



### **Who are we?**

The Health & Wellbeing Board is the forum where representatives of the City Council, NHS and Third Sector hold discussions and make decisions on the health and wellbeing of the people of Brighton & Hove.

Meetings are open to the public and everyone is welcome.

### **Where and when is the Board meeting?**

This next meeting will be held in the council chamber at Hove Town Hall on **Tuesday 16 December** starting at 4.00pm.



# Health & Wellbeing Board

Date: **16 December 2025**

Time: **4.00pm**

Venue: **Council Chamber, Hove Town Hall**

Who is invited:

**B&HCC members: Councillors:** Baghoth (Chair), Helliwell and Alexander

**Co-Opted members:** Tanya Brown-Griffith (NHS Sussex (Sussex Integrated Care Board)) and Adam Fazarkerley (Primary Care Rep)

**Non-voting members:** Deb Austin, Dr Nicola Lang, Steve Hook, Jess Gibbons (BHCC), Professor Robin Banerjee (UoS), Nigel Sherriff (UoB), Kate Pilcher (SCFT), Peter Lane (UHSx), Dr Colin Hicks (SPFT), Alan Boyd (Healthwatch), David Norris (East Sussex Fire & Rescue Service), Tom Lambert (Carers Centre), Caroline Ridley (Impact Initiatives) and Spt Petra Lazar (Sussex Police)

Contact: Giles Rossington, Scrutiny Manager

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Date of Publication - Monday, 8 December 2025

# AGENDA

## Formal matters of procedure

This short formal part of the meeting is a statutory requirement of the Board

### Part One

### Page

#### 23 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

The Chair of the Board will formally ask if anyone is attending to represent another member, and if anyone has a personal and/or financial interest in anything being discussed at the meeting. The Board will then consider whether any of the discussions to be held need to be in private.

#### 24 MINUTES

7 - 14

The Board will review the minutes of the last meeting held on the 16<sup>th</sup> September 2025, decide whether these are accurate and if so agree them.

#### 25 CHAIR'S COMMUNICATIONS

The Chair of the Board will start the meeting with a short update on recent developments on health and wellbeing.

#### 26 FORMAL PUBLIC INVOLVEMENT

This is the part of the meeting when members of the public can formally ask questions of the Board or present a petition. These need to be notified to the Board in advance of the meeting Contact the Secretary to the Board at [penny.jennings@brighton-hove.gov.uk](mailto:penny.jennings@brighton-hove.gov.uk)

#### 27 FORMAL MEMBER INVOLVEMENT

#### 28 VIOLENCE AGAINST WOMEN AND GIRLS (VAWG) STRATEGY AND ACTION PLAN

15 - 64

Contact Officer: Giles Rossington  
Ward Affected: All Wards

Tel: 01273 295514

#### 29 BRIGHTON & HOVE SAFEGUARDING CHILDREN PARTNERSHIP ANNUAL REPORT 2024-25

65 - 154

Contact Officer: Giles Rossington  
Ward Affected: All Wards

Tel: 01273 295514

#### 30 JOINT STRATEGIC NEEDS ASSESSMENT PROGRAMME ANNUAL REPORT AND UPDATE 2025

155 - 168

Report of the Director of Public Health (copy attached).

*Contact Officer:* Louise Knight

*Ward Affected:* All Wards

**31 BETTER CARE FUND (BCF): ASSURANCE AGAINST BCF DELIVERY 169 - 178**

*Contact Officer:* Chas Walker

*Ward Affected:* All Wards

**32 SHARED DELIVERY PLAN (SDP): PROGRESS REPORT 179 - 190**

*Contact Officer:* Chas Walker

*Ward Affected:* All Wards



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The closing date for receipt of public questions and deputations for the next meeting is 12 noon on the fourth working day before the meeting.

Meeting papers can be provided, on request, in large print, in Braille, on audio tape or on disc, or translated into any other language as requested.

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- Do not stop to collect personal belongings;
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- Do not re-enter the building until told that it is safe to do so

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Date of Publication - Monday, 8 December 2025



## **BRIGHTON & HOVE CITY COUNCIL**

### **HEALTH & WELLBEING BOARD**

**4.00pm 16 SEPTEMBER 2025**

**COUNCIL CHAMBER, HOVE TOWN HALL**

### **MINUTES**

**Present:** Councillor Baghoth (Chair), Cllrs Asaduzzaman and Halliwell; Stephen Lightfoot, Tanya Brown-Griffith, Dr Adam Fazakerley (NHS Sussex Integrated Care Board); Caroline Vass (Interim Director of Public Health); Tom Lambert, Caroline Ridley (CVS); Alan Boyd (Healthwatch); Isabella Davis-Fernandez (Sussex Partnership NHS Foundation Trust); CI Simon Marchant (Sussex Police); David Kemp (East Sussex Fire & Rescue Service); Professor Nigel Sherriff (University of Brighton)

## **PART ONE**

### **13 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS**

#### **13(a) Substitutes**

13.1 Chief Inspector Simon Marchant attended as substitute for Superintendent Petra Lazar (Sussex Police); David Kemp attended as substitute for Hannah Youldon (East Sussex Fire & Rescue Service); Isabella Davis-Fernandez attended as substitute for Dr Colin Hicks (Sussex Partnership NHS Foundation Trust).

#### **13(b) Declarations of Interest**

13.2 There were none.

#### **13(c) Exclusion of press & public**

13.3 **RESOLVED** – that the press & public be not excluded from the meeting.

### **14 MINUTES**

14.1 **RESOLVED** – that the minutes of the 22 July 2025 Board meeting be agreed.

### **15 CHAIR'S COMMUNICATIONS**

15.1 The Chair gave the following communications:

This is the last HWB meeting that Stephen Lightfoot will be attending as he is retiring as Chair of the NHS Sussex Integrated Care Board on 30 September 2025. I'd like to thank Stephen for

his attendance at the Board and for all his positive contributions to the Board's work and focus on improving population health.

We are looking at 4 issues today. We had a report on the city Pharmaceutical Needs Assessment at our last meeting. The final PNA is presented today for the Board to agree.

We also have a report on implementation of the local Joint Health & Wellbeing Strategy. The Board regularly considers reports that set out how we are performing in terms of delivering our strategic priorities, and today we will be focusing on the Dying Well domain.

In addition, we have an update on progress in implementing 'Let's Get Moving' our Sport & Physical Activity Strategy. This update was requested by the Board when we initially considered the strategy in March last year.

Finally, we have a presentation on the development of the council's Homelessness & Rough Sleeping Strategy. A draft Strategy is currently out for consultation, and we wanted to bring this to Board members' attention as homelessness is such an important issue for partners across the city.

I also wanted to make members aware that we have a council by-election this Thursday, and today's meeting is taking place in the official pre-election period. We are permitted to hold council meetings in the pre-election period, but we have to be even more careful than usual that we don't use them to say anything that could be taken as supporting a particular political group. I would ask Board members to have regard to this when speaking today.

## **16 FORMAL PUBLIC INVOLVEMENT**

16.1 The Board received a deputation from Mr Keith Burchfield (see deputation in agenda pack).

16.2 The Chair responded to Mr Burchfield's deputation:

Thank you for bringing this deputation to the Board. We acknowledge your concerns, and we take our safeguarding responsibilities seriously, working closely with our local adult and children's safeguarding boards.

There is currently a live, ongoing investigation into the issues you have raised, led by NHS England and NHS Sussex. I have asked NHS Sussex to comment on your deputation, and they have asked me to read out a statement:

"This is an independent patient safety investigation into prescribing for gender dysphoria for children and young people – under the age of 18 - at WellBN.

The investigation follows concerns raised about prescribing that may fall outside of national clinical policy and guidance, which are based on the best available evidence.

We are working with NHS England and have launched a rapid investigation into this care to determine the most appropriate support and treatment for these individual patients going forward.

The investigation is being conducted by independent clinicians.

The Terms of Reference for the investigation are clear regarding the safeguarding duties that may be required, and Sussex ICB is working as fast as possible to initiate the review.

We are very aware there are strong opinions and concerns from both perspectives on this issue and have published as much information about the investigation as is possible on our website. We will update this page when more information can be shared.”

## **17 FORMAL MEMBER INVOLVEMENT**

17.1 There were no member involvement items.

## **18 UPDATE FROM NHS SUSSEX INTEGRATED CARE BOARD**

### **18 Update from NHS Sussex Integrated Care Board**

18.1 The update was presented by Stephen Lightfoot, Chair of NHS Sussex Integrated Care Board (ICB). Mr Lightfoot outlined the timetable for the merger of Sussex and Surrey Heartlands ICBs, noting that there is a yet unresolved issue about funding redundancy payments. There is considerable enthusiasm for taking a neighbourhood health approach across Sussex and Surrey, albeit the footprints have taken differing approaches to the scale of neighbourhoods. The roll-out of neighbourhood care will be phased, with an initial focus on people with multiple compound conditions or frailty, then a focus on providing better continuity of care for people with long term conditions, and subsequently out of hospital urgent care and whole population preventative care.

18.2 Tom Lambert noted that this was Mr Lightfoot’s last Board meeting before he stood down from the ICB. He thanked him for being a good partner, honest and approachable. Mr Lambert asked whether the chair of the merged ICBs would continue to attend Board meetings. Mr Lightfoot responded that the commitments of the new chair were still being worked through. The chair will definitely be involved in Place forums, but it is not yet clear whether this will regular attendance at Health & Wellbeing Boards.

18.3 Alan Boyd also thanked Stephen for all his work, noting his supportive and inclusive approach. He asked about the role that patient voice would have as the ICB’s strategic commissioning intentions are realised. Mr Lightfoot replied that patient voice will remain an essential part of service delivery and improvement and acknowledged Healthwatch as being valued partners in this respect. Mr. Lightfoot confirmed the need for continued independent challenge and that the ICB would be seeking to commission community engagement from the Voluntary Community and Social Enterprise Communities as the experts in this area.

18.4 **RESOLVED** – that the report be noted.

## **19 'LET'S GET MOVING' - BRIGHTON & HOVE SPORT & PHYSICAL ACTIVITY STRATEGY: UPDATE**

- 19.1 The item was presented by Kathleen Cuming, Consultant in Public Health, and by Verena Quin, Healthy Lifestyles Manager. Ms Cuming told the Board that the sport & physical activity strategy was focused on reducing physical inactivity and on tackling health inequalities. The city already has a good story to tell in terms of having one of the highest rates on physical activity and one of the very lowest rates of inactivity in England. However, more can be done. There are particular opportunities to build on the success of the Women's Rugby World Cup in Year 2 of the strategy.
- 19.2 Cllr Halliwell asked how the strategy focused on disadvantaged communities. Ms Cuming responded that there is good data on communities across the city from sources such as the recent Health Counts survey and from direct engagement with communities. Information on the take-up of school-based sports is provided by the annual Safe & Well In School survey. Ms Quin added that a comprehensive Equality Impact Assessment had been published alongside the strategy.
- 19.3 Cllr Asaduzzaman asked about the targeting of the strategy at people from faith backgrounds and people with differing ethnicities. Ms Quin confirmed that a number of initiatives have been targeted at specific faith or ethnic communities, for example in terms of working to support people to swim with confidence.
- 19.4 Stephen Lightfoot commented that the strategy was good. It is important that this type of strategy is underpinned by high quality data and sets targets.
- 19.5 Alan Boyd asked about children's physical activity falling. Ms Quin acknowledged that this is a concern that requires investigation.
- 19.6 **RESOLVED** – that the report be noted.

## 20 HOMELESSNESS AND ROUGH SLEEPING STRATEGY 2025 TO 2030

- 20.1 The item was presented by Harry Williams, Director of Housing, People Services. Mr Williams told the Board that the council has a legal duty to have a homelessness & rough sleeping strategy, to be updated every 5 years. The development of a new local strategy is complicated by the fact that there is a new national strategy currently being developed. Increasing financial pressures on the local authority and reductions in grant funding are also complicating factors.
- 20.2 There are significant local problems to address. There are an estimated 3,500 homeless people in the city, including around 76 people who are rough sleepers. Around 700 of the homeless people in the city have been identified as having multiple compound needs. The new strategy has been developed via a strategic partnership approach, with a focus on financial sustainability and the prevention of homelessness. There is also an emphasis on involving people with lived experience of homelessness in the development of the strategy, and on ensuring that the new strategy adopts of trauma informed and health-focused approach. Priority areas for the new strategy will include enhancing early intervention work, improving temporary accommodation pathways and more joined-up partnership working.
- 20.3 Stephen Lightfoot commented that the aims of the strategy seem clear, and he welcomed the links that have been made with health services. He asked about links with

work and with the local Economic Growth Board. Mr Williams replied that employment is key: around 60% of local homeless people are unemployed or not in employment, education or training (NEET).

- 20.4 Tanya Brown-Griffith noted that there will be significant opportunities for health to work positively with housing, for example in terms of the development of neighbourhood approaches and in work on multiple compound needs. This is important as housing is an important contributor to health. Should we be thinking about what more can be done? For example, could we be delivering housing support from the East Brighton Health Hub?
- 20.5 Cllr Halliwell asked how services work to identify people at risk of homelessness. Mr Williams replied that services take a data-led approach, with data shared across organisations. This is an area where emerging technologies such as AI have the potential to significantly impact what can be achieved.
- 20.6 In response to a question from Cllr Helliwell on overcrowding, Mr Williams confirmed that people living in overcrowded accommodation may fit the statutory definition of homeless.
- 20.7 Caroline Ridley commented that there had been good engagement with the Community & Voluntary sector in developing the strategy. However, she was concerned that there may be poor data available on how homelessness impacts young people. Mr Williams responded that there is a chapter in the new strategy dedicated to children and families as this is an area of high priority. However, he acknowledged Ms Ridley's concerns.
- 20.8 Alan Boyd agreed that engagement with partners on the development of the strategy has been good. He asked how Brighton & Hove compares with neighbouring authorities in terms of homelessness given differences in our demographics.
- 20.9 Mr Boyd asked how realistic the ambitions of the strategy are given the funding available. Mr Williams responded that funding is challenging. However, there are still significant funds available locally and the challenge for the strategy is to channel the available funding so as to deliver the best value possible.
- 20.10 Cllr Asaduzzaman asked what more can be done to embed housing issues in health protection work. Mr Williams responded that early intervention is key. Housing needs to develop better links with health services so that issues can be shared at an early stage.

**20.11 RESOLVED** – that the report be noted.

## **21 PHARMACEUTICAL NEEDS ASSESSMENT 2025: FINAL REPORT**

21.1 This item was introduced by Caroline Vass, Director of Public Health. Ms Vass reminded the Board that a draft had been presented to and discussed at the July 2025 Health & Wellbeing Board meeting. The 2025 Pharmaceutical Needs Assessment has found that there are no significant gaps in local provision. We compare well against the national average on every measure.

**21.2 RESOLVED** – that the Board agrees the 2025 Pharmaceutical Needs Assessment.

**22 JOINT HEALTH & WELLBEING STRATEGY OUTCOME MEASURES: DYING WELL**

- 22.1 David Brindley, Public Health Programme Manager, presented the item. Also presenting were Tanya Brown-Griffith and Helen Cobb, ICB Senior Manager, Community Commissioning and Transformation.
- 22.2 Mr Brindley told the Board that end of life care is delivered by a variety of providers including NHS organisations, hospices, local authorities and private businesses. The key metric used to measure the performance of end of life services is the percentage of deaths occurring at home, as most people express a preference to die at home. On this measure, Brighton & Hove performs better than the England average, with low percentages of people dying in hospital. Local statistics also show a low rate of deaths in hospices, but there may be an issue with the data here as it does not seem to accurately reflect the scope of the local hospice sector. There are also a relatively low number of people on the local palliative care register, but this may just reflect city demographics. There is lots of good work going on, including the establishment of a local 'death café', training for front line workers, and various events.
- 22.3 Ms Brown-Griffith added that the new Neighbourhood Health Teams will help develop appropriate end of life community services.
- 22.4 Ms Cobb told members that there is a Pan-Sussex Palliative and End of Life Care (PEoLC) Programme Oversight Group with stakeholder representation from across the Sussex system.  
Examples of work undertaken by the group include the introduction of pan-Sussex documentation and procedures for the provision of medication at end of life, and the distribution of a "Respecting Faith and Culture in end-of-life-care" handbook which provides useful information for health and social care staff involved in providing end-of-life-care.
- 22.5 In response to a question from Cllr Asaduzzaman on data on the percentage of people from particular faith or ethnic backgrounds dying at home, Mr Brindley told the Board that the only current data on this is national. However, a local needs assessment is planned.
- 22.6 Adam Fazakerley noted that work is ongoing with Sussex Community NHS Foundation Trust (SCFT) to establish a virtual ward to help people transition from hospital to end of life care at home.
- 22.7 In response to a question from Stephen Lightfoot on support for homeless people, Ms Cobb informed the Board that SCFT and Martlets have been working closely together on this issue. She agreed to circulate more information outside the meeting.
- 22.8 Nigel Sherriff mentioned the 'Good Grief Hastings' festival. Mr Brindley agreed to follow this up outside of the meeting.
- 22.9 RESOLVED – that the report be noted.**



The meeting concluded at 5.51pm

Signed

Chair

Dated this      day of





*Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the NHS Sussex Integrated Care Board (ICB) the Local Safeguarding Board for Children and Adults and Healthwatch.*

Title: Preventing and Tackling Violence Against Women and Girls, Domestic Abuse and Sexual Violence Strategy and Action Plan

Date of Meeting: 16 December 2025

Report of: Corporate Director, Families, Children & Wellbeing

Contact: Anne Clark, Strategic Lead, Domestic Sexual Abuse and VAWG

Email: anne.clark@brighton-hove.gov.uk

Wards Affected:

**FOR GENERAL RELEASE**

### **Executive Summary**

This report presents the council's Preventing and Tackling Violence Against Women and Girls, Domestic Abuse and Sexual Violence Strategy and the action plan to implement the strategy to the Board for information, discussion and comment. The strategy, which runs from 2025 to 2028, was agreed by Cabinet in January 2025.

## **1. Decisions, recommendations and any options**

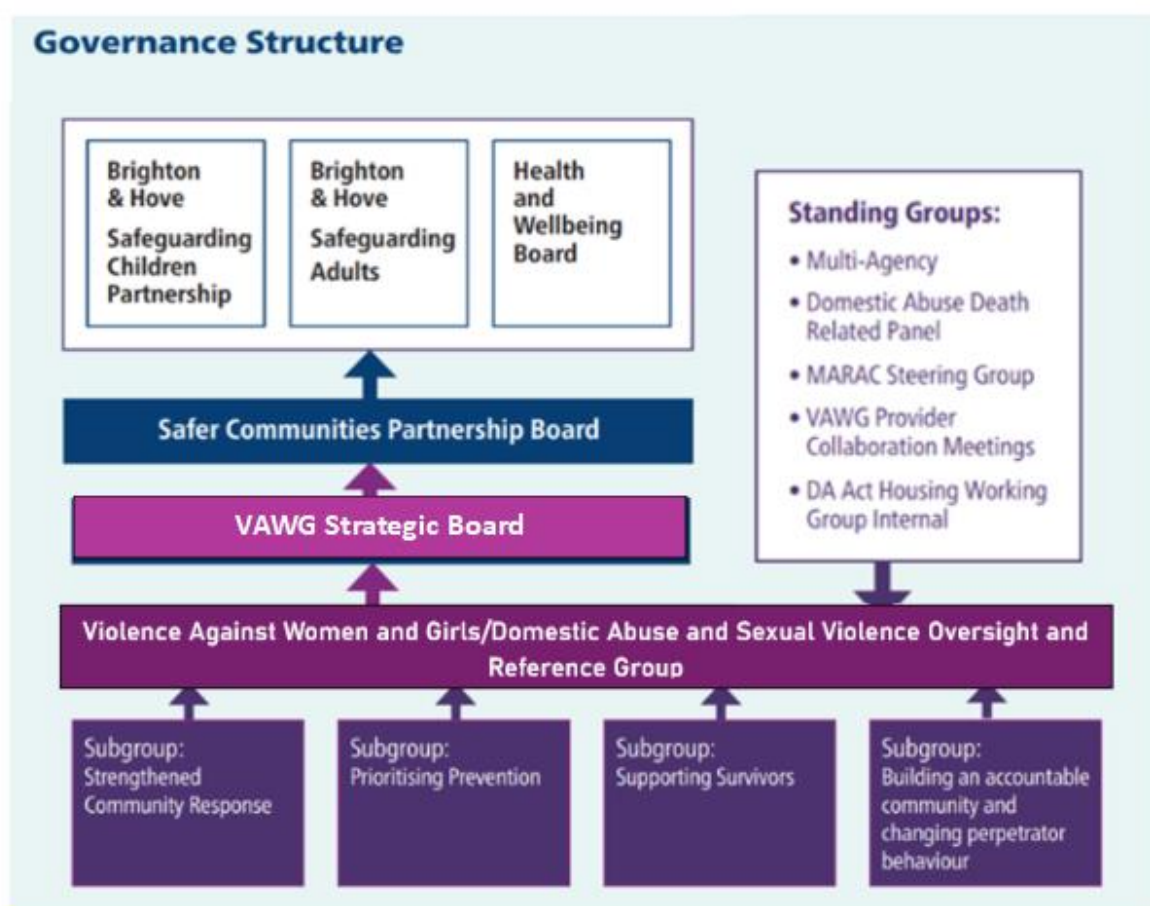
- 1.1 That the Board notes the Preventing and Tackling Violence Against Women and Girls, Domestic Abuse and Sexual Violence Strategy 2025–28, and progress in delivering the action plan for its implementation.
- 1.2 That the Board supports the proposed role for health partners in supporting delivery of the strategy, as set out in section 2.8 of this report.

## **2. Relevant information**

- 2.1 Violence Against Women and Girls (VAWG) is the umbrella term used to describe a range of abusive and violent behaviours and acts, which are predominantly, but not exclusively, experienced by women and girls. This term and its definition adopted by the United Nations is used to describe the forms of abuse against all genders but acknowledges the disproportionate impact of abuse and violence on women and girls.
- 2.2 The Council recognises that VAWG/DA/SV affects all sectors of the community regardless of age, gender, race, disability, or sex. It includes but is not limited to:
  - Domestic abuse
  - Sexual violence/rape
  - Sexual Harassment
  - Sexual exploitation
  - Stalking
  - Crimes committed in the name of “honour”
  - Forced marriage
  - Female genital mutilation/cutting
  - Faith based abuse
  - Violence against women in public spaces
  - Forced Prostitution and human trafficking
  - Digitally enabled Abuse
  - Economic Abuse
- 2.3 The current (2024) UK government has identified the prevalence of VAWG/DA/SV as a national threat. The Governments mission is to “reduce such violence by 50% (VAWG) within the next decade”.

- 2.4 VAWG/DA/SV is high in Brighton and Hove with domestic abuse making up 11% of all recorded crime in Brighton & Hove for 2023/2024. Police reports show that there were 1,209 sexual offences, with which 1,009 of these incidents were classified as serious sexual offences. In addition, there were 460 stalking incidents reported to the Police in Brighton & Hove in 2023/2024.
- 2.5 Violence Against Women and Girls (VAWG), Domestic Abuse (DA), and Sexual Violence (SV) exacerbate health inequalities and contribute significantly to premature mortality among those affected. Between July 2024 and June 2025, 903 cases were referred to the Brighton & Hove MARAC (Multi-Agency Risk Assessment Conference) to reduce harm to high-risk victims. Of these, 39% (352 cases) involved individuals with a disability or mental health issue. The National Police Chiefs' Council has acknowledged that, since 2023, the number of suicide-related domestic abuse deaths has exceeded the number of domestic abuse homicides nationally. Currently, the Community Safety Partnership is managing six active Domestic Abuse Related Death Reviews, including three suicide-related reviews in 2025.
- 2.6 The attached strategy is built around four key strategic priorities that guide our approach to addressing VAWG, DA and SV, these are below:
- Strengthening the co-ordinated response to all forms of VAWG, DA and SV irrespective of whether the incident occurs in private or public space, we will join up council and partner services and address gaps in provision.
  - Prioritising prevention to end VAWG, DA and SV through a collaborative approach to awareness raising, data and information sharing, education and communication campaigns.
  - Supporting survivors to ensure anyone affected by VAWG, DA and SV has access to high quality trauma-informed support. Working across public, private and third sector partners, with specialist and community providers, we will identify and support victims at an earlier stage.
  - Building an accountable community and changing perpetrator behaviour by shifting the focus away from the victim's behaviour to the perpetrator's, strengthening the criminal justice response and supporting behaviour change.
- 2.6 To ensure a clear and targeted delivery, we have also developed an action plan directly under each strategic priority. For each priority, we have outlined a specific action to be taken and its intended outcome. This structure allows partners and stakeholders to clearly understand the desired impact of each action, supporting a coordinated effort toward achieving our overarching goals. The full list of actions can be found in appendix 2.
- 2.7 To ensure effective implementation, accountability and alignment with strategic objectives, a structured governance model will guide the delivery and tracking of actions. The new VAWG/DA/SV Oversight Board will report to the Community Safety Partnership (CSP), the board will monitor actions, address emerging challenges, and adjust our response as needed.

The Board will include representatives from other senior Boards including the Adult Safeguarding Board, Children's Safeguarding Board, Community Safety Partnership Board and Health & Wellbeing Board. The Board will report directly to the Community Safety Partnership Board and report to the other senior Boards as required.



2.8 Health partners are asked to play a pivotal and proactive role in delivering this strategy by:

- Actively supporting multi-agency case management for individuals with complex and overlapping needs.
- Facilitating effective data sharing and engaging in joint training initiatives to strengthen partnership working.
- Leading on health-related prevention and early intervention activities, ensuring timely support for those at risk.

A particular area requiring enhanced collaboration is the support and management of cases where survivors and perpetrators present with multiple, intersecting needs—especially where mental health, domestic abuse, and substance misuse issues coincide. A stronger, integrated partnership approach is essential to address these challenges effectively and improve outcomes for those affected.

### 3. Important considerations and implications

Legal:

- 3.1 The VAWG Strategy and Action Plan contains specific and detailed reference to the relevant legislation which underpins the need for and implementation of the strategy, including notably the UK Domestic Abuse Act 2021 and the Council of Europe Convention on preventing and combating violence against women and domestic violence.

Lawyer consulted: Sandra O'Brien

Date: 5 December 2025

Finance:

- 3.2 There are no financial implications as associated with the recommendations of this report.

Finance Officer consulted: Jane Stockton

Date: 03/12/2025

Equalities:

- 3.3 An Equality Impact Assessment (EIA) was produced to support the strategy. The main issues identified in the EIA are summarised below:

Public consultations revealed significant safety concerns, due to sexual harassment, particularly at night, and the need for improved support and respect for dignity for those with lived experiences of VAWG, alongside a balanced provision of services to meet the needs of a diverse city like Brighton & Hove. The EIA highlights the need for a co-ordinated community response to VAWG, DA, and SV, with the support of key statutory partners with a focus on prevention, support for survivors, and accountability for perpetrators.

