

**Brighton & Hove
City Council**

**CHILDREN & YOUNG PEOPLE
COMMITTEE
ADDENDUM**

4.00PM, MONDAY, 12 NOVEMBER 2012

COUNCIL CHAMBER, HOVE TOWN HALL

ADDENDUM

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31. SAFEGUARDING CHILDREN BOARD - ANNUAL REPORT	1 - 60

Subject:	Local Safeguarding Children's Board (LSCB) Annual Report for 2011-12		
Date of Meeting:	12 November 2012		
Report of:	Alan Bedford, LSCB Independent Chair		
Contact Officer:	Name:	Sharon Healy, LSCB Business Manager	Tel: 29-0728
	Email:	Sharon.healy@brighton-hove.gov.uk	
Ward(s) affected:	All		

1. SUMMARY AND POLICY CONTEXT:

- 1.1 The Apprenticeship, Skills, Children and Learning Act 2009 introduced a requirement for Local Safeguarding Children's Boards (LSCBs) to produce and publish an Annual Report on the effectiveness of safeguarding in the local area. Working Together to Safeguard Children 2010 (the statutory guidance) says "It should recognise achievements and progress as well as providing a realistic assessment of the challenges that still remain." Current guidance requires it to go to the Children's Trust and this committee has subsumed its functions. Draft revised statutory guidance, if implemented, will require reports "to be submitted to the Chief Executive and Leader of the Council, the local Police and Crime Commissioner and the Chair of the health and wellbeing board". The LSCB plans to send it to all chief officers of agencies concerned with children.
- 1.2 The Council has a statutory duty to ensure that there is an effective LSCB, but also is a provider of safeguarding services and a member of the LSCB. This item therefore looks at the report from a range of perspectives.

2. RECOMMENDATIONS:

- 2.1 That the Committee receives the Report, and recommends other Council committees where this might go in addition to the Health and Wellbeing Board.
- 2.2 That the committee identifies any issues arising from the Report for further clarification or action.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

- 3.1 This is the third LSCB annual report submitted since it became a statutory duty. It covers the objectives, accountability, and organisation of the Board; progress against the 11-12 business plan; key areas covered by the Board especially those where a difference has been made; learning from case reviews;

performance information; and summaries from reports from member agencies including the council's children's social care. The Chair identifies key issues in the year and 2012-3 onwards.

4. COMMUNITY ENGAGEMENT AND CONSULTATION

- 4.1 A final draft of the 2011-12 report was sent to lead members of the LSCB's member agencies on 26 Oct 12 and agreed. The DCS was also consulted. It will be publically available including on the LSCB web site <http://www.brightonandhovelscb.org.uk/>

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 5.1 There are no financial implications directly resulting from the recommendations of this report. The financial information presented in the LSCB Annual report is accurate and a true reflection of the LSCB financial position within Brighton & Hove City Council's accounts.

Finance Officer Consulted: David Ellis

Date: 01/11/12

Legal Implications:

- 5.2 The Children Act 2004 requires each local authority to establish a Local Safeguarding Children Board (LSCB). There is a requirement under the Children Act 2004 (as amended by the Apprenticeship, Skills, Children and Learning Act 2009) that at least once in every 12 month period, a LSCB must prepare and publish a report about safeguarding and promoting the welfare of children in its local area, and submit a copy of the report to the local Children's Trust Board. Under the council's changed governance arrangements the report will be submitted both to the Children and Young People's Committee, and the shadow Brighton and Hove Health and Wellbeing Board, and all member agencies. Section 14(1) of the Act defines the objective of an LSCB as (a) to co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area of the authority by which it is established, and (b) to ensure the effectiveness of what is done by each such person or body for those purposes. Whilst the LSCB has a role in coordinating and ensuring the effectiveness of local individuals' and organisations' work to safeguard and promote the welfare of children, it is not accountable for their operational work. Each Board partner retains its own existing lines of accountability for safeguarding and promoting the welfare of children by their services. The Committee will be assisted by the report in understanding the operational effectiveness of each agency.

Lawyer Consulted: Natasha Watson

Date: 05/11/12

Equalities Implications:

- 5.3 The LSCB annual report is very important to the implementation of Brighton & Hove Council's Equalities Policy and to the achievement of the priorities set out in its annual business plan. The board champions our most vulnerable young

people and as such the board needs to ensure that every child irrespective of their age, disability, race, ethnicity or sexual orientation is safeguarded in the city. One of the key objectives of the LSCB is to improve outcomes for children and young people from diverse communities and groups, and for those who live in deprived geographical communities.

An EIA is not applicable as the LSCB Annual report is not implementing a new policy or strategy.

Sustainability Implications:

- 5.4 This report does not directly address sustainability issues but it is linked to the priorities in the CYPP which supports the council's sustainability strategy

Crime & Disorder Implications:

- 5.5 The LSCB aims to support young people to engage in law abiding and socially acceptable activity and behaviour. There are no specific implications in the report in relation to crime and disorder but as the board is concerned with children who are at most at risk in Brighton and Hove they may be at increased risk of becoming known to the criminal justice system.

Risk and Opportunity Management Implications:

- 5.6 The LSCB will assist the partners in understanding safeguarding and child protection in Brighton and Hove and assist in meeting their duties to children in need of protection.

Public Health Implications:

- 5.7 One of the key objectives of the LSCB is to improve outcomes and health and wellbeing for children and young people from diverse communities and groups, and for those who live in deprived geographical communities. The LSCB has a formal position on the Health and Wellbeing Board and is committed to working in partnership with public health colleagues as necessary.

Corporate / Citywide Implications:

- 5.8 The LSCB annual report describes the collective responsibilities that members and officers of Brighton & Hove City Council and its partner organisations have towards safeguarding children and young people.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

- 6.1 Not applicable.

7. REASONS FOR REPORT RECOMMENDATIONS

- 7.1 As set out in section 1.

SUPPORTING DOCUMENTATION

Appendices:

1. Local Safeguarding Children Board Annual Report 2011-12

Documents in Members' Rooms

1. None

Background Documents

1. None



BRIGHTON & HOVE LOCAL SAFEGUARDING CHILDREN BOARD

ANNUAL REPORT 2011 - 12

**Prepared by
Alan Bedford, LSCB Independent Chair and Sharon Healy, LSCB Business Manager**

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1 INTRODUCTION FROM THE CHAIR

I am pleased to introduce the Brighton and Hove Local Safeguarding Children Board's (LSCB) third Annual Report since it became a statutory requirement. The Government regard these reports as an important part of local accountability for safeguarding services, and the newly formed Association of Independent LSCB Chairs has been commissioned by the Department for Education to identify best practice in such reports, which hopefully can be incorporated in the 2012-13 one. The report will be submitted to the Children and Young People's Committee of the Council, the Brighton and Hove Health and Wellbeing Board, and all member agencies. It is a public document.

Last year, I said that it was important the LSCB remained a strong fixed point during considerable change and this continues to be the case. The Council has been changing its governance arrangements to a Committee structure, the shadow Clinical Commissioning Group (CCG) is closer to taking on the role of the Primary Care Trust (PCT), the Strategic Health Authorities will soon be no more and a new NHS Commissioning Board in place. Also later this year, the Government will be publishing radically reduced guidance on safeguarding with the aim of freeing professional decision making. Through all this, it is important that the LSCB keeps its eye firmly on its core duties of co-ordinating agency work, promoting the welfare of children, and monitoring the effectiveness of local services.

In this report you will see how the LSCB is governed and how it is constituted, its working sub-groups, training, how we achieved on last year's business plan, and the key issues addressed by the Board highlighting where a difference was made. There are also sections on the implications for LSCBs from NHS and other Safeguarding reforms, and performance information. To give a flavour of what is happening in our member agencies we summarise what they reported to us in their Annual Reports. The report ends with the challenges for 2012-13 and beyond, and shows the Business Plan for 2012-13. A summary of key achievements and onward priorities is in appendix A.

2011-12 was the first full year of the Chief Officer led LSCB Executive, which is designed to ensure full attention is given to needed changes and to ensure safeguarding is on the 'top of the office' agenda. This has proved to be a successful innovation and given safeguarding a higher agency profile. Two senior Council figures who have put considerable weight behind the LSCB and its Executive, Director of Children's Services Terry Parkin and CEO John Barradell, have recently moved on and we were very grateful for their commitment to safeguarding.

While there were no Serious Case Reviews in 2011-12, the findings of a 'local management review' relating to a case of neglect by drug and alcohol abusing parents was completed and agencies have been implementing action plans arising, and the LSCBs shared the learning at multi-agency seminars.

The Ofsted Unannounced Inspection of March 2011 reported in early 2011-12. It was reported in full in last year's Annual Report (as it was published

after the results were released) and rated safeguarding as 'adequate' overall but with 'good' for the following areas:

- capacity for improvement
- children being and feeling safe
- the contribution of health agencies
- performance management and quality assurance
- partnership working
- the safety of looked after children
- ambition and prioritisation (safeguarding and looked after children)

The health of looked after children was rated outstanding. It described the LSCB as well managed with good challenge, pro-active in learning lessons, with comprehensive training.

In November 2011, Ofsted piloted a new style of inspection in Brighton and Hove. The results were not published as it was a pilot, but reported good progress in the majority of key actions following the unannounced visit, and said that the LSCB had made considerable progress and was fulfilling its statutory functions and discharging its professional and community leadership with increased confidence and authority.

Both Ofsted Reports refer to a key issue for Brighton and Hove which can be seen in this report. This is the disproportionately high numbers of children on Child Protection (CP) Plans, and the implications this has on the amount and quality of 'early help' given and case management processes which prevent cases drifting to the highest levels of care. 2011-12 has begun to see a drop in children on CP Plans, and rise in children managed at the less serious child in need category. The Board is giving a focus in 2012-13 to understanding and developing 'early help' which is a top national priority after the Munro recommendations. The challenge of getting the numbers of families assessed and supported through the Common Assessment Framework (CAF) to the levels of other areas has not yet been achieved, and without this Children's Social Care staff have to spend time on less serious referrals when such cases could be managed by other agencies working together.

The Board continues to be well attended, with a high degree of openness and willingness to bring problems to the table for mutual support and resolution and, as can be seen in this report, substantial progress has been made in 2011-12, for example, around the quality of child protection medicals, and pre-birth planning. There has also been a real focus on learning from audits around cases involving domestic violence. The main challenge for 2012-13 and beyond is to respond to the enhanced expectations of LSCBs to increase our capacity to evaluate service quality and safeguarding organisation.

Alan Bedford
Independent Chair
Brighton & Hove LSCB
October 2012

2 GOVERNANCE AND ACCOUNTABILITY

A full account of LSCB objectives, statutory requirements and governance arrangements has been set out in the last two Annual Reports, so this is a more summarized version. Additionally, the Statutory Guidance (Working Together to Safeguard Children 2010) is under review and subject to national consultation - with the final Government decision expected in late 2012. The below relates to the current guidance.

2.1 Objectives of an LSCB

The LSCB is the key statutory mechanism for agreeing how member organisations within Brighton & Hove co-operate to safeguard and promote the welfare of children, and for ensuring the effectiveness of what they do. The duties are very extensive and it is clearly not possible to achieve all fully. Indeed the guidance is clear that ensuring the co-ordination and effectiveness of child protection is the core priority, and other work comes after that core is achieved.

The functions of an LSCB are set out in primary legislation and regulations. The core objectives of the LSCB are as follows:

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

Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

- protecting children from maltreatment; preventing impairment of children's health or development;
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care;
- undertaking that role so as to enable those children to have optimum life chances and enter adulthood successfully.

Safeguarding and promoting the welfare of children includes protecting children from harm. Ensuring that work to protect children is properly co-ordinated and effective remains a primary goal of LSCBs. When this core business is secure, however, LSCBs should go beyond it to work to their wider remit, which includes preventative work to avoid harm being suffered. This will help ensure a long-term impact on the safety of children.

2.2 LSCB Scope

This is defined as:

- activity that affects all children and aims to identify and prevent maltreatment or impairment of health or development, and ensure children are growing up in circumstances consistent with safe, effective care; pro-active work that aims to target particular groups; and responsive work to children who are suffering, or are likely to suffer, significant harm.

2.3 LSCB Functions

These are defined as:

- developing policies and procedures for safeguarding and promoting the welfare of children. This includes issues such as setting out thresholds for intervention, inter-agency procedures, the Common Assessment Framework (CAF), training, the recruitment and supervision of people who work with children, the investigation of allegations concerning people who work with children, and the safety of children in private fostering;
- communicating the need to safeguard and promote the welfare of children, raising awareness of how this can best be done, and encouraging it;
- monitoring and evaluating the effectiveness of what is done by the Local Authority and Board partners individually, and collectively, to safeguard and promote the welfare of children and advise them on ways to improve;
- producing an Annual Report on the effectiveness of safeguarding in the local area;
- participating in the local planning and commissioning of Children's Services to ensure they take safeguarding and promoting the welfare of the child into account;
- collecting and analysing information about the deaths of children in its area.

2.4 Accountability

The LSCB is not accountable for the operational work of member agencies. Board members retain their own lines of accountability for safeguarding children, and the LSCB does not have the power to direct other organisations. The Chair is presumed to be independent of member agencies, and is required to secure an independent voice for the LSCB. The LSCB must be able to form a view of the quality of local activity, to challenge organisations as necessary, and to speak with an independent voice. Local Authority members and non-Executives on other bodies should hold their Officers to account for their contribution to the effective functioning of the LSCB.

Despite the LSCB members retaining their organisational accountability, the guidance is clear on their duties when acting as LSCB members. The individual members of the LSCB have a duty as members to contribute to the effective work of the LSCB, for example, in making the LSCBs' assessment of performance as objective as possible, and in recommending, or deciding upon, the necessary steps to put right any problems. This should take precedence, if necessary, over their role as a representative of their organisation. This means that members must feel free to contribute as they think fit as members, regardless of agency views.

