bulletin.'

Domestic Violence and Abuse:

The impact on children and young people Joint Strategic Needs Assessment (JSNA)

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5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 If additional resources are needed to implement these recommendations a detailed business case will be developed.

Legal and Human Rights Implications

- 5.2 Legal and human rights have been taken into consideration in the preparation of this report. It is considered that the recommendations are compatible with convention rights.
- 5.3 In consideration of any future guidance and an understanding of best practice, the Council will work with the NHS and other service providers to ensure that equalities and a respect for human rights are at the heart of the Swindon JSNA, that everyone in Swindon has fair access to services and are free from discrimination.

All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

- 5.4 The Domestic Violence and Abuse: the impact on children and young people JSNA highlights a number of areas of focus to improve outcomes for children and young people exposed to DA.

Links to One Swindon, Strategic Objectives, Plans and Policies

- 5.5 Improving outcomes for children and young people exposed to DA is consistent with strategic outcomes set out in One Swindon, the Health and Wellbeing Strategy and the Children and Young People Early support Strategy.

Diversity Impact Assessment

- 5.6 A Diversity Impact Assessment has not been completed at this stage.
- 5.7 The Domestic Violence and Abuse: the impact on children and young people JSNA considers the needs of communities most at risk of poor outcomes resulting from exposure to DA. Any future actions or service redesign will reflect the needs and diversity of Swindon communities.

Risk Management

- 5.8 No specific risks identified at this stage for this report.

Further information on the subject of this report can be obtained from Janet Janeway, 01793 444684, jjaneway@swindon.gov.uk.

Domestic Violence and Abuse:

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6. Consultees

- 6.1 The Board Director Finance, Revenues, Benefits and Property (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

7. Background Papers

- 7.1 None

8. Appendices

- 8.1 Appendix one: Domestic Violence and Abuse: the impact on children and young people JSNA bulletin.

Swindon's Joint Strategic Needs Assessment

Domestic Violence and Abuse: The impact on children and young people



Key Points:

- This JSNA provides evidence to help us understand the health and wellbeing needs of children and young people exposed to domestic violence and abuse in Swindon.
- The term domestic violence and abuse (DA) will be used throughout this bulletin to capture the range of violent and abusive behaviours which can exist within adult and teenage intimate relationships.
- DA is a complex and challenging social problem within families, which is largely hidden and underreported and disproportionately affects women and children as victims. It is more likely than other crimes to have repeat victimisation.
- Responsibility for responding to DA is spread across a wide range of agencies and in addition to the human and emotional toll, it places costly demands on public services, with much of the focus being on the adult victims and perpetrators.
- There are estimated to be 4,800 women aged 16-59 in Swindon who have been victims of DA within the past year.
- Victims consult with health professionals about symptoms such as depression, self-harm and physical injuries but DA is rarely identified or support offered.
- National research found that almost a quarter of young adults reported having been exposed to DA in their family during childhood.
- In Swindon there are approximately 1000 children and young people that we are aware of who are exposed to DA each year, of whom more than 40% are under five.
- There are significant adverse impacts on the health, development, wellbeing and learning potential of many children and young people exposed to DA and few opportunities for them to access help or support.
- There is an association between DA and child protection and this is particularly when combined with other parental difficulties such as problem drinking or drug misuse, mental health problems or learning disabilities.
- DA within teenage intimate relationships is of national and local concern, although young people find it hard to recognise what they are experiencing as DA.
- There is a lack of professional confidence to identify and address DA within the children's workforce
- This JSNA makes 12 recommendations – these are set out on page 8.

What is Joint Strategic Needs Assessment?

Joint Strategic Needs Assessment (JSNA) helps us to understand:

- What we know about the current health and wellbeing needs of local people;

- How their needs are being met;
- What we think their future needs are likely to be; and
- How their needs can best be met.

Understanding Swindon's changing population, the factors that affect health and

Government definition of domestic violence and domestic abuse (2013):

"Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: physical, sexual, psychological, emotional, or financial."

wellbeing, the town's assets and the implication for future services are vital in setting priorities and planning future services.

Domestic Violence and Abuse: the impact on children and young people JSNA

This needs assessment focuses on children and young people who have been exposed to DA within their families or who are themselves within abusive teenage relationships. The consequences of DA can be severe and include physical and emotional injury, disruption to education, employment and housing, and restrictions on social behaviours. The impact is particularly damaging when individuals are exposed to violence at an early age and can contribute to poor health and wellbeing outcomes in life.

How many people in Swindon experience domestic abuse?

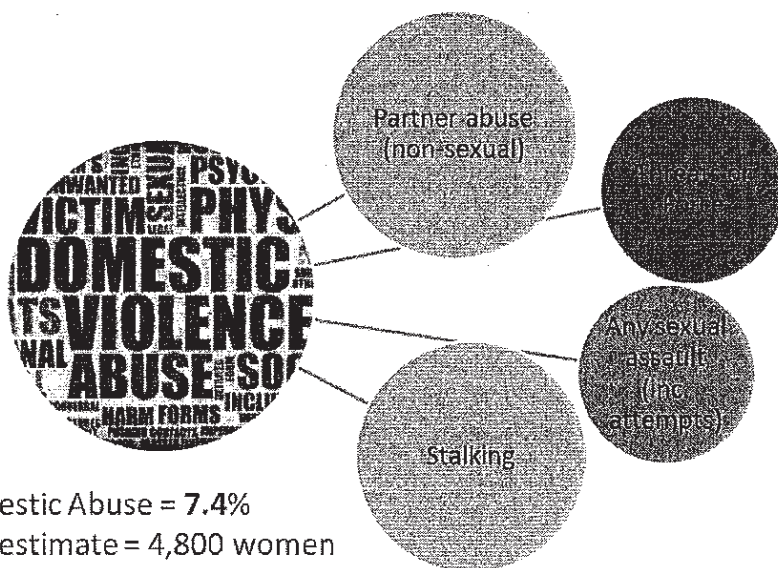
Estimating the number of people affected by domestic abuse is difficult due to the hidden nature of the problem.

individuals in recognising DA. The most reliable estimates come from the Crime Survey for England and Wales (previously called the British Crime survey), an annual representative sample survey which asks about the extent to which people have been victims of crimes. In the 2011/2012 survey, 31% of women and 18% of men aged 16-59 said they had experienced DA during their lifetime, while 7.4% of women and 4.8% of men had experienced it within the past year. The profile of male victims is not well understood and some follow up work suggests the survey may be over-identifying the numbers of DA victims who are men.

Figure 1 shows the estimated prevalence of DA experienced in the past year by women in Swindon. Female victims are more likely than male victims to suffer from emotional and financial abuse, threats and sexual assault.