It is important to address funding reduction implications for those impacted, particularly for joint commissioning, and recognise the disproportionate impact on women and girls, alongside gender normativity, inequality and intersectional impacts. Intersectional considerations and an inclusive approach are important so that we do not minimise how VAWG, DV and SV have an additional impact on top of age and gender when there are additional layers of impact being disabled, from a migrant or socio-economically vulnerable, Black and non-White-presenting Minoritised Ethnic background, and LGBTQIA+, especially Trans, Non-Binary, and Intersex people. The strategy and EIA outline several recommendations and mitigating actions,

including various statistics and layers of impacts for the cabinet to consider in provision of services

Sustainability:

3.4 None identified

Health, social care, children's services and public health:

- 3.5 VAWG is a major health issue and features in UK Health Security Agencies work to reduce harm across the wider detriments of health and address wider system issues such as homelessness, parenting, poverty, education and unemployment, [www.ukhsa.gov.uk](http://www.ukhsa.gov.uk). The link between VAWG and suicide has now been recognized with the inclusion of suicide in Domestic Abuse Related Death Reviews (DARDR) formerly known as Domestic Homicide Reviews (DHR). The strategy aligns with these workstreams and we will continue to work with Health to address health inequalities linked to Violence Against Women and Girls, Domestic Abuse and Sexual Violence

## Supporting documents and information

Appendix1: Preventing and Tackling Violence Against Women and Girls,  
Domestic Abuse and Sexual Violence Strategy 2025-28





# **Preventing and Tackling Violence Against Women and Girls, Domestic Abuse and Sexual Violence**

Strategy and Action Plan  
2025-2028

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The images used in this strategy are all pieces of artwork created by survivors who have used VAWG support services across Brighton & Hove. We would like to thank them all for their talented submissions.



# Foreword

Councillor Emma Daniel

**Violence against women and girls, domestic abuse and sexual violence (VAWG, DA and SV) is a national and local priority, a criminal justice issue, and a violation of human rights that impacts individuals and families and harms communities, societies and economies.**

VAWG, DA and SV is a national priority, with the current (2024) Government stating:

“This initiative is part of an ambitious, unprecedented mission to reduce such violence by 50% (VAWG) within the next decade.”

However, the devastating impacts of VAWG, DA and SV are felt most acutely at the local level, within homes, workplaces, public spaces, and communities. We cannot, and will not, tolerate violence in any form.

**There are four priorities laid out in this Strategy:**

- Stronger coordinated community response
  - Prioritising prevention
  - Support for survivors
- and
- Building an accountable community and changing perpetrator behaviour.

These have been developed using data, intelligence and research, alongside consultation with stakeholders and, critically, with feedback from victims/survivors.

We cannot achieve these ambitious goals alone. This strategy calls for collaboration between statutory services, the community and voluntary sectors, local businesses, and residents. Together, we will build a city where VAWG, DA and SV is not tolerated.

Brighton & Hove is a city that values inclusion, equality, and safety. By working together to implement this strategy, we can ensure that these values are extended to every resident, creating a future where violence is prevented, survivors are supported, and perpetrators are held accountable.

Together, we can create a safer, more supportive Brighton & Hove, where everyone can live free from violence and fear.

# Executive Summary:

Brighton & Hove City Council is dedicated to preventing and tackling Violence against Women and Girls (VAWG), Domestic Abuse (DA) and Sexual Violence (SV) through a comprehensive partnership led strategy. This strategy emphasises the importance of collaboration across our community to support those affected and hold perpetrators accountable.

## Vision and Mission:

### Our Vision

is to create a safe and supportive environment for all individuals, free from violence and abuse.

## Key Objectives:

- 1) Strengthened coordinated community response
- 2) Prioritising prevention
- 3) Supporting survivors
- 4) Building an accountable community and changing perpetrator behaviour

These four themes reflect our approach to preventing and tackling VAWG, DA and SV.

### Our Mission

is to implement a coordinated and effective response to VAWG, DA and SV, ensuring the safety and well-being of survivors while holding perpetrators accountable.



Artwork: A whimsical king fisher bird flying free and thriving on their own, LGBT Switchboard



## Strategic Components

- **Coordinated Community Response (CCR) Model:**

This model serves as the framework for reviewing our partnerships and ensuring a unified approach to addressing VAWG, DA and SV (see page 21 to 23).

- **Multi-Agency Risk Assessment Conference (MARAC):**

An actionable meeting that brings together key agencies to coordinate responses for high-risk individuals, ensuring comprehensive safety plans and support.

- **VAWG, DA and SV Oversight Board:**

Another actionable meeting that oversees the delivery of the action plan, monitors progress and addresses emerging challenges. The Board ensures alignment with strategic goals and effective implementation of the strategy.

## Stakeholders and Partnerships

This strategy involves collaboration with local organisations, networks, and residents. Key stakeholders include the police, health services, housing, social care, and specialist VAWG, DA and SV services. By working together, we aim to provide a robust and coordinated response to violence and abuse.

### Action Plan:

**The strategy will be implemented through a series of targeted actions and initiatives.**

**Task and Finish Groups will address specific areas such as community coordination, prevention, survivor support, and perpetrator behaviour change.**

## Monitoring and Evaluation

The newly created VAWG, DA and SV Oversight Board will monitor the implementation of the strategy, ensuring that the accompanying action plan objectives are aligned with strategic goals and adjusting approaches as needed. Regular reviews and feedback from stakeholders will help maintain the effectiveness and responsiveness of the strategy.

# Section 1. Understanding Violence Against Women and Girls (VAWG), Domestic Abuse (DA) and Sexual Violence (SV)

Within the term VAWG, DA and SV a range of forms of violence are recognised. These include gender-based violence (GBV); intimate partner violence (IPV); domestic violence and abuse (DVA) sexual violence and abuse (SVA); coercive control; forced marriage; child marriage; so called honour-based abuse (HBA); female genital mutilation (FGM); human trafficking; sexual harassment; cyber harassment, and adolescent dating violence (ADV). Many of these terms are used as umbrella terms and are not mutually exclusive.

In defining VAWG, we at Brighton & Hove City Council use the United Nations' (UN) globally recognised definition:

**“Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.”**

This definition underscores the many forms of abuse and their contexts, emphasising that VAWG, DA and SV encompasses acts of violence within the home and across public spaces. Recognising VAWG, DA and SV as a multifaceted issue allows us to address it more effectively within Brighton & Hove, ensuring no form of harm is overlooked, and highlighting the city's commitment to reducing such violence.

## Intersectionality

This strategy recognises that VAWG disproportionately impacts women and girls, it also acknowledges the intersecting factors of race, disability, sexual orientation, gender identity and immigration status which can heighten vulnerability. Brighton & Hove City Council is committed to ensuring that all services are inclusive, addressing the specific needs of individuals with intersecting identities and challenges.

Additionally, while within this strategy we understand that VAWG, DA, and SV disproportionately impacts women and girls, it also acknowledges that boys and men, both as children and adults, are also affected by violence and abuse.

## Equal access to rights and entitlements:

Experiences of violence and abuse and access to support, safety and justice, will be different for different groups of women and individuals. Their experiences will differ according to the factors which define their participation in society including background, work and access to resource among others. Whilst all women are affected by patriarchy, inequality and discrimination, some women will be affected disproportionately due to their race, ethnicity, sexuality, gender identity, disability, age, class, immigration status, caste, nationality, linguistic minority, and faith.

An example of the need to understand how experiences differ is the work that the Harmful sexual behaviour group, a subgroup of the Children's Safeguarding Board, undertook which included consideration of the adultification and hyper-sexualisation of young black girls in schools. Adultification leads to unfair treatment and harsher disciplinary actions, while hyper-sexualisation results in stigmatisation and victim-blaming.

## Our approach

**The Council is committed to tackling and preventing VAWG, DA and SV, and will continue to work with partners to improve both its own response to VAWG, DA and SV, and with its partners to improve the local coordinated response to VAWG, DA and SV.**

## Strategic Aims

**Our primary aim is to support the reduction of VAWG, DA and SV incidents by 50% within the next decade, a target that aligns with the national agenda. We recognise that addressing VAWG, DA and SV is essential for achieving equality, justice, and a safe environment for everyone in Brighton & Hove.**

Our strategy is built around four key strategic aims that guide our approach to addressing VAWG, DA and SV

- 1. Strengthening the coordinated community response** to all forms of VAWG, DA and SV irrespective of whether the incident occurs in private or public space, we will join up council and partner services and address gaps in provision.
- 2. Prioritising prevention** to end VAWG, DA and SV through a collaborative approach to awareness raising, data and information sharing, education and communication campaigns.
- 3. Supporting survivors** to ensure anyone affected by VAWG, DA and SV has access to high quality trauma-informed support. Working across public, private and third sector partners, with specialist and community providers, we will identify and support victims at an earlier stage.
- 4. Building an accountable community and changing perpetrator behaviour** by shifting the focus away from the victim's behaviour to the perpetrator's, strengthening the criminal justice response and supporting behaviour change.

## Section 2. A Shared Responsibility

### Why this is important

This strategy is designed to address the deeply distressing and pervasive crimes encompassed by VAWG, DA and SV. In line with the National Statement of Expectations for VAWG services (2022)<sup>1</sup>, our strategy aims to provide a collaborative, multi-agency approach to offer accessible support for victims and survivors, whilst holding perpetrators to account.



Artwork from Survivor at RISE, Laure B.

VAWG, DA and SV affects individuals of all genders, ages, and backgrounds, though it disproportionately impacts women and girls. Our approach acknowledges that while each crime type may differ in nature and context, a coordinated response involving the council, local partners, and community stakeholders is essential to support victims, raise awareness, and improve life outcomes. This strategy aligns with national priorities while tailoring our response to meet the unique needs of Brighton & Hove.

### Partnership and Community Approach

A partnership-led approach is central to our VAWG, DA and SV strategy. This approach reflects our understanding that preventing and tackling violence and supporting those affected, requires a collaborative effort across our community. Brighton & Hove City Council works closely with local organisations, networks, and residents to build a robust and coordinated response to VAWG.

To support this approach, we are establishing the new VAWG, DA and SV Oversight Board. The purpose of this board is to provide collaborative oversight, ensuring the effective progression and delivery of the VAWG, DA and SV strategy and action plan. The Oversight Board will also align the scrutiny of performance with our strategic aims, ensuring that all actions are effectively monitored and evaluated.



## MARAC — Multi Agency Risk Assessment Conference

(1 January - 31 December 2022 vs 1 January - 31 December 2023)

	B&H 2022	Sussex 2022	B&H 2023	Sussex 2023
Number of MARACs	1	8	1	9
Number of meetings held	50	218	49	225
Number of cases discussed	759	3025 (25% BH)	828	3504 (24% BH)
Number of repeat cases	44.50%	33%	39.30%	33.50%

## MARAC (Multi Agency Risk Assessment Conference)

**The Multi-Agency Risk Assessment Conference (MARAC) is a cornerstone of Brighton & Hove's partnership-led approach to tackling VAWG.**

MARAC brings together key agencies, including the police, health services, housing, social care, and specialist VAWG, DA and SV services, to coordinate responses for individuals at the highest risk of domestic abuse. By sharing information and expertise, MARAC ensures a comprehensive and effective safety plan is developed for each case, reducing the risk of harm and enabling victims and their families to access the support they need.

MARAC exemplifies best practice in partnership working, with its collaborative approach serving as a national model for

addressing domestic abuse. In Brighton & Hove, MARAC operates on a weekly basis to provide timely interventions for high-risk cases, directly contributing to the prevention of serious harm and saving lives. The conference demonstrates how a united response from multiple agencies can significantly reduce risks, strengthen community safety, and deliver tangible outcomes for victim-survivors.

The council's active role in MARAC highlights its commitment to fostering strong partnerships and prioritising the safety of those most vulnerable to VAWG, DA and SV. By continually reviewing MARAC processes and incorporating feedback from stakeholders, Brighton & Hove ensures that the initiative remains effective, innovative, and responsive to emerging challenges.

<sup>1</sup> Violence against women and girls national statement of expectations (accessible) - GOV.UK

## Other Key Partnership Activities

To ensure a comprehensive and effective approach, the council is actively involved in a range of local and Pan Sussex groups, boards, and initiatives that address various aspects of VAWG, DA and SV.

These activities enable us to collaborate, share best practices, and implement co-ordinated actions.

### Quarterly Activities:

- **Commissioning and Contract Monitoring:**

Oversight of nine BHCC-commissioned services and one Pan Sussex service to ensure quality and alignment with strategic priorities.

- **Pan Sussex Boards and Groups:**

- o Domestic Abuse Board
- o Sexual Violence Board
- o Harmful Practice Group
- o Perpetrator Group
- o Victim and Witness Group
- o Domestic Abuse Related Death Reviews Group
- o Housing Reciprocal Task and Finish Group

- **Local Partnership Groups:**

- o Brighton & Hove Safeguarding Children Partnership (Learning and Development Group)
- o Brighton & Hove Safeguarding Adults Board (Learning and Development and Quality Assurance Groups)
- o Brighton & Hove Community Safety Partnership Board
- o MATAC (Multi Agency Tasking and Collaboration)
- o Harmful Sexual Behaviour Group

- **VAWG, DA and SV - Specific Activities:**

- o Facilitation of the VAWG, DA and SV Network for partnership collaboration
- o Coordination of Brighton & Hove Domestic Abuse Related Death Reviews
- o Development and delivery of VAWG, DA and SV training
- o Management of the BH Domestic Abuse Act Operational Housing Group
- o Management of the Multi-Agency Risk Assessment Conference (MARAC) Steering Group

### Weekly Activities:

- **MARAC:**

Weekly multi agency risk assessment conferences to develop support plans to decrease the risk of harm to high-risk victims of domestic abuse through multi-agency interventions.

### Six-Monthly Activities:

- **No Recourse to Public Funds Network:**

Collaborative discussions to address barriers and support for individuals affected by VAWG, DA and SV who have restricted access to public resources.

## The Coordinated Community Response (CCR) Model

Brighton & Hove City Council is committed to an integrated, multi-agency Coordinated Community Response (CCR). This model unites services to ensure local systems keep survivors safe, hold abusers accountable, and prevent VAWG, DA and SV.

No single agency is solely responsible for tackling and preventing VAWG, DA and SV, however, by collaborating with various agencies and communities, we can provide safe and effective responses to reduce harm.

VAWG, DA and SV is a complex social issue that affects individuals, communities, and services across our society, including health, housing, social care, and the Criminal Justice System. Agencies and organisations often address different aspects of the issue or approach the same problem from various angles.

These agencies also have their own, sometimes conflicting, processes, responsibilities, and measures of success. The CCR enables a holistic response to individuals, shifting the responsibility for safety from survivors to the community and services designed to support them. Every agency involved in dealing with survivors, their children, and/or perpetrators must work effectively within their own organization and in collaboration with other agencies to ensure the safety of survivors and their children and to hold perpetrators accountable.

### Good Practice Example

The following case study highlights a practical example of how Brighton & Hove City Council is implementing the CCR model.

#### Case Study 1: Strengthening Partnerships through quarterly VAWG, DA and SV Service Meetings and VAWG, DA and SV Network Events

Initiated following multi-agency feedback, regular in-person meetings among VAWG, DA and SV services in Brighton & Hove – both commissioned and non-commissioned – reflect the CCR model's emphasis on collaborative partnership. These quarterly meetings enable VAWG, DA and SV professionals across Brighton & Hove to share insights, address service gaps, and align on common challenges.

The VAWG Network provides a platform for professionals to learn more about different forms of VAWG often through an intersectional lens to upskill practitioners.

Artwork made by children staying at the Brighton and Hove Refuge





## One Council Approach

Alongside the Coordinated Community Response, the council is committed to a One Council approach to tackling VAWG, DA and SV. This ensures that all council services and teams across the organisation play an active role in preventing and tackling VAWG, DA and SV by embedding these as priorities across every service area within the council

## Good Practice Example

The following example highlights a practical example of how internally the council is working collaboratively with different departments to actively support domestic abuse survivors in housing services.



Artwork from past service user at RISE, Nicola Rickwood

## Case Study 2:

### Enhancing Support for Domestic Abuse Survivors in Housing Services

Brighton & Hove City Council has prioritised the voices of victim-survivors and stakeholders in shaping its response to the Domestic Abuse Act 2021, demonstrating a commitment to delivering services that are inclusive, effective, and survivor-centred.

#### Developing a Strategic Response

The Council contributed to the Pan Sussex Domestic Abuse Support in Safe Accommodation Strategy 2021–2024, which provided key recommendations to improve services for survivors. These recommendations guided the commissioning of a range of new services funded through the New Burdens allocation. (See Appendix 1)

Additionally, the Council commissioned Stonewater to produce the Safehaven by the Sea report, which involved extensive consultation with victim-survivors, stakeholders, and a review of national developments in domestic abuse and housing. Published in the summer of 2024, the report has actionable recommendations that have directly informed service improvements. (See Appendix 1)

#### Improving Housing Pathways for Domestic Abuse Survivors

In line with the findings and the One Council Approach, Brighton & Hove City Council's Housing Management Services, in collaboration with the internal VAWG, DA and SV team, has undertaken a comprehensive review of its policies and procedures to align with the requirements of the Domestic Abuse Act.

A working group has been established to improve housing pathways for domestic

abuse survivors. This group, led by the Homelessness and Housing Options teams, has introduced the role of Refuge Champions, staff members dedicated to ensuring smoother transitions from refuges to independent housing. Refuge Champions work closely with refuge staff, facilitating clear and accessible pathways for survivors ready to leave Brighton & Hove's refuges.

This initiative exemplifies the Council's commitment to improving coordination across services and enhancing survivors' experiences as they move toward independence. By prioritising collaborative approaches, the Council is making housing services more accessible and responsive to survivors needs.

#### Embedding Intersectional Support and Training

To further strengthen support, staff from RISE and Switchboard are now co-located with the Homelessness and Housing Options team, providing integrated and immediate expertise for those accessing services. Furthermore, the Council has partnered with Stonewater, RISE, Switchboard, and Cranstoun to deliver extensive training to housing staff. This training focuses on the intersectional nature of domestic abuse, equipping staff with skills and knowledge needed to support survivors from diverse backgrounds effectively.

By embedding these changes, Brighton & Hove City Council demonstrates its dedication to enhancing the safety and well-being of domestic abuse survivors and ensuring their journey to secure and independent housing is as supportive and seamless as possible.



## Section 3.

# What causes VAWG, DA and SV ?

VAWG, DA and SV can be looked at through an 'ecological framework' which is an evidence-based approach on the complex interplay of factors that contribute to VAWG.<sup>2</sup> This model shows how individual, relationship, community, and societal factors interact to influence the risk and experience of violence. By understanding these interconnected levels, we can take comprehensive actions at each level to support and reinforce efforts to prevent violence.

### 1. At the Individual Level

Personal history and biological factors influence how individuals behave and increase their likelihood of becoming a victim or a perpetrator of violence. Among these factors are being a victim of child maltreatment, psychological or personality disorders, alcohol and/or substance abuse and a history of behaving aggressively or having experienced abuse.

### 2. Personal Relationships

Such as family, friends, intimate partners and peers may influence the risks of becoming a victim or perpetrator of violence. For example, having violent friends may influence whether a young person engages in or becomes a victim of violence.

### 3. Community

Community contexts in which social relationships occur, such as schools, neighbourhoods and workplaces, also influence violence. Risk factors here may include the level of unemployment, population density, mobility and the existence of a local drug or gun trade.

### 4. Societal

Societal factors influence whether violence is encouraged or inhibited. These include economic and social policies that maintain socioeconomic inequalities between people, the availability of weapons, and social and cultural norms such as those around male dominance over women, parental dominance over children and cultural norms that endorse violence as an acceptable method to resolve conflicts.

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<sup>2</sup> The Ecological Framework



## The Many Forms of Violence Against Women & Girls, Domestic Abuse and Sexual Violence

VAWG, DA and SV covers a range of unacceptable and deeply distressing crimes, including gender-based violence (GBV); intimate partner violence (IPV); domestic violence and abuse (DVA) sexual violence and abuse (SVA); coercive control; forced marriage; child marriage; so called honour-based abuse (HBA); female genital mutilation (FGM); human trafficking; sexual harassment; cyber harassment, and adolescent dating violence (ADV). Many of these terms are used as umbrella terms and are not mutually exclusive.

In Brighton & Hove, we recognise that VAWG, DA and SV is not limited to one type of violence or experience. The table below defines some of the most prevalent forms of VAWG, DA and SV. However, this is not an exhaustive list, as VAWG, DA and SV manifests in diverse and complex ways. Each form may differ in nature, setting, and impact, affecting individuals and communities uniquely.

Term	Legislation	Definition
<b>Domestic Abuse (Including Coercive Control)</b>	<a href="#">Domestic Abuse Act 2021</a>	Domestic abuse refers to incidents or a pattern of incidents of controlling, coercive, threatening, degrading, and violent behaviour, including sexual violence, committed by a partner, ex-partner, or family member, regardless of gender or sexuality. Abuse can be physical, emotional, economic, psychological, and/or sexual. The Domestic Abuse Act 2021 also recognises children as victims if they see, hear, or are otherwise affected by the abuse.
<b>Rape</b>	<a href="#">Sexual Offences Act 2003</a>	Rape is defined as non-consensual penetration or forced penetration of the vagina, anus, or mouth with a penis. Consent must be given freely, and there must be the capacity to make that choice.
<b>Sexual Violence</b>	<a href="#">Sexual Offences Act 2003</a>	Sexual violence includes acts committed without the victim's consent, encompassing both physical force and psychological pressure. This includes sexual assault by penetration - where an object is inserted into the mouth, anus or vagina by another person.
<b>Female Genital Mutilation (FGM)</b>	<a href="#">Female Genital Mutilation Act 2003</a>	Female Genital Mutilation (FGM) comprises all procedures involving the partial or total removal of the external female genitalia or any other injury to the female genital organs for non-medical reasons.



Term	Legislation	Definition
<b>So-Called "Honour"-Based Abuse</b>	<a href="#">Crown Prosecution Service definition</a>	An incident or crime involving violence, threats of violence, intimidation coercion or abuse (including psychological, physical, sexual, financial or emotional abuse) which has or may have been committed to protect or defend the honour of an individual, family and/ or community for alleged or perceived breaches of the family and/or community's code of behaviour
<b>Sexual Harassment</b>	<a href="#">Equality Act 2010</a>	Sexual harassment is unwanted behaviour of a sexual nature that violates a person's dignity, or creates an intimidating, hostile, degrading, humiliating, or offensive environment.
<b>Stalking</b>	<a href="#">Protection from Harassment Act 1997</a>	Stalking involves a pattern of persistent and unwanted behaviour or attention that causes the victim to feel scared, harassed, or anxious.
<b>Modern Slavery</b>	<a href="#">Modern Slavery Act 2015</a>	Modern slavery is a term that encompasses human trafficking, forced labour, and servitude. It involves the exploitation of a person through force, coercion, or deception, for another's gain.
<b>Economic Abuse</b>	<a href="#">Domestic Abuse Act 2021</a>	Economic abuse involves controlling a person's ability to acquire, use, and maintain economic resources, effectively limiting their independence. It may include withholding money, preventing access to employment, or controlling access to essentials.
<b>Digital or Digitally Enabled Abuse</b>	<a href="#">Domestic Abuse Act 2021 (in cases of coercive control)</a> and the <a href="#">Online Safety Act 2024</a>	Abuse that occurs or is facilitated through digital platforms harassment, revenge porn, and coercive control through monitoring and surveillance of digital devices.
<b>Forced Prostitution and Human Trafficking</b>	<a href="#">Modern Slavery Act 2015</a> and <a href="#">Sexual Offences Act 2003</a> .	Forced prostitution involves coercing someone into commercial sex acts against their will. Human trafficking is the recruitment, transport, or harbouring of individuals for exploitation.

The strategy acknowledges the right of people to work as sex workers by choice, however, this strategy takes a harm reduction approach to all forms of VAWG/DA/SV and as such we will work to reduce the harm caused by VAWG/DA/SV. We aim to enable people involved in prostitution/sex work to access support services to mitigate the harm where they have been affected by any of the serious violent crimes types that are known as VAWG.

## VAWG, DA and SV in Public Spaces

Creating safe public spaces is a critical component of the partnership's strategy to address VAWG, DA and SV. Research consistently shows that women and girls disproportionately face harassment and violence in public places, limiting their freedom and sense of safety.

The Safer Streets Programme has been a key initiative in addressing these concerns, focusing on practical interventions such as street lighting, installation of CCTV, and enhanced police patrols in identified high-risk areas. These measures, alongside public awareness campaigns, are designed to deter perpetrators and create environments where women and girls feel empowered and protected.

However, safety in public spaces is not only about physical infrastructure. The strategy also emphasises the importance of community-based approaches, including bystander intervention training, and partnerships with local businesses and transport providers to ensure a collective response to VAWG, DA and SV. Insights from local surveys and consultations have informed targeted actions, and resources being directed to areas where women report feeling unsafe.

Through collaboration with national funding programs, such as Safer Streets, and local organisations, we aim to create a city where every resident can navigate public spaces without fear. This commitment is underpinned by the understanding that tackling VAWG, DA and SV requires addressing not just the symptoms of violence but the cultural and societal norms that enable it, ensuring Brighton & Hove remains inclusive and secure for all.

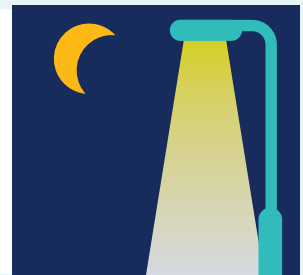


## Public Safety Consultation on VAWG conducted in 2022:

The survey revealed that the most prevalent form of VAWG experienced was sexual harassment. A significant 45% of respondents reported having experienced sexual harassment, while 21% had witnessed someone else being sexually harassed.



When it comes to perceptions of safety in the city, there is a stark contrast between day and night. While 65% of respondents felt safe during the day, a concerning 77% felt unsafe at night.



General concerns about safety when out in public were also highlighted, with 44% of respondents stating they were worried and 21% being very worried while walking.



The responses regarding safety on public transport were mixed. Overall, 59% of respondents felt safe on the bus, but 39% were worried about safety when using the train, and 33% were not concerned.



Licensed premises and nightclubs were identified as risk areas by respondents. Specifically, 36% felt that licensed premises posed a risk, and a higher 57% felt that nightclubs were risky.



# Section 4. Data

## Snapshot of National Data – Year Ending 2024

To ensure a comprehensive and effective approach, the council is actively involved in a range of local and Pan Sussex groups, boards, and initiatives that address various aspects of VAWG, DA and SV.

### Domestic Abuse

- **Police-Flagged Incidents:**

Police recorded 830,926 domestic abuse-related offences in the year ending June 2024, showing an 8% decrease from in the year ending June 2023 (906,708 recorded offences).

- Changes in crime recording practices may influence this decrease, potentially resulting in underreported figures.

Office for National Statistics (2024). Crime in England and Wales: year ending September 2023.

[Crime in England and Wales - Office for National Statistics](#)

### CPS Referrals and Prosecutions:

- Police referred 69,589 domestic abuse cases to the Crown Prosecution Service (CPS) in 2023, a slight increase from the prior year but still well below pre-pandemic levels (86,665 referrals in 2019). Domestic abuse prosecutions (51,323) and convictions (39,033) have similarly dropped from 2019 levels, when they were 85,702 and 53,648, respectively.

Crown Prosecution Service (2024). CPS data summary Quarter 2 2023-2024.

[CPS data summary Quarter 2 2023-2024 The Crown Prosecution Service](#)

### Prevalence of Domestic Abuse

- **Crime Survey for England and Wales**

**(CSEW):** For June 2024, CSEW estimates indicate that 4.6% of people aged 16 and over experienced domestic abuse, in the previous year according to the survey in the year ending (YE) June 2024.