The Local Authority Director of Children's Services (DCS) has statutory duties in relation to ensuring that the LSCB functions well, and the LSCB Annual Report is submitted to the Children's Trust. As Children's Trusts are no longer statutorily required, this report will go to the Health and Wellbeing Board, BHCC Children and Young Peoples Committee and Agency Chief Officers.

An LSCB is not an operational subcommittee of the Council and the LSCB should not be subordinate to, nor subsumed within, any other structure in a way that might compromise its separate identity and independent voice.

There must be a clear distinction between the roles and responsibilities of the LSCB and successor arrangements to the Children's Trust Board. A protocol defining the relationship in Brighton & Hove was agreed by the LSCB in December 2010 and was confirmed by the Council in March 2011. It will need adaptation by the end of 2012-13 when the new National Guidance is published.

2.5 LSCB Team

The LSCB Team currently consists of the following:

Independent Chair:

The Independent Chair (Alan Bedford) commenced work in June 2009 and is employed for 24 days per year. He previously held a number of Chief Executive posts in the NHS, following a career in social work, mainly with the NSPCC. He is accountable to the LSCB and to the Director of Children's Services for the effective functioning of the Board.

Business Manager:

The LSCB Business Manager (Sharon Healy) was appointed in January 2010 and is the Senior Administrator for the Board. The post holder is responsible to the LSCB for the smooth running of its business and is line managed within the Council by the Head of Safeguarding.

Head of Safeguarding:

The Head of Safeguarding (Jane Doherty) took up post in April 2010. The duties of this post are primarily for Brighton & Hove City Council, but include facilitating and advising the work of the LSCB. The Head of Safeguarding line manages the LSCB Business Manager and reports directly to the Director of Children's Services.

Director of Children's Services – DCS:

The DCS was Terry Parkin (until October 2012). The DCS has delegated responsibility from the Council Chief Officer to oversee the effectiveness of the LSCB. He and the three above form the LSCB Management Group which plans meeting agendas and steers the LSCB business between Board Meetings.

LSCB Training Manager:

The LSCB Training Manager (Michael McCoy) has been in post since June 2005 and assumed responsibility for managing the LSCB multi-agency training programme in September 2009. The Training Manager is line managed by the LSCB Business Manager.

LSCB Administrator:

A part-time LSCB Administrator was appointed in December 2011 for 18.5 hours per week in order to support the LSCB Team.

2.6 Membership

The statutory membership of LSCBs is set out in Section 13(3) of the Children Act 2004 and in Working Together to Safeguard Children 2010, Chapter 3. Member organisations are required to co-operate with the Local Authority in the establishment and operation of the Board and have a shared responsibility for the effective discharge of its functions.

LSCB members should have a strategic role in relation to safeguarding and promoting the welfare of children in their respective organisations. They should be able to speak for their organisation with authority, commit their organisation on policy and practice matters, and hold their organisation to account.

The LSCB membership consists of senior representatives from statutory and voluntary sector agencies as follows:

- Brighton & Hove City Council (DCS, Children and Families, Education, Youth Offending - with the Lead Member for Children as a participant observer)
- Three Head Teachers representing schools
- Sussex Police
- Surrey & Sussex Probation Trust
- South East Coast Strategic Health Authority
- East Sussex Fire and Rescue Services
- NHS Brighton and Hove
- Brighton & Sussex University Hospitals NHS Trust
- Sussex Community NHS Trust
- Sussex Partnership NHS Foundation Trust
- South East Coast Ambulance
- Community and Voluntary Sector Forum
- Domestic Violence Forum

- CAFCASS
- Two Lay Members (from September 2012)

In addition to the Senior Representatives above, the LSCB values the input of professional advisers, and the Designated Nurse and Doctor, the Council Head of Safeguarding, the Police Safeguarding Adviser attend the Board and its Executive, and agencies can bring at least one named professional.

A Member's Guide to the LSCB was published in March 2011 and can be seen at: <http://www.brightonandhovelscb.org.uk/files/>

2.7 LSCB Budget

The budget statement is shown at appendix B. Quarterly statements are provided to the Board/Executive, and are available at any time to Board members. Contributions from members were as follows, and there was also a carry forward from 2010-11 as a result of the budget for serious case reviews not being required.

Brighton & Hove City Council	£85,010
Brighton & Hove PCT	£32,000 (on behalf of all NHS bodies)
National Probation Service	£4,000
Sussex Police	£9,000
CAFCASS	£550
Carry Forward from 2010-11	£23,000
Total:	£153,560

In addition there was grant of £18,300 from the Children's Workforce Development Council (CWDC) for LSCB Development which was mostly carried over to be spent in 2012-13.

The carry forward from 2010-11 was committed on a range of schemes for priority development: £4,550 on a quality assurance tool for the third sector, £8,886 short term extension of the named GP role to enhance GP safeguarding development, £932 on a Fabricated Induced Illness Workshop, and £472 on Court training for a named Doctor. The balance was used on general expenditure.

The majority of the £20,000 underspend in 2011-12 relates to the ring fenced grant from the CWDC, with only a small carry forward of £3,800 from recurring budget lines, which will be needed in 2012-13 as it is probable that unavoidable case review costs will exceed the £10,000 annual allowance.

In 2012-13 we will have similar income from member agencies, but the majority of agencies have committed to re-examine their contribution in year should new statutory requirements emerge when the new Working Together Guidance is published.

For 2013-14, it is most likely that member agencies will need to increase their contribution as the expectations on LSCBs to conduct much more comprehensive evaluation of local services, especially around early help, are rising considerably. The Board has less capacity to tackle this than many LSCBs.

2.8 Action from 2011-12 Business Plan

The majority of the actions in the Business Plan for 2011-12 (which was appended to the 2010-11 report) were completed. The outcomes are summarised below.

Effectiveness of Safeguarding Arrangements:

- A robust Section 11 audit programme (of agency safeguarding arrangements) was put in place with a new Sussex wide tool implemented. Chief Officers presented their findings for peer review at the LSCB Executive.
- A thematic audit on child sexual abuse case files was conducted, and findings presented to the Board in September 2012 and the Executive in October 2012. (To be covered in the 2012-13 Annual Report.)
- Member agencies responded to the Board on progress following the domestic violence audit conducted in 2010-11 and it was re-run to assess progress from the original Action Plan. The update was taken to the Board and Executive by January 2012, and some considerable improvement was noted in planning and recording, and the overall standard of case management had risen.
- Findings of the external inspections were disseminated with a joint Action Plan.
- On understanding the high numbers of Child Protection Plans, Council research identified no demographical factors to explain the numbers. This was a main topic at the 2011 LSCB Annual Conference.

Governance Arrangements:

- The Annual Report was submitted to the Children's Trust and the Board Chair attended the Committee to discuss the findings. Member agencies did submit their own Annual Reports to contribute to this process.
- We needed to ensure the Board was receiving Annual Reports/summaries from key services and the majority are reflected in last years and this Annual Report. In September 2012 the Board had a major report from the Local Authority Designated Office (re allegations against staff) for the first time.
- A survey was conducted of audits within agencies. We now understand the volume of work, but need to move to collation of findings.
- The Chief Officer led LSCB Executive is now firmly embedded.

- The Board has developed a formal relationship with the Shadow Health and Well Being Board, and has been part of the consultation process in its creation.
- Work with the Shadow Clinical Commissioning Group began in 2012-13, and its Accountable Officer now attends the Executive.
- The Munro proposal, the Government response and the implications for LSCBs were widely discussed.
- Two lay members were appointed in 2012-13 and more details will be given in next year's Annual Report.

Case Reviews lessons:

- Arrangements by which the LSCB Chair is informed of cases that might need review have been strengthened.
- Large numbers of multi-agency staff attended specially commissioned training on Serious Case Reviews.
- Lessons from the LSCB's Local Management Review, on a case which fell just short of the criteria for an SCR, were disseminated by a Chair's letter to agencies, discussions at the Board and Executive, and two seminars for multi-agency staff.

Training, Staff Support and Staff Development:

- A revised LSCB Training and Development Strategy was introduced in July 2011, with a self-assessment tool for agency use.
- Agencies reported on their safer recruitment practices in their Section 11 audits.
- A themed Development Day for LSCB members was held in November 2011.

LSCB Profile and promoting safeguarding through communities

- As in previous years, other priorities squeezed out the objective on the production of an LSCB Communication Strategy.
- The links between the LSCB and Community Safety Partnership still have room for development.
- The LSCB web site introduced in 2010 has continued and is regularly updated.

The plan for 2012-13 is in appendix D, and key challenges are summarised in Section 12 of this report.

3 KEY ISSUES ADDRESSED IN 2011-12

The following section summarises some of the main issues discussed at the Board during its meetings in 2011-12 (where not covered elsewhere in the report). It highlights where a difference has been made.

3.1 *Child Protection Medicals:*

Brighton and Sussex University Hospitals NHS Trust (BSUH) and members had shared concerns about the capacity at the hospital to provide prompt enough medicals by senior enough staff. This was monitored closely by the Board (and Executive) and support and advice given by members. As a result of measures introduced by the Trust, there is expanded consultant capacity for CP Medicals (including a new Consultant post), improved supervision of Registrars, weekly peer reviews of CP medicals, and improved quality of medical reports.

3.2 *Pre- birth Assessments:*

Getting the right professionals to share the right information at the right time is a complex process when there are growing concerns about parental capacity post birth is not easy and there had been some differences of view between agencies. LSCB members were concerned that the existing process was not tight, or comprehensive enough, and the matter was discussed at a number of meetings. Agencies agreed to work together to find a way forward, and in September 2011 BSUH and Brighton and Hove City Council Children's Services reported back to the Board on joint progress describing the joint meetings to be held, the circulation of details of impending high risk cases to appropriate professionals, and oversight of the process by senior staff in BSUH and the Council.

3.3 *Local Management Review:*

More detail of the learning about the case is in Section 6.2 below, but agencies considered the implications at a Board meeting, submitted notes on actions they had taken, and the LSCB held a multi-agency seminar to share the learning.

3.4 *Domestic Violence:*

Responses to the 2010-11 audit of domestic violence cases were considered, and the process of Police notification to Health and Social Care Staff of attendances at incidents where children were in the family was reviewed and agreed between agencies. See 6.1 below.

3.5 *Sexual Exploitation of Children and Young People:*

The multi-agency Sexual Exploitation Steering Group described in the previous is now incorporated as a formal subgroup of the LSCB to reflect the growing recognition of these issues. The Board had a session on the 'What is Sexual Exploitation (WISE)' project run by the YMCA which is a service for 13-25 year olds who are experiencing sexual exploitation, or are at risk of experiencing it. The project is also a point of call for advice and guidance for those working with young people who have suffered from sexual exploitation. Another major briefing session was the Sussex Police on organised immigration crime, human trafficking and exploitation.

3.6 *Common Assessment Framework (CAF):*

Another main issue was the CAF, where take up has not been as high as needed, despite support processes being in place. This is believed to put additional pressure on Children's Social Care which gets referrals that could

be dealt with by other agencies together. Both the Board and the Executive have considered this and in 2012-13 each agency has been asked to give special attention to this and report on progress to the LSCB. Progress will be reported in the 2012-13 report. This is also covered below in Section 7 on Performance Information.

3.7 Accountability Framework for Designated and Named Professionals:

The designated and named Doctors and nurses play a crucial role on safeguarding, not only in health, but in facilitating multi-agency work. The LSCB agreed an accountability framework which clarified the role of advisers in organizational structures, the Board's expectations, and how advisers relate to the LSCB. The framework has been given to the Clinical Commissioning Group which takes over most PCT safeguarding functions in 2013.

4 SAFEGUARDING AND NHS REFORMS, AND THE LSCB

Over the year the LSCB and Executive have considered the reports from the Munro review which focused on three key themes. Firstly, the expansion and development of 'early help' to support families before problems have escalated and are much harder to resolve. Secondly, to reduce the amount of national guidance so that there is a greater chance that staff can use more professional judgment about what is right for a child/family. Thirdly, the development of a more learning culture, specifically through a systems approach to SCRs that delve deeper into why, and not just what happened. There were also recommendations about LSCBs and strengthening accountabilities.

In its response the Government said "LSCBs have a unique, system wide, role to play in protecting children and young people and the Government believes that their role and impact should be strengthened...". The Government strongly agrees that LSCBs are a fundamental aspect of local multi-agency arrangements to help and protect children and young people. They occupy a central position in being able to assess the effectiveness of local help and protective services, and it is important that this role is strengthened". This means that LSCB's evaluation role must be expanded to provide greater assurance that services, especially early help are meeting required standards. Developing this role, and operationalizing improvements to early help are key LSCB tasks for 2012-13. The revised statutory "Working Together" Guidance - to implement the Munro recommendations has been consulted on and the 2012-13 Annual Report will describe the LSCB's response to those changes.

Other reforms have seen the creation in Brighton & Hove of a Shadow Health and Wellbeing Board to oversee the commissioning of health and Social Care. It is expected that the new guidance will require LSCB Annual Reports to go there, instead of to Children's Trusts. The LSCB Chair is a participant observer at that Board, and he has the same status at the

Council's Children and Young People's Committee which has subsumed the functions of the Children's Trust.

The NHS is going through considerable change in its commissioning arrangements, and the Board and Executive had had presentations by NHS Sussex so that the changes are understood. In 2012-13 the LSCB will engage with the Clinical Commissioning Group (CCG) that will take on many PCT safeguarding functions in 2013. Both the CCG and the NHS Commissioning Board for Surrey/Sussex will become members of the LSCB by 2013, instead of the PCT and SHA.