Figure 2 shows the variance in the rate of DA incidents across Swindon with children in the

Figure 1: Estimated female victims of DA in the past year in Swindon (ages 16-59) showing types of abuse (to scale)



household. The red areas have a rate of between 4% and 9.5% of the total child population for the area, amber is 3-4% and yellow 2-3%. Some of this will be attributable to repeat incidents in the same households. Figure 3 shows the age profile of children in Swindon in households with DA incidents and the frequency of their exposure. There was an overall rise of 8% in the numbers of children from 2011 to 2012 from just under 1000 children in each year. More than 40% are children under five, highlighting a significant concern, as what happens in early life is critically important for children's development, health and wellbeing. A further 30% are primary school age. Single incidents among school aged children at primary and secondary schools (ages 5-15) rose by more than 40% from 2011 to 2012.

The impact of domestic abuse

Exposure to domestic abuse often leads to children exhibiting symptoms of disturbance during childhood which will vary depending on their age and stage of development. Children can develop depression, anxiety and aggression as a consequence of living with DA and may show increases in short and long term anti-social behaviour such as missing school, getting into fights, and cruelty to animals. Adverse effects are less likely when the DA is mild and short-lived or when they have at least one person in their

Figure 2: Rate of DA incidents with children in the household (April 10 – December 12)

Rate of cases by LSOA ■ = greatest proportion of cases ■ = fewest proportion of cases

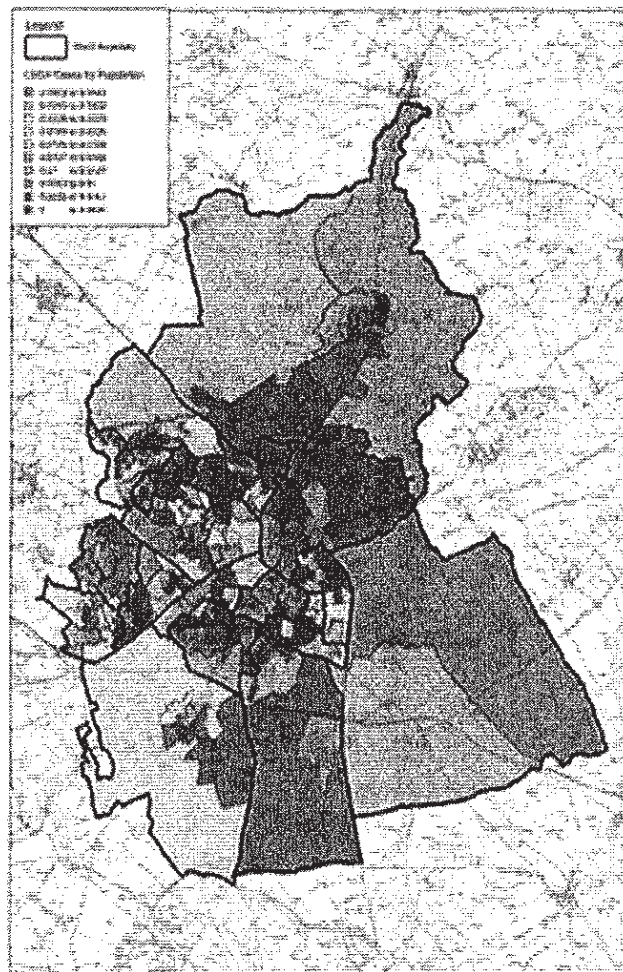
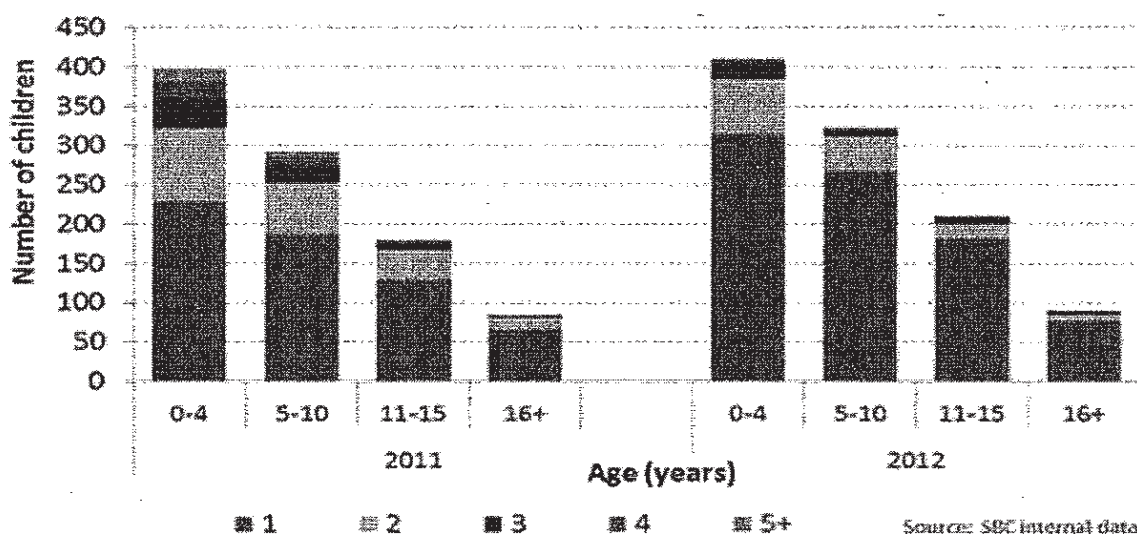


Figure 3: The number of children living in households with DA incidents, by age of child and number of incidents (2011 and 2012)



family who responds to their developmental needs. When possible, maintaining friendships and continuity at school is very important.

The impact on children is aggravated by a range of factors such as the severity of the violence, a combination with problem drinking, drug misuse, mental illness or learning disability, and witnessing the sexual and physical abuse. It is often the combination of factors which can co-exist with domestic abuse that have been found to increase the risk of harm to children and this is reinforced by the findings from Serious Case Reviews.

Among children who have been directly abused there are a high number who have also experienced DA. In Swindon an audit of children on the child protection register was undertaken in 2009 and found that 58% of children on a child protection plan had DA noted as one of the risk factors.

Although separation is the best way to escape domestic violence, domestic violence murder reviews have shown that separation can increase the likelihood of extreme violence being perpetrated. Child contact arrangements can also place children and mothers at risk of abuse. The British Crime survey found that more than a third of women who had separated after DA reported experiences of abuse and threats to themselves or their children during contact.

Parenting skills of the victim can be negatively affected by the DA which may cause apathy, feelings of inadequacy or depression and cause difficulty in organising day to day living and maintaining routines. Parenting may become unpredictable, inconsistent and ineffective. Parents may also be reluctant to admit problems due to anxiety about losing their children.

Research shows the impact of domestic violence on young people and an association with forming abusive relationships of their own. A national study of high risk DA victims aged under 18, found that in addition to experiencing physical and sexual violence, they often have associated health related

vulnerabilities including self-harm, mental health problems and pregnancy. Internet and mobile technologies are often used to extend coercion and control within abusive relationships.

In Swindon:

In the consultation with young people (aged 10–15) in Swindon Ten to Eighteen Project (STEP) an average of 60% said they had experience of DA.

Swindon Family Nurse Partnership (FNP) working with teenage mothers found that 42.5% reported at 12 months after birth having experienced physical or emotional abuse since birth of infant, compared with 23% reported in the FNP programme nationally.