Office for National Statistics (2024). Crime in England and Wales: year ending September 2023. [Crime in England and Wales - Office for National Statistics](#)

### Image-Based Sexual Abuse and Harassment

- **Revenge Porn Helpline:**

In 2023, the helpline reported that they supported over 9,000 cases related to image-based abuse, with calls to the helpline more than tripling between 2021 and 2022. This rise highlights growing concerns over digital abuse.

Revenge Porn Helpline, Annual Report, 2022: [Revenge Porn Helpline 2022 Annual Report SWGfL](#)

- **Harassment Among Young Women:**

Data from the Office for National Statistics (ONS) reveals that nearly one in four women aged 16-24 experienced sexual harassment in 2023, with younger women particularly affected.

ONS. [Experiences of harassment in England and Wales - Office for National Statistics](#)



## Rape and Sexual Violence

- **Police-Recorded Offences:**

Police recorded 191,186 sexual offences in the year ending September 2023, a 3% reduction from the previous year. Official figures may underrepresent the full prevalence of sexual violence.

Office for National Statistics (2024). Crime in England and Wales: year ending September 2023. [Crime in England and Wales - Office for National Statistics](#)

- **Convictions and Court Backlog:**

Despite 67,938 rape offences recorded by police in 2023, only 2,008 convictions were secured, highlighting a significant gap in outcomes for survivors. The backlog of sexual offense cases in the Crown Court has reached a record high, with 10,141 cases awaiting trial—an increase of 21% from 2022 and a 196% rise compared to pre-pandemic levels in 2019.

Rape Crisis England & Wales, Breaking Point Report, 2023: [Breaking Point Rape Crisis England & Wales](#)

## Public Sexual Harassment of Mixed-Race Girls

- **Plan International UK's Report, "Everything is Racialised on Top":**

This report found that 88% of mixed-race girls reported experiencing public sexual harassment, compared to 75% of white girls. The report sheds light on the intersectional challenges faced by young girls, especially those from diverse backgrounds.

Sundaram, V., Jessop, N., Bell, B. & Jackson, E. (2022) <https://plan-uk.org/file/everything-is-racialised-reportpdf/download?token=bVe1kW6> - Plan International UK.

## So-Called "Honour-Based" Abuse, Female Genital Mutilation (FGM), and Forced Marriage

- **Police-Reported Incidents:**

In the year ending March 2024, police recorded 2,755 offences related to "honour-based" abuse (HBA), representing an 8% decrease from the previous year. Of these, 111 were FGM cases, and 201 involved forced marriage. Additionally, 20% of these incidents involved controlling or coercive behaviour, pointing to the prevalence of psychological abuse.

[Statistics on so called 'honour-based' abuse offences, England and Wales, year ending March 2024 - GOV.UK](#)

## Brighton & Hove VAWG-Related Crime Data Snapshot – 2023/24

### Total Recorded Crime

- Total crimes reported in 2023/2024: 29,078

Source: Sussex Police / B&H Community Safety Partnership

### Domestic Abuse

- **Domestic Abuse Crimes:** 3,206, making up 11% of all recorded crime in Brighton & Hove for 2023/24.

- **Domestic Abuse Incidents:** 1,924 in 2023/24, down from 2,306 in 2019/20, mirroring a national trend of reported incidents decreasing slightly.

Source: Sussex Police / B&H Community Safety Partnership

### Sexual Offences

- **Total Sexual Offences:** 1,209 offences were recorded in 2023/24.

- **Serious Sexual Offences:** 1,009 of these incidents were classified as Serious Sexual Offences.

Source: Sussex Police / B&H Community Safety Partnership

### Stalking

- **Stalking Offences:** 460 stalking incidents were recorded in 2023/24.

Source: Sussex Police / B&H Community Safety Partnership

### So-Called “Honour-Based” Violence (HBV)

- **HBV Crimes and Incidents:** 8 recorded cases in 2023/24.

Source: Sussex Police Special Reports

### Female Genital Mutilation (FGM)

- **Newly Recorded FGM Patients:** 15 new patients with Brighton & Hove postcodes were identified in 2023/24.

Source: NHS Digital; numbers rounded for confidentiality

## Demographic Data:

Due to recent reporting changes from Sussex Police, current demographic data (2023-2024) regarding victims or perpetrators is unavailable for inclusion in this report. We anticipate this data will be accessible in the near future.

However, it should be noted that VAWG can be experienced by anyone. We understand that a survivor’s experience often intersects with other experiences linked to protected characteristics.

This can introduce additional risks and make it harder for people to seek support. While men and boys also suffer from many of these forms of abuse, they disproportionately affect women and more so women with intersecting characteristics.

National statistics highlight that BME women suffer domestic abuse 1.5 times longer than their white counterparts (Safelives, 2020). Data also indicates that BME people are less likely to report VAWG.

Brighton & Hove City Council has commissioned a BME Domestic Abuse Capacity Building Service to work at the grassroots level to further improve understanding of and access to support for BME survivors. Our strategic approach will fully recognise intersectionality. This includes the experiences of the city’s LGBTQ+ community, which report high levels of VAWG.

The council will continue to work closely with partners to ensure a continued focus on intersectionality.

# Economic Chess

Poem by an anonymous Survivor of Economic Abuse by Experience

The chess has begun  
With me he's not done  
So what is his next move now?  
He'd rendered me homeless  
And cut off my friends  
I never thought ever I would see them again  
Yet I fought and I won and thought he was all done  
But the chess game has once again once more begun  
In court soon to be  
For financial remedy  
As he's taking the asset my house from right under me  
I kept it for our son when gone and I am dead  
But he wants it to use this to play with my head  
So I refuse to wear boots that are made out of lead  
And have severed the tie that could render me dead  
It's only a house and my sons inheritance  
And when he is older in fury I reckon he'll dance  
Yet right now as he dances his narcissistic dance  
I smile at him taking his perceived "fabulous chance".  
So Happy New Year to him and those just like old me  
I'm slowly cutting ties to keep myself free  
And what he does not realise is he's helping me see  
This chess players playing a game with not me – only he!

# Section 5. Development Process

The development of the strategic aims and this strategy was informed by a review of key documents, including national guidance to support victims and survivors of VAWG, DA and SV, existing council strategies and engagement events between November 2023 and Jan 2024 and more:

## 1. Public Consultation:

The council carried out a public consultation on the initial draft strategic aims. The feedback demonstrated strong support for our four key priorities.

- A Strengthened Coordinated Community Response: 75% of respondents strongly agreed, and 19% agreed.
- Prioritising Prevention: 79% strongly agreed, and 14% agreed.
- Support for Survivors: 88% strongly agreed, and 7% agreed.
- Building an Accountable Community and Changing Perpetrator Behaviour: 79% strongly agreed, and 13% agreed.

The consultation findings highlighted a number of themes for inclusion in future workplans, including:

- A focus on prevention
- The role of education and training
- Addressing perpetrator behaviour both by strengthening criminal justice response and behaviour change programmes
- Community-based services for children and young people, including working with them to raise awareness and educate them about VAWG, DA and SV
- Enshrining intersectionality in the response to VAWG, DA and SV, to ensure support for all survivors across all risk levels, including those with protected characteristics

- Improving safety in public spaces and promotion of Safety Apps
- Support for survivors who have no recourse to public funds/refugee status

## 2. Four Sector Specific Events:

Alongside the public consultation, we also organised workshops with local stakeholders and community members to discuss the four strategic priorities in detail, ensuring diverse perspectives were considered and securing active partner involvement.

- VAWG strategy consultation – A stronger coordinated community response (Thursday, December 7, 2023)
- VAWG strategy consultation- Prioritising Prevention (Tuesday, December 12, 2023)
- VAWG strategy consultation- Support for Survivors (Friday, December 15, 2023)
- VAWG strategy consultation- Accountable community and perpetrator behaviour (Wednesday, December 6, 2023)



### 3. Evidence-Based Analysis:

We also utilised a range of data sources to inform our strategy, including:

**a. Safe Accommodation Needs**

**Assessment (2021):** Conducted across Sussex to understand the needs of victims requiring safe accommodation.

**b. Quarterly Performance Monitoring:**

Ongoing assessment of the effectiveness of commissioned services and Multi-Agency Risk Assessment Conferences (MARACs).

**c. Public Survey on Safety in Brighton & Hove (2022):**

Gathered public perceptions of safety across the city.

**d. Community Safety Partnership Strategic Assessment Workshop (2022):**

Shaped key strategic priorities.

**e. Housing Consultations (Feb-Mar 2023):**

Three workshop consultations with internal housing services officers.

**f. Reimagine Brighton Event (Jan 2024):**

Workshop sessions that contributed to the strategy's development and sense checked the strategic aims.

**g. BHCC Leadership VAWG, DA and SV Summit (Sep 2024):**

Brought together internal council leaders to council-wide align and strengthen strategy delivery.

### 4. Alignment with Internal Council Strategic Priorities:

We also ensured that this strategy is aligned with internal core plans and strategies, taking a whole-council approach to reducing VAWG, DA and SV. The intersecting documents include:

- Brighton & Hove Council Plan 2023-2027<sup>3</sup>
- Community Safety and Crime Reduction Strategy 2023-2026<sup>4</sup>
- Anti-Racism Strategy 2023-2028<sup>5</sup>
- Housing Strategy 2024-2029<sup>6</sup>

### 5. Regional Collaboration:

Brighton & Hove City Council is dedicated to working alongside East and West Sussex County Councils to deliver a cohesive regional response. This includes our contribution to the Pan Sussex Domestic Abuse Support in Safe Accommodation Strategy (2021-2024), which enhances our regional efforts through collaboration.

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<sup>3</sup> Brighton & Hove City Council plan 2023 to 2027 ([brighton-hove.gov.uk](https://brighton-hove.gov.uk))

<sup>4</sup> Community safety and crime reduction strategy 2023 to 2026 ([brighton-hove.gov.uk](https://brighton-hove.gov.uk))

<sup>5</sup> Anti-Racism Strategy 2023 to 2028 ([brighton-hove.gov.uk](https://brighton-hove.gov.uk))

<sup>6</sup> New city housing strategy approved

## 6. Legislative Framework:

The strategy is also underpinned by a robust legal framework. We regularly review and adapt to national legislation to ensure our practices remain effective and compliant. Key laws shaping our approach include:

- **Female Genital Mutilation Act (2003):** Criminalises the act of FGM, including aiding or taking a child abroad for the procedure.
- **Sexual Offences Act (2003):** Sets out a framework for addressing sexual offences, focusing on consent and protection.
- **Forced Marriage Act (2007):** Enables courts to issue Forced Marriage Protection Orders.
- **Anti-Social Behaviour, Crime and Policing Act (2014):** Provides measures to combat forced marriage and protect victims.
- **Coercive and Controlling Behaviour (2015):** Recognises non-physical abuse as a serious criminal offence.
- **Modern Slavery Act (2015):** Establishes stringent penalties for traffickers and support mechanisms for victims.
- **Stalking Protection Act 2019:** Introduces protective measures for victims of stalking.
- **Domestic Abuse Act 2021:** Expands protections, recognising children as victims when they witness abuse.
- **Non-Fatal Strangulation (2021):** Creates a specific offence under the Domestic Abuse Act, with severe penalties.
- **Marriage and Civil Partnership (Minimum Age) Act 2022:** Raises the minimum legal age for marriage to 18.
- **Online Safety Act 2023:** Requires social media platforms to prevent harmful content, including digital abuse.
- **Victims and Prisoners Bill 2023:** Enhances rights and support for victims of crime. Protection against various forms of discrimination, including gender-based violence.

Artwork from a Survivor at RISE, Kheya Mahabir (also title page)



## **7. Lessons from Safeguarding Reviews:**

Lessons learned from safeguarding children reviews nationally often highlight the presence of VAWG, DA and SV-related crimes. In 2021, the Brighton & Hove Adult Safeguarding Board (SAB) commissioned a thematic review into the deaths of three women with multiple compound needs. These women experienced various forms of VAWG, DA and SV including homelessness, substance misuse, offending, and physical and mental health issues. All were repeat cases at the Multi-Agency Risk Assessment Conference (MARAC) across Sussex. The review's recommendations are being implemented, including changes to the local MARAC operating protocol to improve joint working.

## **8. Domestic Abuse Related Death Reviews:**

Since 2011, Community Safety Partnerships have been statutorily required to conduct Domestic Homicide Reviews (DHRs) to examine the circumstances and partnership responses before and after domestic abuse murders. These reviews highlight how partnerships respond to domestic abuse and enable local partnerships to learn lessons to improve future practice. The council has completed six reviews since 2011, with another fatality review commissioned in 2024. A government consultation on the DHR process is underway, considering firmer guidance for DHRs in cases of death by suicide with a significant history of domestic abuse. A 2021 national audit of 124 DHRs identified 10 key themes, including the need for greater agency contact with victims and recognition of perpetrators' control over victims' agency interactions.

## **9. Review of 'A Patchwork of Provision – How to Meet the Needs of Victims and Survivors Across England and Wales:**

A comprehensive analysis of this report allowed us to align our local priorities with its recommendations. By systematically examining the report's findings, we identified critical areas for improvement, such as the need for increased and sustained funding, enhanced awareness and outreach, and better coordination among agencies. This alignment ensures our strategic aims are data-driven, inclusive, and focused on delivering holistic and equitable support to all victims and survivors of domestic abuse.

## Section 6.

# Strategy into Operation

The VAWG, DA and SV Strategy will move from planning to operation through a Coordinated Community Response, involving all partners across statutory services, voluntary sectors, and community stakeholders to play a part in ending VAWG, DA and SV across Brighton & Hove. To ensure effective implementation, accountability, and alignment with strategic objectives, a structured governance model will guide the delivery and tracking of actions.

### VAWG, DA and SV Oversight Board

A dedicated VAWG, DA and SV Oversight Board will oversee the delivery of the action plan and progress towards the strategy's goals. Reporting to the Community Safety Partnership (CSP), the board will monitor actions, address emerging challenges, and adjust strategies as needed. Key elements include:

- Task and Finish Groups: Focused groups addressing specific areas like community coordination, prevention, survivor support, and perpetrator behaviour change. These groups will involve various agencies, organisations, and the community to ensure a collaborative approach.
- MARAC Steering Group: This group will focus on high-risk survivors of domestic abuse, ensuring they receive coordinated and targeted support through a multi-agency response.
- Domestic Abuse Related Death Review Oversight Board

### Operational Groups

These groups will focus on specific areas to address VAWG, DA and SV issues:

- Housing: Integrating housing-related support, including compliance with the Domestic Abuse Act 2021.
- Early Intervention & Prevention Working Group: Coordinating services and early interventions.
- Multiple Compound Needs: Developing responses for vulnerable groups with complex needs, including sexual exploitation and cuckooing.
- Equalities & Inclusion: Addressing harmful practices and supporting minority ethnic communities, LGBTQ+ individuals, trafficking for sexual exploitation, elder abuse survivors, digital enabled abuse, Children Under age and those with disabilities.
- Perpetrator: Developing the response to perpetrators from early intervention to relentless pursuit of perpetrators.



## Additional Operational Priorities

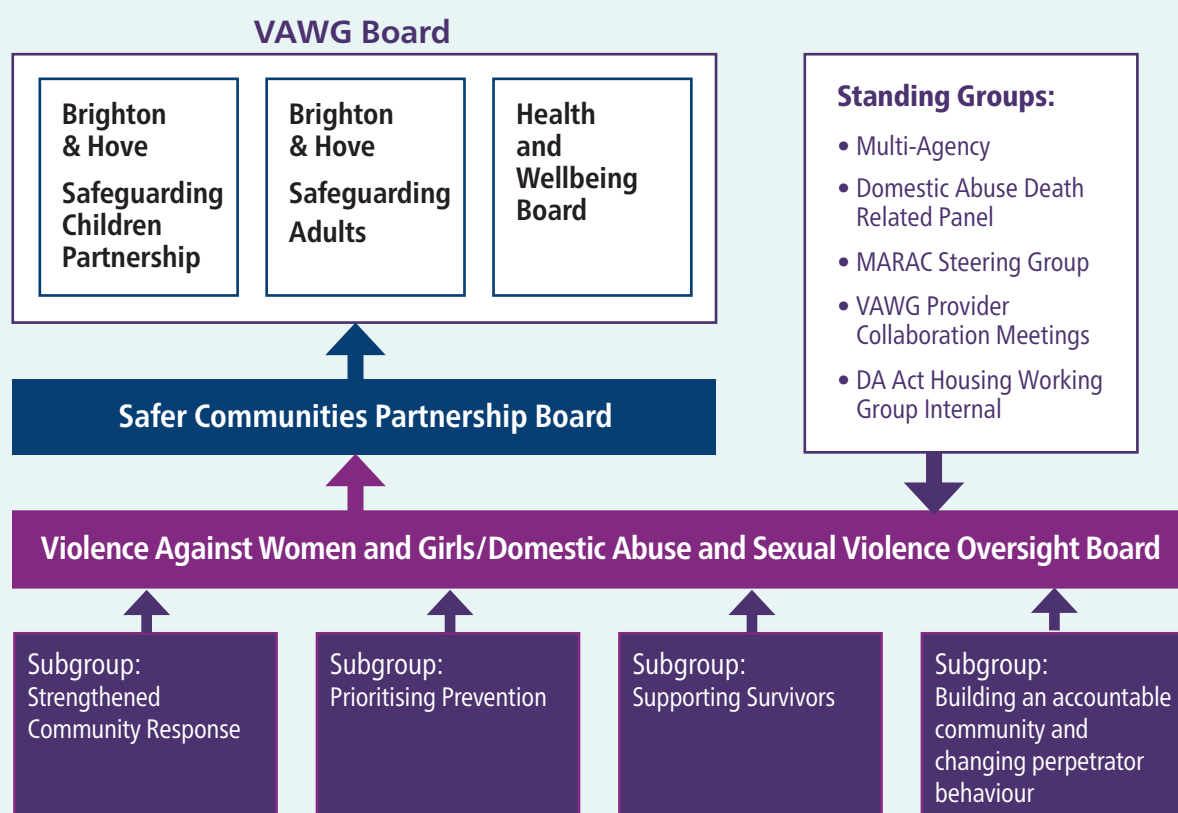
- Early Intervention: Focusing on education, family hubs, health services, public spaces, transport, and licensing.
- Digitally Enabled Abuse: Developing best practices to mitigate digital abuse impacts.
- Children Under Age: Ensuring the safety, well-being, and development of children under 18 through targeted protection, education, health services, safe environments, family support, and legal frameworks.
- White Ribbon Steering Group: Driving awareness and preventative action across communities.
- Voices of Lived Experience Group: Ensuring survivor perspectives are integrated into the strategy.

## Statutory and Community Partnerships

To support the strategic aims, the governance structure includes partnerships with:

- Statutory Boards: Including the Safeguarding Executive Adult Board, Local Safeguarding Children Partnership, Community Safety Board, Health & Wellbeing Board, Sussex Health and Care Assembly, and Youthwise.
- Feedback Loops: Integration with groups such as the Domestic Abuse Related Death Reviews (DARDR) Oversight Panel and Risk and Review Groups (incorporating MARAC, MATAC, and court-related oversight) to maintain accountability and respond to risk.

## Governance Structure



## Our Actions

To ensure clear and targeted delivery, we have embedded the action plan directly under each strategic priority within this strategy document. For each priority, we have outlined specific actions to be taken and their intended outcomes, providing a focused approach that aligns with our commitment to transparency and accountability. This structure allows partners and stakeholders to clearly understand the desired impact of each action, supporting a coordinated effort towards achieving our overarching goals.

### Priority one: A Strengthened Coordinated Community Response

No.	Action	Intended Outcome
1.1	Develop a revised governance and subgroup structure to deliver the VAWG, DA and SV Strategy, with quarterly reporting to the VAWG, DA and SV Oversight Board.	Establish a revised governance and subgroup structure to support the effective delivery of the Strategy, with quarterly progress reports provided to the VAWG, DA and SV Oversight Board to ensure accountability and strategic alignment.
1.2	Disseminate Learning from Domestic Abuse Related Death Reviews (DARDR) to improve future service delivery and risk management	Share insights from Domestic Abuse Related Death Reviews (DARDR) across relevant services to enhance future service delivery and strengthen risk management practices, promoting a more informed and preventative approach to domestic abuse cases.
1.3	Institute mandatory VAWG, DA and SV Awareness training as part of induction for all Brighton & Hove City Council (BHCC) staff, ensuring that all employees are equipped to recognise, respond to, and signpost disclosures of VAWG, DA and SV	Implement mandatory VAWG, DA and SV Awareness training as part of the induction process for all Brighton & Hove City Council (BHCC) staff, equipping employees with the knowledge to recognise, respond to, and appropriately signpost disclosures of violence against women and girls, domestic abuse, and sexual violence.
1.4	Expand action focused on improving safety in Public Spaces, with special focus on public transport, schools and libraries	Enhance safety measures in public spaces, prioritising public transport, schools, and libraries, to create secure environments where residents feel protected and supported, with targeted actions to prevent VAWG, DA and SV and respond to potential risks effectively.
1.5	Work with highways and planning to continually improve street lighting and ensure VAWG, DA and SV considerations are included in the City Plan, planning applications to build environment and public spaces.	Partner with highways and planning teams to enhance street lighting and incorporate VAWG, DA and SV considerations into planning applications, ensuring that public spaces and the built environment are designed to prioritise safety and prevent violence.

No.	Action	Intended Outcome
1.6	Continue to support Operation Limelight Activity, aimed at raising awareness of Female Genital Mutilation (FGM) and other harmful practises	Maintain support for Operation Limelight activities to raise awareness of Female Genital Mutilation (FGM) and other harmful practices, enhancing public knowledge and preventative efforts within the community.

## Priority two: Prioritising Prevention

No.	Action	Intended Outcome
2.1	Develop links with young ambassadors and advisory groups to co-produce events and campaigns aimed at raising VAWG, DA and SV awareness among young people.	Improved engagement with young people in decision-making processes related to VAWG, DA AND SV campaigns and events.
2.2	Encourage venues in Brighton & Hove to adopt a commitment to VAWG, DA and SV prevention in the new Brighton & Hove licensing policy.  This will include action on spiking, VAWG, DA and SV training for staff around identifying and acting on inappropriate sexualised behaviour and offending with regular reviews	Promote the adoption of a VAWG, DA and SV prevention commitment within Brighton & Hove's licensing policy for local venues, including measures to address spiking, staff training on identifying and responding to inappropriate sexualised behaviour, and regular policy reviews to ensure ongoing compliance and effectiveness.
2.3	Explore joint working initiatives with the ICB (Integrated Care Board) and /Public Health team to prevent VAWG, DA and SV in maternity services, sexual health services and community services and GPs	Explore collaborative initiatives with the Integrated Care Board (ICB) and Public Health team to prevent VAWG, DA and SV within maternity services, sexual health services, community services, and GP practices, fostering a coordinated approach to early intervention and support across healthcare settings.
2.4	Strengthen interventions for individuals with multiple disadvantages, including children in care, who are at greater risk of experiencing violence against women and girls VAWG, DA and SV by identifying gaps, reducing duplication of efforts, and fostering interagency collaboration.	Strengthened, coordinated interventions for clients with multiple compound needs through collaborative, innovative approaches and improved resource allocation. The approach aims to provide earlier and more effective support to prevent VAWG, DA and SV among vulnerable groups by addressing gaps and reducing duplication across agencies.

No.	Action	Intended Outcome
2.5	Strengthen the offer to education sector to raise awareness of VAWG, DA and SV amongst young people, using a “whole school approach” and the work of the Harmful Sexual Practises Group. Include considerations of the adultification of young black girls and link VAWG, DA and SV awareness to anti-bullying work.	Improved pathways to support for young people by integrating VAWG, DA and SV into school environment.  Delivery of VAWG, DA and SV related education programmes, ensuring young people are educated on the impact and prevention of VAWG, DA and SV.
2.6	Support the Family Hubs to share information on VAWG, DA and SV and provide a consistent process for disclosing information to protect those at risk of harm.	Increased safety for individuals at risk of VAWG, DA and SV through better information sharing and consistent processes for disclosure in Family Hubs.

## Priority three: Support for Survivors

No.	Action	Intended Outcome
3.1	Monitor the impact of key criminal justice system changes on VAWG, DA and SV including the early release of prisoners, the introduction of specialist Domestic Abuse (DA) courts in Sussex, developments from Operation Soteria (focusing on rape and sexual offences), and the ongoing work of the Stalking Clinic.	Local VAWG, DA and SV response is continually informed by the latest criminal justice developments and evaluation of service providers and partners are fully informed on criminal justice system trends and policy changes, allowing for more responsive and adaptive services.
3.2	Hold twice yearly workshops with individuals who have lived experience of VAWG, DA and SV to consult on key issues, gather feedback on local services, and ensure that a wide range of victim experiences are represented.	Organise workshops with individuals who have lived experience of VAWG, DA and SV to consult on key issues, collect feedback on local services, and incorporate diverse victim perspectives, ensuring that service improvements and strategies are responsive to the needs of those affected.
3.3	Develop a comprehensive VAWG , DA and SV Information Pack specifically for the Housing Team, providing victims with clear knowledge of their housing options and available support.	Victims/Survivors are better informed of their housing and safety options, allowing them to make informed decisions and access appropriate support.



No.	Action	Intended Outcome
3.4	Monitor the implementation of the recommendations of the Stonewater Safehaven by the Sea Report	Establish a monitoring framework to oversee the implementation of recommendations from the "Safe Haven by the Sea" report, ensuring that actions are effectively executed and contribute to enhancing support services for domestic abuse survivors in Brighton & Hove
3.5	Collaborate with the Business Community to improve access to support for survivors Including employees and members of the public.	Partner with the business community to improve access to support for survivors of VAWG, DA and SV, ensuring that both employees and members of the public are aware of available resources and support services, and fostering safer workplaces and community spaces.
3.6	Review gaps in provision related to disability due to evidence from data which highlights high levels of victim survivors with disabilities and VAWG, DA and SV intersect	Conduct a review of service provision gaps for survivors with disabilities, using data insights that indicate high levels of VAWG, DA and SV within this group. This review will inform targeted improvements to ensure accessible, inclusive support for survivors with disabilities, addressing the specific challenges where disability intersects with experiences of violence and abuse.
3.7	Ensure that VAWG, DA and SV is referenced and integrated into the Violence Reduction workplan to meet legal obligations and ensure VAWG, DA and SV is a core focus in broader violence reduction strategies	Integrate VAWG, DA and SV into the Violence Reduction workplan, ensuring that these areas are prioritised and aligned with legal obligations. This will make VAWG, DA and SV a core focus within broader violence reduction strategies, fostering a comprehensive and inclusive approach to community safety.
3.8	Continue to support the development of Reciprocal Housing Arrangements	Work with Housing and partners across Sussex to develop Reciprocal Housing Arrangements to support survivors to maintain tenancy status in line with Domestic Abuse Act 2021
3.9	Review the support offer and gaps in provision to children and families who have experienced VAWG and in particular children in care and care leavers, to ensure there is robust support and adequate understanding on the impact of VAWG on children and young adults.	Increase referrals of care leavers and children in care to the children and young peoples DA case worker.