5 LSCB SUB-GROUPS

During 2011-11, the following nine LSCB sub-groups were operating within Brighton & Hove:

- LSCB Executive
- Child Death Overview Panel
- Child Protection Liaison and Safeguarding
- Education Safeguarding Child Protection Strategy
- Monitoring and Evaluation
- Pan Sussex Procedures
- SCR Standing subcommittee
- Sexual Exploitation sub group
- Training

5.1 LSCB Executive

This was the first full year of the Executive which is a chief officer led sub-group designed to keep top managers aligned with safeguarding, and ensure prompt clear decisions if needed. Key safeguarding advisers also attend. The chief officers take turns to present their organisations safeguarding audit for peer scrutiny. In 2011-12 Probation, Police, Sussex Community NHS Trust, and Sussex Partnership NHS FT presented.

The Executive gave a clear steer on the need for improvement after the domestic violence audit and identified improvements in the follow up audit (see section 6.1), monitored progress on the BSUH CP medicals issue (see section 3.1), and on Ofsted/CQC inspections, and agreed/monitored the Business Plan

The Executive has taken a special interest in case reviews, and has duties in relation to advising on holding serious case reviews. (It recommended the commissioning of one in 2012-13, the learning from which will be in next year's Report, confidentiality allowing). It reviewed the findings of an SCR from East Sussex. On the local management review described in section 6.2 the Executive had a lengthy discussion and committed all agencies to report to the LSCB on action taken as a result.

5.2 *Child Death Overview Panel*

The LSCB has not yet considered the CDOP 2011-12 annual report, so only some extracts are summarized below. The Child Death Overview Panel (CDOP) is an inter-agency forum that meets regularly to review the deaths of all children normally resident in East Sussex and Brighton & Hove. It acts as a sub-group of the two LSCBs for Brighton & Hove and East Sussex and is accountable to the two LSCB Chairs if, during the review process, the CDOP identifies the following:

- an issue that could require a Serious Case Review (SCR);
- a matter of concern affecting the safety and welfare of children in the area; or
- any wider public health or safety concerns arising from a particular death or from a pattern of deaths in the area.

a specific recommendation would be made to the relevant LSCB(s).

There were no recommendations made to B&H LSCB regarding the need for a serious case review but the following recommendations were made regarding matters of concern about the safety and welfare of children and wider public health concerns.

- To consider with the relevant agencies how best to support children that are vulnerable and are severely obese when parents are resistant to support and services offered.

This is being considered by the Sussex Procedures child protection and safeguarding sub group in line with national guidance around this subject.

- To consider developing with the relevant agencies (road traffic police and public health) a campaign around the dangers of MP3 players and similar devices (mobile phones).

Please note that the CDOP has consulted with other CDOPs nationally regarding this particular concern and will be recommending that this issue be considered nationally as other CDOPs have reported similar deaths.

National Developments, Challenges and Achievements: There has been no change to national guidance regarding the functioning of CDOP during the last year. Information on the functioning of Child Death Overview Panels is still required to be reported to the Department for Education on an annual basis. It is understood that there are discussions at a national level about how public health data from CDOPs can be collected and analysed; in the interim there is an informal network that exchanges information. There are also specific national research projects to which CDOPs are encouraged to contribute data – e.g. research into deaths through asthma and continued research around sudden unexpected deaths in infancy. East Sussex Brighton & Hove CDOP is intending to contribute to this research subject to the LSCBs agreeing to the data being made available. The local funding for CDOP has been maintained

and the cost of the CDOP process within East Sussex and Brighton & Hove is less than the funding provided by Government.

Local Developments, Challenges and Achievements: Input by parents to the CDOP process has continued to improve and throughout 2011 and 2012 parents contributed to reviews.

A conference was held in October 2011 with West Sussex CDOP for members of the three LSCBs East Sussex, Brighton & Hove and West Sussex enabling wider learning from the panels' activity. Dr Sheila Fish provided a keynote speech regarding the SCIE systems review process and its relevance to all child death reviews. There was also an informative presentation on the role of the coronial service and Winston's Wish, a service providing support and care for children with terminal illness and their siblings and families.

There is improving practice around immediate responses to child death. The CDOP continues to work closely with the coronial service providing coroners with information and receiving information from them.

The CDOP has held 14 meetings in the past year (including 3 Brighton & Hove neonatal panels and 6 East Sussex neonatal panels).

The main work of the panel continues to be the reviewing of all child deaths across East Sussex and Brighton & Hove on behalf of the two Local Safeguarding Children Boards (LSCBs). Between April 2011 and March 2012 the CDOP was notified of 21 deaths of children who were resident in Brighton & Hove. The CDOP has reviewed a total of 15 deaths in B&H during 202011-12.

Child Death data: In Brighton & Hove 18% of the population are aged under 18 years (47,000 out of 259,000). This compares to 21% for the South East region and 21% for England. (Source: ONS 2010 Mid-Year Estimates)

Table 1: Deaths notified to the CDOP 2007 – 2012

	1/4/07-31/3/08	1/4/08-31/3/09	1/4/09-31/3/10	1/4/10-31/3/11	1/4/11-31/3/12	Total
Brighton & Hove	X ¹	16	20	11	21	73

Deaths notified to CDOP in both East Sussex and Brighton & Hove increased during the last year. There had been a reduction in deaths over the previous two years however it seemed likely that this was cyclical and so the increase is not unexpected. This data will need to be monitored for a much longer period before trends can be identified.

¹ no data for 2007/08 for Brighton and Hove as n<5 due to data collection processes not being fully established.

5.3 Child Protection Liaison and Safeguarding Group

The Child Protection Liaison and Safeguarding Group (CPLG) is a multi-agency forum that meets on a monthly basis. Its main purpose is to review and improve joint working practice in respect of multi-agency child protection processes; including analysis of examples of operational practice within the context of child protection enquiries and investigations. The CPLG also acts as an additional quality assurance and audit mechanism on behalf of the LSCB.

In 2010-11 the Child Protection Liaison Group strengthened its links to the LSCB by being chaired by the Head of Safeguarding. This has continued in 2011-12 and the Designated Nurse for Child Protection chairs the meeting in the absence of the Head of Safeguarding.

The CPLG continued to be very well attended by a range of agencies including health, social care and the police and the following issues were discussed and addressed.

- There continued to be an analysis of current child protection enquiries and processes by detailing particular cases that had been subject to some scrutiny by the group because they had not gone as well as the LSCB would have liked.
- Detailed discussions of the way in which child protection medicals are conducted as there had been some concerns about the timeliness and quality of these. This resulted in a piece of work undertaken with BSUH, the Chair of the LSCB, the DCS and the Head of Safeguarding to try and improve the quality of CP medicals. A number of meetings were held and BSUH undertook to review each CP medical in a peer review meeting. Members of the social work service and the Head of Safeguarding have been invited to attend some of these meetings which has resulted in a much better understanding of each other's roles and responsibilities. BSUH also committed to recruit to a specialist post to facilitate the timeliness and quality of the medicals carried out.
- Discussion re older children who make allegations who wish these to remain confidential – professionals were reminded that this needs to be the subject of thorough assessment and they need to consider the safety of other children in the household before honouring a commitment re confidentiality.
- An issue was also raised about how allegations of child sexual abuse were dealt with which resulted in the LSCB making this a priority in the 11-12 business plan.

5.4 Education Safeguarding Child Protection Strategy Group

The purpose of the Education Safeguarding Strategy sub-group is to share information, consider best practice and implement a clear plan of action for child protection and safeguarding for all children's services' education and school-based staff. The group also ensures that all education and school services are clear of their responsibilities and follow agreed procedures.

The group met regularly in 2011-12. Issues discussed included:

The Safeguarding Audit was amended, agreed by the group and sent to all schools in March and again in May. Schools managing risk was discussed particularly around the increase in referrals to social care at the end of the autumn and summer terms. The use of the Common Assessment Framework was linked to this. Discussions are ongoing between the Service Manager for Schools and Communities and schools in order to develop a joined up approach on this issue.

The LADO is a recent new member of the group and provides useful updates regarding the management of allegations of adults who work with children and also provides the group with updates on changes in legislation/guidance.

The area of elective home education has been raised as an area where children may be at potential risk due to possible social isolation. The group will be exploring this issue more in 2012-13.

5.5 Monitoring and Evaluation Sub-Group

This sub-group is responsible for initiating and undertaking both multi-agency and single agency audits and reviews of safeguarding activities on behalf of the LSCB to ensure compliance to the child protection and safeguarding procedures. In April 2010, the Head of Safeguarding became chair of this group and has initiated the following audits during 2011-12:

A repeat audit of how agencies within Brighton & Hove are complying with their safeguarding responsibilities under Section 11 of the Children Act 2004 was undertaken between September and March 2012. This was completed on the Sussex wide template that was developed by the three LSCB Business Managers across East and West Sussex and B&H. The LSCB Executive group will continue to provide a support and challenge function to ensure that partner agencies are fulfilling their responsibilities towards safeguarding.

A repeat thematic audit of domestic violence was undertaken to monitor the effectiveness of working practices across agencies. The report was presented to the January 2011 LSCB Executive with a number of recommendations for improved practice. It is significant to note that there were many improvements to this area of work with all of the cases being graded at adequate or above compared with the previous year when a number of cases were graded as inadequate. It was agreed that the action plan would be monitored by the

Monitoring and Evaluation sub group and updates presented to the executive meeting.

The group also started an important piece of work about how incidences of Child Sexual Abuse are dealt with – this has been completed in 2012-13.

5.6 *Pan-Sussex Procedures Sub-Group*

The Pan Sussex Procedures Sub Group meets 6 times a year, and has a membership drawn from across Brighton & Hove, East and West Sussex LSCBs and Sussex Police. Its main purpose is to act as a steering group for the development and publication of procedural guidance. This includes reviewing and updating the Pan-Sussex child protection and safeguarding procedures regularly in response to lessons learned from Serious Case Reviews. The group addresses local and national issues, changes in legislation and any gaps emerging from practice.

During 2011-12, the group continued to focus on updating the Sussex Child Protection and Safeguarding Procedures and worked successfully on an agreed work plan including the following:

- A Pan Sussex referral form for Children's Social Care was agreed and launched across the 3 Local authority areas.
- A Pan Sussex Section 11 audit tool was agreed, and an audit was carried out in the same time-frame across the 3 areas, with the audits all completed by LSCB partners by May 2012.
- There has been closer co-operation in the delivery of LSCB Training courses across the areas, with some similar training being delivered, and a Pan Sussex Conference focusing on Child Sexual Exploitation, Trafficking and Missing Children planned for October 2012.
- Some agreed small changes in the Pan Sussex Child Protection Procedures have been taken forward with the 6 monthly up-dates to the on-line Procedures. The Procedures can be viewed here: <http://www.proceduresonline.com/pansussex/scb/>

5.7 *Serious Case Review Subcommittee*

This committee met three times in 2011-12. Its main role is to determine and monitor required actions after case reviews. In 2011 it made a final check that the G SCR could now be closed; monitored progress with actions from, and signed off, a Local Management Review (LMR) which related to a sexual abuse case; confirmed actions from the East Sussex SCR had been completed; and commissioned a Local Management Review (see section 6.2) which concluded in October 2011. Action plans from the fire service, the NHS, and Children's Social Care were produced and are being monitored. The Board and Executive were kept informed of progress and a seminar on the learning was held for member agencies.

The East Sussex case threw up issues of ensuring full exchange of information between neighbouring LSCBs when a review includes services in

the other, and the committee believes arrangements are now in place be more sure of this.

The LSCB also agreed that an independent single agency LMR on issue relating to adoption and safeguarding could be undertaken by the council rather than an LSCB review, and the report will be considered by the LSCB in 2012-13. In 2011, the committee held a multi-agency meeting to discuss a case and made a recommendation to the Chair, with information at the time, not to hold an SCR, but agreed certain actions. See 6.2 below.

5.8 Sexual Exploitation Sub Group

This is a city-wide multi-agency group which seeks to engage all relevant agencies and enables and promotes the delivery of an enhanced service to children and young people at risk of or experiencing sexual exploitation across Brighton & Hove.

Membership is from a range of statutory and voluntary sector organisations across the city including Sussex Central YMCA, the police, BHCC, LSCB and Health and is chaired by Sussex Police. The group supports the work of Sussex Central YMCA's What is Sexual Exploitation? (WiSE) project. Other key aims of the sub group include:

- To support Community Safety Partnership/Police/LSCB Strategic plans.
- To understand the city problem profile regarding child sexual exploitation (CSE).
- Monitoring ongoing prevalence and responses to CSE.
- To develop and maintain an effective local strategy ensuring that there is a co-ordinated Multi-agency response to CSE.
- Increase understanding of CSE in both the professional and wider communities.

5.9 Training Sub Group

The Training sub-group continues to meet on a quarterly basis. It is responsible for ensuring that single agency and multi-agency training on safeguarding and promoting welfare for children and young people is provided at different levels in order to meet local needs in accordance with the Safeguarding Children Training and Development Strategy 2012 and Working Together 2010.

The group is chaired by the Designated Nurse and membership consists of the LSCB training manager and business manager, representatives from all health care organisations, the voluntary sector, B&H council, Probation, Police. Involvement has been good from members with the exception of the Police due to resource issues in attending the three LSCBs and their sub groups across Sussex. Primary care and Sussex Partnership have also had minimal attendance due to resources, however the impact of this is minimised by the designated nurse membership.

The group assists the LSCB Training Manager in the identification, planning, delivery and evaluation of multi-agency training to ensure all those coming into contact/working with children are competent and up to date with current legislation. The group monitors levels of attendance of multi-agency training by respective organisations and promotes greater attendance by agencies where necessary.

The group continues to evaluate the provision of training available within the LSCB training programme; during the period 2011- 2012 additional courses on MAPPA, sexual exploitation and SCRs have been provided. A Safeguarding Disabled Children course has been incorporated into the programme and the first one of these will run in November 2012.