Local agencies working with troubled young people, including the Child and Adolescent Mental Health Service (CAMHS) and Youth Offending Team (YOT) regularly work with young people who have a family history of DA.

Youth Engagement workers report working with a number of young people who have problems with abusive relationships and identify this as a training need.

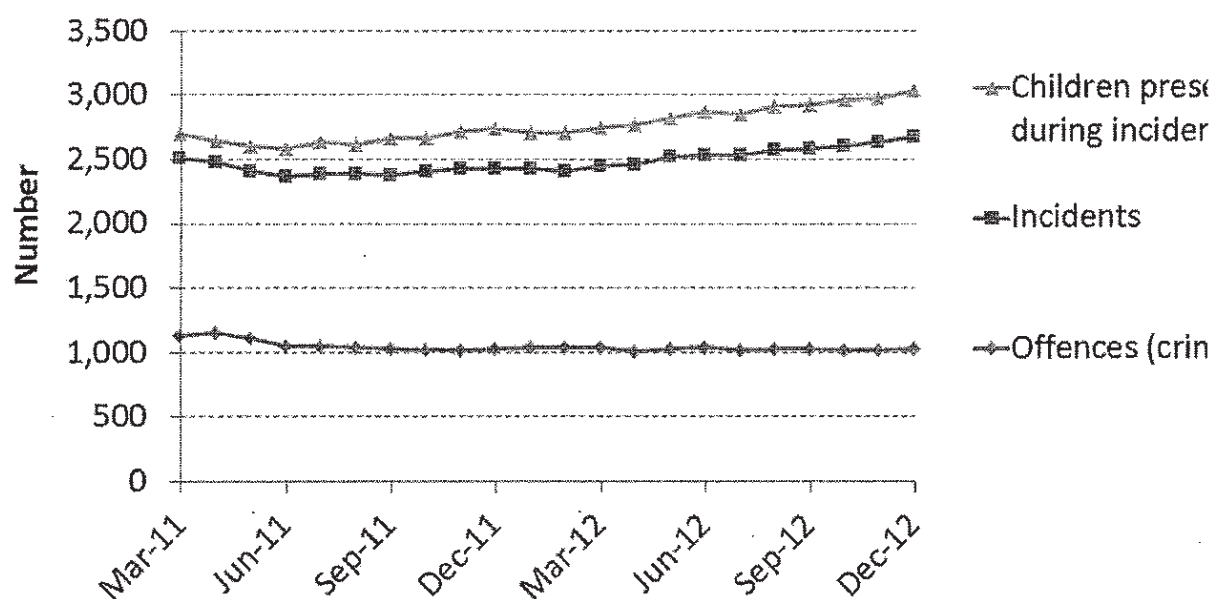
What services do people use?

A wide range of agencies providing services for adults, families and children and young people come into contact with families experiencing DA. These include health, social care, education, criminal justice, voluntary and community sector, housing and DV specialist agencies. Governance for DA is currently through the Community Safety Partnership.

Criminal Justice agencies involved in DA include the Police, the Crime Prosecution Service, the Courts and the Probation Service. The Police and Crime Commissioner for Wiltshire and Swindon has a role in representing people in the area to ensure the policing needs of communities are met.

Figure 4 shows 12 month rolling police

Figure 4: Swindon - Police calls to domestic violence incidents, children present in households during incidents and DV offences: Rolling 12 month information (April 10-December 12)



information about DA incidents in Swindon. This shows a small increase in DA incidents during 2012 and a similar increase in children present during those incidents. The increase appears to be due to more repeat incidents which rose from an average of 14% in 2010 and 2011 to 22% in 2012. The number of offences remained stable.

The numbers of perpetrators of DA who were prosecuted by the Crown Prosecution Service in Wiltshire dropped by 15% from 756 in 2010/2011 to 656 in 2011/2012 and dropped a further 12% to 577 in 2012/2013. Wiltshire no longer has specialist DA courts which were introduced in 2008 as a means to address some of the problems in DA prosecutions.

High risk victims are offered the support of an Independent Domestic Violence Advocate (IDVA) and are referred to the Multi Agency Risk Assessment Conference (MARAC) which makes plans to improve victim safety. Figure 5 shows the numbers of high risk victims referred to Swindon MARAC as a 12 month rolling figure as well as the number of children of those victims.

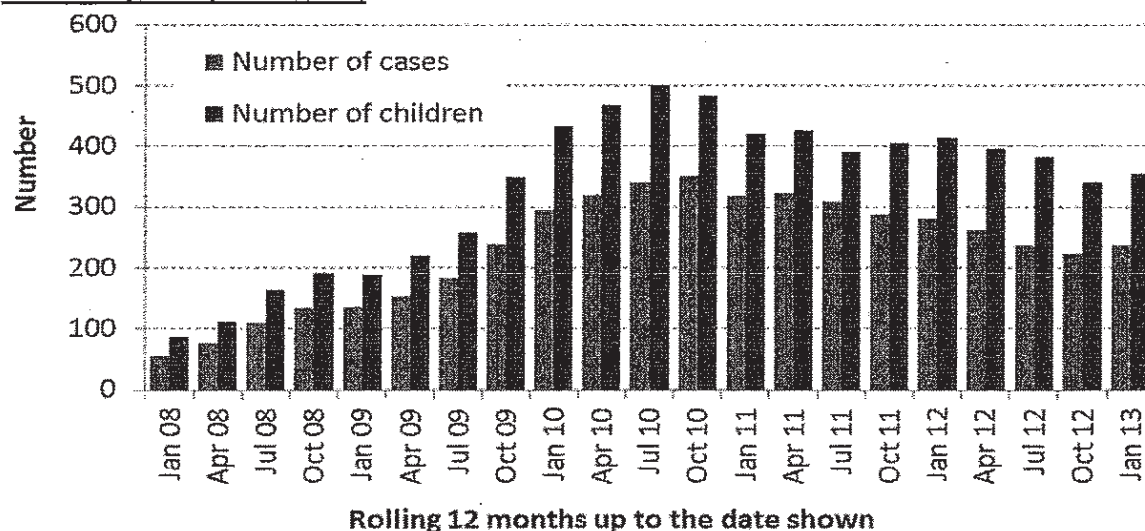
These numbers peaked at 350 high risk victims with just under 500 children in the

year up to October 2010, followed by a 30% drop in the year to January 2013. CAADA expect the right number of Swindon MARAC referrals to be similar to 2010 levels. The police provide 70% of the referrals to MARAC with very small numbers being referred by children or health services. In the year to January 2013, 15% of the MARAC referrals were from the black and minority ethnic community in Swindon, a proportion roughly representative of the Swindon population. Other groups including those aged under 18, were under-represented.

Specialist DA services in Swindon include Swindon Women's Aid which provides a 24 hour helpline, a Refuge, an Outreach service and an IDVA service. From April 2009 to December 2012 the Refuge has provided accommodation to 244 women of whom 31% described themselves as having a disability and 33% were from a BME group. The women had with them 434 children of whom over half were under 5. Hometruths is a Swindon based not-for-profit social enterprise which provides a range of DA services including an IDVA service.