## Priority four: Building an Accountable Community and Changing Perpetrator Behaviour

No.	Action	Intended Outcome
4.1	Work with communities via forums and public events to change the culture and beliefs that underpin VAWG, DA and SV using education and awareness to shift attitudes	Improved understanding of VAWG, DA and SV within communities, with a shift in cultural norms and beliefs that contribute to VAWG, DA and SV
4.2	Support Sussex Police to offer behaviour change interventions at the Custody Suite, ensuring earlier stage interventions to address abusive behaviour	Perpetrators are offered an intervention to change behaviour at an earlier stage, reducing risk of future harm.
4.3	Work with Children's Services to collaborate and develop policies and processes in place for assessing and working with perpetrators of domestic abuse and other forms of VAWG, DA and SV when safeguarding children and the non-abusing parent.	Improved practitioner response to safeguarding risks and better understanding of abusive or neglectful parenting in VAWG, DA and SV contexts.
4.4	Scope and develop a Men in Sheds initiative locally at Jubilee Library to educate men on perpetrator behaviour and increase awareness of support services for male victims.	Dissemination of information to change the beliefs that underpin VAWG, DA and SV.
4.5	Continue to fund behaviour change programmes including adults, young people, and LGBTQ+ perpetrators, ensuring long-term support for behaviour change	More male victims of VAWG, DA AND SV can come forward to be supported.
4.6	Support the forthcoming Safer Streets programme	Behaviour change programmes are accessible for all perpetrators, with a focus on sustainability and addressing diverse needs, including LGBTQ+ perpetrators.

## Conclusion

This strategy sets out the role we can all play in responding to and ending Violence against women, domestic abuse and sexual violence. We welcome professionals, residents, and survivors to join us in achieving our four objectives.

Together, we can work to make our city safer for anyone who is living, studying, working, visiting, and travelling in Brighton & Hove.





# Appendix 1.

## The recommendations for the partnership from the “Safehaven by the Sea Report: a report on housing challenges and solutions for domestic abuse survivors in Brighton & Hove”

**A number of recommendations were made based on feedback from survivors, professionals and models that are working well nationally, and are presented below under the agency which would be best placed to address them.**

### **Brighton & Hove City Council VAWG Unit**

It is acknowledged that the recommendations below align with the six strategic priorities captured within the Pan-Sussex Strategy for Domestic Abuse Accommodation and Support 2021-2024, and as such encourage regional joint working/resourcing where appropriate.

- Form a domestic abuse and housing providers working group to develop co-ordinated responses across the range of providers.
- Continue commissioning of a dedicated refuge for female identifying survivors, consideration of increasing licence agreement period given the multiple complex needs of survivors.
- Consider dedicated LGBTQ+ safe accommodation in the needs assessment linked to pan-Sussex priorities in the refresh of the Pan-Sussex Domestic Abuse and Safe Accommodation Strategy.
- Consider domestic abuse support for those aged 55+ who have experienced abuse, ensuring this is linked to pan-Sussex priorities in the refresh of the Pan-Sussex Domestic Abuse and Safe Accommodation Strategy.
- Raise awareness of the No Recourse Fund and the Destitution Domestic Violence Concessions (DDVC) for those with an insecure immigration status to support with costs of safe accommodation.
- Ensure survivors in emergency accommodation are provided with a comprehensive support package which includes information on options and guidance around next steps – e.g. civil orders, flexible funds, refuges etc. This resource should be developed by the council’s VAWG Unit, updated regularly, and communicated to welfare officers and specialist services.
- Review the impact of the Enhanced DA Housing Pathway funded by the New Burdens Allocation.
- Continue to support joint working practices between the housing first model for rough sleepers and domestic abuse specialist agencies to ensure the right support is received at the right time.
- Develop training that is accessible to staff working in supported housing settings and the rented sector (e.g. landlords) to improve the response to disclosures and support with domestic abuse informed practice, including where intersecting needs are present.

- Consider creating a Children's Advocacy Worker role to provide short term support to children who have been subjected to domestic abuse and are residing in safe accommodation, ensuring that their educational, social and wellbeing needs are being met.
- Consider creating a Domestic Abuse Safety Worker role who will support survivors in obtaining non-molestation orders and act as a McKenzie friend for those who are unable to obtain legal representation.
- Consider and explore a small-scale pilot project for housing perpetrators.

### **Brighton & Hove City Council – Housing Department**

- Consider a review of risk assessments in ensuring suitability of temporary accommodation for survivors in partnership with specialist domestic abuse organisation.
- Raise awareness of the work of the Private Rented Team amongst local agencies, following feedback that pathways to private renting are unclear.
- Consult upon and share reviewed allocation policy amongst stakeholders.
- Consider a commitment to a service level agreement with Stonewater's refuge for the Temporary Accommodation Scheme.
- Consider gaining DAHA Accreditation, to ensure safe and effective responses to domestic abuse.
- Review efficacy and adherence of Emergency Accommodation Charter and consider the introduction of a Temporary Accommodation Charter to improve the quality of accommodation and accountability of landlords – with a domestic abuse lens.
- Consider the introduction of a Domestic Abuse Housing Officer role with responsibilities to include management of all domestic abuse cases including refuge cases and applications of civil orders for those wishing to remain in their homes.

- Introduce feedback model for domestic abuse survivors who are accessing the council's housing pathway to ensure that service improvement is ongoing.

### **Voluntary sector**

- Continue horizon scanning for funding opportunities and consider Shared Lives Plus and Women in Safe Homes funding for survivors of domestic abuse. Consider joint/ consortia funding bids.

### **Registered housing providers in Brighton and Hove**

- Introduce reciprocal arrangements amongst registered providers across Sussex for households fleeing domestic abuse, with a co-ordination role resourced by registered providers or the council.
- Capture data around domestic abuse to allow understanding around scale of the issue.
- Map registered and supported housing providers within Brighton and Hove and develop coalitions to share approaches to identifying and responding to domestic abuse.
- Introduce a domestic abuse code of practice which reflects the newly introduced housing consumer standards, with a requirement to hold a domestic abuse specific policy, provide regular colleague training, seek DAHA membership/accreditation, and attend the South East DAHA Regional Group.
- Work with Stonewater to replicate the Southdown refuge move on pathway where viable.



## Appendix 2.

### Glossary

<b>AE</b>	<b>Accident and Emergency</b>
<b>A/perp</b>	<b>Alleged perpetrator</b>
<b>ASB</b>	<b>Anti-Social Behaviour</b>
<b>BHCC</b>	<b>Brighton &amp; Hove City Council</b>
<b>BME</b>	<b>Black Minority Ethnic</b>
<b>CAG</b>	<b>Citizens Advisory Group</b>
<b>CCR</b>	<b>Coordinated Community Response</b>
<b>COE</b>	<b>Council of Europe</b>
<b>CSA</b>	<b>Child Sexual Abuse</b>
<b>DA</b>	<b>Domestic Abuse</b>
<b>DARA</b>	<b>Domestic Abuse Risk Assessment</b>
<b>DARDR</b>	<b>Domestic Abuse Related Death Reviews</b>
<b>DASH</b>	<b>Domestic Abuse, Stalking, Harassment, Honour Based Violence</b>
<b>DLUHC</b>	<b>Department of Levelling Up Housing and Communities</b>
<b>DVDS</b>	<b>Domestic Violence Disclosure Scheme</b>
<b>DHR</b>	<b>Domestic Homicide Review</b>
<b>HBV</b>	<b>Honour Based Violence</b>
<b>HIDVA</b>	<b>Health Independent Domestic Violence Advocate</b>

<b>HP</b>	<b>Harmful Practices</b>
<b>ICB</b>	<b>Integrated Care Board</b>
<b>IDVA</b>	<b>Independent Domestic Violence Advocate</b>
<b>LGBTQ+</b>	<b>Lesbian, Gay, Bisexual, Trans, Questioning</b>
<b>MARAC</b>	<b>Multi Agency Risk Assessment Conference</b>
<b>MATAC</b>	<b>Multi Agency Tasking and Coordination</b>
<b>MOP</b>	<b>MARAC Operating Protocol</b>
<b>PP</b>	<b>Perpetrator Programme</b>
<b>SAB</b>	<b>Safeguarding Adults Board</b>
<b>SAR</b>	<b>Safeguarding Adults Review</b>
<b>SDVC</b>	<b>Specialist Domestic Violence Court</b>
<b>RISE</b>	<b>Refuge, Information, Support and Education</b>
<b>RP</b>	<b>Registered Providers</b>
<b>VAWG</b>	<b>Violence Against Women and Girls</b>
<b>VS</b>	<b>Victim Support</b>
<b>VSS</b>	<b>Victim Specialist Service</b>
<b>WSW</b>	<b>Woman's Safety Worker</b>

# Appendix 3.

## Domestic Abuse Act 2021

**The Domestic Abuse Act 2021 On 29 April 2021, the Domestic Abuse Act 2021 ('the 2021 Act') received Royal Assent.**

### **The Act will:**

- A. create a statutory definition of domestic abuse, emphasising that domestic abuse is not just physical violence, but can also be emotional, controlling or coercive, and economic abuse
- B. establish in law the office of Domestic Abuse Commissioner and set out the Commissioner's functions and powers
- C. provide for a new Domestic Abuse Protection Notice and Domestic Abuse Protection Order d) place a duty on local authorities in England to provide accommodation-based support to victims of domestic abuse and their children in refuges and other safe accommodation
- D. prohibit perpetrators of abuse from cross-examining their victims in person in the civil and family courts in England and Wales
- E. create a statutory presumption that victims of domestic abuse are eligible for special measures in the criminal, civil and family courts
- F. clarify the circumstances in which a court may make a barring order under section 91(14) of the Children Act 1989 to prevent family proceedings that can further traumatise victims
- G. extend the controlling or coercive behaviour offence to cover post-separation abuse
- H. extend the offence of disclosing private sexual photographs and films with intent to cause distress (known as the "revenge porn" offence) to cover threats to disclose such material
- I. create a new offence of non-fatal strangulation or suffocation of another person
- J. clarify by restating in statute law the general proposition that a person may not consent to the infliction of serious harm and, by extension, is unable to consent to their own death
- K. extend the extraterritorial jurisdiction of the criminal courts in England and Wales, Scotland and Northern Ireland to further violent and sexual offences
- L. provide for a statutory domestic abuse perpetrator strategy
- M. enable domestic abuse offenders to be subject to polygraph testing as a condition of their licence following their release from custody
- N. place the guidance supporting the Domestic Violence Disclosure Scheme ("Clare's law") on a statutory footing
- O. provide that all eligible homeless victims of domestic abuse automatically have 'priority need' for homelessness assistance

P. ensure that where a local authority, for reasons connected with domestic abuse, grants a new secure tenancy to a social tenant who had or has a secure lifetime or assured tenancy (other than an assured shorthold tenancy) this must be a secure lifetime tenancy

Q. prohibit GPs and other health professionals in general practice from charging a victim of domestic abuse for a letter to support an application for legal aid

R. provide for a statutory code of practice relating to the processing of domestic abuse data for immigration purposes

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# Appendix 4.

## Istanbul Convention

The Istanbul Convention is formally known as the '[Council of Europe Convention on preventing and combating violence against women and domestic violence](#)'. It was adopted by the [Council of Europe Committee of Ministers on 7 April 2011](#) and opened for signature on 11 May 2011 at a session in Istanbul. The convention entered into force on 1 August 2014. The UK signed the convention on 8 June 2012. On 17 May 2022, the Home Secretary Priti Patel announced the [UK's intention to ratify the convention](#).

Article 1 of the convention states that its purposes are to:

- Protect women against all forms of violence, and prevent, prosecute and eliminate violence against women and domestic violence.
- Contribute to the elimination of all forms of discrimination against women and promote substantive equality between women and men, including by empowering women.
- Design a comprehensive framework, policies and measures for the protection of and assistance to all victims of violence against women and domestic violence.
- Promote international co-operation with a view to eliminating violence against women and domestic violence.
- Provide support and assistance to organisations and law enforcement agencies to effectively co-operate to adopt an integrated approach to eliminating violence against women and domestic violence.
- Protection, including regional and international complaints mechanisms, protection or restraining orders, and safe custody and visitation rights for children.
- Prosecution. Measures on law enforcement and judicial proceedings include dissuasive sanctions for perpetrators, consideration of aggravating circumstances and legislation criminalising violence against women. On victim's rights, measures include no victim-blaming, victims' right to information and support and victims' protection during investigation and judicial proceedings.
- Co-ordinated policies, including inter-agency co-operation, human rights-based policies and comprehensive legislation and gender-sensitive policies

### [The Istanbul Convention has four pillars.](#)

Countries which have ratified the convention are required to take a range of measures around the following issues:

- Prevention, including awareness-raising campaigns, promoting women's empowerment, and training of professionals.

Currently, [35 member states of the Council of Europe have ratified the Istanbul Convention](#).

There are 10 signatories which are yet to ratify the treaty (including the UK). Turkey withdrew from the treaty in July 2021. The Council of Europe has 46 member states

### **UK ratification:**

The UK ratified the Council of Europe Convention on preventing and combating violence against women and domestic violence in July 2022.









*Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Sussex Integrated Care Board (ICB), the Local Safeguarding Board for Children and Adults and Healthwatch.*

**Title:**

Brighton & Hove  
Safeguarding Children  
Partnership Annual Report  
2024-25

**Date of Meeting:**

16/12/2025

**Report of:** Chair of BHSCP  
Deb Austin

**Contact:** Giles Rossington,  
Scrutiny Manager/Sarah  
Smart, BHSCP Business  
Manager

**Email:**

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[sarah.smart@brighton-hove.gov.uk](mailto:sarah.smart@brighton-hove.gov.uk)

**Wards Affected:** All

**FOR GENERAL RELEASE**

**Executive Summary**

Health & Wellbeing Boards (HWB) are required to receive for information the annual reports of local children's and adult safeguarding partnerships. This report presents the annual update from the Brighton & Hove Safeguarding Children's Partnership (BHSCP).



## 1. Decisions, recommendations and any options

- 1.1 That the Board notes the information contained in this report and its appendix (BHSCP Annual Report 2024-25)

## 2. Relevant information

- 2.1 The Brighton & Hove Safeguarding Children Partnership (BHSCP) consists of three key agencies who collectively hold statutory responsibilities for keeping children and young people safe: the Local Authority (through Families, Children and Wellbeing), Health (through NHS Sussex ICB) and Sussex Police.
- 2.2 The BHSCP's objectives are to:
- Co-ordinate local work undertaken by all agencies and individuals to safeguard and promote the welfare of children and young people
  - Ensure the effectiveness of that work.
- 2.3 Deb Austin, Corporate Director of families, Children and Wellbeing, chairs the Partnership and as one of the Delegated Safeguarding Partners is responsible for considering how effectively the local safeguarding arrangements are working for children and families as well as for practitioners, and how well the safeguarding partners are providing strong leadership.
- 2.4 Health & Wellbeing Boards are required to receive for information and discuss annual reports/updates from the relevant local safeguarding children's partnership. The BHSCP Annual Report 2024-25 is included as **Appendix 1** to this report. The BHSCP Children & Young People's Annual Report 2024-25 is included as **Appendix 2** to this report. The BHSCP publish additional documents to support the Annual Reports available from the BHSCP website - [The BHSCP Business Plan & Annual Report - BHSCP](#)

## 3. Important considerations and implications

Legal:

- 3.1 The Brighton & Hove Safeguarding Children Partnership (BHSCP) is a statutory body. Under statutory guidance Working Together 2023 the three safeguarding partners (being the Council, Health and Sussex Police as defined under the Children Act 2004 as amended by the Children and Social Work Act, 2017) should agree on ways to co-ordinate their safeguarding services, act as a strategic leadership group in supporting and engaging others, and implement local and national learning, including from serious child safeguarding incidents. The three 'key safeguarding partners' collectively hold statutory responsibilities for safeguarding in the city.

- 3.2 As described in the body of this report Health & Wellbeing Boards (HWB) are required to receive for information the annual reports of local children's and adult safeguarding partnerships. The report is for noting only.

**Lawyer consulted: Sandra O'Brien**

**Date: TBC**

Finance:

- 3.3 There are no financial implications as a result of the recommendations of this report.

**Finance Officer consulted: David Ellis**

**Date: 5/11/25**

Equalities:

- 3.4 Information on how the BHSCP focuses on equalities issues are detailed in the BHSCP Annual Report (Appendix 1)

Sustainability:

- 3.5 None identified in this report to note.

Health, social care, children's services and public health:

- 3.6 The BHSCP membership includes representatives from social care, children's services and health. The BHSCP Annual Update (Appendix 1) includes more information on all of these areas

## Supporting documents and information

Appendix1: BHSCP Annual Report 2024-25

Appendix 2: BHSCP Children & Young People's Annual Report 2024-25



BHSCP Annual  
Report 2024-25 (1).pdf



BHSCP Children &  
Young's Annual Report





# Brighton & Hove Safeguarding Children Partnership Annual Report 2024-25



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# Foreword from our Delegated Safeguarding Partners

Welcome to the 2024-25 Brighton & Hove Safeguarding Children Partnership’s annual report. The report outlines the Partnership’s work over the past year and shows the coordinated approach across statutory agencies and community sector partners to deliver the best possible safeguarding services to children and their families in the city.

The publication of *Working Together to Safeguard Children 2023* in December 2023 provided an opportunity for the Partnership to strengthen existing links with East and West Sussex Safeguarding Children Partnerships. The new *Sussex Multi-Agency Safeguarding Arrangements (MASA) 2024* were published in September 2024. These arrangements detail how we will maintain and strengthen the positive, trusting and co-operative relationships across Sussex which will support our innovative work and sharing of best practice across the Sussex footprint. The arrangements also highlight how we will deliver our priorities locally including the introduction of new subgroups, the introduction of a Partnership Chair and Partnership Group, and revised scrutiny arrangements.

The new and existing subgroups continue to provide comprehensive oversight and scrutiny, bringing together strategic leaders and practitioners. There continues to be a strong commitment to being a learning partnership, developing safeguarding services and responses through training, reflection, evaluation, and challenge. Under the new arrangements we have introduced a Pan Sussex Learning & Development Subgroup and expanded the pan Sussex Training Programme.

2024-25 has been a year of significant developments and successes across services:

- The development and publication of the MASA 2024 including the introduction of the Education Safeguarding Subgroup from April 2025 and the Sussex Safeguarding Children Executive from Sept 2024 demonstrates our commitment to adopting a pan Sussex approach where possible and future enhanced engagement with our partners in education.
- The publication in June 2024 of the Brighton & Hove Family Help: Right Support at the Right Time document, a framework for how support and safeguarding services are provided to children and families across the city. It includes our vision of Family Help, model of practice, and the importance of poverty aware assessment and intervention.
- Delivery of a multi-agency Pan Sussex Safeguarding Children Fortnight in November 2024 in collaboration colleagues from the Sussex Safeguarding Adults Boards.

Our vision to improve the lives of children and young people in Brighton and Hove remains our shared priority. The Partnership believes language is important in describing how we deliver services to children and their families. The Brighton & Hove Family Help: Right Support at the Right Time document replaced the Threshold Document early in the reporting period and demonstrates how multi-agency partners aim to ensure children are safeguarded. The ethos and aim of multi-agency service delivery in Brighton & Hove is always, the right support at the right time, delivered by the right people.

The Partnership will continue to keep the safeguarding of children and young people in our city at the heart of what we do. This is only possible with the continued support, diligence and dedication of those working with children and families in our city. We would like to say thank you to colleagues from across statutory and community and voluntary services who work so hard to keep children and young people safe in Brighton and Hove.



Naomi Ellis, Deputy Chief Nursing Officer & Director of Patient Experiences and Involvement, NHS Sussex

Naomi Ellis



Deb Austin, Corporate Director, Families, Children & Wellbeing Services, BHCC

Deb Austin



Richard McDonagh, Chief Superintendent, Public Protection, Sussex Police

Richard McDonagh

## Role of Scrutiny and the Annual Report by the Independent Scrutineer

Thank you for taking the time to read the Brighton & Hove Safeguarding Children Partnership (BHSCP) Annual Report for 2024–25.

The BHSCP has a statutory duty to be transparent in how they co-ordinate, deliver, and fund services for children and families across the city. One of the key mechanisms for ensuring accountability is the publication of this Annual Report. I hope it provides a clear and honest picture of the work undertaken by the Partnership to safeguard children and young people in Brighton & Hove.

As the Independent Chair for Quality Assurance, my role is to provide objective oversight of the Partnership's safeguarding arrangements and ensure that scrutiny is robust, evidence-based, and focused on continuous improvement. I am satisfied that this report reflects the efforts made by our partners and offers a fair assessment of both strengths and areas for development.

I would like to extend my sincere thanks to the BHSCP Business Team, particularly the Partnership Business Manager, whose professionalism and dedication have been instrumental in compiling this report and supporting the Partnership throughout the year.

I also want to acknowledge the exceptional work carried out every day by professionals and volunteers across our city. Their commitment, compassion, and resilience are the foundation of our safeguarding system. Their efforts often go unseen, but they make a profound difference in the lives of children and families in Brighton & Hove.

This year's report outlines how scrutiny has been delivered in 2024–25, in line with the latest guidance from *Working Together to Safeguard Children 2023*. The revised structure under the new *Sussex Multi-Agency Safeguarding Arrangements (MASA) 2024* has enabled the Partnership to commission more targeted and flexible scrutiny with neighbouring Partnerships in East & West Sussex, whilst continuing to focus on priority areas and strengthening the quality assurance framework.

I am pleased to report that the BHSCP continues to embrace independent scrutiny as a vital part of its work. The culture of openness, reflection, and continuous improvement remains strong, and I am confident that the Partnership will continue to build on this foundation to safeguard children and young people across Brighton & Hove.



**Rachel Egan**

Independent Chair for Quality Assurance  
Brighton & Hove Safeguarding Children Partnership





# Introduction to Brighton & Hove Safeguarding Children Partnership



**The Brighton & Hove Safeguarding Children Partnership (BHSCP)** consists of three key agencies who collectively hold statutory responsibilities for keeping children and young people safe: the Local Authority (through Families, Children and Wellbeing), Health (through NHS Sussex Integrated Care Board – later referenced as ICB) and Sussex Police. From December 2024 Education was included as the fourth partner under the new Multi-Agency Safeguarding Arrangements 2024.

**Our Objective:** To co-ordinate the local work undertaken by all agencies and individuals to safeguard and promote the welfare of children and young people, and to ensure the effectiveness of that work.

## **Our vision and values:**

Our vision is that children and young people in Brighton & Hove live a life free from fear, harm, abuse and exploitation, enabling every child in every part of the city to achieve their potential.

## **Our vision is underpinned by our core values:**

- A child centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.
- Safeguarding is everyone's responsibility: for services to be effective each citizen, practitioner and organisation should play their part.
- Promoting preventative and early help approaches for outcomes to be improved: there should be timely identification of a problem; the earlier the better to secure maximum impact and greatest long-term sustainability.
- Always alert to transition points: for outcomes to be improved known transition points should be planned for in advance.

## **Our principles**

- To work in partnership.
- To commit to genuine engagement: listening to, and acting, on what our community tells us.
- To be a learning partnership.
- All BHSCP activity is characterised by an attitude of constructive professional curiosity and challenge.
- To be flexible to respond to emerging threats and risks.
- To always ask 'so what' to ensure what we do makes a difference.

# City Snapshot for Children & Young People 2024-25



46,666

Children and young people aged under 18 living in Brighton and Hove, mid-2023 population estimate



6.59%

Suspension rate for all pupils in the 2023-24 academic year, below the national rate of **11.31%**



5,492

Pupils receiving SEN Support in B&H Schools in Jan 2025. **18%** of pupils compared to **14.2%** nationally. (2025)



1,771

Pupils have an Education, Health & Care Plan at Jan 2025, **5.8%** of pupils compared to **5.3%** nationally, (2025)



30,566

Pupils on roll (Jan 2025 School Census), down from **32,296** in Jan 2020



9,831

Pupils identified as other than 'White British' (Jan 2025 School Census). **32%** compared to **38%** nationally. (Jan 2025)



7,834

Free School Meal Pupils (Year R to 11 - Jan 2025 School Census) – **26.9%** of that cohort, up from **17.6%** in Jan 2020 and above the national Average of **26%** (2025)



2,800

Children and Young People aged 0-25 with an EHC Plan (Jan 2025), up from **2,489** at Jan 2024.



5,007

Pupils exposed to a language other than English in their home (Jan 2025). **16.4%** of pupils compared to **21.4%** nationally. (2025)



6.7%

16- and 17-year-olds who are NEET or whose status is not known (Dec 2024 to Feb 2025) compared to **5.6%** nationally.



22.33%

Percentage of persistent absentees in the 2023-24 academic year, above the 2023-24 national average of **19.95%**



14.3%

children and young people aged under 16 living in relative low-income families (2024), below the England average of **22.1%**.



574

Electively Home Educated Pupils at Mar 2025, up from **527** at Mar 2024.

# Safeguarding Snapshot for Brighton and Hove 2024-25



19,962

Initial Contacts to Front Door for Families during the year ending Mar 2025, up from **19,833** during the previous 12 months.



289

Children in Care excluding Unaccompanied Asylum-Seeking Children (UASC) as at 31 Mar 2025. (**334** including UASC), down from **304** at Mar 2024.



45

UASC at 31 Mar 2025, down from **52** at Mar 2024, representing **13.5%** of CIC.



364

Care Leavers aged 17 to 25 who receive our support at 31 Mar 2025, including **138** care leavers who were formerly UASC, up from **354** at Mar 2024.



3,222

Referrals to Children's Social Care during the year ending Mar 2025, up from **3,135** during the previous 12 months.



2,611

Referrals to Family Hubs during the year ending Mar 2025, down from **2,827** during the previous 12 months.



260

Children subject of a child protection plan at 31 Mar 2025, down from **261** at Mar 2024. This is a rate of **55.7** per 10,000, compared to the 2023-24 national average of **41.6**.



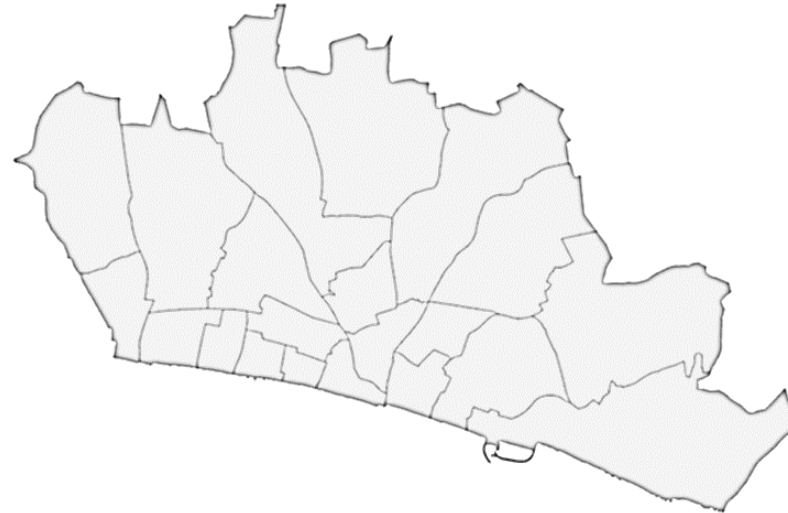
42

First Time Entrants to the Youth Justice System during the year ending 31 Mar 2025, down from 58 during the previous 12 months.



675

Children and young people open to Family Hubs at 31 Mar 2025, down from **761** at 31 Mar 2024.