Key developments during the period include:

- Producing revised terms of reference.
- Producing a revised Children Training and Development Strategy 2012.
- Multi agency seminar on Fraser Competence related to sexually active young people.
- Presentation from Primary Care on the training available to GP's.
- Undertaking an audit of training provided by single agencies.
- Two multi agency lunchtime seminars presenting the lessons learnt from the LSCB case review.

6 LEARNING AND DEVELOPMENT

6.1 Audits

Domestic Violence Audit: This audit was undertaken by the Monitoring and Evaluation (ME) Sub-Group of the Brighton and Hove LSCB, and is included as one of the objectives of the LSCB Business Plan 2011-12. This is a repeat of an audit that was undertaken as part of the 2010/11 LSCB business plan as some areas of practice in the audit were identified as weak. The terms of reference for the audit are as follows:

Ten cases of children subject to a child protection plan in September 2011 were audited. All the children chosen for audit were subject to Child Protection Plans due to Domestic Abuse. In this repeat audit cases were chosen of children who had been made subject of a CP Plan in the previous three months from September 2011. The reason for this because many of the weak areas identified in the previous audit were around the very early pieces of intervention and so particular attention was paid to these.

Since the first audit there are some very significant improvements .These include:

- Planning and decision making in relation to the initial stages of a contact or a referral particularly where other information exists was

deemed to be good in this audit as compared to the previous year when many individual sections were deemed inadequate.

- Much quicker response rates were evidenced in almost all the cases.
- The history of the case was taken into account in the decision making.
- Health has much more robust recording systems in place.
- A significant increase in referrals to the police at the beginning of a case to consider a joint approach.
- Education files contain all relevant information.
- No cases were rated inadequate overall.

A multi-agency action plan is updated regularly.

Single Agency Audits: In 2011-12 the LSCB aimed to get a better picture of what safeguarding related audits were being undertaken under the auspices of individual agencies, as opposed to multi-agency audits. Agencies were asked to let the Board know what audits they were doing, and two summaries were taken to the Board in the first half of 2012-13. A number of the agencies whose safeguarding annual reports are summarised in section 8 below referred to their audits (for example BSUH NHS Trust and Probation, and Sussex Partnership NHS Foundation Trust are developing an annual programme of safeguarding audits.

The Board believes there is considerable potential, subject to the necessary coordinating resource, to pool findings for general learning. For example, the council's Children's Social Care undertook 186 internal audits in 2011-12 as part o their quality assurance framework on such issues as the quality if initial and core assessments and section 47 inquiries. Developing the capacity to harness agency audit findings is an important challenge for the Board.

Section 11 Audits: These audits require member organisations to self-assess their readiness on safeguarding. Following an externally commissioned review of the 2010-11 audit, the LSCB worked with other Boards in Sussex in 2011-12 to agree an improved audit tool and this was used towards the end of the year in 13 agency returns. The vast majority of assessment categories were rag rated green and agencies have plans for red or amber rated. Results varied across agencies, but there was some consistency in agencies being unable to confirm that at least one member of shortlisting/interview panels were safer recruitment trained, around half of agencies reported improvements needed in ascertaining the views of children and families on service provision, and e-safety policies needed improving or introducing.

There were 6 standards 100% green, covering staff being kept up to date, commitment to the LSCB, participation in case reviews (and subsequent actions), and holding data securely.

In Brighton and Hove, Chief Officers are asked to present their findings to their peers on the LSCB Executive and since July 2011 Sussex Partnership NHS Foundation Trust, Sussex Community NHS Trust, NHS Sussex, Brighton and Sussex University Hospitals NHS Trust, Surrey and Sussex Probation Trust, Sussex Police and Brighton and Hove City Council have presented

either their 2010-11 or 2011-12 Section 11 audits, and discussed their organisational strengths and weakness with senior colleagues.

6.2 Case Reviews:

The LSCB commissioned no Serious Case Reviews in 2011-12 but did commission an independent confidential 'local management review' into a case of neglect by substance misusing parents. No details of the case can be given to avoid family identification, but there was considerable learning for agencies across the LSCB. All agencies were asked by the LSCB chair to report to the Board on how the findings had been disseminated, and what action had been taken. A summary of responses went to the March 2012 Board and two learning seminars were held for multi-agency staff. The key learning was about the need for adult services, whilst meeting the needs of their clients, have a more rigorous focus on the needs of children in the family. In addition there were actions relating to a range of issues (edited to ensure anonymity).

- Improvement in antenatal assessment processes
- Support was given to GP practice on capacity related to safeguarding
- The need for more face to face meetings between Health Visitors, Midwives and GPs- especially as community staff are less likely to be GP attached
- Improved assessment of parental capacity by agencies with adult clients

Following information received, LSCB agreed that the council would undertake an internal review of safeguarding in relation to adopted children, with the confidential report (due in 2012-13) to be shared with the LSCB Serious Case Review (SCR) Panel.

In September 2011, the SCR Panel met to consider whether a recommendation needed to be made to the Chair for an SCR on a case of likely serious abuse. The recommendation, which the Chair accepted, was that known information did not meet the criteria for an SCR. Nevertheless, the Panel agreed a range of actions for council and health agencies that would ensure learning occurred, and responses are monitored by the SCR sub-committee. This will be described in the 2013-14 annual report.

6.3 Training

A revised LSCB Training and Development Strategy was introduced in July 2011. This includes a new self-assessment tool for agency use regarding evaluation of single agency training.

The LSCB multi-agency training programme derives from the Training and Development Strategy 2012 and sets out the levels of safeguarding training and development needed for the workforce of Brighton & Hove children's workforce. The following multi-agency courses were delivered in 2011-12; this includes 'Preventing and Disrupting the Sexual Exploitation of Children and Young People' which is a new addition to the programme:

Level Two:

- Developing a Core Understanding x 9
- Assessment, Referral and Investigation x 6
- Child Protection, Conference and Core Groups x 5

Level Three:

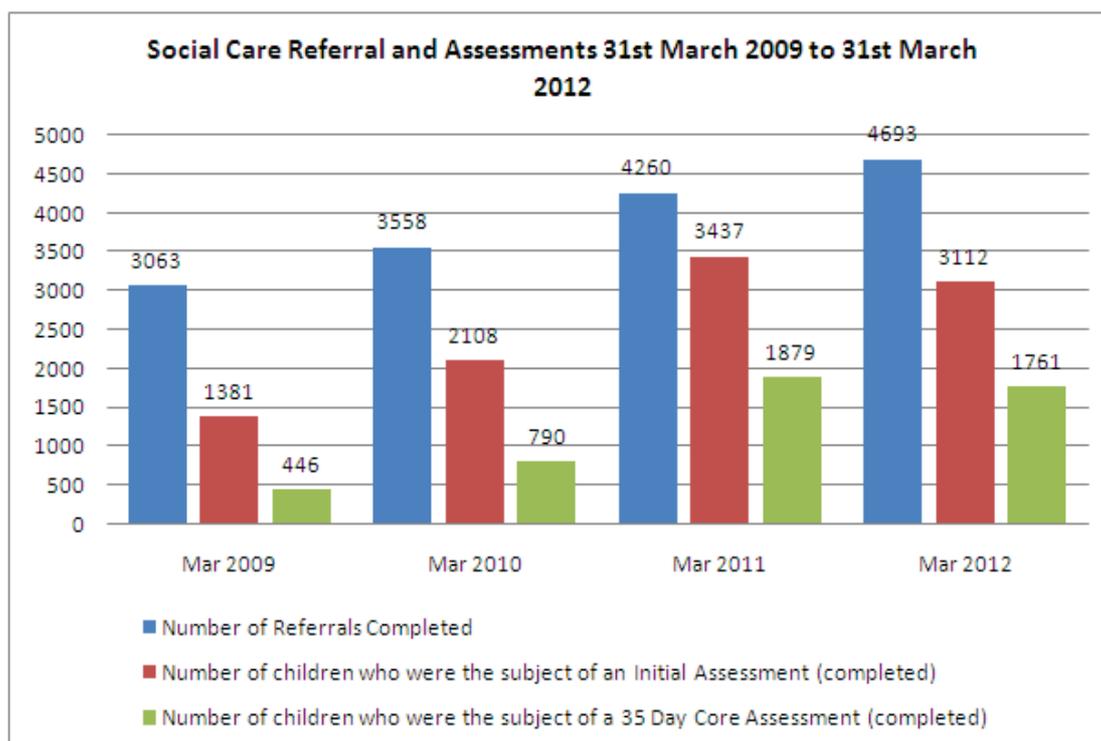
- Domestic Violence and Abuse x 7
- Multi Agency Public Protection Arrangements (MAPPA) x 2
- Preventing and Disrupting the Sexual Exploitation of Children and Young People x 4
- Serious Case Review Workshop x 2
- Substance Misuse and Parenting Capacity Day 1 x 1
- Substance Misuse and Parenting Capacity Day 2 x 1
- Working with Parents with a Learning Disability x 1

A summary of 2011-12 LSCB training attendance data is attached at appendix C.

7 PERFORMANCE INFORMATION

The following data provides a detailed breakdown of child protection activity from April 1st 2011 to 31st March 2012.

Referral and Assessments Year Ending 31st March 2009 to 31st March 2012



Source: Monthly Monitoring

Initial Contacts

In this report the Initial Contacts is used as a proxy for multi-agency activity. In the period under review (2011-12) the amount of referrals into children's social care increased by approximately 10% from 2010-11 and there has been a sharp increase, especially since 2009. This evidently coincides with the Serious Case Review in Haringey which saw a rise in referral rates in an unprecedented manner in many local authorities.

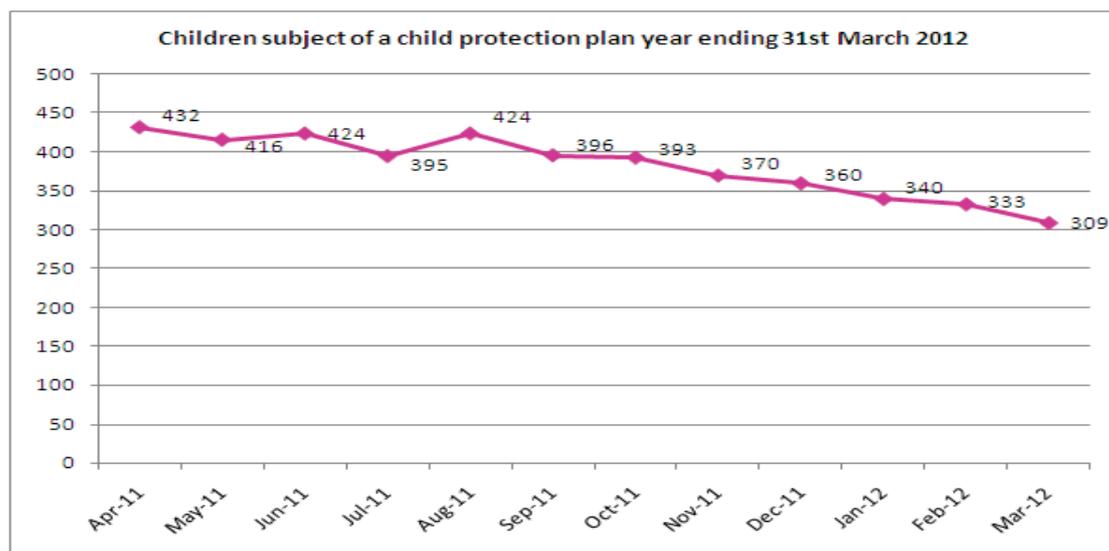
In Brighton & Hove there has been an increase in referrals between 2009 and 2012 of just over 50% which has had a significant impact on resources and workloads. It is significant to note that this increase has continued over a sustained period of time which has increased the pressure considerably on front line services.

Assessments

The number of initial assessments completed has increased by 125% between 2009 and 2012, with core assessments rising by nearly 300% during the same period.

In an attempt to deal with this increase there has been a focus on assessments completed under the Common Assessment Framework to try and redirect some of the lower level work to more appropriate resources and to try to reduce the number of children in need of statutory social work intervention. There were 535 CAFs started in the year ending 31st March 2012. Whilst this strategy has had some limited success the increase in statutory work still represents a significant increase in the volume of work being undertaken by the multi agency groups represented on the LSCB.

Children & Young People Subject of a Child Protection Plan Year Ending 31st March 2012



Source: Monthly Monitoring March 2012

The number of children subject of a child protection plan fell from 432 as at April 2011 to 309 as at 31st March 2012, a decrease of 28.5%. Service Managers have attributed this decrease to CIN Plans being seen as a more robust option and to successful interventions by social workers at the Children in Need stage.

Although the rate of children subject of a child protection plan per 10,000 has fallen from 93.8 as at 31st March 2011 to 66, this remains above the 2011 national average of 38.3 and the statistical neighbour average of 47.3. This would rank Brighton and Hove's CP rate per 10,000 9th highest out of 152 local authorities in England based on the 2011 position.

100% of child protection conference reviews took place on time during the period under review (2011-12). The percentage of children ceasing to be the subject of a Child Protection Plan, who had been the subject of a Child Protection Plan continuously for two years or longer, is 5.3% - below the national average of 6% as at 31st March 2011.

The percentage of children subject of a child protection plan for a second or subsequent time has deteriorated from 12.7% in March 2011 to 21.8%, above the 2010/11 national average of 13.3%. Performance for this indicator has gone from being in the highest banding (10 to 15%) under the old Performance Assessment Framework to second lowest banding.

The majority of children continue to be subject to child protection plans under the categories of emotional abuse and neglect while the major contributory factors are domestic violence, physical care/neglect issues, parental mental health issues and parental drug and alcohol misuse. These are familiar themes in comparator boroughs. Numbers in relation to the category of sexual abuse are low (less than 5%). Although this figure is in line with the national average it was felt that this needed to be the subject of a discreet piece of work for the 2011-12 business plan which is now completed and will result in some actions being taken to ensure that children who make allegations of sexual abuse receive the right support.