DA victims are frequent users of health services, and often have symptoms

Figure 5: Swindon MARAC – trend in the number of cases and number of children aged under 18 years (2008-2012)

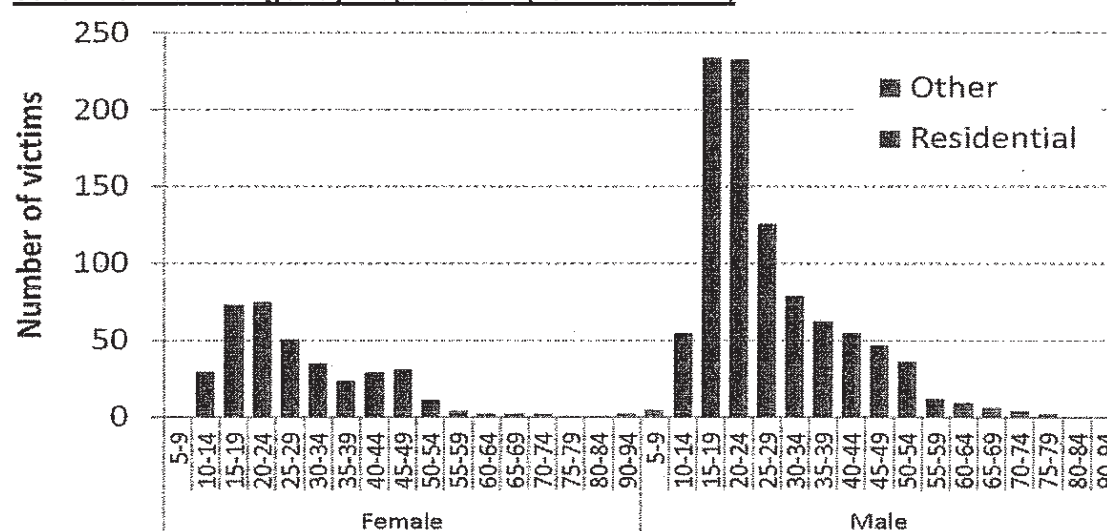


including depression or anxiety, self-harm, tiredness, chronic pain, sexually transmitted infections, injuries or non-specific symptoms. They are more likely to be admitted to Hospital and are issued with more prescriptions. Nationally more than 1% of Emergency Department (ED) visits are due to domestic abuse. Figure 6 shows assault information from the Great Western Hospital, revealing that although more males are victims of assault, a higher proportion of female victims are assaulted in residential premises.

Children Social Services in Swindon received notifications from police of

approximately 1000 children each year being exposed to DA. Figure 7 shows that more than 80% of these children do not have any contact with Children's Social Services following this. Of those that do, less than 2% were on a child protection plan and less than 1% became children in care. The Early Help Record and Plan (EHR&P) is core to the delivery of multi-agency services by the wider children's workforce and 10% of these children had a Common Assessment (CAF) which was forerunner to EHR&P. All children have contact with universal services and may access support through these services.

Figure 6 Age and gender of victims with location of assault in residential premises or other - GWH Emergency Department (Jan 11-Feb 13)



Midwives, Health visitors and Children Centres provide crucial services to improve health and well-being outcomes for under-fives and the Family Nurse Partnership provides an intensive service to young mothers and their partners. Parenting programmes do not routinely address DA and midwifery is the only universal service to routinely ask all mothers about DA.

Schools are vitally important in supporting their pupils when they are exposed to DA. They also play a significant role in helping the development of healthy relationships. Through personal, social and health education (PSHE) they can improve knowledge and skills and developing awareness of abuse can help to reduce the social acceptability of violence. Effective strategies to promote emotional well-being are also valuable. There are examples of good practice in Swindon schools.

The Children and Family Court Advisory and Support Service (CAFCASS) provide Family Court Advisers when parents are separating or divorcing and can't agree on arrangements for their children (private law). DA is the most common welfare issue raised in proceedings. CAFCASS can refer DA perpetrators to the mandatory perpetrator programme run by the Probation Service.

What do local people think?

Three consultations were undertaken to inform this needs assessment:

- A focus group with mothers at Swindon Refuge
- Consultation with children aged 5-10
- Consultation with young people aged 10 to 15 at STEP.

Mothers at the Refuge described how they tried to cope with the DA and how it had undermined their confidence. Disclosing the abuse and finding the right help was difficult. They usually had told family or friends but this often resulted in unhelpful advice. Acknowledging the impact on their children could be difficult and they feared that telling others would result in them having no control over their situation. Their mental health was often adversely affected and GP's frequently had been consulted for this.

The children at the Refuge described crying and being scared when their parents were shouting and arguing. They found it hard to tell people what had happened and found it helpful for school staff to regularly talk to them and see how they were. They felt that no-one would understand their problems or be able to help them. Living at the Refuge meant it was harder to see their friends.

Young people at STEP thought DA was limited to violence and aggressive acts and

Figure 7: Service delivery following DA notifications in children's Social Services (April 2010-Dec 2012)

DV notifications = 4,317

No. of children = 2,808

Referrals to Soc Care = 535

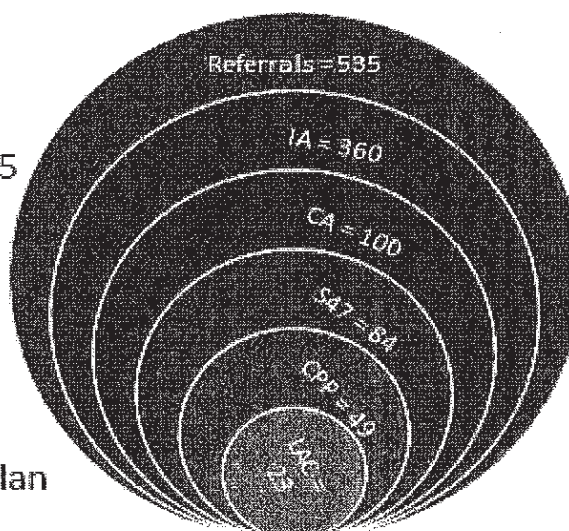
IA = Initial assessment

CA = Core assessment

S47 = Child protection investigation

CPP = Child protection plan

LAC = Looked after child



did not understand the relationship between DA and abusive relationships with peers. It caused them to feel scared, frightened, angry, sad, upset, and confused and had caused problems at school and with friends, either through behaviour or emotions. Most would have liked to talk to someone they trusted. However many of them did not know who to talk to, or were too worried and scared to tell anyone about the DA.