## How Partners contribute to the Annual Report

[Working Together to Safeguard Children 2023](#) requires all local Safeguarding Children Partnerships to prepare and publish a 'yearly' report about activities to improve safeguarding and the promotion of the welfare of children in their local area. The BHSCP annual report 2024-25 sets out how effective the multi-agency partnership working has been within this context.

The areas of focus for this year's report are – the impact of the newly introduced Multi-Agency Safeguarding Arrangements (MASA) to safeguard children and partnership work, how partners have contributed to the progress made on the [BHSCP Business Plan 2023-26 Priorities](#), how we collaborate locally and with partners in Sussex including East Sussex Safeguarding Children Partnership (ESSCP) and West Sussex Safeguarding Children Partnership (WSSCP), and areas to celebrate as well as challenges.

Our report introduces the three statutory partners on the next page including their safeguarding function and a description of the cohort of children and young people they provide services for. The same information for our wider partners is available on our website: [The BHSCP Business Plan & Annual Reports](#)

An overview of the MASA 2024 is provided early in the report to demonstrate how the BHSCP has implemented statutory changes to governance, accountability and scrutiny to ensure we continue to prioritise the safeguarding of local children in all that we do individually and collaboratively.

All partner agencies were asked to provide information of how their agency has contributed to the progress made on the Business Plan Priorities – responses are included under the following headings – Agency, Activity, Impact and Evidence. This report includes responses from the statutory partners – NHS Sussex ICB and Sussex Police, and Brighton & Hove City Council (BHCC) including Children's Social Care, Family Hubs, BHCC education and the Virtual School. Responses from wider partners are available as Annex A-C and are available at: [The BHSCP Business Plan & Annual Reports](#)

Submissions from the Chairs of our multi-agency subgroups including the new Pan Sussex Learning & Development Subgroup are used to demonstrate BHSCP activity, learning and improvement, evaluation and evidence, assurance, and impact. The subgroups work collaboratively and collectively to ensure the Partnership's strategic responsibilities are met. Subgroups are also the forum where partners professionally challenge each other.

This report includes several Annexes which can be viewed in full on the BHSCP website – full details included on page 57.





## Our Statutory Partner Agencies

Name of Agency or Organisation	Safeguarding Function	Description of cohort of children/young people worked with/provide services for
<b>Lead Safeguarding Partner: Brighton &amp; Hove City Council (BHCC) Children's Social Care (CSC)</b>	<ul style="list-style-type: none"> <li>○ CSC: 'Business as Usual' is to safeguard children and young people.</li> <li>○ All aspects of statutory safeguarding work under the Children Act 1989.</li> <li>○ Responsible for all safeguarding and child in need processes for children 0 to 18 and beyond for Care Leavers up to 25.</li> </ul>	Children and young people aged 0-18 and up to 25 years for Care Leavers supported from Front Door For Families (FDfF) through to our Family Help Services and Social Work under Child in Need, Child Protection and Children in Care.
<b>Lead Safeguarding Partner: NHS Sussex ICB</b>	<p>Designated professionals provide training, supervision, leadership of complex cases and issues, and leads on partnership work to help assure the safeguarding and looked after children standards of healthcare provision across the county. The team also support service procurement processes, to ensure safeguarding processes are clearly recognised and implemented in practice.</p> <p>NHS Sussex safely discharge a statutory duty to identify and respond to safeguarding risks and themes.</p>	NHS Sussex provides patient-facing care to a small number of children and families in respect of Children and Young persons continuing care (complex packages of care for children with complex physical needs), Child Death Review (support for families whose child has died unexpectedly) and deliver the Multi-Agency Safeguarding Hub (MASH) health function within the Brighton & Hove Front Door for Families.
<b>Lead Safeguarding Partner: Sussex Police</b>	<ul style="list-style-type: none"> <li>○ Sussex Police is one of three statutory partners working in conjunction with the Local Authority and NHS Sussex ICB through the Safeguarding Children's Partnerships to embed and enhance joint working and safeguarding practices across each of three Sussex Local Authority areas.</li> <li>○ Sussex Police Partnership activity extends to a range of functions and arrangements including safeguarding practice reviews, the chairing and participation in a variety of themed subgroups in addition to learning programmes.</li> <li>○ Allocates resource to multi-agency safeguarding hub (MASH) supporting all associated functions.</li> <li>○ Emergency protective powers in relation to children that allow for immediate safeguarding activity to be taken where associated concerns are identified.</li> <li>○ Investigate every crime or incident where a child is involved as the victim or as a suspect. Understanding the "why" is fundamental with the desire to not criminalise children unnecessarily.</li> <li>○ Proactive patrol activity in places and spaces where children can be found enabling the agency to use its powers to proactively safeguard children both within and beyond the home but also disrupt those responsible for perpetrating harms.</li> </ul>	<p>Sussex Police works with all children coming to police attention, regardless of age, and where there is a policing need.</p> <p>Sussex Police are the biggest referring agency to the MASH/FDfF with this information being shared with the broader child protection network.</p> <p>Sussex Police leads on finding / returning missing children and all subsequent investigations including Child Sexual Exploitation / Child Criminal Exploitation.</p>





Our Safeguarding Partners 2024-25



\*\*Brighton & Hove City Council – Children’s Social Care, Family Hubs Service, Community Safety Team, Public Health, Education Team

# Governance – Development of the new Multi-Agency Safeguarding Arrangements – September 2024

[Working Together to Safeguard Children 2023](#) (WT23) sets out expectations about how safeguarding children partnerships (SCPs) provide help, support and protection for children and their families. This applies at every level, from senior leaders to those in direct practice with families, and across all agencies and organisations who work with or support children and young people. WT23 gives practitioners clarity about what is required of them individually and how they need to work in partnership with each other to deliver effective services. As Statutory Lead Safeguarding Partner agencies, Sussex Police, NHS Sussex (ICB) and Brighton & Hove City Council were required to agree and lead local arrangements to work together to safeguard and promote the welfare of all local children no later than 31 December 2024.

The named Lead Safeguarding Partners (knowns as LSPs) in Brighton and Hove are:

- The Chief Executive of Brighton & Hove City Council
- The Chief Executive of NHS Sussex
- The Chief Constable of Sussex Police

The way in which LSPs and local agencies work together is known as Multi-Agency Safeguarding Arrangements (MASA). Robust arrangements help to ensure that information about a child and their family is shared effectively, risk of harm is correctly identified and understood, and that children and families receive targeted services that meet their needs in a co-ordinated way.

The pan Sussex LSP representatives – known as Delegated Safeguarding Partners (DSPs), the Partnership Business Managers, and the Independent Scrutineer met with the National Safeguarding Partner Facilitator (LA Lead) in November 2023 to discuss WT23 and the new MASA including the effective inclusion of education. Wider partners and stakeholders were consulted on the draft MASA throughout the process via the existing Steering Group and Partnership Board. Our DSPs are the Corporate Director of Children's Services, Deputy Chief Nursing Officer & Director of Patient Experiences and Involvement - NHS Sussex, and Detective Chief Superintendent and Head of Public Protection for Sussex Police.

For many years there have been common formal child protection procedures across Sussex and colleagues within each of the three partnership areas, how we shared information and insight on an informal basis, and we have developed some strong common processes and protocols. Under the MASA 2024 LSPs for the pan Sussex local authority areas agreed to continue to discharge their statutory responsibilities locally. However, LSPs remained committed to working closely together to develop the strongest possible arrangements which ensure consistency in strategic approach while continuing to engage local partners, including our partners in education. Pan Sussex LSPs agreed a partnership structure with the following components:

- A single Sussex Safeguarding Children Executive.
- Three local Safeguarding Children Partnerships – BHSCP, ESSCP and WSSCP.
- Three locality-based Partnership Groups.

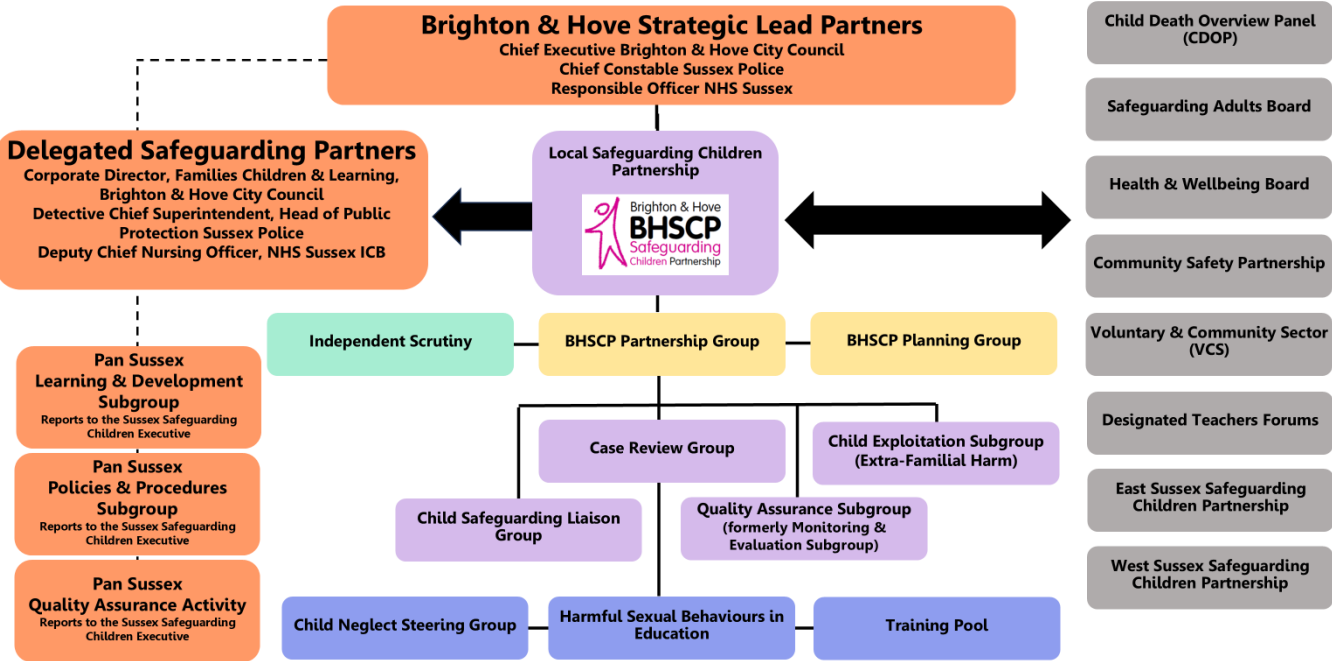
Revised Sussex arrangements were published on 2 September 2024, ensuring the requirements set out in WT23 were fully met. These arrangements will be reviewed annually and will consider any future updates to Working Together to Safeguard Children. The Brighton & Hove structure from September 2024 onwards is on page 18, the Pan Sussex structure (Dec 2024) and the April 2025 revision of the Brighton & Hove structure are included as Annex E.

The full MASA 2024 is available here: [Sussex Multi-Agency Safeguarding Arrangements \(MASA\) 2024](#)



# Our Structure 2024-25 (Published 02/09/2024)

## Brighton & Hove Safeguarding Children Structure



### Key:

- Pan Sussex Subgroups & Governance/Reporting Mechanisms
- Independent Scrutiny
- Local Governance Groups
- Multi-agency Subgroups
- Multi-agency Task & Finish Working Groups
- Collaboration Partnerships

Our Structure demonstrates how our priorities are delivered through our multi-agency Subgroups, Working Groups and Task and Finish Groups.

Since the implementation of the new Multi-Agency Safeguarding Arrangements (MASA) each Subgroup reports to the Statutory Lead Partners through the Delegated Safeguarding Partners (DSPs) via the Partnership Group and the Planning Meetings.

BHSCP works collaboratively with other Partnerships in Brighton and Hove to co-ordinate services, whilst collectively focusing on safeguarding the children and young people in our city.

Our partner agencies coordinate audit and evaluation as part of the Quality Assurance Subgroup to monitor the effectiveness of services and improve outcomes for local children, young people, and families.

We work with our pan Sussex partners to provide cross county professional challenge, shared learning, and a shared approach to safeguarding practice through our Sussex Safeguarding Children Executive, the Pan Sussex Learning & Development Subgroup, the Pan Sussex Policies & Procedures Group, and pan Sussex audit activity.

Subgroup activity is discussed further on pages 31-47.

# Governance, Accountability, Challenge & Scrutiny – Sussex Safeguarding Children Executive

When the new [Sussex Multi-Agency Safeguarding Arrangements \(MASA\) 2024](#) were implemented from September 2024 the Pan Sussex Leaders Group was replaced by a single **Sussex Safeguarding Children Executive (SSCE)** responsible for determining multi-agency safeguarding strategy and agreeing models for multi-agency working to safeguard children and young people across Sussex in accordance with statutory guidance [Working Together to Safeguard Children 2023](#) (WT23).

The Executive meets at least twice yearly and includes the Delegated Safeguarding Partners (DSPs) from Brighton & Hove, East Sussex and West Sussex Safeguarding Children Partnerships (SCP).

The SSCE determines the regional strategic approach to all issues requiring multi-agency safeguarding action, including responses to reports published by the Child Safeguarding Practice Review Panel (*National Panel*). The SSCE can request assurance from partners agencies, if required, that resource allocation meets the needs of children and secures effective discharge of their statutory duties.

The Executive is currently chaired by the DSP from Sussex Police and supported by the BHSCP Partnership Business Manager and Business Team.



## The SSCE Purpose:

- To oversee strategic activity undertaken across the pan Sussex Partnerships to safeguard and promote the welfare of the children and young people. Operational oversight sits within local SCP and individual agencies.
- To oversee and share best practice and efficiencies pan Sussex.
- The SSCE receive exception reports from the three areas of Sussex wide work including learning and development; collation and analysis of multi-agency safeguarding data; and Sussex child protection and safeguarding procedures. Each of these areas is supported by one of the area Partnership Business Managers, on a rotation of a minimum of two years.
- The SSCE may establish subgroups on a standing or task and finish basis as it sees fit, for example in relation to exploitation, neglect or other issues requiring collective strategic development.
- The SSCE may commission independent scrutiny when required for identified pan Sussex themes whilst individual SCPs retain local scrutiny arrangements.



# Governance, Accountability, Challenge & Scrutiny – Partnership Group & Delegated Safeguarding Partners Planning

## BHSCP Partnership Group

BHSCP Steering Group and Partnership Board were replaced by the BHSCP Partnership Group from September 2024.

The role of the **BHSCP Partnership Group** is to bring together wider partners from across statutory and voluntary and community sector (VCS) organisations to ensure the strategic direction of the Partnership and the BHSCP Subgroup activity is taken forward and operationalised in all organisations.

### BHSCP Partnership Group Purpose:

The BHSCP Partnership Group provides a forum to support and enable local agencies and organisations to work together in a system where:

- There is a shared understanding of safeguarding practice in Brighton & Hove.
- Safeguarding assurance is promoted at single agency and multi-agency levels.
- Learning and improvement is promoted through a reflective approach to bring change.

To support the functions of the Lead Safeguarding Partners (LSPs), the Delegated Safeguarding Partners (DSPs) and the Safeguarding Children Partnerships across Sussex one DSP assumes the role of **Partnership Chair** in each locality. The Partnership Chair has oversight of their locally based arrangements and acts as a conduit to inform and update LSPs.



## Delegated Safeguarding Partners Planning

This meeting is held at least twice yearly, is attended by the DSPs, Heads of Safeguarding, and Partnership Business Manager, the meeting is chaired by the Partnership Chair.

### DSP Planning Purpose:

- To ensure the effective working of the BHSCP.
- To ensure the BHSCP is fulfilling its statutory duty to monitor and challenge the effectiveness of the local multi-agency response to safeguarding children and young people.
- To oversee strategic activity undertaken across the Partnership to safeguard and promote the welfare of the children and young people.
- To determine how BHSCP resources are used.
- To agree how to resolve BHSCP issues and mitigate risks.



# Governance, Accountability, Challenge & Scrutiny – The Role of Independent Scrutiny in the BHSCP

## Independent Scrutiny

The role of independent scrutiny is to provide assurance to the whole system in judging the effectiveness of multi-agency safeguarding arrangements through a range of scrutiny methods. Until September 2024 the BHSCP was supported by an Independent Chair and Scrutineer and a Quality Assurance Scrutineer who Chaired the Quality Assurance Subgroup, and volunteer Lay Members in key Subgroups.

Under [Working Together to Safeguard Children 2023](#): *'Independent scrutiny should drive continuous improvement and provide assurance that arrangements are working effectively for children, families, and practitioners. It should also consider learning from local child safeguarding practice reviews, national reviews and thematic reports. The independent scrutineer or scrutiny group should be able to demonstrate knowledge, skills and expertise in the area being scrutinised and consequently add value to the work of local agencies.'* (2023, p.37)

Independent scrutiny arrangements were reviewed under WT23 and the development of the new [Sussex Multi-Agency Safeguarding Arrangements \(MASA\) 2024](#). We would like to thank the former Independent Chair and Scrutineer Chris Robson who provided an independent voice in decision-making processes and provided constructive challenge to leaders, partners and agencies as the Partnership's 'critical friend' for many years. Independent Scrutiny remains a priority area for the lead safeguarding partners – these will be reviewed and evaluated as part of the overall review and evaluation of the Sussex MASA 2024 later in 2025-26.

During this reporting year the Partnership was supported by three **volunteer Lay Members** who attended our Partnership Group, plus our Quality Assurance, Exploitation, and Child Safeguarding Liaison Subgroups. The role of a Lay Member is crucial as they provide an independent voice in the decision-making processes and provide a unique perspective as members of public from the Brighton and Hove community.

This approach to independent scrutiny provides a holistic form of scrutiny when combined with the aggregated scrutiny provided through the Quality Assurance Subgroup detailed on pages 45-47.

## What our Lay Members Say...

*"I have attended the Quality Assurance subgroup. As a non-safeguarding professional, I have been able to play my part in scrutiny of governance requirements. I have witnessed open discussion about securing the right data and to challenge organisations. I have been supported to raise questions. Where data has been difficult to secure, I have observed commitment to problem solving and stronger networks to support children and their families."*

## Future Independent Scrutiny Planning – Young Scrutineers

As we embed the MASA 2024, we are looking to strengthen our independent scrutiny arrangements and child's voice within the Partnership business by recruiting a cohort of Young Scrutineers. We have started discussions with our pan Sussex colleagues and local authority Participation Teams to ensure that our young scrutineers will be appropriately supported but also to enable us to offer this as a beneficial development opportunity to local young people. Young Scrutineers will receive training and 1:1 support from the business team and the Independent Scrutineer, peer support – locally and pan Sussex, and payment through the local authority Rewards and Recognition Policy.

# BHSCP Business Plan 2023-26

This section of our annual report looks at the Brighton & Hove Safeguarding Children Partnership [Business Plan 2023-26](#) which sets out our strategic intent in making our vision a reality. The Business Plan and Partnership workstreams underpin the statutory objectives of the BHSCP to coordinate agencies, practice, and approaches to ensure the effectiveness of safeguarding arrangements in Brighton & Hove.

## The BHSCP Business Plan 2023 – 2026 priorities are informed by the following:

- Learning from local and national Safeguarding Practice Reviews (formally known as Serious Case Reviews).
- Legislation and policy.
- Inspection reports.
- National learning, briefings and research including National Review Panel reports and guidance.
- Local audit findings through monitoring and evaluation.
- Data sources including BHSCP Dashboard.
- Learning through Subgroup activity and professional challenge.



## How we deliver our priorities:

Our priorities are delivered through our Subgroup activity – see Structure Chart on page 12.

## Business Plan 2023 – 2026 – Priority 1: Partnership Engagement and Accountability

Partnership arrangements have provided strategic leadership to fully embed the principles of multi-agency safeguarding across all aspects of our work, and that children, young people and their families, the local community, and professionals assist in shaping the work of BHSCP. Since the publication of Working Together to Safeguard Children (WT23) the Partnership has developed new Multi-Agency Safeguarding Arrangements (MASA) to continue this further.

The Partnership demonstrates effectiveness in delivering against statutory functions, leads the safeguarding agenda in Brighton and Hove, and challenges the safeguarding work of partner agencies and organisations. The Partnership has committed to an approach that learns lessons and embeds good practice. Public safeguarding awareness has improved through the ongoing public health messaging, a more accessible website and increased social media activity enabling our community to act as the eyes and ears and to understand how, when, and where to seek help should they witness, or suspect abuse or neglect is happening. The ongoing website review will continue to improve accessibility for children and young people, parents and carers and members of the community.

During the reporting period we continued to strengthen the governance between the Partnership and key strategic forums including the Safeguarding Adults Board (SAB), Community Safety Partnership, the Association of Safeguarding Partners (tASP), and the Health & Well-being Board. The Partnership has maintained robust relationships with community and voluntary sector partners in training delivery, challenge, and consultation.

## BHSCP Business Plan 2023-26

BHSCP has involved and consulted children and young people in the process of helping to keep them safe. However, this continues to be an area of focus for Partnership core business including the 2024-26 Section 11 Audit cycle. The development of a Young Scrutineer Programme planned for 2025-26 with colleagues in East and West Sussex will provide a strong foundation for the child's voice and lived experience to be integral to the Partnership priorities.

We published our Anti-Racist Practice Statement in December 2022 and have embedded anti-racist working to identify where people are discriminated against because of race or membership of global majority communities. As a Partnership we have taken active steps to address the systems, privileges and everyday practices that maintain this unequal treatment, even when unintentional. We developed and introduced Family Help: the Right Support at the Right Time in June 2024 and developed the Poverty Aware Practice Statement as part of this approach.

Pan Sussex and local multi-agency assurance activity tests compliance and effectiveness of local safeguarding and child protection policies and procedures; and we are confident we can swiftly identify and respond to risks and issues that impact the Partnership. We are committed to using learning from audit, local and national practice reviews, and feedback to improve safeguarding practice locally. The introduction of the Sussex Safeguarding Children Executive, the Pan Sussex Learning & Development Subgroup in September 2024 supports this approach.

We co-produced and published new [Sussex Multi-Agency Safeguarding Arrangements \(MASA\) 2024](#) with colleagues from East and West Sussex Safeguarding Children Partnerships. The arrangements include the directive for evaluation towards the end of the 2025-26 reporting period to ensure they continue to reflect current safeguarding trends, concerns, and developments nationally, in Sussex, and in Brighton and Hove. Business Plan Priorities are due to be reviewed at the same time to ensure alignment with our MASA.

BHSCP collaborated with NHS Sussex, regional partners (WSSCP and ESSCP) in 2024 to develop a new robust [Pan-Sussex-SCP-Tier-1-Information-Sharing-Agreement-Nov 2024](#) providing clear guidance to all partner agencies about expectations and responsibilities.

As engagement and accountability continue to be part of our business as usual; the current Business Plan 2023 – 2026 focus is Priorities 2,3 and 4.

### **Priority 2: Safeguarding Children and Young People from Violence and Exploitation - Lead Agency: Sussex Police**

**Aim:** Ensure there is a clear understanding of the scale of complex and contextual safeguarding within Brighton & Hove and that the needs of children and young people affected by any form of violence, from any source, are identified and assessed effectively resulting in timely and appropriate intervention.

**Outcome:** The risk of children and young people experiencing criminal or sexual exploitation has reduced.

#### **Strategic Objectives:**

**2.1** Develop a profile analysis for each of the elements of complex safeguarding to target interventions.

**2.2** Organisations and agencies have the skills and knowledge to recognise and undertake high quality assessments regarding exploitation delivering interventions for children, young people, and families at all levels of need.

**2.3** Target intervention where children and young people are deemed to be at risk of extra-familial harm.

Prevent the exploitation of children through raising awareness, building young people's resilience, providing appropriate diversionary activities, and upskilling practitioners across the partnership.

# BHSCP Business Plan 2023-26

## Priority 3: Reducing Neglect, Recognising the Impact of Child Poverty and Disadvantage – Lead Agency: Brighton & Hove City Council (BHCC)

**Aim:** Ensure the needs of children and young people affected by neglect are identified and assessed effectively resulting in timely and appropriate intervention.

**Outcome:** All children where neglect is a feature are identified and helped at the earliest opportunity, without drift or delay.

### Strategic Objectives:

**3.1** Strengthen and maintain the governance of partnership arrangements to further support a co-ordinated and multi-agency response to neglect. Review and refresh our multi-agency neglect strategy to underpin this work, highlighting the importance of poverty aware practice. Strengthen strategic links through the engagement of the wider partnership, including those services that do not predominantly work with children.

**3.2** BHSCP in partnership with the Voluntary, Community Sector to ensure the roll out and use of neglect tools and strategies to ensure early prevention and detection of neglect.

**3.3** The Partnership is assured that an effective whole family approach to assessing neglect, as well as planning and monitoring interventions is embedded city wide across agencies and organisations.

**3.4** The Partnership is assured that all agencies are equipped to tackle the impact of neglect, to recognise the impact of child poverty and disadvantage, and the importance of poverty aware practice.

## Priority 4: Supporting Mental Health, Emotional Health and Well-being – Lead Agency: NHS Sussex ICB

**Aim:** Ensure that service provision for children who need support for emotional and mental health issues is consistently good across Brighton & Hove.

**Outcome:** Children and young people have access to effective support that helps them deal with a range of pressures arising from the different contexts in which they live their lives.

### Strategic Objectives:

**4.1** Evaluate the availability and impact of services and resources on the safety of young people experiencing emotional and mental health issues, and contribute to future service developments, particularly where gaps are identified.

**4.2** Strengthen the governance interface between the BHSCP, NHS Sussex ICB and Public Health on the local suicide prevention strategy and action plan.

**4.3** BHSCP in partnership with the Voluntary, Community Sector to ensure roll out and use of Harmful Sexual Behaviours (HSB) in Schools tools and strategies to ensure early detection and prevention of HSB in schools.

The following pages are used to demonstrate the impact of multi-agency partnership work to safeguard children, and the progress made against priorities 2-4 in 2024-25 including key activities and evidence as identified by agency leads. This report includes responses from statutory partners plus Family Hubs and BHCC Education including the Virtual School. Future reports will include responses directly from the newly developed Education Safeguarding Subgroup as the mechanism for education partners to demonstrate and evidence their engagement and impact since the introduction of the Sussex Multi-Agency Safeguarding Arrangements 2024 (Brighton & Hove).

Detailed responses from wider partners are published on the BHSCP website with this report as Annex A-C, the website link is included in the reference section on page 57.

BHSCP Business Plan 2023-26 – Progress made on Priority 2

Priority 2: Safeguarding Children and Young People from Violence and Exploitation  
Lead Agency: Sussex Police

Agency or Organisation	Activity	Impact	Evidence
Sussex Police	Child Sexual Exploitation remains on the force control strategy. Every year, Sussex Police reviews its Control Strategy. This strategy determines policing priorities and informs many of our operational and strategic decisions for the year ahead.	Strategy impacts taskings, partnership activities, intelligence gathering and training requirements.	This is the second year Child Sexual Exploitation (CSE) has formed part of the Control Strategy. This is enabling portfolio holders and key leads greater access to support functions and analysis and research.
	Force has a designated Child Exploitation lead (DCI Public Protection) advocating for focus, resource and practice improvement.	Training programme designed and delivered.  <b>Improvements delivered:</b> a. Practical guides, flowcharts and proforma technical documents to assist with responding to online grooming. b. Strategic Intel Review focused on repeat victims of Child Sexual Abuse & Exploitation (CSA&E) received and shared with partners.	Snapchat report produced (internal). Strong attendance at various groups, such as AVRMA <b>Adolescent Vulnerability Risk Meeting (AVRM)</b> and Escalation and Child Exploitation Intelligence Meeting (CEIM), with representatives drawn from a range of internal disciplines.
Sussex Police	<b>Learning from Reviews:</b> Full engagement in BHSCP Practice Reviews. All actions plans taken forward. Learning Briefings/events shared and attended by practitioners – applicable across priorities 2-4.	Learning shared with staff/officers as part of single agency training/internal comms, recommendations escalated as applicable.	