Plans are already underway to try and reduce the number of children subject to CP plans as these remain high in relation to our comparator boroughs. A review of the Child Protection process will be undertaken in 2011-12 and a further drive is currently underway to increase the numbers of children subject to CIN plans and for the quality of these plans to be strengthened.

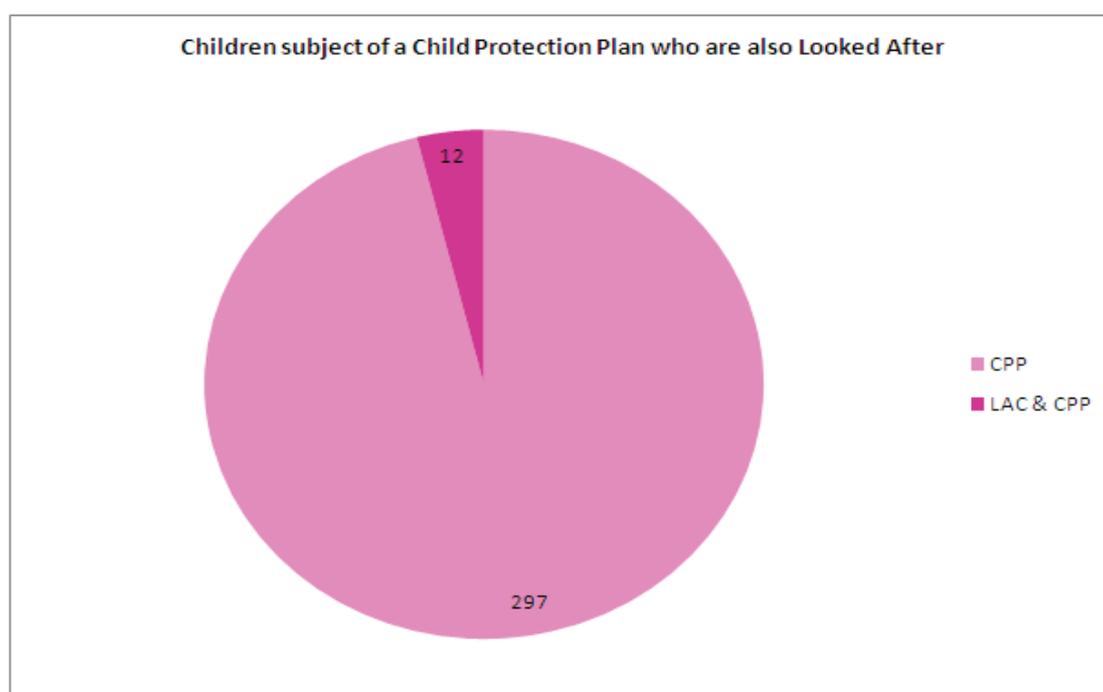
It is significant to note that although the numbers of children subject to Child Protection plans has fallen considerably since the last reporting period the numbers of children subject to Child Protection plans for a second or subsequent time has risen. This suggests that there is work to do to ensure consistency of thresholds and that the numbers are being reduced safely. Management action has been taken around this area but needs to continue to be monitored in 2012-13.

Referrals by Source and No Further Action Outcome Year Ending 31st March 2012

Referral Source	No. Referrals	Referral No further action	% NFA
Police Referrals	1385	193	13.9%
GP	90	10	11.1%
Health/Hospital	563	47	8.3%
Education	766	94	12.3%
Individual	471	41	8.7%
Local/Central Gov't Agency/Dept	635	85	13.4%
Emergency Duty Service	176	21	11.9%
Independent/Voluntary	103	10	9.7%
Other Source	502	44	8.8%
Total Referrals	4691	545	11.6%

There were 4,691 referrals completed in this period, with 29.5% from the police, 13.5% from Local/Central Government Agency or Department (Housing Department, Probation, Other Local Authority etc), 12% from Health, 16.3% from Education and 10% coming in from individuals (Relatives, Carers, Anonymous etc).

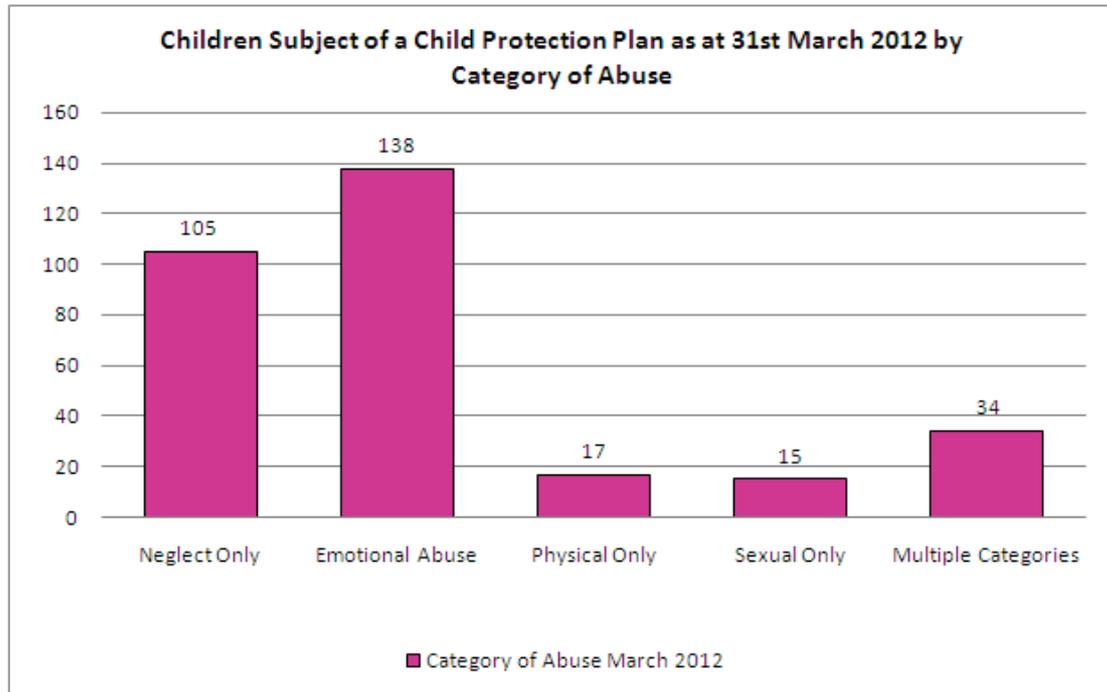
Children Subject to a Child Protection Plan who are also Looked After at 31 March 2012



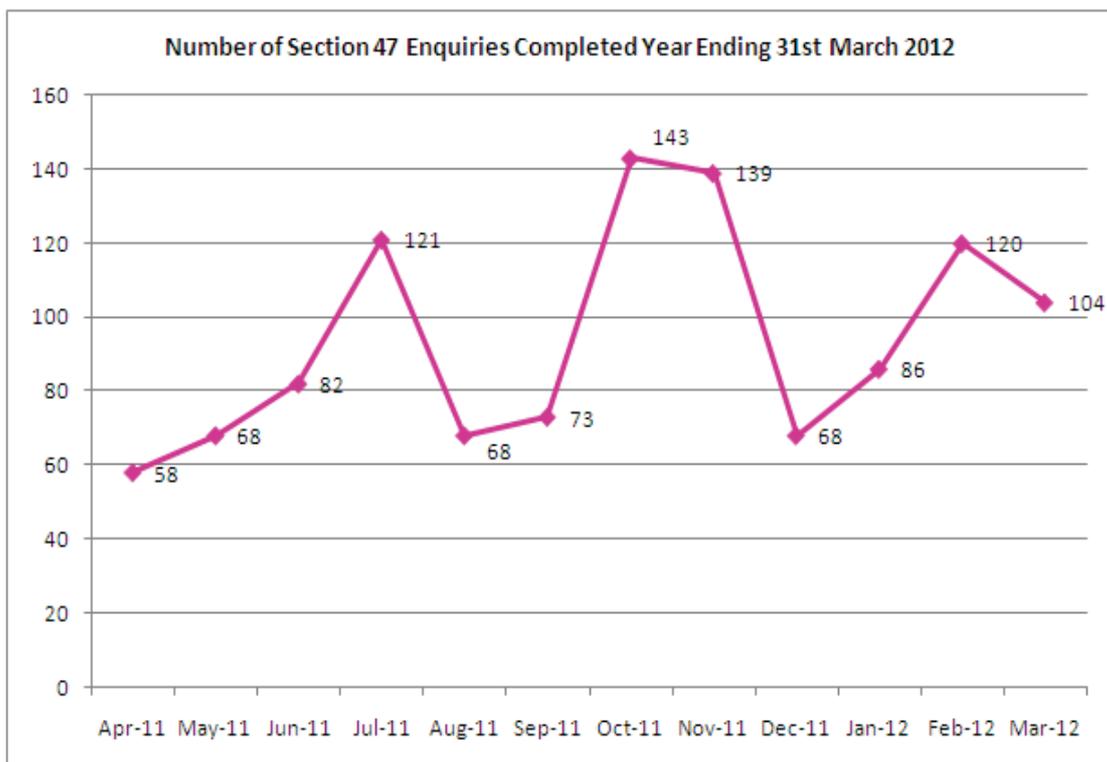
Of the 309 children subject to a Child Protection Plan at 31st March 2012, 12 (4%) were also looked after. This has fallen from 10% as of 31st March 2011. The reduction in this figure is a big achievement as it means a more effective

use of resources as children and their families are not subject to unnecessary duplicate processes.

Category of Abuse Year Ending 31st March 2012



Number of Section 47 Enquiries Completed - Year Ending 31st March 2012



There were 1130 Section 47 Enquiries during the year ending 31st March 2012. The number completed has been variable during the last 12 months, ranging from 58 in April to 143 in October.

Common Assessment Framework

Despite considerable training, mentoring, and practice development offered to support practitioners with Family CAF in Brighton & Hove on an on-going basis, the number of CAFs that have been initiated and completed has fallen in the last year. The support offered includes quarterly modular multi-agency Family CAF training, which covers all aspects of Family CAF practice and activity. Between March 2011 and March 2012 over 350 practitioners accessed Family CAF training.

It is significant to note that only 15% of referrals to CSC have an active CAF in place. The current level of activity is an average of 42 Family CAFs initiated per month - considerably below the target of 60. Despite the investment in training, CAF mentoring and the establishment of a CAF redirect pathway from social work, this rate of CAF activity is not increasing.

March 2011	
CAF started	50
CAF Completed	25
March 2012	
CAF Started	33
CAF Completed	23

In 2012-13 the LSCB will need to challenge partner agencies and establish why the figures remain low. Plans will need to be put in place in order to assist the agenda around 'early help'.

Conclusions

Services respond well to children in need of protection in Brighton and Hove and there are good systems in place to be able to track performance and address any weak areas. Inspections in the last year have been adequate or better in all areas.

However, it is significant to note that the child protection system continues to be under considerable pressure, with many children coming to the attention of Children's Social Care. Some targeted work needs to be undertaken in the coming year to safely reduce the children subject to CP Plans and make it more in line with our comparator Boroughs. Areas of concern that will need to be addressed include the high numbers of children becoming subject to a CP

plan for a second or subsequent time and the quality of CP and CIN plans. Work has already begun in 2011-12 to try and address these.

8 LSCB MEMBER AGENCIES' SAFEGUARDING REPORTS 2011-12

Since 2010 the LSCB has agreed that member agencies would submit an annual report for the Board to inform its annual review of safeguarding in the city. This can be in the form of reports submitted annually to Agency Boards, or if not, then a specially prepared note. The aim is to ensure agencies review their own progress on safeguarding, and that the LSCB can see that this is done, and at the same time gain assurance on local work. We ask agencies to report on governance, supervision, audits, training, and lessons learned from reviews. Key points from the reviews submitted (relating to Brighton and Hove) are set out below.

8.1 Brighton & Hove City Council Children's Social Care

(The performance report in section 7 contains more detail on Council performance.)

The Annual Report from Children's Social Care (CSC) described the change in 2011 to one central duty team, the Assessment Advice and Contact Service (ACAS) from three geographical teams. The service is managed by the Head of Delivery Unit and supported and challenged by the Head of Safeguarding, who reports to the Director of Children's Service (DCS). The DCS is accountable for the functions of education and social care, for health services seconded in through a S75 agreement from Sussex Community Trust. The DCS is also responsible for public health as Strategic Director for people.

In 2011-12 the council had a number of committees overseeing work with children. The Children's Trust (now the Children and Young People (C&YP) committee) is chaired by the lead member for children who is a participant observer at the LSCB, and the LSCB Chair is a co-opted member of the Committee. There is also a C&YP Cabinet Member Meeting and a C&YP Overview and Scrutiny Committee. The structure is changing for 2012-13.

To ensure there is the best possible services for children and families Children's Social Care have introduced a new Quality Assurance Framework (QAF). The Children's Social Work QAF and auditing schedule was launched in February 2011. It introduced a peer inspection process and a set of audit tools to measure the quality of practice for all social work staff. Early work on the framework helped the social work teams and integrated service to prepare for the new Ofsted inspection framework which was piloted in Brighton and Hove in December 2012. The subsequent Ofsted report recognised this as good emerging practice, which will strengthen and improve our services.

Quality assurance is not just for inspections, but an on-going process to assess the quality of practitioner's interventions with children and young people. Senior managers use it to monitor and evaluate the quality, effectiveness and efficiency of our services and ensure it provides value for

money. The QAF has now become a key part of the day-to-day management of staff and part of the wider performance management system, which includes supervision and appraisal. The audits will also help managers to highlight good practice and any areas for improvement. Key points from the QAF in 2011-12 are:

- Children in Need work is an area for development;
- Child Protection cases are generally adequate, but need stronger management oversight;
- LAC cases are generally good, with evidence of some excellent direct work with children.