Recommendations

1. Review current governance arrangements to ensure that the right strategic and operational partners are represented in a local partnership to prevent domestic violence and abuse, including focus on the needs of children and young people.
2. Improve the knowledge, skills and confidence of staff to identify DA and respond appropriately, through a robust training framework and developed pathways into specialist services.
3. Develop information sharing about DA that is timely, purposeful, is supported by up to date protocols and includes information reaching the person who knows the child or young person.
4. Ensure that assessments of risk and impact focus on children as well as adult victims and that agencies work together to this end.
5. Develop the opportunities during pregnancy and early years for parents to disclose DA and access services and ensure that parenting programmes include a focus on DA.
6. Develop the opportunities for children experiencing DA to seek help, support and access to therapeutic services.
7. Improve recognition of DA in teenage relationships, both among young people

and staff, backed up by a programme supporting teenage victims and perpetrators to develop non-abusive relationships.

9. Provide PSHE which promotes healthy relationships, including awareness of DA, and promote emotional wellbeing through a whole school approach.
10. Embed a whole-family approach, including DA, in adult and children services across Swindon.
11. Provide non-mandated programmes for perpetrators who wish to change their behaviour, including an appropriate programme for those aged under 18.
12. Improve the identification of DA and pathways to support during consultations with health professionals.
13. Refer identified issues on the management of domestic abuse within the criminal justice process to the Criminal Justice Board for further scrutiny.

Where to find more information

The full Domestic Violence and Abuse: the impact on children and young people JSNA provides much more information on the issues covered by this bulletin (including full references). It can be found on Swindon's JSNA website:
<http://www.swindon.gov.uk/healthandwellbeing>

The website includes a range of other documents about health and wellbeing in Swindon. If you have any queries (or would like to contribute to needs assessment activities in Swindon) please contact:
Janet Janeway
jjaneway@swindon.gov.uk

This bulletin will be reviewed in 2016

Better Care Fund Plan

Health and Wellbeing Board

Date: 8th January 2014

Author:	Head of Commissioning – Children & Adults
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

- 1.1 To discuss with members of the Health and Wellbeing Board the draft Better Care Fund Plan 2014 - 16.

2. Recommendations

The Board is recommended to:

- 2.1 Discuss the draft Better Care Fund Plan 2014 – 16 and advise of any amendments and alterations
- 2.2 To receive the final Better Care Fund Plan at its next meeting

3. Detail

- 3.1 The Department of Health announced in June 2013 its intention to set up a £3.8b Integrated Transformation Fund for Local Authorities (LA) and Clinical Commissioning Groups (CCG) so that integration becomes the norm by 2018.
- 3.2 Further guidance and specific requirements on the LA and CCGs were published on the 19th December 2013.
- 3.3 The Better Care Fund (BCF) starts in 2015 and will be a National Health Services Act 2006 Section 75 Agreement with a pooled fund. In 2014/15 the money will come to the Local Authority as part of a Section 256 Agreement.
- 3.4 The allocation for Swindon is £3,394,293 for 2014/15 rising to £12, 675,000 in 2015/16. The majority of the allocation for 2014/15 is the current transfer to the LA from the NHS of £2,753,293. The additional allocation of £641,000 is to prepare for enhanced hospital discharge, winter pressure and 7 day working in social care.
- 3.5 The allocation for 2015/16 includes a contribution to implementation of the Health & Social care Act, social care and health capital, health allocations for reablement and carers plus 3% of the CCG baseline budget
- 3.6 There are a number of national conditions attached to the Better Care Fund:
- 7 day working in social care
 - Better data sharing and use of NHS number as a unique identifier

Further information on the subject of this report can be obtained from Sue Wald, 01793 465713, swald@swindon.gov.uk.

Better Care Fund Plan

Health and Wellbeing Board

Date: 8th January 2014

- Protection of social care services
 - Jointly agreed plans
 - Jointly agreed assessment and care planning across health and social care
 - Assessment of implications of plans on the acute sector
- 3.7 £1b of the allocation of £3.8b will be based on payment by result and achievement of agreed performance outcomes:
- 3.7.1 April 2015
- £250m for achievement of the 6 national conditions outlined in 3.6
 - £250m for achievement of targets against 4 national indicators (reduction in avoidable hospital admissions, reduction in delayed discharge plus one local indicator)
- October 2015
- £500m against all of the national and local indicators
- 3.8 The draft Better Care Fund Plan has to be submitted to the NHS England Area team on a prescribed template by 14th February 2014 with a final submission by 31st March 2014. There is a requirement that the plan is agreed by the Health and Wellbeing Board.
- 3.9 A working group across the CCG and SBC has drafted the plan (**Appendix 1 and 2**) and discussed the outline with the Clinical Leadership Group of the CCG. The draft Better Care Fund Plan for Swindon is based on the joint plans we already have in place for Swindon as well as future ambitions.
- 3.10 We have been involved in discussions with stakeholders, providers, children and young people, the Youth Forum and health providers in the development of the documents which inform the Better Care Fund Plan.
- 3.11 It is proposed that the final plan is brought to the next Health and Wellbeing Board meeting.
- 4. Alternative Options**
- 4.1 The option of not having a Better Care Fund Plan is rejected as it would mean that there is no agreed plan and no allocation of funding for Swindon.

Better Care Fund Plan

Health and Wellbeing Board

Date: 8th January 2014

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 The planned expenditure is built into the budget planning process for the CCG and Swindon Borough Council for 2014/15. The payment by result element of the BCF will pose a significant risk to the CCG and Swindon Borough Council. Risks have been identified as well as mitigating actions which are part of the final submission to the HWB in March 2014

Legal and Human Rights Implications

- 5.2 The section 256 and 75 agreement are a legal contract that outlines the responsibilities of both the CCG and SBC through the aligned and pooled budget arrangement.

All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

- 5.3 These have been considered as none.

Links to One Swindon, Strategic Objectives, Plans and Policies

- 5.4 The strategy is informed by the priorities set out in One Swindon, 'Living Independently, protected from harm, leading healthy lives and making a positive contribution'.

Diversity Impact Assessment

- 5.5 A diversity impact assessment (DIA) has not been completed as this report does not introduce new priorities. DIAs have been completed in respect of the plans and strategies that inform the Better Care Fund Plan

Risk Management

- 5.6 None.

6. Consultees

- 6.1 The Board Director Finance, Revenues, Benefits and Property (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

7. Background Papers

- 7.1 Better Care Fund Guidance published DH and LGA 19th December 2013

8. Appendices

- 8.1 Appendix 1 – Draft Better Care Fund Plan

Further information on the subject of this report can be obtained from Sue Wald, 01793 465713, swald@swindon.gov.uk.

Better Care Fund Plan

Health and Wellbeing Board

Date: 8th January 2014

8.2 Appendix 2 - Better Care Fund Plan on a page

BETTER CARE FUND PLAN (DRAFT)

Swindon Clinical Commissioning Group and Swindon Borough Council v0.3

(January 2014)

1. Introduction

The joint plan for the Better Care Fund is based on the work the NHS Swindon Clinical Commissioning Group and Swindon Borough Council have undertaken jointly to develop integrated commissioning and integrated services.

Our partnership is supported by two National Health Services 2006 Section 75 Agreements for children and adult services.