Agency or Organisation	Activity	Impact	Evidence
Sussex Police	Learning from Reviews: <b>Operation Signet</b> – In response to learning from West Sussex Rapid Review and subsequent multi-agency audit activity. This earlier operation led to the development of Operation Swordfish.	Operationalise learning from Rapid Review by improving coordination, accountability and partnership working through the appointment of a responsible officer to act as Point of Contact in relation to that child.	Positive feedback from partners who are now seeing responsible officers feeding into <b>Adolescent Vulnerability Risk Meeting (AVRM)</b> . Better investigative grip has led to several cases being escalated for additional resources and tactical considerations. At the point of launch there were 84 qualifying children with 350 separate Officers in Charge (OiC). Currently 62 qualifying children (pan Sussex) and 62 Responsible Officers.
	<b>Operation Swordfish</b> - Launched following Rapid Review in West Sussex.	Focus on moving towards proactive investigation to identify the source of the risk.	
	Fully replacing Single Combined Assessment of Risk Form (SCARF) with refreshed vehicle for communicating risk with partners – SIGNS.	More <b>detailed question set</b> aimed at identifying risk to child through the <b>promotion of professional curiosity and voice of the child</b> is now used.	Positive feedback from partners regarding quality of information being shared. Data analysis in-train.
Sussex Police	<b>Hydrant</b> training deliver for a second consecutive year to Detective Inspectors & Detective Sergeants. Operation Hydrant are the National Police Chief Counsels subject matter experts in relation to Child Sexual Exploitation (CSE).	More than 60 of the force's Detective Inspectors and Detective Sergeants now trained with respect to national best practice on the investigation of CSE and safeguarding exploited children.	More frequent approaches being made to regional partners i.e. for tackling organised exploitation support and advice.  Creation of a best practice library which has been used in several related investigations.

Agency or Organisation	Activity	Impact	Evidence
NHS Sussex ICB	Involvement in Child Zeta LCSPR providing expertise to the Partnership with a focus on greater understanding of exploitation in the city.	All multi agency professionals to consider risks and signs of exploitation, when working with children and families.	NHS Sussex supported a practitioner and manager learning event with review authors to understand the life of Child Zeta, and their push and pull factors into exploitation.
	Training session on preventing serious youth violence and knife crime delivered through Safeguarding Fortnight 2024 facilitated by lived experience charity organisation <a href="#">Charlie's Promise   Working to prevent knife crime</a>	Charlie's story, along with the profound impact his death had on his family, friends, and the wider community, was shared during the training. The goal was to raise awareness about the devastating effects of knife crime and to inspire changes in policy and practice to prevent further tragedies.	One attendee commented, <i>"This was a very impactful session. My colleague and I deliver knife crime interventions and are going to review them based on this and the interesting info from the YEF [Youth Endowment Fund] on the topic."</i>
	NHS Sussex have supported the statutory duty of the devolved NRM process in Brighton & Hove.		
	Project Manager for Tackling Serious Violence appointed to lead the implementation of the Information Sharing to Tackle Violence (ISTV) Minimum Dataset across accident and emergency departments throughout Sussex. The initiative aims to improve data sharing to better address and reduce serious violence in the region.	During collaboration process with provider health trusts <b>challenges were identified</b> with the interface between Information Sharing to Tackle Violence (ISTV) and the Emergency Care Dataset (ECDS), which were subsequently <b>escalated to NHS England for further resolution.</b>	
	<b>Learning from Reviews:</b> Full engagement in BHSCP Practice Reviews. All actions plans taken forward. Learning Briefings/events shared and attended by practitioners – applicable across priorities 2-4.	NHS England has mandated the inclusion of Information Sharing to Tackle Violence (ISTV) data in the Emergency Care Data Set v4. This update will ensure that data on all A&E attendances related to violent incidents is comprehensively and accurately captured, <b>strengthening the ability to address and monitor serious violence</b> in emergency care settings.	

Agency or Organisation	Activity	Impact	Evidence
Children's Social Care (CSC)	<p>'Business as Usual' is to safeguard.</p> <p>Front Door for Families (FDfF) makes decisions on pathways of support and intervention.</p> <p>CSC have a specialist Adolescent Service to prioritise those most at risk. This includes our <a href="#">Adolescent Vulnerability Risk Meeting (AVRM)</a> as a multi-agency forum.</p> <p>CSC's Relationship-Based Practice Model puts children at the centre of practice with containment and support for Social Workers as key.</p> <p>CSC's <b>internal audits</b> raise awareness and learning alongside thematic audits. Engagement and learning from <b>BHSCP Exploitation and Missing Audits</b>. Recent assurance requests completed on Missing Children processes for Quality Assurance Subgroup.</p> <p>CSC's devolved <b>National Referral Mechanism (NRM) decision making pilot</b> is embedded and working well with swift decision making for children. Ongoing workstream with Sussex Police under the Exploitation Subgroup related to the disruption of perpetrators of exploiting children. This is a focus area.</p> <p>The dedicated <b>Missing Manager</b> and workers continue to improve CSC's integrated missing response and close working in partnership with Sussex Police.</p> <p><b>Learning from Reviews:</b> Full engagement in BHSCP Practice Reviews. All actions plans taken forward. Learning Briefings/events shared and attended by practitioners – applicable across priorities 2-4.</p>	<p>CSC have robust and thorough support services for children at risk of exploitation.</p> <p>Children are supported and listened too.</p> <p>Multi-agency work is of good quality.</p> <p><b>Targeted interventions are in place to support escalating risk.</b></p> <p><b>Current Risk Identified:</b> Despite high quality services CSC cannot always eliminate all contextual safeguarding risks as demonstrated through the sad death in 2023 of a young person through a knife incident (Child Zeta LCSPR).</p>	<p>Ofsted Inspecting Local Authority Children's Services (ILACS) inspection Feb 2024 – Outstanding –</p> <p>Ofsted Youth Offending Service (YOS) Inspection 2022 - Outstanding</p> <p>Ofsted Special Educational Needs (SEN) Inspection 2023 – Grade 1</p> <p>All the above are evidence of effective multi-agency working and that the foundations of this have been systematically developed and built upon.</p>

Agency or Organisation	Activity	Impact	Evidence
Family Hubs Service	Audit of 50 cases where families on waiting list for whole family work were re-referred and escalated into social work. This focussed on: 1) whether the reasons for referrals and escalation of risk were the same as the original referral, 2) whether the audit identified that the risk escalated because of waiting time.	Evidence found in some cases that where a young person is waiting the risk can escalate quickly. Introduced a <b>90-day period where families must have regular contact</b> and are prioritised for support when there is a young person in the family.	
	Family Hubs representation at <b>Children Missing from Education (CME) Panel</b> and <b>Early Intervention Youth Meetings</b> with partners.	Schools refer young people with an attendance rate of less than 30% for a multi-agency discussion regarding further support measures to implement; onward referrals and possible enforcement measures.	Family Hubs practitioners have been able to support school attendance as part of ongoing interventions.
	Youth Participation Team working with Trust for Developing Communities and the Violence Reduction Partnership on Serious Violence Duty (SVD).	Supported consultation focus group, survey and SVD conference events – child's voice and lived experience included.	City SVD network established.
BHCC Education & Virtual School	BHCC Education Team working in partnership with the Sussex Violence Reduction Partnership to provide the <b>Safer Now</b> exploitation training programme to all education staff working with children in Years 5, 6 and 7. Education professionals explore the various forms of exploitation, how it may manifest, and how it is perceived by children, young people, and professionals.	Through in-depth discussions and practical insights, staff gain a comprehensive understanding of exploitation and its complexities, practical application, localised knowledge of challenges faced, and knowledge of local leads, partners and organisations staff to refer for specialist support.  Intent to disrupt exploitation early.	<b>Anecdotal reports from staff:</b> <ul style="list-style-type: none"> <li>○ better equipped to recognise early warning signs,</li> <li>○ raised awareness/understanding of how exploitation impacts young people and their families,</li> <li>○ knowledge of local support services,</li> <li>○ consideration for how children at risk of exploitation are highlighted for enhanced transition / monitoring when entering secondary education.</li> </ul>
	Education training sessions on creating exploitation early indicator profiles/toolkits and risk assessments.	<b>Practitioners equipped to explore and consider challenges for children at risk of exploitation.</b>	Toolkits used to support Front Door for Families referrals.

# BHSCP Business Plan 2023-26 – Progress made on Priority 3

Priority 3: Reducing Neglect, Recognising the Impact of Child Poverty and Disadvantage  
Lead Agency: Brighton & Hove City Council

Agency or Organisation	Activity	Impact	Evidence
Children’s Social Care (CSC)	<p>Neglect is a priority area for CSC as it is for BHSCP.</p> <p>CSC have developed the <b>BHSCP Neglect Steering Group</b> which has led on practice developments around a <b>Neglect Strategy, Neglect Forum, Graded Care Profile 2 (GCP2) promotion</b> and a clearer pathway. This is augmented by an internal <b>BHCC Neglect Meeting</b> to push development of practice aligned to that of the BHSCP work. A push for Multi-Agency Chronologies as part of this work. <b>Promotion of the GCP2 toolkit</b> and training across all Social Work Teams.</p> <p><b>Thematic Audit</b> on Long Term Neglect took place Q1 2024/25 with an action plan and push for development work in CSC.</p> <p><b>Organisational restructure</b> allowed for Family Hubs and Social Work to be under the same Senior Leadership Team. This has set the <b>foundations for work aligned to the Family First Partnership Programme</b> to be developed. The change to CSC and Family Help are actively being planned with a Transformation Director to be in post in Q1 2024/25.</p> <p>The <b>shared model of practice across BHSCP</b> continues to be embedded.</p> <p>Learning from Case Studies promoted via <b>9 min briefings</b>.</p>	<p>Overall, our decision making is good however we continue to see for some families the escalation to chronic neglect is not engaged with early enough meaning some children suffer neglect.</p> <p>The Neglect Steering Group will provide <b>tailored performance management</b> in this area. There are more requests for Neglect Consultations which suggests more curiosity in interventions.</p>	<p>Ofsted Inspecting Local Authority Children’s Services (ILACS) inspection Feb 2024 - Outstanding</p> <p>Ofsted Youth Offending Service (YOS) Inspection 2022 - Outstanding</p> <p>Ofsted Special Educational Needs (SEN) Inspection 2023 – Grade 1</p> <p>All the above are evidence of effective multi-agency working and that the foundations of this have been systematically developed and built upon.</p>



Agency or Organisation	Activity	Impact	Evidence
Family Hub Service	<p>Jan-March 2025: Planned and implemented the <b>Neglect Forum</b> for multi-agency practitioners to access for advice and support on 'stuck' neglect cases where families do not have an allocated social worker (monthly forum meetings from April 2025).</p> <p><b>Cost of Living events</b> hosted at Tarner Family Hub.</p> <p><b>Supermarket vouchers</b> to families in poverty alongside specific intervention relating to this. Free period products are also available from all Family Hubs and distributed to schools for families to access.</p> <p>Provision of <b>funding to access essential household items</b> such as carpets, bedding and kitchen equipment.</p> <p>The Youth Participation Team accessed the <b>Household Support Fund</b> to enable Children and Young people, children in Care and Care Leavers access to vital funds supporting utility costs and food.</p>	<p><b>Families able to budget effectively, provide food for their children</b>, manage debt and agree with providers how to schedule payments.</p> <p>Families who are re-housed, escaping domestic violence or are newly arrived in the city have <b>access to clean and safe essential equipment</b> in their homes.</p> <p>Children and Young people were <b>able to pay their utility bills and have enough food</b>, without the need to access food banks</p>	<p>270 individual families supported with vouchers during the year. Outcomes for the intervention reported as better or much better for most families.</p> <p>19 successful applications to charities totalling £5112</p>



Agency or Organisation	Activity	Impact	Evidence
NHS Sussex ICB	<p>Led development of <b>GCP2 Steering Group</b> in 2024-25 which has now amalgamated with the new <b>Neglect Steering Group</b> under the new arrangements from Sept 2024.</p> <p>Awareness raising sessions via training and supervision to encourage completion of GCP2 assessment tool. New process established on FDfF information system to allow non-Council workers submit GCP2 assessments which can be saved to the record.</p> <p><b>Safeguarding Fortnight</b> session on <b>‘Working Together to Improve School Attendance’</b> as part of Hidden Harms Conference.</p>	<p><b>BHSCP business priorities:</b></p> <p>3.1 Review of the Neglect Strategy by Designated Nurse Safeguarding Children.</p> <p>3.3 GCP2 included as standing item in Neglect Steering agenda.</p> <p>3.4 New <b>Neglect Forum</b> developed with the Family Hub Service.</p> <p>For professionals to be confident in assessing Neglect in terms of school attendance and the impacts this has on a child's future outcomes.</p>	<p>See Neglect Forum on page 59.</p> <p>NHS Sussex updated the neglect matrix from a health perspective and supported the development of the Safeguarding children neglect tool kits across the partnerships.</p> <p>Increase of knowledge and understanding of the issue and impact by multi-agency practitioners. Also identified role of Primary Care in supporting school attendance.</p>
Sussex Police	<p><b>Repeat Missing Audit</b> completed in Q4 2023/24 and presented to the Partnership in April 2024 – relates to priority 2 and 3.</p> <p>Sussex Police were one of the Audit Leads with Lead from CSC – Adolescent Service.</p> <ul style="list-style-type: none"> <li>○ <b>Crewmate Neglect Tab:</b> Officers continue to use accessible guidance on neglect via officer’s devices at the scene and remotely.</li> <li>○ <b>Training:</b> Embedding of training received through BHSCP Learning &amp; Development in 2023-24 to embed use of common language around neglect.</li> <li>○ <b>CSE Child Protection Working Group:</b> Includes neglect and poverty.</li> </ul>	<p>The cases of twelve children were selected for audit using Children’s Services data and included a range of age (12-17 yrs), ethnicity, gender, disability, SEND.</p> <p><b>Common language around neglect in use</b> resulting in meaningful enquiries from Officers are based on same criteria as GCP2 assessments.</p>	<p>The Brighton Missing Persons Team assisted in completing the audits due to their expertise in this area. Overall, the practice of officers and staff was good with some recommendations regarding how Return Home Interviews are completed and the understanding of the Philomena protocol with care homes which the missing team and the adolescent team continue to work together to improve.</p>

Agency or Organisation	Activity	Impact	Evidence
BHCC Education & Virtual School	All schools in Brighton and Hove to have at least one <b>GCP2 trained practitioner</b> . Education is a key agency in recognising and exploring strengths and areas of support needed around early signs of possible neglect.	School staff can provide early intervention, education and support around schooling, clothing, hygiene, health and parental engagement.	Education Safeguarding Audit: 80% of schools have trained practitioner – ongoing development.
	Practitioners refer to and attend newly formed <b>Neglect Forum</b> (from March 2025). Multi-Agency Safeguarding Hub (MASH) Education Rep attends to support multi-agency links.	<b>Improved collaboration.</b>	<b>Anecdotal reports from staff:</b> <ul style="list-style-type: none"> <li>o <i>better understanding on early indicators of need,</i></li> <li>o <i>using the relationship-based model of practice to improve children's lives.</i></li> </ul>
	Virtual School supports the most disadvantaged children in the city – using <b>Personal Education Plans (PEPs)</b> to remove barriers to achievement especially literacy and numeracy.	Children in Care (CiC) receive <b>bespoke supports to progress educationally.</b>	
	Virtual School run <b>Raising Awareness trips</b> – providing children and young people with an insight into the possibilities of further and higher education.	<b>Professionals are aware of impact of disadvantage</b> on learners and on strategies that are useful to support.	



## BHSCP Business Plan 2020-23 – Progress made on Priority 4

### Priority 4: Supporting Mental Health, Emotional Health and Well-being Lead Agency: NHS Sussex ICB

Agency or Organisation	Activity	Impact	Evidence
NHS Sussex ICB	NHS Sussex facilitated the engagement of general practice with the new <b>Multi-Agency Mental Health Education Triage (MAMHET)</b> in Brighton & Hove.	General Practice are aware of and able to <b>contribute/participate in MAMHET</b> discussions for their patients.	Liaison from MAMHET team where challenges arise.
	NHS Sussex support with <b>managing cases involving children in acute hospital settings who are experiencing psychological distress</b> through the provision of safeguarding expertise. NHS Sussex also attend and escalate any concerns arising from the weekly Children and <b>Adolescent Mental Health Service (CAMHS) Escalation Call</b> . This support is vital in promoting a holistic, child-centred approach to prioritise safety, well-being, and effective care.	Complex care planning and discharge planning is enhanced and <b>barriers to progress addressed</b> .	Individual children are safe, hospital discharges are expedited as quickly as possible, and professionals receive support to manage these complex and often challenging cases.
	NHS Sussex undertook a <b>site visit to the young persons inpatient unit</b> in Sussex.	The visit evidenced <b>the unit prioritises safety in all its activities</b> . Staff are aware of processes regarding safeguarding this vulnerable group including ligature risk assessments.	Evidence from the visit showed the complexity of children is considered during their treatment. Evidence around the unit shows their voices are heard and views considered as part of their treatment path.
	NHS Sussex has worked in partnership with UHSx and Front door for Families (FDfF) on <b>improving the content and timely completion of paragon reports to FDfF</b> where children and young people presenting to hospital with mental health and self-harm.	<b>Paragon reports</b> were of limited detail and not being received in a timely manner where there were concerns around Mental health. This meant not all children were screened appropriately at FDfF. Since NHS Sussex intervention the <b>quality and consistency of referral has improved</b> .	Feedback from FDfF.

Agency or Organisation	Activity	Impact	Evidence
Sussex Police	<p><b>OP Encompass.</b>  <a href="#">Operation Encompass   Sussex Police</a>            Schools are informed of children that are subject to Domestic Abuse households and are notified of new incidents within 24 hours. Encompass is now well embedded, and Sussex Police are looking to expand to pre-school and Private Schools. This will be done after an upgrade to Signs V2.</p>	<p><b>Better information sharing</b> with GPs assists in building a broader awareness among professionals of children living within households experiencing DA.</p>	<p>Highest use of Signs across Sussex falls within Brighton &amp; Hove.</p> <p>Officer compliance is rising and officer understanding improving of SIGNS (updated risk assessment form – replacing SCARF).</p>
	<p><b>Embedding of Op Moonlight and Multi-Agency Mental Health Education Triage (MAMHET)</b> - Op Moonlight extended to all schools.</p> <p>Language Matters video - Focused on educating officers &amp; staff in the use of language when speaking with and writing about their interactions with children.</p>	<p><b>Broader reach.</b></p> <p><b>Improved practitioner awareness</b> - 20-minute video shown to more than 1000+ officers.</p>	<p>Weekly Op Moonlight meetings to discuss at risk children.</p> <p>Positive feedback from those viewing video. Officers/staff have been directed to challenge inappropriate language where seen.</p>
Children's Social Care (CSC)	<p>This continues to be an area of concern, CSC are not the main statutory partner providing MH support to children however do promote good practice. Well-established Schools Wellbeing Team alongside the Educational Psychology Team.</p> <p>The development of <b>MAMHET is best practice</b> and learning from suicide clusters across Sussex.</p> <p>Development of a <b>Special Educational Needs (SEN) Alternative Provision Change Programme</b> in response to escalating SEN need aiming to keep our children in local provision in the city. This is a major piece of work that continues into 2025.</p> <p>Mental Health (MH) practitioners within the <b>Partners In Change</b> service to provide consultation support to all Social Work (SW) Pods.</p> <p>Regular training offers in place. MH part of core SW training.</p>	<p>Demand is increasing and pressure on services is a challenge.</p> <p><b>CSC engage proactively with Health Partners around MH in-patient and MH Section reviews and S17 aftercare planning.</b></p> <p>Children are supported by trained and supported staff.</p> <p>CSC <b>safeguarding response is coordinated</b> and appropriate.</p> <p>There is a national challenge on the lack of MH Tier 4 beds which impacts on CSC.</p>	<p>Ofsted Inspecting Local Authority Children's Services (ILACS) inspection Feb 2024 – Outstanding.</p> <p>Ofsted Youth Offending Service (YOS) Inspection 2022 – Outstanding.</p> <p>Ofsted Special Educational Needs (SEN) Inspection 2023 – Grade 1.</p> <p>All the above are evidence of effective multi-agency working and that the foundations of this have been systematically developed and built upon.</p>



Agency or Organisation	Activity	Impact	Evidence
Family Hub Service	The <b>Youth Participation Team Youth Arts Project</b> offers 1:1 Arts Award qualifications to children and young people (CYP) who are unable to access education due to their mental health or emotional well-being.	CYP who otherwise would be without any form of education are able to <b>access a qualified alternative provision, improving their reported confidence, overcoming anxiety and achieving mental health soft outcomes.</b>	24 CYP completed an Arts Award course 2024-25.  3 YP continued their education journey to access a college course.
BHCC Education & Virtual School	Education Professionals refer to and attend <b>Multi-Agency Mental Health Education Triage (MAMHET).</b>  Multi-Agency Safeguarding Hub (MASH) education rep attends key <b>Access to Education Panels</b> to provide key link between multi-agency partners.  Engagement with BHSCP Subgroup activity.	<b>Robust monitoring and containment</b> through weekly input from schools for highly vulnerable children/young people. Schools directly involved in safety planning.  A <b>multi-agency approach</b> to considering and exploring significant barriers to education, attendance, monitoring and external referrals.	Minutes highlight links between services and key actions agreed upon based on multi-agency chronologies.
	<b>Virtual School extra-curricular programmes</b> designed to support positive mental health and well-being, confidence, and a safe space to socialise alongside other children in care.	<b>Safer Now</b> training came through education engagement, involvement and scrutiny with the multi-agency exploitation audit – includes mental health and well-being elements.	

## Learning, Improvement, Evaluation & Evidence, Assurance, and Impact – Learning & Development Subgroup

This section will detail the work of BHSCP Subgroups and how they contribute to meeting business plan priorities and objectives, returns were completed by Subgroup Chairs.

Learning & Development subgroups were replaced by the **Pan Sussex Learning and Development (L&D) Subgroup** in September 2024. This regional Subgroup provides strategic oversight to enable us to work collectively across Sussex to maximise our wide-ranging expertise and resources to best safeguard and promote the wellbeing of children and families.

The subgroup monitors multi-agency training and demonstrates a learning culture which supports multi-agency local services to reflect, respond and implement changes to practice. The subgroup is chaired by the ICB Designated Nurse Safeguarding Children and is accountable to the Sussex Safeguarding Children Executive (SSCE). Each local Partnership is still required to provide high quality, up to date safeguarding training to enable practitioners to keep safeguarding at the centre of their work.

### **Pan Sussex Learning & Development Subgroup Purpose:**

- Implementation of a Pan Sussex Learning and Development Strategy including the agreement and monitoring of a two-year action plan for delivery and embedding the strategy.
- Development of a pan Sussex training programme, recognising that some training will still be delivered locally and ensuring that training is responsive to local needs.
- To undertake a Sussex Training Needs Analysis to identify gaps in provision to strengthen the Sussex training offer.
- Developing strategic links to learning and development activity with other partnerships/agencies, such as Safeguarding Adults Boards, Community Safety Partnerships, and Public Health.
- Working in conjunction with other Partnership subgroups, including Quality and Assurance and Case Review Group in each Local Authority area to respond to Sussex wide learning needs i.e. audits and local/national safeguarding practice reviews/reports.
- Sharing locality-based learning from audit and Local Child Safeguarding Practice Reviews (LCSPR) identifying any actions for implementation with strategic oversight by the Sussex wide Learning & Development Plan.
- Training development and delivery which will be data and insight driven and evidence based. This will include consideration of the local area Joint Strategic Needs assessments (JSNA), Joint Health and Wellbeing Strategies (JHWS) and incorporate national strategies aligned to learning and development opportunities.
- Coordinating communication on Sussex wide learning themes.
- Delivery of a pan Sussex biennial conference, drawing themes from local and national learning to determine themes and approaches.
- Reporting progress via the partnerships' annual reports and providing twice per annum updates to the SSCE on progress, good practice, and emerging risks.



#### Future Activity of the Pan Sussex Learning & Development Subgroup:

1. Develop an approach to evidence impact of training on practice through evaluation.
2. Consider the value of a pan Sussex Safeguarding Children Partnership website landing page to optimise efficiency and consistency.
3. Develop local and Sussex wide communication campaigns and align with national campaigns, seasonal campaigns and public health messaging.

**The BHSCP Learning & Development Subgroup and more recently the Pan Sussex Learning & Development Subgroup (PSL&D Subgroup) contributed to meeting the BHSCP Business Plan Priorities and objectives as follows:**

#### **Priority 2: Safeguarding children from violence and exploitation**

A Training Needs Analysis was completed in Brighton & Hove in 2023-24 which indicated a mainly sufficient training offer available to all partners which met the needs of practitioners. However, gaps were identified in safeguarding unaccompanied asylum-seeking children and refugees. This has been adopted as a priority area for the PSL&D Subgroup for 2024-25 and into 2025-26.

BHSCP delivered an Exploitation Learning Event in Q1 2024-25 based on the findings of a multi-agency exploitation audit completed in Q4 2023-24. The event was attended by 52 multi-agency partners including Exploitation Subgroup members. A presentation from NWG Network on the Disruption of Perpetrator Activity and the breakout rooms provided meaningful discussions about next steps which has fed into the BHSCP Exploitation Subgroup review – this demonstrates Subgroup collaboration and impact. Evaluation feedback: very positive.

The **BHSCP Hidden Harm Conference and Safeguarding Fortnight 2024** included sessions on the *Disruption of Perpetrator Activity, Harmful Practices, Harmful Sexual Behaviours in Education, Misogynoir and Gender-based Violence on Black and Global Majority Femmes including Femicide*, and *Incels: A Deep Dive into Extreme Misogyny*. **The in-person Conference was attended by 133 professionals.** Evaluation feedback: very positive.

#### **Priority 3: Reducing Neglect, Recognising the Impact of Child Poverty and Disadvantage**

Child Neglect and Graded Care Profile 2 (GCP2) training and refreshers were provided throughout 2024-25. The BHSCP **Hidden Harm Conference and Safeguarding Fortnight 2024** included sessions on ***Child Neglect, GCP2, and Impact of Poverty and Financial Exclusion on Children, Young People and their Families***. The BHSCP Learning & Development Subgroup linked with the Neglect Steering Group (formerly the GCP2 Steering Group) to promote training on *Child Neglect* and *GCP2*. Over 400 practitioners trained in GCP2 since licence purchased in 2021, but number of assessments completed with families is still low despite a slight increase in 2024-25.

#### **Priority 4: Mental Health and Emotional Health and Well-being**

The Partnership has developed Trauma Informed Practice which supports partners to recognise the trauma responses, resilience and the impact of vicarious trauma. The BHSCP Learning programme includes training for staff working with adult mental health services to understand the **impact of parental mental health on the lives of children and young people**. The Pan Sussex Training programme includes **Suicide Prevention courses** commissioned from Grassroots; and based on feedback from Safeguarding Fortnight 2024 new courses for 2025 on the **impact of youth gaming and gambling on well-being**.