In 2011-12 a comprehensive service improvement plan was put in place following the March 2011 Ofsted inspection. The following outcomes were found:

- Partnership work is highly effective, and supported both by good joint commissioning arrangements and joined up work with the CYPT and LSCB.
- Fostering and Adoption Services are good and outstanding.
- Safeguarding, the looked after children service and the Youth Offending Service are adequate with good capacity to improve.
- There has been a considerable reduction in the numbers of children subject to a Child Protection Plan.
- Considerable work has taken place in making the Child in Need system much more robust, thereby reducing the need for as many Child Protection Plans.

In 2011-12, in addition to LSCB training received, the Council delivered two 'core' days at level 2 for those involved in Case Conferences and a range of other programmes at level 3. 140 training events for 1560 staff were completed, a significant increase from 2010-11.

A new system ensuring all staff have an updated CRB check has been implemented, with a 4 yearly recheck. A CRB steering group reporting to the Senior Leadership Group has been set up to oversee the action plan for this key area.

All referrals to Social Care are now routinely screened for the common assessment framework (CAF) to ensure that CAF assessments inform decision making and planning. Since January 2011 a process of redirecting referrals back for a CAF if they do not meet social work thresholds has been in place. The outcome of this process is being tracked and monitored robustly through the Value of Money (VFM) process. Three Social Work Senior Managers sit on the VFM Prevention working group and work extremely closely with the Family CAF team. Redirection to CAF also includes families no longer requiring a statutory social care service, where the social worker supports the transition from a core group to a team around the family process. Despite much activity around supporting partner agencies to undertake CAFs (including the setting up of an advice team which sits alongside the new duty

system run by ACAS) the number of CAFs completed has continued to fall (see section 7). Work is in place to attempt to address this shortfall as it is significantly impacting on the level of referrals dealt with by the ACAS team.

The report concludes by pointing to improved practice as evidenced by the bedding in of the QAF process, and the Ofsted Report concludes that no service is less than adequate, with good capacity to improve. It says that good partnership work is continuing to develop. The numbers of children needing formal Child Protection Plans has reduced due to an increase in Child in Need Plans. A key challenge for 2012-13 is to improve case planning processes.

8.2 Brighton and Sussex University Hospitals NHS Trust

The hospital safeguarding team won the Trust's Team of the Year award in 2011.

There are clear governance arrangements with an annual report to the Trust Board and a twice yearly report to the Trust Quality Group. The Chief Nurse is the Board lead for safeguarding and attends the LSCB Executive. In August 2011 the safeguarding committee signed off the majority of actions stemming from the LSCB/PCT visit from Nov 2010.

The Trust has submitted reports to the LSCB on domestic abuse management, inter-agency management of high risk births, and the process of medical child protection assessments. These have contributed to on-going multi-agency debates and performance improvement, for example formal agreement with Social Care on the joint management process around assessing future risks at the pre- birth stage, and re-auditing with successful results the process of creating individual baby notes for families with known safeguarding issues. On domestic abuse, the Trust has identified a lead person (the named nurse), committed to stronger links with the Brighton MARAC, is working on strengthening links between adult and children's safeguarding, and has introduced and raised the profile of the IDVA in A&E. On medical assessments, the Trust took action to improve the seniority of doctors undertaking child protection medicals and the timing, supervision and review of medicals. The LSCB reviewed progress in early 2012-13 and was pleased with the improvements.

A number of audits were conducted regularly. For example, on A&E notes (timings improved), maternity notes (positive findings) and paediatric referral forms (well completed). There were two audits on the flagging of high risk children and notifications to social workers. Feedback on training was positive.

Training compliance was 75% at level one, 46% at level two, and level 75% at level three. None of these is at their target level but the annual report describes eight specific measures aimed at improving these results.

Key actions planned for 2012-13 are to increase training levels and recording of training, further work on lining adult and child services around domestic abuse, auditing the compliance with safeguarding training compliance at consultant annual appraisal, and continuing to monitor closely the flagging system.

8.3 Brighton and Hove Domestic Violence Forum

Primary Role: The Brighton and Hove Domestic Violence Forum acts as the multi agency forum for Brighton and Hove in responding to domestic violence and to promote joint working, co-operation and mutual support. It aims to increase awareness of domestic violence and its effects within the community and the public at large, voluntary organisations and statutory agencies

Key Responsibilities regarding LSCB:

- To give the Domestic Violence Forum perspective in the development and evaluation of safe guarding children policies, procedures and practices.
- To contribute and to comment on documents/issues presented at the LSCB and to disseminate relevant information to Domestic Violence Forum members
- To attend LSCB meetings and development days.
- To promote greater awareness of domestic violence issues, developments and services, and to disseminate information, policies and procedures to LSCB members
- To participate in the audits and evaluations of the LSCB and those carried out by the LSCB.
- To identify gaps in service provision and training needs for members of both forums
- To promote effective communication between the LSCB and Domestic Violence Forum.

Summary of Activities for 2011-2012: The Domestic Violence Forum Chair regularly attends and contributes at LSCB meetings. RISE provides training on domestic violence as part of the LSCB training programme and took part in the Domestic Violence Audits of 2010-2011/2011 -2012. Third sector members of the Domestic Violence Forum completed Section 11 Audits. Representatives from children services attend Multi-Agency Risk Assessment Conferences (MARAC).

8.4 East Sussex Fire and Rescue Service (ESFRS)

In its second annual report, East Sussex Fire and Rescue Service (ESFRS) sets out its governance structure. An Assistant Chief Officer leads for the county on safeguarding, delegated in 2012-13 to the Director of Protection and Prevention, who leads on community safety and sits on both the children's and adults' safeguarding boards in the city. There is a ESFR Safeguarding Panel at senior strategic level, and a regular more operational Safeguarding Meeting. There is was a new safeguarding (adults and children)

policy in 2011 to be followed by all staff. A clear account is provided on supervision arrangements to support staff with concerns about children, and how issues arising are monitored. Safeguarding managers receive monthly supervision. All staff have access to an online safeguarding training package and in 2011-12 priority was given to safeguarding training for supervisory managers.

ESFR conducted an internal audit of case files related to children and young people coming to their notice and found good recording, timely action and proper referrals. The service contributed to the LSCBs local management review on a case with which it was involved, and took forward actions as a result, especially strengthening links with social care and offering to do fire prevention checks at the homes of children subject to CP Plans or other concerns. 4 children in the city were reported by staff for specific safeguarding concerns in 2011-12, and increased confidence in staff sharing concerns about children was reported.

The report also outlined the ESFR contribution to 'early help' through the fire setters intervention scheme for children with an unhealthy interest in fire, it has provided funding for over 500 methadone safety boxes in the city (with those households also getting a fire prevention visit), 14000 primary school received safety education in 2011-12.

8.5 NHS Sussex/Clinical Commissioning Group:

The report was prepared by the then designated nurse to brief the shadow Clinical Commissioning Group (CCG) which will take over NHS Sussex (PCT) safeguarding duties in April 2013. The designated doctor and nurse attend the LSCB and Executive, and sub-groups and are vital members of the safeguarding infrastructure.

The report describes progress on three recommendations from the Ofsted/CGC inspection of March 2011. The first was about greater engagement of GPs in their safeguarding role has been facilitated by LSCB funding on a non-recurring basis additional 'named GP' sessions to increase training for practice staff and practice safeguarding leads. The second was on the coordination of prenatal baby and mother notes which has been achieved. The third was on training for sexual health workers and school nurses around assessing competence to consent. A seminar was facilitated for 68 members of staff.

The PCT designated nurse worked closely with 2 local management reviews. On one, 13 health actions were overseen including work on supporting an involved GP practice, antenatal risk assessments, greater face to face contact between GPs, midwives and health visitors, and improving the Primary Family Assessment process to include more questions on adult drug and alcohol use. Actions on the other case cannot be reported but the LSCB is satisfied appropriate action was taken.

The second multi-agency audit on domestic violence cases in 2011 led to recommendations for better recording of contact with social care in health files, more efficient ways of GPs case conference records and improved training for GPs on a more systematic family based approach to domestic violence and recording of risks across separate files of family members.

The annual report expressed concern about wide variations in compliance with training requirements in the NHS providers it commissions, with no Trust for example reaching the target of 80% compliance with level three training, although GP safeguarding leads were at 100%.

Other key points included: enhanced liaison between GP safeguarding leads and linked health visitors, work in hand to enhance the flagging of children with CP Plans in GO records, and a physical injury pathway has been drawn up to provide clearer guidelines on action record with unexplained injuries. The report also notes key developments in provider Trusts some of which are covered in their own annual reports.

8.6 *Surrey and Sussex Probation Trust (SSPT)*

Whilst the service deals with adult offenders, 20% of those under supervision could be carers of children. Probation staff are required to fulfil their duties in a way that maximises the safety and development of children. The CEO is the designated lead for safeguarding, and the Brighton and Hove Director is on both the LSCB and its Executive.

All operational staff are subject to a quarterly QA audit of their risk assessments, and middle managers must ensure any case involving a medium risk to children is considered in monthly supervision. There is a clear accountability framework, embedded through induction and annual safeguarding training. Job descriptions explicitly states safeguarding responsibilities. Cases meeting MAPPA criteria are subject to rigorous internal and external audit. All contracts let for services set out clear safeguarding expectations.

SSPT recognises the importance of preventative activities in order to reduce the likelihood of children suffering harm. SSPT staff are involved with local initiatives which include the Family Intervention Project (FIP) and the Children and Families of Prisoners Group. More recently they have joined with the Local Authority led 'Stronger Families, Stronger Communities' initiative which is Brighton and Hove's response to the Troubled Families Programme. Two members of Probation staff will be seconded into the team in 2012. SSPT's staff at Brighton and Hove magistrates' court are piloting referrals to Children's Centres for individuals identified as being in need of family support. A new sentencing options for women offenders in the form of a Specified Activity 'Thinking Ahead' have been introduced. This is a cognitive behavioural programme designed to address the specific needs of women offenders and includes modules on positive relationships. They are working in close partnership with Inspire to deliver services to women offenders. Inspire is a partnership of five women centred organisations in the city led by Brighton

Women's Centre. Members include Brighton Oasis; RISE; Threshold (BHT) and Survivors Network. Specialisms covered by Inspire include: substance misuse, domestic abuse and mental health issues. The service includes a family worker and crèche facilities.

A small number of staff have been trained to administer the CAF. Probation staff contribute to CAF, but do not undertake a CAF assessment.

8.7 *Sussex Community NHS Trust:*

The Trust has been represented at the LSCB by the Asst. Director for Children's Services, and at the LSCB Executive by the CEO. Trust staff also attend 5 other LSCB sub-groups. There is one named nurse and doctor for the city covering the Trust's staff working directly for the Trust, or those seconded into BHCC Children and Family Services. The focus in 2011-12 was to review supervision, training and governance in the special arrangements where most Trust staff working with children do so within the council, but accountability for clinical standards and CQC registration is retained by the Trust. The named professionals are part of the BHCC Children and Families Safeguarding Quality and Governance Group.

Health visitors within the seconded services receive supervision on a 4-6 weekly basis, and the named nurse provides clinical supervision to managers 3 monthly, and she has observed manager- health visitor supervision to audit quality. A health visitor is now part of the children's social care duty team- Advice Contact and Assessment Service.

There was involvement with the LSCB's Local Management Review on a neglect case relating to substance misuse, and the health visiting service took forward actions in relation to reviewing antenatal risk assessment processes.

The Trust acknowledged some difficulty in the recording of training, partly due to staff working in differing settings and having come together from different employers, but did confirm in Brighton and Hove that 100% of school nurses and paediatricians, 97% of health visitors, and 70% of Allied Health Professionals are level three trained, with named professionals and children's centre team managers all level 4 trained. All health visitors and School nurses had assessment and management of domestic violence training in 2011.

On audits, the Trust completed the Section 11 Audit and this was subject to peer review at the LSCB Executive. Progress following the domestic violence audit was submitted to the LSCB, and the named/designated doctors (Trust employed) have audited sexual abuse cases and late statementing.

Priorities for 2012-13 include updating the policy on managing allegations against staff, improving the interface with adult services, and improving centralised training data.

8.8 *Sussex Partnership NHS Foundation Trust:*

The Trust which covers Sussex has established a locality safeguarding structure with a Named Doctor and Nurse dedicated to the city. They have established a strong relationship with the Brighton and Hove Designated Nurse. A sub-committee of the Board of Directors, the Quality Committee has adult and child safeguarding as a standing agenda item, and a Trust-wide Safeguarding Children Group chaired by the Executive Director of Nursing and Quality oversees local safeguarding groups including the city. The Executive Safeguarding Lead (Director of Nursing and Quality) is a member of the LSCB Executive.

The priorities set for 2011-12 related to training take-up, an additional senior child protection post, auditing the impact of e-learning and establishing a new programme for the Trust's child protection network – have all been achieved.

The Trust played a strong role in the LSCB's Local Management Review in 2011 on a neglect case involving substance misusing parents. Four key actions were taken by the Trust relating to assessment of the needs of children of adult mental health patients, improved working with health visitors about risks to such children and the creation of a daily risk meeting in the substance misuse service.

The Trust as a county wide (and beyond) service continues to be stretched by working with so many LSCBs and has suggested that opportunities to share common agendas and debates across the three Sussex LSCBs would be constructive. The Trust has highlighted the potential risk of their senior presence being diluted by needing to attend three Sussex LSCBs, whose meetings sometimes clash.

Priorities for 2012-13 are to review the form and function of Local Safeguarding Groups, further develop training for safeguarding trainers, establish an annual safeguarding audit programme and to review and re-launch the Trust's Safeguarding Strategy.

8.9 *Sussex Police*

The Police are very active in LSCB business, and as well as sitting on the Board and LSCB Executive at a very senior level, also participate in the sub-groups covering SCRs, CDOP, Procedures and Training. The move to referrals from children's social care (CSC) being routed through the Police Contact Centre has continued to assist detectives in spending more time on their investigative duties, and has been introduced across the whole Force area. It also reduces the likelihood of a referral being missed through not being recorded.