Our joint vision for people in Swindon is

To ensure that everyone lives a healthy, safe, fulfilling and independent life and is supported by thriving and connected communities

We have aligned our joint resources to support the health, wellbeing, mental health, education and care of children, families and adults in the community to achieve the mission of both organisations.

Our plan should be read in the context of the further documents:

- 'Strategy for Care' (CCG)
- 'Commissioning Intentions for 2014/15' (CCG)
- The Five year draft Plan
- One Swindon 'The Swindon Community Strategy: A Shared Vision for Swindon'
- Joint Strategic Needs Assessment
- Health and Wellbeing Strategy
- Pioneer allocation bid: Shoulder to Shoulder
- Adult Demand Strategy, Swindon Borough Council
- Joint Commissioning Plan 2013-14

This plan also needs to be aligned with the work being progressed by the One Swindon Board as part of the Public sector Transformation network.

We have been involved in discussions with public, patients, GP practices, providers, voluntary sector, other stakeholders, providers, children and young people, and the Youth

Forum in the development of the documents referred to above. The Better Care Fund Plan is a summary of jointly agreed areas of priority.

The plan requires the sign off of the Swindon Health and Wellbeing Board. The CCG has very similar boundaries to the Borough Council with the exception of the one member practice in Shrivenham which is within Oxfordshire County Council although the majority of the patient care pathways for its population are similar to the other practices. Also approximately 10% of the patients registered with Swindon GP practices are resident in Wiltshire, Berkshire and Gloucestershire.

The financial elements of this plan will follow as a separate appendix.

2. PLAN DETAILS

2.1 National conditions

The plan needs to demonstrate clearly how we will meet all the national Better Care Fund conditions, including details of expected outcomes, benefits of the schemes involved, and how the associated risks to existing NHS services will be managed.

- **Plans to be jointly agreed** – the Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Round, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area itself, broken down by Council and Clinical Commissioning Group
- **Protection for social care services** – local areas must include an explanation of how adult social care services will be protected within their plans. For Swindon this is made easier as the integrated community provider, SEQOL provides both health and social care services.
- **7 –day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekend** – for the winter 2013/14 in Swindon there are additional social care resources being used to ensure that patients are discharged from hospital at weekends when a new setting of care provides added value greater than the current setting.
- **Better data sharing between health and social care, based on the NHS number** – the safe, secure sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. In Swindon plans to use of the NHS number as a primary identifier are being progressed.
- **Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional** – Swindon's approach has been developed from the joint adult demand strategy. This includes:

- Identification of those needing case management and those needing self-management through risk stratification supported by practice attached community navigators (link workers);
- Access to dedicated case managers provided by SEQOL;
- Access to a range of self-help support including a Healthy Life Plan co-ordinated by practice attached link worker supported by a database of available community, voluntary sector and neighbourhood support.
- **Agreement on the consequential impact of changes in the acute sector** – this is considered in our ‘Strategy of Care’ and in particular our assumptions regarding the reduction in unplanned care against the overall context of growth in planned care as required by population growth. The net assumption is an increase of 1 – 1.2% per annum in activity compared to growth in population based demand of 2.8 – 3.2%.

2.2 Service provider engagement

The service redesign programme is the main means of engagement with providers attending a range of events to address a number of Swindon specific priorities. Swindon Strategic Change Forum brings together the Clinical Commissioning Group, Swindon Borough Council, SEQOL (provider of community health and social care) and Great Western Hospital. This plan builds on the agreed priorities of:

- The Health and Wellbeing Strategy;
- The draft 5 year Plan for NHS Swindon CCG and Swindon Borough Council;
- The NHS Swindon Commissioning Intentions 2014/15, which have been discussed with providers and have been developed jointly with Swindon Borough Council;
- The Joint Commissioning Plan which brings together the priorities for both the CCG and Swindon Borough Council. The priorities of this plan have also been shared and discussed with the voluntary and community sector.

In developing the plan there was a need to engage with all providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. As part of the planning process for 2014/15 and the 5 year strategic plan we will need to assess future capacity and workforce requirements across the system.

2.3 Patient, service user and public engagement

The service redesign programme is the main mechanism for engagement in Swindon with patients, carers, service users and the public. In July 2013, in response to **A Call to Action**, we accelerated this redesign programme and developed it further to include the six

emerging themes: **prevention, mental and physical health and wellbeing, learning from the best**, putting the **patient in control**, developing and testing **future scenarios**, and enhancing the quality of life for **people with long term conditions**.

2.4 Related documentation

- (1) Health and Wellbeing Strategy 2013-2016
- (2) JSNA 2013-2022
- (3) One Swindon- 'The Swindon Community Strategy: A Shared Vision for Swindon'
- (4) Adult Care Strategy
- (5) "Doing the Basics Brilliantly"
- (6) "Our Health in Our Hands"
- (7) "Shoulder to Shoulder"/Joint Commissioning Plan
- (8) "Time to Reflect"
- (9) "Sustainability, Capacity and Choice"
- (10) "One Swindon, One Voice"
- (11) "Safely in Swindon"

3. VISION AND SCHEMES

3.1 Vision

Our joint vision for people in Swindon is enshrined in the Health and Wellbeing Strategy:

To ensure that everyone lives a healthy, safe, fulfilling and independent life and is supported by thriving and connected communities.

We have aligned our joint resources to support the health, wellbeing, mental health, education and care of children, families and adults in the community to achieve the mission of both Swindon CCG and SBC.

Swindon is strongly placed to deliver integrated care, with an existing Section 75 agreement in place for health and social care comprising an aligned fund of £16m CCG and £55m SBC (total £72m). We are a single unitary local authority (Swindon Borough Council), one CCG (representing 27 member practices in Swindon and Shrivenham); a single acute Trust in the Town (Great Western Hospitals NHS Foundation Trust); one integrated community health

and social care provider (SEQOL, one of the leading Social Enterprises in the country), one mental health provider (Avon and Wiltshire Partnerships NHS Trust, who have already set up a clinical directorate that just serves Swindon); one urgent care ambulance service provider (South Western Ambulance Service); and one network of voluntary sector organisations (Voluntary Action Swindon or VAS).

Integrated services for children will have brought together community health, education and social care services. These have been co-located and managed as a single service.

One Swindon is a partnership of all statutory organisations working with the private sector to deliver a single vision for Swindon which:

- Benefits the people of Swindon
- Celebrates the successes of Swindon
- Sees One Swindon working as one and is part of the national Public Sector Transformation Network as one of nine local authority areas to be designated and already has earned the reputation for delivery of joined up services and change with 12 new business cases developed for implementation during 2014.