#### **Potential barriers, response actions, coordination with other Subgroups/Business Team:**

The PSL&D Subgroup is still developing so barriers and responses will be fully evaluated as part on the MASA 2024 evaluation in Dec 2025-Apr 2026. Completion of GCP2 assessments in Brighton & Hove is still low across all agencies despite a high number of professionals accessing the training. The introduction of the Neglect Steering Group, the development of the Neglect & GCP2 Pathway, and the new Neglect Strategy 2025 are a direct response to this issue.

# Learning & Development – Anti-Racist Practice & Allyship Conference

This page has been included to acknowledge the BHSCP's ongoing commitment to **Anti-Racist Practice**, **Cultural Competence** and **Allyship** through a safeguarding lens as part of the local Learning & Development Programme and one-off events.

**BHSCP Anti-Racist Statement:** *There is no place for racism in Brighton & Hove. We recognise that the impact racism has on our communities is devastating. It is our responsibility to create safe, inclusive and supporting environments and challenge racism when we see it. We stand firmly together with our partners in being committed to tackling institutional and interpersonal racism in all its forms.* (Full statement available from: [BHSCP-Anti-Racist-Practice-Statement-2022](#))

The BHSCP training programme includes sessions on cultural competence, adultification, misogynoir, raising awareness of harmful practices such as female genital cutting/mutilation, and more recently courses on effective working with interpreters. Courses are delivered by local and national community organisations and partners. In addition to this provision, we hosted the **Anti-Racist Practice & Allyship Conference** on 10 October 2024 as a follow-up to our Anti-Racist Practice Conference in November 2022 and in response to the race riots and counter-protests witnessed in many towns and cities across the UK including Brighton in the summer of 2024.

The event included presentations and discussions led by local community partners including a young person and parent-facilitator and Anti-Racist Advisors/Leads from statutory partners.

## The conference discussions were facilitated by AFRORI Books and subjects covered:

- Amplifying Black & Global Majority (BGM) Voices – AudioActive
- The challenges BGM children with SEND/neurodiversity experience, and Youth Development & Empowerment – A Seat at the Table
- Equalities, Diversity & Inclusion: Race Action Plan – Sussex Police
- Developing Anti-Racist Practice in Education Settings – Brighton & Hove City Council (BHCC) Anti-Racist Education Team
- Allyship & Understanding/Changing Your Own Narrative – BHCC Children's Social Care
- Listening to Narratives to Impact Organisational Culture Change – BHCC Strategic Anti-Racist Lead.



The event was attended by 110 multi-agency partners and included enthusiastic discussions about the need for 'collabor-ACTION' and going beyond collaboration.

As part of the post-event evaluation attendees were asked to include their 'commitments' of how they would listen to the narratives of local BGM children and young people, community members, and colleagues but also how they could change racist narratives through Allyship –

- "Actions to drive our anti-racism approach to our work" - "Being actively anti-racist ... making changes myself to ensure the BGM young people are supported in my work"
- "Continue to read, learn & practice Allyship" - "Recruiting more BGM Independent Visitor Volunteers" - "Greater focus on how we support mixed heritage children"
- "Bringing pace to changes" - "Doing the work with our white families and continuing my own education and learning"
- "Challenging when I see adultification in the students I work with" - "To be open. To listen. To be aware of what I am bringing to work – bias, racism, white privilege"
- "Welcoming young BGM voices" – "Challenge my own discomfort in talking about race/racism with families, incorporate family's experiences into their assessments"
- "Sharing my learning, collabor-ACTION".

For more information on the Racist Riots of 2024 - [One year on: Reflections since the 2024 Racist Riots - Race Equality Foundation](#)

## Learning & Development Courses and Attendance Data

Course Area	Name of Course
Core Safeguarding Children Training	Working Together in Child Protection – 1. Developing a Core Understanding 2. Assessment, Referral & Investigation 3. Conferences & Core Groups
Professional Curiosity	○ Professional Curiosity and Professional Challenge within a Safeguarding Context
Neglect	○ Child Neglect ○ Graded Care Profile 2
Exploitation	○ Child Criminal Exploitation ○ Child Sexual Exploitation: Getting the Fundamentals Right ○ National Referral Mechanism (NRM)
Mental Health	○ Mental Health & Children's Services: Working Together with Families ○ Trauma Informed Practice: A Multi-agency Approach ○ The Impact of Parental Substance Misuse ○ Suicide Prevention (2 courses - under 16s and over 16s)
Online Safety	○ Safeguarding in a Digital Age
Child Sexual Abuse & Harmful Sexual Behaviours	○ Child Sexual Abuse – Identifying, Responding & Supporting Children & Young People who Display Harmful Sexual Behaviours
Anti-racist Practice	○ Cultural Competency Through an Anti-racist Lens ○ Adultification: Addressing Barriers to Safeguarding Children Effectively & Appropriately ○ Working with an Interpreter ○ Anti-racist Practice & Allyship Conference – August 2024

Course Area	Name of Course
Equalities, Diversity & Inclusivity	○ Incels – A Deep Dive into Extreme Misogyny ○ Misogynoir: Beyond the Barriers – Inclusive Safeguarding for Black Femmes Facing Violence ○ Supporting LGBT+ Children & Young People ○ Working with Children & Young People in the Gypsy & Traveller Communities ○ Working with Parents with Learning Difficulties and Other Relevant Needs Under the Care Act 2024 ○ Safeguarding Adolescents ○ Improving Outcomes for Children in Care & Care Leavers ○ Safeguarding Children & Young People with Disabilities
Harmful Practices	○ Female Genital Cutting/Mutilation & Breast Ironing/Flattening ○ Honour Based Violence & Forced Marriage ○ Abuse Linked to Witchcraft & Spirit Possession
Domestic Abuse	○ Domestic Violence & Abuse: The Impact on Children & Young People ○ Domestic Abuse – Understanding Protective Orders and the National Centre for Domestic Violence
ICON & Safer Sleep	○ Coping with a Crying Baby and Safer Sleep for Babies – What everyone Needs to Know
Hidden Harm	○ Gaming & Gambling Harm Prevention – delivered by YGAM ○ Safeguarding Fortnight & Hidden Harms Conference – Nov 2024*



# Learning & Development Courses and Attendance Data

Number of BHSCP Courses	Courses Cancelled	Attendees
58	1	846

Agency	Attendance by %
Children’s Social Care & Family Hubs	36
Health Agencies	9
Police	0
Education & Early Years	35
Community Voluntary Sector	11
Other/Not Stated	9

\*Attendance by % chart does not include attendance at Safeguarding Fortnight 2024 events

Type of Briefing	Title
LCSPP Learning	Child Epsilon Early Learning Child Epsilon 9-Minute Briefing Learning from Historic Reviews
CSLG Briefings	Bruising in Young Babies – 15-Minute Briefing
Subject Briefings	Exploitation Case Study Briefing Working with Interpreters: Guidance for Practitioners
Pan Sussex Briefings*	Safer Sleep: Advice for Parents & Carers – Summer 2024 Safer Sleep: Advice for Parents & Carers – Winter 2024 Winter Beach & Coastal Safety: Advice for Parents & Carers Beach Safety: Advice for Parents Bathtime Safety: Advice for Parents
Audit Briefings	Non-Accidental Injuries in Pre-school Aged Children Children with Repeat Missing Episodes

Safeguarding Fortnight 2024 – Hidden Harm Conference & Workshops	
Hidden Harm and the Right Support at the Right Time Conference	
Misogynoir and Gender-based Violence on Black & Global Majority Femmes including Femicide	
Child Neglect	
Harmful Sexual Behaviours in Education	
Digital Resilience – Keeping CYP Safer Online	
Community of Practice – Relationship-based Model of Practice	
Safeguarding Children in Schools	
Impact of Poverty & Financial Exclusion on CYP and their Families	
Harmful Practices: FGM/C & Breast Ironing/Flattening	
Disruption of Perpetrator Activity (Exploitation)	
Safeguarding Adolescents	
Impact of Parental Substance Misuse	
Incels: A Deep Dive into Extreme Misogyny*	
Gaming & Gambling Harm Prevention*	
Fabricated & Induced Illness*	
Abusive Head Trauma in Infants*	
Preventing Serious Violence & Knife Crime: Charlie’s Promise*	
<b>Total Attendance (not including pan Sussex courses booked through NHS Sussex Eventbrite*)</b>	<b>295</b>

## Forward Planning for Learning & Development

1. The Pan Sussex Learning and Development Subgroup have developed a ‘delegation of task’ process to enhance communication between subgroups and to ensure governance and oversight of work.
2. Development of a Neglect Champions project is currently ongoing, with plans to formalise their role in supporting and promoting the neglect strategy across agencies in Q1 2025-26 – a development opportunity for practitioners and will be supported by the Learning & Development Officer.
3. Standardised pan Sussex charging & non-attendance policy – in-train.

# Qualitative Feedback from Learners Attending BHSCP Training Programme Events

## **Domestic Abuse – Understanding Protective Orders and the National Centre for Domestic Violence (NCDV)**

"Very knowledgeable facilitator and clear information that will help me to support clients"

## **Anti Racist and Allyship Conference**

"I'm going to go away and see how we can set up an anti-racist lead at school"

## **Trauma Informed Practice**

"I found it thought provoking and insightful. It will be valuable not only in informing my interactions with children and young people on our programmes, but also in working with the professionals around them too."

## **GCP2**

"The pace of it was very good and it was comfortable asking questions. I really appreciate the offer of support in using this tool when we take it back to work."

## **Cultural Competence and Anti-Racist Practice**

"Stand out for me was the realisation around language, the impact it can have. I have stolen with pride the adoption of the inclusion of Equalities Diversity & Inclusion (EDI) as a standing topic of discussion."

## **Adultification: Addressing Barriers to Safeguarding Children Effectively & Appropriately**

"I attended this course almost two years ago, and it still influences my practice and training I deliver today"

## **Working Together in CP day 1**

"A deeper understanding of the support that I can access for families so that I can be empowered in my role."

## **Supporting LGBT+ Children & Young People**

"Helping to think about how I support the young trans person I am working with and being sensitive to their needs."

## **Hidden Harms Conference**

"Everything was relevant, and I found it all totally interesting. I have already referred to ygam since 'All learning will be useful for my agency. It was helpful to hear more on changing the narratives and what more I can, and my agency can do to support this."

## **Incels**

"I found all aspects of the training extremely useful and will greatly assist me in my role as Designated Safeguarding Lead"  
"One of the best pieces of training I have attended in a while - well presented, clear and allowed for conversations topics."

# Learning, Improvement, Evaluation and Evidence, Assurance, and Impact – Neglect Steering Group

The **Neglect Steering Group** is a newly formed subgroup building on the work of the GCP2 Steering Group from October 2024. The group meets bi-monthly and is currently chaired by the Head of Safeguarding from Children’s Social Care and the Designated Nurse for Safeguarding Children from NHS Sussex ICB.

Are you working with a child in a family where you are worried about neglect?  
Are you feeling stuck/uncertain about what to do?  
Would you like some help to think through how best to support the family?



If so, you are invited to Brighton and Hove's Neglect Forum

Child neglect can be complex and difficult to talk about with families. The Neglect Forum is a space to bring any difficulties you may be experiencing. It is for any professional to attend to discuss a child or young person and their family where there are signs of neglect. The forum has representatives from health, the safeguarding education team, the police, adult mental health, BHSCP, Family Hubs, early years, and social work.

It is a reflective space to talk about your work and think about what's working well and where you might be stuck or uncertain about what to do next. You might want help to consider what needs to change, how to promote and sustain change and if there are other services that might support this change.

It is not a forum to help escalate a case, or for those families who need urgent or immediate intervention, but a space to support critical thinking, consider the perspectives of other agencies and receive fresh ideas. We cannot take referrals for families who already have a child protection plan.

Meetings are in person at Moulsecoomb Family Hub, Hodshrove Lane, BN2 4SE.

For upcoming dates please see [Brighton & Hove's Neglect Forum](#) on the BHSCP website or just scan the QR code.



Email [Familyhubs@brighton-hove.gov.uk](mailto:Familyhubs@brighton-hove.gov.uk) for more information or to make a referral.



The focus of the Neglect Steering Group is Business Plan **Priority 3: Reducing Neglect, Recognising the Impact of Poverty and Disadvantage.**

During the latter months of 2024-25 reporting period, the Neglect Steering Group undertook a **review of the Neglect Strategy** which was published in June 2025 (available here: [Neglect Strategy - June 2025](#)). The strategy provides guidance to practitioners including the Neglect and GCP2 Pathway and links to useful resources.

**The Graded Care Profile 2 (GCP2) is now a standing agenda item of the Neglect Steering Group, ensuring ongoing focus on its implementation and impact.**

A new multi-agency **Neglect Forum** was developed as a key workstream of the subgroup from October 2024. The Neglect Forum is led by the Family Hubs service and Partners in Change and was launched in Q1 2025-26. The Forum includes multi-agency representation. As part of a Partners in Change initiative plans are in-train to establish space within the forum for open case discussions. The working group developed referral forms and posters, whilst the Business Team developed the [Brighton & Hove's Neglect Forum](#) webpage.

**Family Help: The Right Support at the Right Time** was launched in July 2024 and includes references to neglect as a concern for children, young people and families, and links to tools, resources and guidance. Right Support at the Right Time is discussed in more detail on the next page.

### Potential barriers and response actions:

GCP2a (Antenatal) Tool – Pilot and Decision: As part of the neglect-focused work under GCP2, consideration was given to implementing the GCP2a (antenatal) assessment tool. Following the pilot, the NSPCC advised that ongoing delivery would require additional funding for both the programme and associated e-learning. Given the unsustainability of these costs and existing challenges with GCP2 completion rates, the decision was made to not commission the GCP2a tool at this time. Instead, partners will continue to focus on embedding and improving the core GCP2 tool.

No current Private School or voluntary service agency on Neglect Forum, this will be considered in Q1/Q2 2025-26.

# Introduction of Brighton & Hove Family Help: The Right Support at the Right Time

## Working Together to Safeguard Children 2023 (WT23) states:

*'Safeguarding partners should agree ... the criteria for different levels of assessment to inform which services are commissioned and delivered in their local area and ensure that the right help is given to children at the right time. This should include services for children who have suffered or are likely to suffer abuse, neglect, and exploitation ....*

*The safeguarding partners should publish a threshold document, which sets out the local criteria for action in a way that is transparent, evidence-based, accessible, and easily understood. This should include: the process for early help assessments, and the type and level of early help and targeted early help services to be provided under sections 10 and 11 of the Children Act 2004.'*

BHSCP recognises this statutory need however we believe language is important in describing how we deliver services to children. Our ethos and aim is always, the right support at the right time.

A multi-agency working group reviewed the BHSCP Threshold Document in Q3 and Q4 of 2023-24 considering WT23 requirements. It was agreed to no longer refer to the Document as a *'threshold'* as we believe this is too prescriptive of when a child's or family's needs meet a criterion of a Social Work assessment under Section 17 of the Children's Act. Our aim is to scaffold support across our Family Help services, including Social Work oversight to provide continuity for families from the professional network around them.

As part of this piece of work the BHSCP working group developed – The Relationship-based Practice Model of Practice, Community of Practice, Vision of Family Help, Poverty Aware Practice Statement, and a fully Interactive Framework detailing levels of support, useful information, and links to resources which are available on the BHSCP website under [Policies and Procedures – How we make decisions](#) and [Brighton-Hove-Family-Help-The-Right-Support-at-the-Right-Time-2024](#)

During the development stages the new Family Help documents were shared with Steering Group and Partnership Board (pre-MASA 2024), with frontline staff by agency leads, we held a consultation session in April 2024, promoted at single agency conferences, and asked partners to provide feedback on the draft documents virtually.

## Progress:

- o Family Help: Right Support at the Right Time and Relationship-based Practice was included as a key theme of the BHSCP Hidden Harm Conference and Safeguarding Fortnight in November 2024.
- o Development of the Family Help Strategy originally and more recently development of the Families First Partnership Programme to align with Family Help: The Right Support at the Right Time and associated documents.
- o Successful communication across multi-agency partners.
- o **Initial feedback from partners and practitioners has been positive.**





## Learning, Improvement, Evaluation and Evidence, Assurance, and Impact – Child Safeguarding Liaison Group

The **Child Safeguarding Liaison Group (CSLG)** is an interagency forum that meets monthly to review and improve joint working practice in respect of inter-agency Child Protection processes. This includes analysis of examples of operational practice within the context of Child Protection enquiries and investigations. It challenges practice and, where necessary, bring matters to the attention of relevant managers and agencies on behalf of the BHSCP with the aim of organisational and partnership learning. The group is cognisant of BHSCP's priorities and uses this to drive discussions. **The case studies used always aim to represent the voice of the child.**

### Priority 1: Partnership Engagement and Accountability

The aims of the group are aligned to Priority 1. The group has positive engagement from all agencies with positive feedback on outputs. The group looks at agency engagement as related to individual children and families and **pushes for learning and best practice across the partnership**. This leads to **changes to Policy and Procedures, national challenge and the development of Learning Briefings shared widely with frontline staff**.

### Priority 2: Safeguarding children from violence and exploitation

The group engages in learning in this area. Recent **learning related to children held in custody is being developed pan Sussex**. A Case Study was developed and shared around learning related to Exploitation.

### Priority 3: Reducing Neglect, Recognising the Impact of Child Poverty and Disadvantage

As above discussions has also included neglect. A recent **Learning Briefing was looking into bruising pathways and the role of neglect**.

### Priority 4: Mental Health and Emotional Health and Wellbeing

Recent Case discussion related to professionals' relationships in **complex scenarios**. This related to a child in **Tier 4 Mental Health provision** where hypothesis of the risk involved were polarised in the professional network. **CSLG helped unpick this and develop learning for agencies**.

### Potential barriers, response actions, coordination with other Subgroups:

Continual need to review and push for referrals which is successful with at least one case discussion in each monthly meeting. Plaudits and learning from positive cases continues to be pushed for but is not very common.

Keeping a non-defensive culture that creates learning and honest reflection and a 'window into practice'. This is a well chaired meeting with consistent attendance which allows this to happen. Ongoing challenge of how to land learning in agencies, use of briefings, case studies and training updates is used but there is also some reliance on participants driving learning conversations within their own agencies. The approach to learning is a systemic one and the group avoids blame but looks to learning. CSLG regularly feed into Learning & Development and Pan Sussex Policies & Procedures subgroups. Using a Relationship-based Practice model the group can identify gaps and barriers to service provision and development. The group has shared information with the Exploitation Subgroup, and the QA Subgroup thematic audits have used in CSLG to discuss families where learning may be apparent.

Actions of the group are proactively managed by the chair and minute taker to avoid drift. This is in the context of acknowledging all services are busy however **CSLG has a good reputation of being impactful for children and a group that has outputs that make a difference**.

All Subgroup Chairs meet formally quarterly to share practice and activity. Informally, fertilisation of ideas and activity between the groups happens regularly.



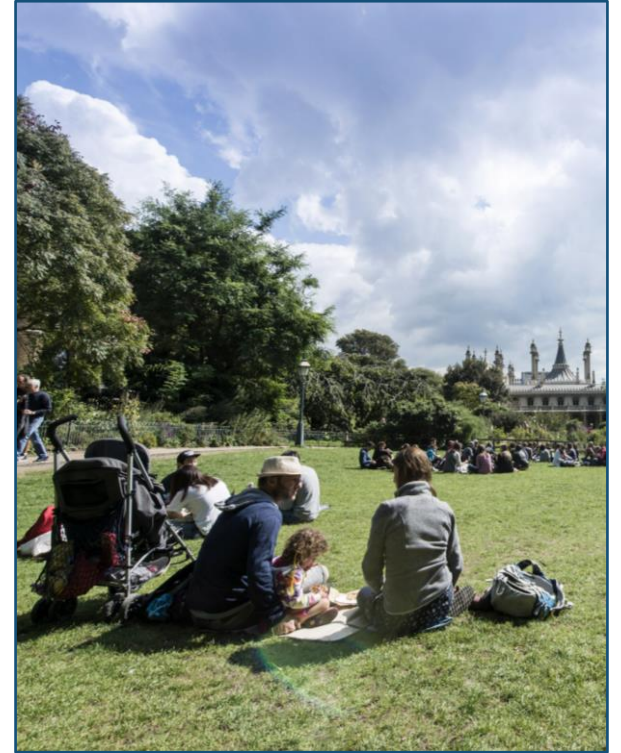
## Learning, Improvement, Evaluation and Evidence, Assurance, and Impact – Case Review Group

A key function of the Partnership is to reflect on systems and practice following a serious child safeguarding incident. A Local Child Safeguarding Practice Review (LCSPR) is undertaken when a child dies, or the child has been seriously harmed. The purpose of a practice review is for agencies and individuals to learn lessons to improve the way in which they work individually and collectively, to safeguard and promote the welfare of children and young people, and ultimately to deliver improved outcomes for them. Our **Case Review Group (CRG)** meets monthly, overseeing the process for undertaking LCSPR in accordance with the guidance set out in WT23 and [The Child Safeguarding Practice Review and Relevant Agency \(England\) Regulations 2018](#).

In 2024-25 we received two child safeguarding practice case review referrals. The first was after the tragic the death of a teenager in Brighton town centre in October 2023. A **Rapid Review** meeting was held, members considered the circumstances of the case and decided that the case met the criteria for a Local Child Safeguarding Practice Review (LCSPR), specifically as this case involved criminal exploitation and racial/early and intergenerational trauma factors. The national Safeguarding Practice Review Panel agreed with our decision. Independent Reviewers were commissioned to complete the practice review for **Child Zeta**. The purpose of a LCSPR is to learn lessons through a **systems analysis of the single and multi-agency work undertaken** to assess and support children and their families. The methodology used in the Child Zeta review aimed to understand professional practice in context, identifying systemic factors that influence the nature and quality of work with children and families, with one aim to identify systemic patterns, which are generalisable beyond this case. This approach provides what is called a **'window on the system'**. The intention is to provide a proportionate and meaningful account of what happened from the perspective of the child and family to add reflection and learning into the local safeguarding system. Report was published outside of this reporting period in June 2025, available at: [Child-Zeta-LCSPR-Report-June-2025](#), associated Learning Briefing shared in later in 2025-26 with Practitioner event in pre-planning for autumn 2025.

In March 2025 BHSCP received a second referral, this case involved a young child who had received physical injuries and experienced emotional distress. The CRG decided that the circumstances of the case met the criteria for a LCSPR to be completed. A comprehensive desktop review and secondary analysis methodology was agreed which will include the **production of a Summary of Learning report** by the Independent Scrutineer, **Assurance Requests through the Quality Assurance Subgroup**, and a **thematic learning event for professionals planned for autumn 2025**. **Early learning** from the Rapid Review was **published outside of reporting period in Q2 2025**. The review is known as **Baby Aspen**.

The ongoing challenge in 2024-25 involved **unavoidable delays to progressing safeguarding practice reviews due to parallel processes** and in particular the impact this has on the families and the practitioners involved. As a Partnership we acknowledge the impact the review subject, and the associated processes, can have on those involved. Partner agencies are committed to ensuring sufficient well-being support is in place. The **Child Epsilon LCSPR** has been on hold for some time due to parallel processes. Solution focused discussions within CRG and with colleagues in the Crown Prosecution Service (CPS). **Early learning was circulated to practitioners, and a Learning Event is in the pre-planning stages** whilst we await conclusion of parallel processes.



# Local Child Safeguarding Practice Reviews 2024-25

## Child Zeta

### Priority 2: Safeguarding children from violence and exploitation

This review has explored and identified learning around child exploitation, violence and contextual safeguarding. Child Zeta was a young man who from a young age suffered a variety of Adverse Childhood Experiences, including fleeing his war-torn country as a toddler, arriving in the UK as a refugee and later in his life becoming involved in child criminal exploitation.

The review found that on the whole services across the multi-agency system worked to try and put support in place that would help Child Zeta but as is often the case in child exploitation, the system was not always able to keep him safe. Many of the issues identified in this LCSPR are already known, indeed they are national issues that cannot be solved completely at a local level. However, locally, there have been some significant service developments in key areas.

There were challenges in capturing **Zeta’s direct voice** due to the fatality, however the review attempted to **capture his voice through professionals (and family)** who worked with and alongside him. The issues of identity and racial/cultural were identified. The review now knows that Child Zeta wanted things to change in his life and that he wanted the opportunity to leave behind his exploitation.

### Priority 4: Mental Health, Emotional Health and Wellbeing

The review concluded that it is not surprising that Child Zeta struggled with both his emotional wellbeing and mental ill health and at times found it difficult to source and access help.

Child Zeta came from a highly supportive family, and it is to their credit that throughout the timeframe examined as part of the review, they continued to seek support for him. **The push and pull factors of children into criminal exploitation cannot be underestimated and are clearly evidenced in Child Zeta’s life.**

## Baby Aspen

### Priority 3: Reducing Neglect

There are 4 broad types of neglect – physical where a child’s basic needs are not met, or the child is not kept safe, emotional neglect, educational neglect, and medical neglect. **Neglect can put children and young people in danger but can also have longer-term effects on their physical and mental wellbeing.**

Neglect can often become an issue when parents are dealing with complex problems sometimes including domestic abuse, mental health issues, and substance misuse.

The Rapid Review for Baby Aspen indicated that physical and emotional neglect were factors. The **Rapid Review Panel discussed what Aspen’s lived experience** during the review timeframe would have been and the potential impact of their experiences may have on current and future well-being.

Baby Aspen and their sibling have been safeguarded, and it is reported that they are currently settled in foster care.

### Priority 4: Mental Health, Emotional Health and Wellbeing

**Trauma in early childhood can have a significant impact on a child throughout their life**, it can have a severe effect on mental and physical health and can influence how they interact with others. It is reported that Baby Aspen’s parent experienced mental health issues relating to **Adverse Childhood Experiences** and trauma, and domestic abuse as an adult.

At the time of writing the Baby Aspen review process is still ongoing, but the aim would be to assess all potentially significant factors within the family leading up to the incident to assess what support was available, and whether the system supported early identification and intervention.

# Learning, Improvement, Evaluation and Evidence, Assurance, and Impact – Child Exploitation Subgroup

The **Child Exploitation Subgroup** works in direct partnership with the Safer Communities and the Safeguarding Adults Board providing oversight of BHSCP work on exploitation, modern slavery and human trafficking of children and young people, and of the Violence & Exploitation Reduction Action Plan (VERAP). In 2024-25 the Exploitation Subgroup was chaired by the Detective Chief Inspector from Serious Investigations Unit, Sussex Police with support from the Exploitation and Violence Reduction Coordinator. This Subgroup approached reporting slightly differently linking responses directly to their areas of responsibility within the Business Plan 2023-26 providing rich evaluation of progress made and challenges around Priority 2.

## 2.1 (i) Sussex Police to undertake a problem profile across the geographical area.

- The BHSCP has a comprehensive understanding of the local Child Criminal Exploitation (CCE) picture and uses this to inform operational activity and aid disruption work.
- Repeat victims of Child Sexual Exploitation (CSE) problem profile is nearing completion, a sanitised version will be shared with partners in due course, a broader problem profile has been requested and is in the early stages of negotiation. As part of the early work, data analysis has been completed regarding our repeat victims of CSE.