Work has continued on developing the way police share information with CSC by use of the MOGP/1 form, and a pilot project has commenced in East Sussex where using an agreed criteria, MOGP/1s are being screened by the

police before being referred to CSC. This has led to a reduction of over 30% in the number of forms being passed to children's social care, and it is intended to discuss extending this process across the whole Force area with CSC colleagues from Brighton & Hove and West Sussex. Discussions have continued with colleagues as to how police child protection teams can co-locate with CSC, and this has now been achieved with a team in West Sussex. Further developments in this area are expected in the year ahead.

In relation to the developing issue of child sexual exploitation, the police have been exploring how they can assist in the collation and development of intelligence provided by professionals in contact with children and young people.

8.10 Third Sector:

The Community and Voluntary Sector Forum (CVSF) is represented on the LSCB, and its Executive, but the third sector is not of course a single organisation that produces an annual report but a network of 700 organisations providing services to children and families. However, the CVS Forum has submitted a Safeguarding Survey Report for 2012 which is summarised below.

A major step has been the introduction, with LSCB support, of the 'Simple Quality Protects' QA programme which has so far assessed the safeguarding arrangements in 17 organisations and provided advice and support as they review/develop their policies and procedures. The results from this were warmly received by the LSCB as a good illustration of assuring good practice.

Safety Net as a local children's safety charity has been working closely with the CVSF to put in place support systems for the voluntary sector around its safeguarding responsibilities. Key Milestones and Successes in 2010 – 12 have included:

- Securing funding for 'Let's Protect' a project to provide safeguarding training, individual support and CRB advice to community and voluntary sector groups in Brighton and Hove.
- Recruitment of a Let's Protect Coordinator.
- Research into potential Quality Assurance programmes relevant to the CVS.
- LSCB funded purchase of 'Simple Quality Protects Quality Assurance Scheme' license.
- Rolling out Simple Quality Protects assessment and reviewing of safeguarding practices, including safer recruitment, across 17 organisations.
- Advised, supported and guided these 17 organisations to create, review and develop their Policies & Procedures and Staff & Volunteer Induction packs.
- Roll out of a free CVS safeguarding training programme.
- Take-up of training courses increased by 65%.

- 330 staff and volunteers from 83 groups & organisations attended funded courses.
- 72 community organisations submitted CRB applications for 548 staff and volunteers, nearly a 15% (14.79%) increase on the previous year.
- Development of partnership working between the CVSF Children and Young People's Network and the Local Safeguarding Children's Board (LSCB).
- Establishment of the Safeguarding Forum for CVS groups and organisations.
- Working with and signposting 42 new (small) groups to membership of the CVSF.
- Safety Net nominated by the NSPCC Safe Network as Sussex Safe Network Champion.

The CVS participated in the Section 11 audit focussing on larger organisations and conducted an online survey of smaller organisations.

The key findings were:

- A total of 33 groups and organisations responded to the safeguarding survey – 7 through the Section 11 audit and 26 through the online survey.
- Both the Section 11 audit and the on-line survey indicate a high level of awareness of and commitment to safeguarding the children and young people that the community and voluntary sector are working with. All organisations indicated that they have child protection policies and procedures in place, but there may be development areas for wider safeguarding policies, most notably in relation to e-safety and to a lesser degree whistle blowing.
- The vast majority of staff are aware of their role and responsibilities in relation to safeguarding, and most organisations have a designated child protection Officer (CPO). However, in smaller organisations, a significant number of CPO's had received no training or support and for 57% this additional responsibility was not reflected in their job description.
- Most organisations have a range of safer recruitment processes in place, though few have accessed safer recruitment training. The vast majority are clear on the need to undertake CRB checks, but are aware that this is only part of a safe recruitment package.
- 89.5 % of the organisations who completed the online survey ensure that staff receive basic child protection training every 3 years.
- There is a degree of diversity and confusion among respondents as to the first point of contact for information or advice regarding a safeguarding concern. Some indicated that they would contact ACAS, while others would speak first to other voluntary sector organisations.
- Approximately half of the online respondents had been involved in a CAF case. Among the seven that had experience of involvement, a number of issues and concerns were raised about the process. Some larger organisations have been fully engaged in the CAF process and

in some cases act as lead professional. Some groups would have a reservation about initiating a CAF because of the resource implications.

- User involvement and participation was an area of real strength for both large and small voluntary sector organisations, with some larger organisations having dedicated participation workers in post.
- There is a commitment to improving quality amongst smaller organisations. This includes the rolling out of the 'Simple Quality Protects' scheme.

The annual survey identified a number of areas for action:

- There is a general need for further work to develop e-safety policies and good practice.
- Protocols need to be developed for the frequency of reviewing policies and on how policies and procedures are incorporated into induction processes.
- Some organisations indicated that their designated safeguarding leads did not have this role included in their job description and felt that the role of trustees in relation to safeguarding needed to be more clearly outlined.
- There is also a need to look at the training and support needs of designated child protection leads in some organisations.
- Explore what would be covered in a safer recruitment training course and whether this would be suitable to the sector.
- Check whether there is a need for a separate ISA notification policy and whether organisations have allegations against staff policies included in their complaints policies.
- E-safety training needs to be developed.
- Ensuring that smaller organisations are aware of the free child protection training programme provided by Safety Net.
- Linking the sector to training that already exists like BHCC's Common Core.
- How do smaller voluntary sector organisations become more engaged in the CAF process and what is the process for logging the significant contribution of some of the larger voluntary sector organisations to the CAF?
- Explore advertising CAF training and its purpose again.
- When referrals are made to ACAS from a CVS organisation could ACAS also direct them to Safety Net and CVSF to join up CVS safeguarding and practice.
- A potential open session for CVS to visit the ACAS service.
- Consider how staff and volunteers could be asked for feedback on how well services are working.
- Follow up with organisations who indicated that they do not have data protection/ confidentiality policies in place.
- Update and market list of quality assurance packages and other support available under the Lets Protect Scheme.
- CVSF to undertake follow up visits to all organisations that completed the survey.

- CVSF and Safety Net to consider hosting a day conference for the CVS in partnership with the LSCB. Content could include feedback from the survey, information on Quality Assurance, a consultation session on improving evidencing sector engagement in the CAF process and peer to peer organisation workshops and training sessions.

9 COMPLAINTS REGARDING CHILD PROTECTION CONFERENCES

The LSCB has dealt with one complaint about decisions of Child Protection Conferences in the period under review (2011-12). The decision was reviewed by a multi-agency panel made up of LSCB members and chaired by the Designated Nurse for Safeguarding. This is in line with the Sussex Child Protection and Safeguarding Procedures. The options open to the panel are either to uphold the decision of the original Child Protection Conference or to reconvene the conference with a different chair. The original decision however stands whilst the complaint is investigated.

The nature of this complaint was in relation to:

- The decision made at the conference to make the children subject to child protection plans.
- Reports to the CPC were not shared in the appropriate timescale.

The decision of the panel was to uphold the decision of the original Child Protection Conference.

10 PRIVATE FOSTERING INFORMATION

In line with the local authority's responsibility for monitoring compliance of Private Fostering duties and functions, the following activity occurred during 2011-12:

Trends

- In 2011-2012 there were 2 existing Private Fostering arrangements at the start of the financial year.
- Four notifications of new private fostering arrangements were received during 2011-12 and all of these were confirmed as being appropriate notifications.
- Three arrangements ended during the year, leaving a total of 3 children & young people under private fostering arrangements as of 31st March 2012.
- Of the 4 new arrangements, all are children & young people from the UK.
- Two of the new arrangements relate to one young person (whose private fostering arrangement ended and another one started in the same financial year).
- All new arrangements are for females aged 13-15 years of age.

Monitoring Compliance with Duties and Functions 2011-12

- During this period (2011-12) all young people and private foster carers were allocated a worker.
- All young people were seen within 7 days of the notification thus meeting the requirements of Regulation 4 of the Children (Private Arrangements for Fostering) Regulations 2005 for carrying out visits.
- In one case the authority did not meet Regulation 8 which requires an officer to visit every child who is being fostered privately at intervals of not more than 6 weeks in the first year of the PF arrangement. The reason for this was that for one of the visits there was a gap of 9 weeks.
- Legislation requires the worker to make a written report to the local authority after each visit. An audit of private fostering cases in March 2012 found that not all visits to young people and private foster carers are recorded on the system.
- There were no cases during 2011-2012 where the authority had to consider enforcing any requirements/prohibitions or disqualifications.

The concerns raised above are being addressed through increased awareness raising about the regulations with staff in the ACAS and CIN Teams (e.g. all staff taking on a private fostering case for the first time will be required to complete e-learning). In addition, we now have a designated social worker and practice manager for private fostering who will provide advice and support for private fostering case holders. They will also closely monitor and scrutinise cases throughout the year and raise any issues with workers and their managers so that remedial action can be taken.

11 MANAGEMENT OF ALLEGATIONS OF ADULTS WHO WORK WITH CHILDREN

Chapter five of Working Together to Safeguard Children (2010) contains the statutory guidance surrounding this issue and requires the Local Authority to investigate any situation where a person may have:

- behaved in a way that has harmed, or may have harmed, a child;
- possibly committed a criminal offence against, or related to, a child or;
- behaved towards a child or children in a way that indicates s/he is unsuitable to work (or volunteer) with children.

Or, in accordance with DfE guidance 'Dealing with Allegations of Abuse against teachers and other staff' 12th July 2011:

- behaved towards a child or children in a way that indicates he or she would pose a risk of harm if they work regularly or closely with children.

In 2011-12 there were 112 allegations against adults working with children across the city. This significant increase from the previous year is due in part to an increase nationally in allegations due the high profile of some cases and work that has been carried out to raise awareness. Locally we now have a

much more robust system in place which has been instrumental in ensuring that all cases are dealt with and followed up. Dealing with allegations against those who work with children is complex and involves suitability issues as well as direct allegations of abuse or harm. The table below illustrates the types of referrers and the types of allegations that have been dealt with in 2011-12.

The figures demonstrate a extent of activity which helps the LSCB to be reassured that safe recruitment procedures are robust and that children who make allegations about those charged with caring for them are dealt with in an appropriate and timely manner.

Allegation by Employer and Type:

Referrals by Employer and Type							
Employer	Neglect	Suitability	Sexual Abuse	Emotional Abuse	ICT/On-Line Internet Abuse	Physical Abuse	Total
Early Years	1	8	2		1	3	15
Education Maintained		24	10	1	2	11	48
Education Non Maintained						1	1
Education Non School Staff		1					1
Faith Groups		2	3				5
Health		2					2
Other		2	3				5
Police		1				1	2
Social Care		1	2			5	8
Transport		2	1				3
Voluntary Organisations		7	7			1	15
TOTAL	1	53	29	1	3	25	112

Education continues to be the biggest referrer which is in line with the national picture.

Out of these figures it is also significant to note:

- 24 employees were suspended whilst the allegation was being investigated.
- 39 were subject to a criminal investigation of which 9 received a conviction or police caution and 25 were subject to either a joint or Social Services s.47 investigation.
- Disciplinary procedures were initiated for 27 employees, 11 leading to dismissal.
- The services of 23 employees were ceased to be used.

- There were 9 referrals to the Independent Safeguarding Authority and 17 to a regulatory body such as Ofsted or the General Teaching Council. 2 cases involving foster carers led to deregistration.

Future plans for the management of allegations include;

- The LADO developing a multi- agency training programme for the LSCB, while continuing to provide training for Headteacher, Governors and Designated Teachers.
- The LADO to continue to build links with employers across the city.
- The LADO to consider the impact of changes in Working Together 2012 and the implementation of the new Disclosure and Barring Service in consultation with the LADO regional network, HR and the LSCB safeguarding sub-groups.
- The LADO to ensure that each agency represented by the LSCB has a Named Designated Officer to act as a conduit between its agency and the LADO.

12 CONCLUSION AND CHALLENGES FOR 2012-13

The majority of objectives in last year's business plan have been met. A new Section 11 audit was agreed and introduced, and subject to peer review in the LSCB Executive. Key audits have been completed or re-run, and findings brought to senior attention. Agencies are producing their own safeguarding annual reports. The Executive had been embedded. The LSCB has a place alongside the Health and Wellbeing Board, and 2 lay members have been appointed to the LSCB. Learning from local case management reviews, and SCRs from elsewhere, has been widely disseminated.

The Board has monitored and facilitated some key service improvements around child protection medicals and pre-birth planning. The Child Protection Liaison Group has continued to work on a multi-professional basis to learn from the management of difficult cases and improve practice. The training programme continues to be comprehensive.

Last year's report talked of understanding more the high numbers of CP Plans. It is probable that this has been largely related to case management processes and the need to improve early help, and numbers are already reducing. A major challenge in 2012-13 is for agencies outside social care to find ways of working together to extend early help, so that fewer cases below the threshold are referred to social care. CAF numbers need to increase.

As can be seen in appendix D, the business plan for 2012-13 has used headings which reflect the Munro Report and the draft new Working Together guidance: Strengthening accountabilities, creating a learning system, raising the profile/understanding of the LSCB, and sharing responsibility for early help. Amongst the key actions are the formation of an annual audit plan for

the Board, monitoring audits within member agencies, the creation of a dedicated capacity to strengthen the capacity of the Board to evaluate services, a major conference on child sexual exploitation, and to appoint 2 lay members (achieved July 2012).

Finally, within the year new government guidelines on safeguarding will be issued. These are likely to be radically smaller in size and with less prescriptive timescales. While this will allow more professional judgement about what is right in individual cases, LSCBs will need to be very vigilant to ensure that multi agency working arrangements remain strong and well-co-ordinated when there are less rules about how things should be done, and that case planning does not become more tardy when there are fewer national standards.