Swindon is therefore strongly placed to implement integrated care in that the organisations currently providing local health and social care services are dealing with the same patients and communities

In preparing this plan we have already undertaken an extensive literature search on the opportunities presented through integration (particularly in the delivery of out of hospital care). From that literature search, what we observe is that the delivery of integrated care appears also to require the integration of sources of funding, planning and commissioning, otherwise the inherent differences/competitiveness built into procurement and the different payment regimes drive integrated pathways apart. We will implement models for the integration of sources of funding, resource allocation and provision across adults and children with a particular focus on enhancing the role of community based health and social care support, community navigators and community based support through the voluntary and third sector. It is our belief, based on the evidence from other community health and social care systems around the world, that to merely seek to integrate the provision of care will result in unsustainable change - it certainly will not reflect the level of ambition that the Better Care Fund seeks to achieve. We see the opportunity presented by the Better Care Fund as a step in a journey that we describe below.

We see integration as essential to the improvement of the patient's and service user experience and we will be setting out examples (as patient stories) of how genuine and ambitious care integration will achieve improvements in quality and the cost of health care delivery.

Our ambition to deliver integrated care is first and foremost driven by our daily appreciation of the delays and confusion in healthcare delivery caused by the current disintegrated model of care delivery, despite our best efforts to ensure the patient experience is right first time for everyone. The most common complaint from both patients and clinicians is that every pathway of care has too many points where care must be handed over to another organisation, that these handover stages cause confusion and delay, that delay results in poor healthcare and also discontinuity of provision, that the resulting communication between healthcare professionals is also poor and needs new systems to improve it, and that having two different definitions of choice operating along each pathway i.e. social care and health care definitions are differently applied, only adds to the confusion.

One third of those treated in hospital will be discharged still needing a social care assessment but having had no referral to social care. Recent reports regarding ITU patients highlighted that this can delay someone in ITU returning to their original functionality by an average of two years. Most commonly, the length of stay of the patient is such that there was not time to make a referral to social care before discharge, resulting in subsequent re-admission to hospital when former patients are unable to cope at home. Sometimes, social care needs are not identified during hospital stay and thus no referral is made. The consequences to the patients experience of being discharged without both health and social care needs being addressed can be dramatic – if functionality or mobility is impaired, the once familiar home can become a place of risk and danger.

3.2 Plan performance

Our intention is that the Better Care Fund is linked to achieving outcomes. Funding will be released depending on progress against four of the six national conditions and performance against a number of nationally and locally determined metrics during 2014/15. The four national conditions are:

- Protection for adult social care services
- Providing 7 – day services to support patients being discharged and prevent unnecessary admissions at weekends
- Agreement on the consequential impact of changes in the acute sector
- Ensuring that where funding is used for integrated packages of care there will be an accountable lead professional.

National guidance states that only a limited number of national measures can be used to demonstrate progress towards better integrated health and social care services in 2015/16, because of the need to establish a baseline of performance in 2014/15. National metrics for the Fund have therefore been based on a number of criteria, in particular the need for data to be available with sufficient regularity and rigour. The national metrics underpinning the Fund will be:

- Admissions to residential and care homes;
- Effectiveness of reablement;
- Delayed transfers of care;
- Avoidable emergency admissions (standardised admission rates for unplanned care)
- Patient/service user feedback on their experience. (this recognised by WHO as being the recognised measure to demonstrate outcomes)

Further details on these national metrics are still to be provided. In addition to the national metrics, Swindon is expected to choose one additional indicator that will contribute to the payment-for-performance element of the Fund. In choosing this indicator, it must be possible to establish a baseline of performance in 2014/15.

A menu of possible local metrics selected from the NHS, Adult Social Care, and Public Health Outcomes Frameworks includes:

NHS Outcomes Framework:

- Proportion of people feeling supported to manage their (long term) condition
- Estimated diagnosis rate for people with dementia
- Proportion of patients with fragility fractures recovering to their previous levels of mobility/walking ability at 30/120 days

Adult Social Care Outcomes Framework

- Social care-related quality of life
- Proportion of adults in contact with secondary care mental health services living independently with or without support
- Carer –reported quality of life

Public Health Outcomes Framework

- Proportion of adult social care users who have as much as social contact as they would like
- Proportion of adults classified as ‘inactive’
- Injuries due to falls in people aged 65 and over

The local indicator can be selected from the above list or it can be a locally agreed alternative, possible local measures are:

- Emergency admissions of patients with a long term condition who have a personal care plan
- Percentage of population who have used rapid access services.

The local indicator must meet a number of criteria:

- It has to be clear, demonstrable link with the Joint Health and Wellbeing Strategy;
- Data is robust and reliable with no major data quality issues;
- It comes from an established and reliable source;
- Timely data is available, in line with requirements for pay for performance;
- The achievement of the locally set level of ambition is suitably challenging; and
- It creates the right incentives.

There will be a need to agree the level of ambition for improvement against each of the national indicators and locally determined indicator. In agreeing the levels of ambition for the metrics the Health and Wellbeing Board will need to be mindful of a number of factors, such as:

- Having a clear baseline against which to compare future performance;
- Understanding the long-run trend to ensure that the target does not purely reward improved performance consistent with trend increase;
- Ensuring that any seasonality in the performance is taken into account; and
- Ensuring that the target is achievable, yet challenging enough to incentivise an improvement in integration and improved outcomes for users.

A separate appendix will follow matching the criteria to the different measures proposed.

3.3 What will be different in 2019?

Swindon will have grown substantially by 2019 with a population of between 278,000 – 300,000 in the CCG. We will be delivering more services in the community.

Everybody in Swindon involved in health and social care will be working together and the workforce of different providers (statutory and voluntary) will have learned from each other. Everyone within the health and social care workforce will be working to the One Swindon values and principles where people are encouraged to think about what they can do themselves, what help they have within their family and community and what they still need

help with. All social care support will be based on a person centred assessment and plan whereby people are able to purchase support from a wide range of sources.

We will have implemented and evaluated community link workers and rolled this out to other parts of Swindon and Shrivenham.

Each patient with long term conditions will have been identified and have an agreed plan in place that has been developed with them. Patients will have used on-line information and advice to develop the plan with skilled support including expert patients. Patients know that they can find advice and support through the Information centre at Sanford House and local information points in their community including every GP practice and every school. There will be an extensive network of community based support in place.

For patients with long term conditions we have expanded the expert patient programme; be providing rapid access clinics; be making greater use of live telephone consultations and have rapid access to alternatives to hospital admissions.

Those people who live in the most deprived areas will be receiving additional signposting and support so that they are better able to care for themselves and be able to seek the most appropriate support at the right time.

Self care will be increasing important. The vast majority of health care is either self administered or a consequence of our body's ability to heal itself. Most studies identify self care as representing **98%** of the total healthcare needed across a population at any given time.

Self care can be supported in the home or the local community through informal routes such as family, friends and carers, or by more formal routes for advice from pharmacists, Swindon Borough Council Localities, the voluntary and third sector, self help groups, and the local community health and primary care teams.

Self care requires that each of us, together with our informal care network of friends, family and helpers, become experts in our own health, the determinants of health and how to cope with any long term and enduring conditions or limitations.

Developing an understanding of our own health is a key part of being a good citizen but also needs the support of our community. It requires not just the public sector but also businesses and employers, schools and colleges, retail outlets, community centres, media, charities, volunteers and faiths, neighbourhood and locality planners to adopt a coordinated approach towards developing a collective responsibility for and understanding of our personal health.