13 APPENDICES

- A. Summary of Key Achievements and Onward Priorities
- B. LSCB Budget Statement 2011-12
- C. LSCB Multi-Agency Training Attendance Data 2011-12
- D. LSCB 2012-13 Business Plan

SUMMARY OF KEY ACHIEVEMENTS AND ONWARD PRIORITIES

2011-12 Business Plan outcomes - see pages 11-12
- Robust new Sussex wide Section 11 audit tool agreed and implemented
- Thematic audit on child sexual abuse cases conducted for report in 2012-13
- Agencies reported on progress against the domestic violence audit which was re run, with some improvements seen
- Ofsted/CQC inspection reports circulated and action plan disseminated
- The high number of children on CP Plans was researched and no demographical factors were identified to justify the degree to which Brighton and Hove is an outlier: conclusion - that it is more a product of case management and improvements needed in early help
- The LSCB annual report was presented to the Children's Trust, incorporating summaries of agency safeguarding annual reports
- A major analysis of the work of the Local Authority Designated Officer was presented to the Board for the first time
- A Chief Officer led LSCB Executive is now fully embedded – see p15
- The LSCB has a formal position at the Health and Well-being Board
- By autumn 2012 there were formal links with the shadow Clinical Commissioning Group, which is now represented on the Executive
- The Munro and DfE proposals for safeguarding reforms were discussed and submissions made to consultations
- Two lay members were appointed to the Board in mid 2012
- An improved process is in place for the Chair to be informed of cases which might need a decision about an SCR
- Major seminars were held on SCR management, and lessons from a Local Management Review - see page 24
- A new Training and Development Strategy was introduced
- Safer recruitment practices were reported on in agency Section 11 audits
- A communication strategy was not produced due to other priorities
- The link with the Community Safety Partnership still has room for improvement
How the Board has made a difference - see pages 13-14
- The Board has monitored and supported Brighton University Hospitals NHS Trust (BSUH) to improve its capacity to undertake, and the quality of, child protection medicals which are now done at a more senior level and subject to regular peer review
- The Board regarded it as a priority to ensure there was a clearly agreed multi-agency agreement on processes around pre-birth planning. This led to a jointly agreed way forward between BSUH and the Council Children's Social Care
- The Board commissioned a Local Management Review, the findings of which were discussed in detail at the Board, were subject to multi-agency training, and to agency reports to the Board on how they has handled the

findings
- The update on the domestic violence audit was considered, and the process of police notification of DV incidents to health staff was reviewed
- The Board has increased the attention given to child sexual exploitation, with a new subgroup, a major police presentation (and a very successful conference in October 2012)
- The Board began to address the low numbers of CAFs completed and the impact this has on referrals to social work, and this focus has continued in 2012-13 when a major Board conference on CAF/early help is planned for December
- The Board agreed an accountability framework to set out the guidance and LSCB expectations around the role of designated and named doctors and nurses.
- Detailed multi-agency work goes on through 9 LSCB sub-groups – with their work described in p15-22. For example, the Child Protection Liaison Group work through together challenging issues about how complex cases are handled, to identify and learn quickly from day to day practice
Learning and Development - see pages 22-25
- The audit of domestic violence case records was repeated, with some improvements for example on speed of response, early planning and decision making and more early referrals to police.
- The new Section 11 audit tool was used, patterns identified, and returns subject to chief officer peer review
- The Board began to collect information on single agency audits
- An informative Local Management Review was held with results widely disseminated and actioned. The key theme was the need for rigorous child focus when the adult is the client
- Actions were also agreed in a case which was deemed below the threshold for SCR
- New Training and Development Strategy
- 38 multi-agency events ran by the LSCB
Performance - see pages 25-30
- An increase in referrals to children's social care of 50% 2009-12. Initial and core assessments up two and three fold in the same period
- However over the year the number on CP plans dropped by 28% as a result of improved work at the Child in Need (CIN) stage and CIN plans being used more. This is still a national high outlier and the Board will have a major focus in 2012-13 of early help and extended use of CAF. There were less CAFs completed in 2011-2 than the previous year
- The percentage of children on CP plan who were also Looked After fell from 10% to 4%
Key Items from 2012-13 Business Plan - summarised from Appendix D
Governance/Accountability:
- To develop an annual programme of multi-agency audits and monitor the findings of single agency audits
- Ensuring the Board has sufficient capacity to enhance its ability to evaluate

local services
- To report on early help in the annual report
- To implement (the as yet unpublished) new Working Together guidance. This annual review points to the risks from the likely radical reduction in national guidance, and says the LSCB will need to be vigilant during the transition to the new arrangements
- To facilitate progress on the implementation of Ofsted inspection recommendations
- To ensure new NHS organisations are firmly embedded within the LSCB
<i>Creating a Learning System:</i>
- Continue to share lessons from SCRs and other Reviews and review methods for future reviews in line with the expected new statutory guidance
- Commission a major Sussex wide conference on Child Sexual Exploitation (completed)
- Evaluate the effectiveness of multi-agency training and monitor compliance with single agency mandatory training
<i>Raising the profile and understanding of the LSCB:</i>
- Appoint two lay members (Completed)
- Review the relationship between the Board and Education
- Produce an LSCB communications plan
- Strengthen links with Community Safety
<i>Sharing responsibility for early help:</i>
- Ensure the Board provides a focus and forum for the overview of early help
Main Challenge
In addition to dealing with the large public sector reorganisations and changes to national guidance, the main challenge for the Board is to facilitate the improvement in early help and case management, to head off the high numbers of cases which have traditionally ended with Child Protection Plans.

Appendix B

LSCB Budget Statement 2011-12

for year ended 31 March 2012

Detail	Budget	Actual
<u>Staffing</u>		
Training Manager (inc on-costs)	25,700	33,016
Business Manager (inc on-costs)	48,700	48,667
Admin Officer (inc on-costs)	12,100	3,588
Independent Chair	20,000	*24,841
<u>Other Costs</u>		
Contingency for SCR Panels	10,000	8,250
Venue Hire	2,000	1,295
Transport Costs	200	67
Printing	2,000	4,290
Office Stationery & Other	100	185
Telephone	110	223
Computer Costs	1,500	40
Communications	2,000	1,800
Conferences	2,000	1,826
Hospitality	200	38
Audit Analysis	5,000	0
Serious Case Reviews Seminar	1,000	910
Contingency **	20,950	14,840
CWDC funding for board development	18,300	*
Total LSCB Expenditure	171,860	143,876
Return of overfunding for admin post		7,984
Carry forward to 2012-13		20,000
<u>Funded By:</u>		
B & H City Council - Core Funding		85,010
CWDC Funding		18,300
B & H City Teaching PCT -		32,000
Surrey Sussex Probation Trust		4,000
Sussex Police		9,000
CAFCASS		550
Partner's Carry Forward		23,000
Total Funding		171,860

* £2100 of the CWDC funding was applied for Chair's development activity shown against the LSCB Chair line, leaving a net £16,200 available

****Contingency Breakdown**

Spend

Safety Net - QA Products	4,550
FII Working Group	932
City Teaching PCT - Named GP	8,886
Training for court work	472
Total	14,840

Appendix C

LSCB TRAINING ATTENDANCE 2011-2012		Total number of attendees from each service														Totals						
Course Title	No. of courses run	CVS	EY - CEYCP P&I	Edu - LEA	Edu - Indle	ESFRS	BSUH	NHS	SCT	SPT	Police	Probation	Private Sector	Housing	Children's Social Care	Youth	Integrated Disabilities	LDS Adults - BHCC	Community Safety	BHCC - Other	Other	
Level 2																						
Developing a Core Understanding	9	19	17	46	33	2	0	0	8	13	0	2	0	4	16	10	1	2	1	6	180	
Assessment, Referral and Investigation	6	5	9	22	29	3	0	0	8	10	0	7	0	0	11	1	2	1	0	5	113	
Child Protection, Conference and Core Groups	5	4	14	20	22	4	0	0	4	5	0	2	0	1	13	2	1	1	0	1	94	
Sub Total	20	28	40	88	84	9	0	0	20	28	0	11	0	5	40	13	4	4	1	12	387	
Level 3																						
Domestic Violence and Abuse	7	7	5	2	18	0	0	7	2	10	14	0	1	7	34	9	3	4	0	2	125	
Preventing Sexual exploitation of Children and YP	4	4	0	0	3	1	0	1	2	2	0	1	0	6	7	8	1	9	0	1	48	
Substance Misuse and Parenting Capacity - day 1	1	5	0	1	2	0	0	1	0	4	0	0	0	0	5	0	0	0	0	0	18	
Substance Misuse and Parenting Capacity - day 2	1	4	0	1	2	0	0	1	0	4	0	0	0	0	5	0	0	0	0	0	17	
Working with Parents with a Learning Disability	1	2	0	0	0	0	0	0	4	1	0	0	1	0	5	0	1	0	0	0	14	
MAPP Training	2	1	2	0	1	0	0	0	0	6	0	0	0	16	7	0	0	3	0	0	36	
Serious Case Review Workshop	2	5	5	0	8	0	1	1	0	9	4	2	0	0	28	4	2	0	0	4	94	
Sub Total	18	28	12	4	34	1	1	11	4	37	40	4	3	2	29	91	21	7	16	0	352	
Grand Total	878 places available 739 attendees	56	52	92	118	10	1	11	4	57	68	4	14	2	34	131	11	20	1	19	739	
LSCB Training Total Attendance 2011 - 2012 = 739 / 878 (84.2%)																						

Brighton and Hove LSCB Business Plan 2012-13

Purpose of Brighton & Hove Local Safeguarding Children Board (LSCB):

The Brighton and Hove Local Safeguarding Children Board (LSCB) was established in 2006 under the Children Act 2004. The LSCB is the key statutory mechanism for agreeing how relevant organisations within Brighton and Hove will co-operate to safeguard and promote the welfare of children and young people and for ensuring the effectiveness of the work undertaken. The LSCB provides the strategic direction and operating framework that is needed to ensure the relevant organisations focus on their responsibilities with regard to safeguarding children and young people within the City.

Introduction to 2012-13 LSCB Business Plan:

The 2012-13 LSCB business plan is designed to reflect key objectives and actions in order to help make children and young people safer in Brighton and Hove. In doing so, this plan has taken into account the Government response to Professor Munro’s review of Child Protection.

In addition, please note that, following the intended publication of revised statutory guidance (Working Together) in the autumn, the 2012-13 business plan may be subject to in-year amendment.

The business plan will be reviewed and updated as necessary by the LSCB Business Manager.

**LSCB Objective 1:
STRENGTHENING ACCOUNTABILITIES**

ACTION	OUTCOME	LEAD	TIMESCALE	PROGRESS
Develop an annual programme of multi-agency audits	Assurance of effective multi-agency practices across relevant organisations responsible for working with children and young people.	Monitoring & Evaluation Sub Group	October 2012	

Work with NHS partners to ensure that shadow and new NHS organisations are firmly embedded with the LSCB and that accountabilities are clear.	Clarifications of accountability arrangements to ensure any new structures are engaged with the LSCB as necessary.	LSCB Chair	March 2013	
Ensure the Board facilitates the progress of recommendations from 2011 Ofsted reviews	Board satisfied that recommendations have been implemented	LSCB Chair/DCS	Ongoing	
LSCB Objective 2: CREATING A LEARNING SYSTEM				
ACTION	OUTCOME	LEAD	TIMESCALES	PROGRESS
Ensure the lessons from published SCRs are shared with members of Board	Partners are fully aware of learning in order that improved safeguarding and child protection processes are put in place.	SCR sub-committee	Ongoing	
Taking into account requirements from the new WT, review methods available to the Board to review cases other than through undertaking SCRs.	Efficient systems are in place to pull out learning and disseminate as quickly as possible across relevant agencies.	SCR sub-committee	September 12	
Ensure all actions from Local Management Reviews are monitored	Assurance that agencies have improved processes in place	SCR sub-committee	Ongoing	

Commission a Sussex wide conference of Sexual Exploitation	To raise awareness and share knowledge to help improve practice across partners agencies	LSCB Business Manager	October 12	
Evaluate the effectiveness of multi-agency training	Assurance that training is of sufficient standard to meet local needs and workforce requirements	Training sub group/Training Manager	December 12	
Monitor compliance of mandatory single agency training	Assurance that training is of sufficient standard to meet local needs and workforce requirements	Training sub group/Training Manager	December 12	

LSCB Objective 3 RAISING THE PROFILE/UNDERSTANDING OF THE LSCB				
ACTION	OUTCOME	LEAD	TIMESCALES	PROGRESS
Appoint 2 lay members in 2012	To help strengthen links with the local community in local child safety.	LSCB Chair/Business Manager	June 2012	Achieved subject to references etc May 2012
Review the effectiveness of links between the Board and 'Education' (taking into account any new requirements in WT)	Effective engagement with Education partners with the Board	LSCB Chair/Business Manager	To be agreed after new WT is published	
Produce an LSCB	Wider understanding of role	LSCB Business	March 2013	

communications plan (carry forward from 2011-12)	of the LSCB amongst members of the workforce and local community.	Manager/Proposed Communication Planning Steering Group		
Ensure good links with community safety and adult safeguarding	Strengthen partnership working to ensure there are no gaps or unnecessary overlap concerning children and young people in the City	DCS/LSCB Business Manager	December 12	
LSCB Objective 4: SHARING RESPONSIBILITY FOR EARLY HELP				
ACTION	OUTCOME	LEAD	TIMESCALES	PROGRESS
Ensure that the Board provides a focus and forum for the overview of progress on improving early help	Oversight on the effectiveness of early help in the city across the Board	LSCB Chair	Ongoing, but statement in Annual Report 2012	

¹ End Note

The chair of respective sub groups will have responsibility for ensuring actions are completed. The Head of Safeguarding and LSCB Business Manager will assist those sub groups where neither of them is acting as chair if necessary.