The use of health services is mainly as a consequence of a health need that cannot be met through self care, whether it is excessive pain, distress, anxiety, harm or injury, the onset of a condition or disease that requires medication, therapy or surgery, or symptoms that recur, of which someone is unsure and thus needs a professional diagnosis.

5 year Vision To ensure that everyone lives a healthy, safe, fulfilling and independent life and is supported by thriving and connected communities	5 year Aims To improve the outcomes for people in Swindon through the joint investment in high quality services so that we are changing Dependence to self reliance Unplanned care to planned care Single condition to multiple conditions Earlier intervention based on risk stratification Improved patient flow through community and secondary care Enhanced third sector contribution Maximising benefit of primary care Working as One or Being One for benefit of patients and community	Underpinning (Existing) Strategies Health and Wellbeing Strategy JSNA 2013-2022 One Swindon Adult Care Strategy “Doing the Basics Brilliantly” “Our Health in Our Hands” “Shoulder to Shoulder”/Joint Commissioning Plan “Time to Reflect” “Sustainability, Capacity and Choice” “One Swindon, One Voice” “Safely in Swindon”	Existing Foundations Risk stratification Building healthy partnerships Transformation Network Social Investment Integrated Transformation Fund One Swindon Programme of Change Joint Commissioning Plan and Board S75 aligned budgets Integrated health and social care provider Research networks National Innovation Hub	Planning hierarchy  Strengthening the individual, household, Neighbourhood and community Linking National, Swindon wide, locality and Neighbourhood plans
Priorities Sequencing of developments over 5 years – 2014 - 2016 priorities Self care and prevention Primary care development and consistency Long term conditions: - diabetes - dementia - cancer - COPD - heart failure stroke Mental health Learning disability Children Carer support Reducing a growing burden of lifestyle related ill health	Assumptions (per annum) CCG Population growth 2.8-3.2% CCG Pay and price inflation: 2.3% CCG Funding growth: 1.5% LA net investment of £550k learning disability and £500k older people packages against LA settlement of -10% 2014/15 Primary care: impact of new contract Community and secondary care: in price efficiencies Impact of Transformation Fund: 7 day working Accelerated discharge Impact of H&WB Strategies: healthy eating no smoking healthy exercise Net Transformation required	Transformation Priorities (joining of schemes) 2014- 2016 Strengthening household and neighbourhood capacity Redesigned pathways of care Re-focused voluntary sector contribution Integration and Integrated working Increased community based support for those with a learning disability, mental health and children 2016 – 2019 TBC Expert patient programmes supported by on line and telephone advice 24/7 Shift from services to programmes of care being commissioned Outcome based contracts linked to pooled budgets	National Conditions 2014 - 2016 Net investment by LA in learning disability packages and in care packages for older people. 7 day working in hospital social work team 7 day access to verification and brokerage Data sharing and use of NHS number in place, Information Governance in place Risk stratification across GP in place, GP LES in place, 5% of patients allocated to community matron/district nurse. Community link worker for patients in 4 practices based on risk stratification	Transformation Opportunities over 5 years Patient flow - reduced flow at front end of secondary care - increased flow within hospital and community sector - eliminate flow due to readmissions and complications Technology Use of monitoring technology eg diabetes Use of communication technology to reduce need for outpatient consultation Use of new medications and surgical techniques to avoid admission, reduce stay, avoid complication, save life or limb

<p>Self care 2014 - 2016</p> <p>Mental health and well being coordinators</p> <p>Small community schemes</p> <p>On line third sector directory of service and advice and information service</p> <p>On line self assessment for social care services</p> <p>Supported housing to maintain people with learning disabilities</p> <p>Work with care homes and nursing homes on preventing hospital admission (focus group)</p> <p>Healthy Eating strategy and schemes</p> <p>Healthy Exercise strategy and schemes</p> <p>Enhanced smoking cessation programme</p> <p>Alcohol prevention and support</p> <p>2016 TBC onwards</p> <p>24/7 condition line</p> <p>Roll out single point of access for long term conditions</p> <p>Enhanced expert patient programme (includes prescribed training in condition)</p>	<p>Primary care (needs timescales)</p> <p>Single vision & approach to performance management of primary care co-developed by AT and CCG</p> <p>Links with community services & link worker, virtual ward, community matron</p> <p>Locality based developments eg enhanced diagnostics, leg club model</p> <p>Specific developments eg monitoring through use of technology</p> <p>Developments in response to risk stratification eg renal, and greater support for medication review</p> <p>Capacity enhancement eg therapists, psychiatric liaison</p> <p>Development of three locality hubs for enhanced services</p>	<p>BCF funded schemes 2014/15 (£3.3m)</p> <p>Ongoing development of reablement and accelerated discharge schemes, Fessey beds, Crisis support (2.1m)</p> <p>Carers support and short term break (LA) £540k</p> <p>Clinical waste £30k</p> <p>Accelerated discharge and access to care packages (460k)</p> <p>7 day working in social care and community health services (150k)</p> <p>Link Worker initiative (community navigators)</p> <p>Shift model of community and third sector delivery towards locality and practices (100k)</p> <p>2015/16 (potentially £12.675m)</p> <p>In addition to the above</p> <p>Capital for health and social care</p> <p>Enhance admission avoidance roles of Virtual Ward, SWICC, telehealth, GP at the scene (targeting of residential/nursing homes)</p> <p>Potential Expand Link worker initiative (community navigator following evaluation) to multiple conditions</p> <p>Capital Schemes</p> <p>Carers Support</p>	<p>Secondary care (needs timescales)</p> <p>New “Fix Me” Hub serving wider and growing catchment population c350,000</p> <p>Single point of entry and initial navigation to appropriate stream within Fix me Hub</p> <p>Streams to include resus. and major, minor, ambulatory and walk in diagnostic, urgent GP and nurse led, medical triage and assessment, surgical assessment, social issues and care</p> <p>Planned care to include clinics for multiple conditions and rapid access and review clinics for specific long term conditions to avoid admission, use of technology to expand consultant links into primary care and use of virtual clinics and consultation</p>	<p>Outcomes and baseline</p> <p>Delayed discharge ASCOF 2C (1) 8.4 per 100k (Comparator 8.1) 2012/13</p> <p>ASCOF 2C (2) – 4.5 per 100k 2012/13 (Comparator 2)</p> <p>Hospital admission rate</p> <p>Admission to residential care 392.2 per 100k ASCOF 2A (2) October 2014 (612 2012/13, Comparator 715)</p> <p>Readmission to hospital within 90 days following reablement – effectiveness of service ASCOF 2.B (1) 80% 2012/13 (Comparator 84%)</p> <p>People offered reablement following discharge ASCOF 2.B (2) 1.6 2012/13 (Comparator 3.6)</p> <p>Satisfaction with services ASCOF 3A 63.2% (Comparator 64.5%)</p> <p>Outcome measures to also reflect community capacity and self care</p>
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