## 2.1 (ii) Violence and Exploitation Reduction Action Plan (VERAP)

- VERAP in place and reviewed at quarterly Exploitation Subgroup meetings.
- The Subgroup has received updates on VERAP at each quarterly meeting and reviewed versions for next financial year presented to the group for feedback.
- In the year ending March 2025, **Serious Violent Crime (Public Place and Non-Domestic) in Brighton & Hove had decreased by 22%** (or 150 fewer occurrences) **compared to the baseline year (2019)**. Compared to the previous 12 months (2023-24), there has been a 1% reduction (or 4 fewer occurrences).
- Proceeding the subgroup workshop in June 2024, the Community Safety Team and Sussex Police Exploitation Team reviewed the VERAP to ensure actions were aligned with business plan priorities.

## 2.1 (iii) Develop practice of National Referral Mechanism (NRM) panel pilot and use learning to inform understanding of NRMs for children across the partnership.

Thorough, **well-evidenced NRM referrals** submitted by children's practitioners for potential victims.

- **No. of referrals: 53**
- **No. of positive Reasonable Grounds (RG) decisions: 19 (no negative RG decisions made)**
- **No. of positive Conclusive Grounds (CG) decisions: 12**
- **No. of negative CG decisions: 7**
- **No. of joint positive RG&CG decisions: 31**
- **All "reasonable grounds" (RG) decisions reached within prescribed 45-day target.**
- The panel pilot is continuing into 2025-26. At present there has been no indication from the Home Office as to whether it will come to an end or become a statutory requirement.

### 2.1 (iv) BHSCP to have oversight of existing scrutiny related to exploitation and serious violence.

- Strategic Oversight & Partnerships – BHSCP ensures effective interventions through membership in key partnerships and boards addressing exploitation, serious violence, and safeguarding.
- Targeted Strategies – Community Safety Partnership Board oversees serious violence and exploitation within the Community Safety Strategy, while the Combatting Drugs Partnership drives a 10-year strategy to disrupt drug supply, linking to exploitation and violence.
- Safeguarding & Data-Driven Approaches – Safeguarding Adults Board (SAB) and the Anti-Slavery Network focus on modern slavery and cuckooing, while the Violence Reduction Partnership (VRP) monitors serious violence across the city, using Sussex-wide data for informed action.

### 2.1 (v) Consideration of Transitions work in Brighton & Hove

- BHSCP assured that sufficient interventions are in place through membership to relevant Boards / Partnerships.

#### BHSCP has oversight of existing work through partners linked to / membership of –

- Safeguarding Adults Board (SAB)
- Transitions Working Group (chaired by Director of H&ASC) with representation from Safer Communities and Head of Safeguarding & Performance (Children's Social Care).
- **Transitions strategy is due to be published in late 2025** and work is underway on a Transitional Safeguarding process. The SAB, NHS and Community Safety Team are planning a learning event to embed the process, once in place.

### 2.2 (iii) Quality Assurance

- BHSCP Performance Dashboard has been created to allow monitoring of progress across this Subgroup area. Data contained in this dashboard is under regular review to ensure it gives practitioners actionable insights. **Priority 2 Dashboard presented to Exploitation Subgroup as a standing agenda item from September 2024.**

### 2.2 (iii) Embed and progress understanding of the Serious Violence Duty across relevant partner organisations.

- All "Specified authorities" of the Serious Violence Duty engaged at Brighton & Hove level.
  - Serious Violence Steering Group established, with attendance from all "specified authorities" at the correct level.
- Progress in community engagement and use of community voices in shaping the local response.
  - Our partner **Trust for Developing Communities worked with focus group of four young people trained as researchers to engage with local "specified authorities" to assess their current use of community engagement/youth voice in their approach to serious violence.** This will culminate in a learning event for agency community engagement leads in early 2025-26.



Potential barriers, response actions, coordination with other Subgroups:

Barrier	Response Action and coordination with other subgroups
The Exploitation Workshop held in June 2024 highlighted areas for growth in how the group operates. It was felt that there was too great a focus on agency updates and need for more collaborative input from attendees.	Agenda Planning: To give fuller discussion on what each meeting should include. Inclusion of Priority 2 Data Dashboard presented by Quality Assurance Independent Scrutineer to drive discussion and workstreams.
Subgroup lacking defined purpose and activity.	As above plus introduction of thematic agenda setting.
Inclusion of data: In previous years, the Data Dashboard was not shared in the Exploitation Subgroup.	<b>Data Dashboard discussion</b> introduced as a standing agenda item; meeting now attended by Quality Assurance Independent Scrutineer.
Workforce development need identified.	<b>Cuckooing training delivered</b> in partnership by Community Safety Team and Sussex Police to HASC, Housing and NHS staff.  <b>Modern Slavery/National Referral Mechanism training delivered</b> to operational managers in HASC & frontline staff in Housing Options.  <b>Exploitation Team (Sussex Police) supporting BHSCP Learning &amp; Development Officer</b> with new criminal exploitation training.  Following the highlighted need to understand the <b>level of risk held within youthwork services</b> , money from the Violence Reduction Programme Coordination & Development budget was allocated to a <b>Safeguarding Audit</b> which was published in early 2024-25.
Stability – Subgroup Chair has changed several times due to personnel changes within key agencies.	Currently being monitored.





# Introducing the new Education Safeguarding Subgroup

The **Education Safeguarding Subgroup** is a new subgroup **introduced in January 2025** under the new [Sussex Multi-Agency Safeguarding Arrangements \(MASA\) 2024](#).

The group has several functions and tasks delegated to it which will continue to evolve as we move through 2025-26. In summary, the Education Safeguarding Subgroup will coordinate the following inter-related activity:

- **Promote the engagement of education safeguarding partners in the partnership functions** contributing to the Sussex Safeguarding Children Executive, the Partnership Group and local Subgroup activity as required by statutory guidance.
- The Subgroup will escalate strategic and operational issues to the Partnership Chair/Partnership Group and to the Sussex Safeguarding Children Executive, as necessary.
- To discuss and share learning from local and national reviews and audit activity with the aim to **cascade this throughout education networks, forums, and professional teams**.
- To **promote safeguarding awareness campaigns** targeted at children and families, nurseries and early years providers, schools and colleges
- To promote the introduction of Family Help: The Right Support at the Right Time.



**Context: Education & childcare settings have prolonged and daily contact with children and their families.** As a result, they are uniquely placed to identify concerns, and to support early intervention with partners agencies. [Working together to safeguard children 2023](#) highlights the responsibility held by Partnerships to fully engage with all agencies with safeguarding responsibilities for local children.

## Progress in 2024-25:

- 1) Representatives from Brighton & Hove Headteacher forums were invited to attend the BHSCP Partnership Group in December 2024. It was agreed that representatives would like to explore a Subgroup model with an extended group of representatives from across the education economy to include early years, post 16, and alternative provision sectors.
- 2) A meeting was convened with the DfE National Safeguarding Partners Facilitator for Education in March 2025 to discuss options – attended by proposed Subgroup membership.
- 3) Representatives agreed to commit to the subgroup model, terms of reference were discussed and co-produced.
- 4) Quarterly meetings agreed, subgroup representatives to attend Partnership Group, and partnership subgroups as relevant.
- 5) The first Education Safeguarding Subgroup meeting was convened in April 2025.

**Given the Education Safeguarding Subgroup's infancy as a standing subgroup, it will be formally evaluated as part of the planned review of the MASA 2024 towards the end of 2025 and will feature more prominently in the BHSCP Annual Report 2025-26.**

# Learning, Improvement, Evaluation and Evidence, Assurance, and Impact – Quality Assurance

The introduction of the new Multi-Agency Safeguarding Arrangements in September 2024 saw the introduction of the **Quality Assurance (QA) Subgroup** (formerly know as the Monitoring and Evaluation Subgroup). As a key partnership subgroup, the QA Subgroup commits to continually evaluating our practice because we recognise that good anti-racist practice for the Partnership leads to better outcomes for our children in our city. **The subgroup performs QA through audit, data analysis, assurance requests and additional information requests (AIR) providing aggregated scrutiny to BHSCP.**

## Audit Activity

During the reporting period the **Quality Assurance (QA) Subgroup completed all planned multi-agency audits, and these have demonstrated engagement and analytical capacity across statutory and relevant partners.** This year the chosen themes were Children with Non-Accidental Injuries (Q1/Q2) and Domestic Abuse using JTAI Criteria (Q3/Q4). The report for children with Repeat Missing Episodes completed in Q4 2023-24 was also presented. Across the audit activity most multi-agency practice was graded good, and no practice was graded inadequate.

## Strengths of multi-agency practice included:

- a) **Good quality referrals** where, **concerns, strengths, the impact on the child, and action** the referrer had already taken **were clearly set out**
- b) Parents being consistently informed, engaged, and updated in all cases
- c) **Child's voice was heard**, or the child was observed and their **lived experience mentalised**
- d) **Consistent information sharing** and communication
- e) **Multi-agency reflective practice groups**
- f) Adolescent Services and the Police Missing Team **collaboration**
- g) Operation Moonlight
- h) MAMHET following Operation Warren which won a Health Service Journal award.

**This demonstrates the impact of learning from reviews and multi-agency audits on practice.**

The **Assurance Request process is now embedded**, and this has **given clarity on the learning that needs to be actioned** by agencies and enabled partners to **identify where issues are/are not reflective of wider practice** across their organisation, **the actions they will undertake to address issues, the expected improvement and how they will evidence that improvement is delivered and embedded.** The BHSCP Quality Assurance Framework was reviewed in October 2024 and is available on the BHSCP website - [Quality Assurance Framework 2024](#)

## Data Dashboard

The BHSCP has a clearly defined set of key performance indicators that are owned by partners linked directly to the priorities. Partners reflect on the information and develop challenge questions that support the partnership to have an established culture of continuous learning and improvement. **Data is being used to encourage learning and drive improvements within BHSCP through reflection and challenge in the Quality Assurance Subgroup but also in other subgroups and the Partnership Group meetings.**

**Forward Planning for 2025-26: Data Strategy** to ensure strategic alignment with BHSCP objectives enhancing early intervention, reducing neglect and exploitation, and strengthening mental health services and addressing structural inequalities by ensuring reliable data informs policy and practice developments.

## Priority 2: Safeguarding Children and Young People from Violence and Exploitation

- The BHSCP Dashboard is presented at each Exploitation Subgroup by the Quality Assurance Subgroup Independent Chair and Scrutineer; this is **supporting multi-agency dialogue** within the Exploitation Subgroup as well as **between subgroups and stimulating action to address the challenges highlighted by the indicators** including -
  - 385 violence with injury offences where the victim was aged 0-17 years during the year ending 31/03/2025. 497 violence without injury offences were reported for the same age group. This data is based on geographical location of the crime. The QA Subgroup has requested that future data is provided based on home address.
  - 22 rape offences where the victim is aged 0-17 and the offender is over 18 were reported in 2024-25. 67 other sexual offences were reported for the same demographics in the same period.
- **The concerning data above has been identified as an area for improvement and continues to be discussed in the QA and Exploitation Subgroups, and with Delegated Safeguarding Partners and Partnership Group.**

## Priority 3: Reducing Neglect, Recognising the Impact of Child Poverty and Disadvantage

*The Partnership is assured that an effective whole family approach to assessing neglect, as well as planning and monitoring interventions is embedded city wide across agencies and organisations.*

Needs, risks and strengths are consistently clear in Strengthening Families Assessments. Quarterly QA shows this as 100% for 2024-25 with 98-100% of plans good quality (up from 93% - 96% in 2023-24) . Most (90.6%) of Strengthening Families Assessments completed during the year ending 31 Dec 2024 were completed within 45 working days (up from 84.8% during the year ending 31 Dec 2023) , above the 2023-24 national average of 84.5%.

- **Dental caries was identified by the Subgroup as a concern through the Data Dashboard discussions.**
- Data shared in the March 2025 meeting indicated that in 2023-24 hospital admission for dental caries in 0-5-year-olds was (276.4 per 100,000) compared with the England average of 178.8.
- Representatives from Public Health commissioned services attended the March 2024 meeting to discuss what universal work is currently in place including free oral care programmes to healthcare professionals, **visits to early years settings to provide oral care advice, class talks and assemblies with key stage 1 children, training to care givers including 1:1 sessions, and drop-in sessions at Family Hubs and schools.**

## Priority 4: Supporting Mental Health, Emotional Health and Well-being

- Multi-Agency Mental Health Education Triage (MAMHET) has a direct link to the partnership priority of Children and Young People's Mental Health and Wellbeing and is a key aspect of local suicide prevention strategy and action plan. Whilst the strengths e) – h) on the previous page all have a direct link to the partnership's priority to safeguard children from violence and exploitation and the business plan objective to target intervention where young people are deemed to be at risk of extra familial harm.
- Inclusion of **Safe and Well at School Survey data** in QA Subgroup **discussions include the child's voice and give vital context to what concerns our children and young people.**
- Indicators show that children and young people do not have timely access to the right mental health services to meet their needs and that hospital admissions as result of self-harm for children aged 10-14, 15-19 and young adults 20-24 are at a significantly higher rate than national.

### Potential barriers, response actions, coordination the QA Subgroup and the other Subgroups:

- The partnership indicators for Children's Mental Health and Wellbeing are still evolving. They need to have a direct relationship to key safeguarding challenges such as waiting times for specialist services.
- The partnership indicators for child exploitation are not supported by benchmarking data, this limits the understanding of the issues in comparison to other areas.
- Partners capacity to respond to Additional Information Requests relating to the Data Dashboard indicators is limited this means that the Partnership is not fully maximising the intelligence that sits behind the indicator for example demographic and spatial information.
- **Risks, issues and challenges highlighted by multi-agency audits**, via the BHSCP Data Dashboard, or through Assurance Requests **are raised as alerts** by the Independent Chair of the Quality Assurance (QA) Subgroup to the Delegated Safeguarding Partners.
- The BHSCP Data Dashboard is presented at each Exploitation Subgroup and Partnership Group meeting; this is **supporting dialogue between groups and stimulating action** to address the challenges highlighted by the indicators.
- The **Exploitation Audit and Workshop in June 2024 provided a good opportunity to coordinate with other subgroups**, this is a process the QA Subgroup are keen to continue.

### Identified areas of improvement for BHSCP and the QA Subgroup in 2024-25

- Maximising opportunities for earlier intervention and identification of risks.
- Quality of Return Home Interviews (RHI).
- Dental caries rates.
- The inclusion of the child's voice.
- Accessibility of services particularly to support mental health and emotional well-being.
- To reduce sexual harm experienced by young people.



**DadPad® Update** – BHSCP continued to promote the DadPad App in Brighton & Hove throughout 2024-25 with a further 369 downloads in the final months of 2024 (438 downloads were reported in last year's Annual Report for Jan-June 2024, Q4 data was unavailable at time of writing). Pages viewed varied across the year but the most popular included – The Human Baby: What's it all about?, When the crying won't stop, Holding and handling your baby, Why your baby cries, How babies like to be held, Safer sleeping, Caring for a crying baby, and Surviving without sleep.

**We are due to launch an updated App around September 2025** and hope to have a full CoParentPad App available around the same time to add to the hardcopy versions currently available.

[DadPad | The Essential Guide for New Dads | Support Guide for New Dads \(thedadpad.co.uk\)](https://thedadpad.co.uk)  
[Co-ParentPad Launch | Support for new parents \(thedadpad.co.uk\)](https://thedadpad.co.uk)





# Evaluation & Assurance - Inspection of Brighton & Hove Local Authority Children's Services

Brighton & Hove's Inspection of **Local Authority Children's Services (ILACS)** was published on 16 May 2024, with an overall rating of '**Outstanding**' improving on the 2018 rating of Good.

The ILACS focuses on the effectiveness of a council's services across 4 main areas:

- the impact of leaders on social work practice
- the experience and progress of children who need help and protection
- the experiences and progress of children in care
- the experiences and progress of care leavers

Brighton & Hove City Council received '**Outstanding**' sub judgements for their work with children in care; care leavers; and for the impact of leadership and management. The sub judgement for children in need of help and protection improved to '**Good**'. The inspection report can be read on the [Ofsted website](#)

On publication of the Ofsted Inspection Report Delegated Safeguarding Partner Deb Austin wrote to BHSCP agencies advising that **partnership working** and **the partnership itself was highlighted as a strength** during the inspection which was reflected in the outcome letter as below:



The report concluded with a wonderful summary: '**The quality of work is strong throughout children's social care services** and is **making a positive difference to the progress and experiences of children and families in Brighton & Hove**. This new judgement means that **Brighton & Hove now has the highest rating across 3 key areas of Children's Services**:

- Children's Social Care Services
- Special Educational Needs and Disabilities and Alternative Provision
- Youth Justice Service



## Working with our Sussex Partners: Section 11 2024-26

The **Section 11 Audit** serves as a vital mechanism for safeguarding partners in Brighton and Hove, ensuring that statutory duties are fulfilled and that the effectiveness of multi-agency safeguarding arrangements (MASA) is rigorously assessed. The audit encourages agencies to be reflective and honest about their safeguarding practices to identify areas for improvement.

For the 2024-26 cycle of Section 11 the BHSCP commissioned the Independent Scrutineer from our Quality Assurance Subgroup with Partnerships in West and East Sussex to complete the audit process with agencies delivering services pan Sussex. Brighton and Hove agencies completed the same audit tool but will be assessed separately in 2025-26 and findings and recommendations will be discussed in more detail in next years' annual report.

The audit methodology used for pan Sussex agencies included the provision of Challenge Logs and Challenge Conversations for agencies, which facilitated a thorough review of safeguarding standards. The process involved gathering agency comments, documentary evidence, and triangulating information with survey responses from managers and staff.

### Assurance of Embedding Section 11 Standards

The scrutiny of the Section 11 returns revealed a **medium level of assurance** regarding the delivery of statutory duties, with a **high level of assurance** observed in areas such as senior management commitment, clear statement of responsibilities, accountability for safeguarding work, and effective recruitment and allegation management practices. However, there were **identified areas needing improvement identified, particularly in integrating the perspectives of children and families into frontline practices**.

### Analysis of Multi-Agency Safeguarding Effectiveness

The final Section 11 Report emphasised the need for agencies to create learning cultures and safe environments for challenge. It identifies that while many agencies have made progress in embedding child protection standards, there are still challenges in understanding the impact of decisions on children and families. The report also showcased a wide range of positive practices.

### Recommendations

#### Opportunities for Improvement in the Section 11 Process

- Streamline Reporting Mechanisms: Reduce administrative burdens for agencies by simplifying reporting processes.
- Enhance Inclusivity: Adapt the Section 11 audit tool to accommodate diverse agency contexts, ensuring all voices are heard.
- Review Documentary Evidence Requirements: Evaluate the necessity of documentary evidence during audits to make the process more efficient.

#### Opportunities to Deliver System Improvements Across Agencies

- Peer Support: Foster peer support networks to encourage collaboration and mutual learning.
- Thematic Sharing of Positive Practices: Regularly share thematic insights and positive practices across agencies to promote continuous improvement.
- Codify Challenge into Existing Processes: Integrate mechanisms for constructive challenge into existing processes to ensure ongoing scrutiny and enhancement.
- Regular Surveys: Conduct surveys with managers and practitioners at regular intervals to gather feedback and measure progress.
- Develop Solutions Collaboratively: Engage managers and practitioners in the development of solutions, ensuring that changes are practical and cost-effective.



# Recommended Focus for Improvement

## 1. Supervision

- Implement regular, structured supervision and reflective practices for staff.

## 2. Child's Voice

- Include children's perspectives in service development and strategic decisions.
- Codify and frame the child's voice to minimise unconscious bias and enhance impact.

## 3. Digital and Information Sharing

- Enhance data management and inter-agency collaboration capabilities.
- Visualise existing data to assess risks better.
- Strengthen inter-agency collaboration and information sharing.

## Conclusion

The **Section 11 Audit 2024-26** has provided valuable insights into the safeguarding landscape across Sussex.

Overall, there is a:

- ✓ **Medium level of assurance** for the delivery of statutory duties
- ✓ **High level of assurance** for the capacity to critically evaluate strengths and areas for improvement.

Delivery of the recommended focus for improvement would increase the levels of assurance for three of the standards. This would increase the number of standards with a high level of assurance from four to seven out of nine. Based on the Section 11 scrutiny, **increasing the focus on impact for children, embedding positive practices for supervision and improving information sharing and inter-agency collaboration would also have the most significant impact across a range of priority areas in audit Standard 9**, such as neglect, domestic abuse and Violence Against Women and Girls (VAWG).

BHSCP would like to thank the Independent Scrutineer, all the agencies who committed to the Section 11 Audit process locally and across Sussex, and colleagues in the ESSCP Business Team who supported this work as their lead area under the Multi-Agency Safeguarding Arrangements 2024. Information about the Section 11 Audits can be found on the BHSCP website - [BHSCP Policies and Procedures - Section 11](#)



## Working with our Sussex Partners – Pan Sussex Policies & Procedures Group

**Pan Sussex Policies and Procedures:** This Subgroup meets to co-ordinate the development of safeguarding and child protection policies, procedures and guidance used across Sussex to safeguard children and young people. The group is well attended, with all participants engaging proactively and meaningfully with policy reviews. Where possible the policy authors/practitioners are invited to the meeting to demonstrate the value and impact of working together across the Sussex footprint. The webpage is publicly accessible [Sussex Safeguarding and Child Protection Policy and Procedures Resource](#)

Throughout the year, several new policies were developed to enhance safeguarding practice in response to local child protection issues. These policies include:

- Contextual Safeguarding of Children and Young People
- Pan Sussex Complaints Procedure
- Pan Sussex Escalation Procedure

Over 50 policies and procedures were reviewed to ensure they remain current and effective for practitioners across the multi-agency safeguarding partnerships.

### In depth reviews took place in relation to -

- Parents or carers who have a learning disability
- Parenting capacity and mental health difficulties
- Understanding sexual behaviour in children
- Working with children and families who move across safeguarding children partnership boundaries
- Unexplained injuries to children
- Safeguarding children who arrive from abroad (including Unaccompanied Asylum-Seeking Children, victims of modern slavery, trafficking and exploitation)

The group removed the Criminal Compensation standalone policy and added relevant information into the Looked After Children (Children in Care) policy.

### Evidence on barriers or risks to achieving subgroup activities -

- Quarterly schedule can cause delays in completing actions, impacting the timely publication of policies. Attendance and engagement can be a challenge.
- The group spent a year preparing for the introduction of the **new website provider** to take over advise, support, and hosting services, ensuring anticipated risks were mitigated – initial feedback on the new platform is positive.
- We currently benefit from a jointly funded position. Recruitment for this role would be particularly challenging if it were to become vacant, as the success of our initiatives heavily relies on this post.
- The group produces a **quarterly briefing for all practitioners**, summarising changes and new policies. While some practitioners respond to these briefings and limited analytics show visit statistics, assessing the actual impact on safeguarding practice remains challenging.

### Actions in response to barriers or risks -

- Reminders about attendance and nominating suitable representatives have been necessary due to busy workloads across the partnerships.
- The group undertook research into an alternative website provider and developed an options paper – this included external and in-house options.
- We are currently unable to gather qualitative insights from practitioners on the impact policies and procedures but plan a user survey at 6 months.





### Coordination of work between Pan Sussex Policies & Procedures (PSP&P) and other Subgroups –

A structured and regularly updated workplan underpins the Pan Sussex Policy & Procedures activities. This plan outlines all policies and procedures alongside their scheduled review dates, providing a **clear framework for accountability**. Members are encouraged to propose agenda items or **initiate policy reviews** in response to local issues, audit findings, and Child Safeguarding Practice Reviews. Most of these requests are **initiated by local Child Protection Liaison Groups/Child Safeguarding Liaison Groups, Case Review Groups, or Pan Sussex Learning and Development Subgroup, reinforcing the PSP&P Group's alignment with frontline operational needs** and regional safeguarding priorities.

The Group also maintains active engagement with other pan-Sussex committees, networks, and forums to ensure consistency and collaboration across the safeguarding landscape. For example, it routinely works with the Harmful Practices Working Group to co-develop and refine relevant policies, ensuring that they remain responsive to emerging challenges and best practices.

Through these mechanisms, the Group **ensures that safeguarding policy and, by extension practice, are both dynamic and responsive, grounded in frontline perspectives and shaped by multi-agency collaboration.**

## Working with our Sussex Partners: Child Death Overview Panel

**Child Death Overview Panel (CDOP):** The death of a child is a devastating loss that profoundly affects all those involved. There has been a legal requirement across England since April 2008 for Child Death Overview Panels (CDOP) to review child deaths (including live-born babies of any gestation) up to the age of 18 years. The purpose for reviewing these deaths:

- Is **grounded in respect for the rights of children and their families** with the intention to ascertain why children die.
- To put in place interventions **to protect other children, to prevent future deaths** from occurring.

**Child Death Review Partners:** Pan Sussex Local Authorities and Integrated Care Boards (NHS Sussex ICB) hold legal responsibility for reviewing child deaths in Sussex as set out by the Children Act 2004, amended by the Children and Social Work Act 2017.

**Role of the CDOP:** The Panel conducts statutory reviews on behalf of the Partners to provide independent multi-agency scrutiny for the deaths of all children living in Sussex, including those resident in Brighton and Hove. The reviews take place once all other child death processes, including coronial inquests and local child safeguarding practice reviews (LCSPR), have concluded. [CDOP - 7 Minute Briefing](#)

**Statutory Framework:** Child Death Review Statutory and Operational Guidance 2018 and Working Together to Safeguard Children 2023.

The **key learning and actions** arising from child deaths in 2024-25 relate to: information sharing, safeguarding, sudden unexpected deaths in infancy (SUDI) and unsafe sleeping, road safety, asthma, and bereavement support. **BHSCP uses CDOP evidence to inform our work** including the development of safety messaging for practitioners and parents detailed on the next page.

More information is available as part of the CDOP Annual Report 2024-25 at: [Pan-Sussex-CDOP-Annual-Report-2024-25](#)





# Working with our Sussex Partners: Safety Messaging Campaigns – Responding to Evidence from CDOP

**Safer Sleep Campaign:** This campaign started in December 2023 because over the past few years there have been several tragic sudden unexpected deaths of infants (SUDI). Each one of these child deaths brings with them unimaginable trauma and pain for families, friends, communities and professionals. Sadly, some of these deaths are preventable. The risk factors for SUDI are well recognised, and the steps parents can take to reduce the risk are generally shared with parents and carers by professionals including Social Workers, Midwives, and Health Visitors.

The Chair of CDOP and the pan Sussex Independent Scrutineer requested the Sussex Safeguarding Children Partnerships coordinate a public campaign with colleagues in Public Health in the run up to Christmas 2023 focussing on **'out of routine'** sleeping arrangements. **Comms were developed** and circulated to professionals for sharing with parents, **a training programme was developed with NHS Sussex teams** and **social media was used** to promote the **'Every sleep must be a safer sleep'** message across Sussex. This campaign was extended into the summer period 2024 as this is another time when sleeping arrangements may change due to visiting relatives and trips away. This time we included other summer safety information including the importance of keeping baby's room at the right temperature.

BHSCP has committed to continue the promotion of the safer sleep message for professionals and parents throughout the year including Christmas.

Safer Sleep courses are available throughout the year for practitioners as a part of the Pan Sussex Learning & Development Programme.

We have **continued to develop this pan Sussex 'light touch' safety messaging strategy** to include guidance posters and social media posts relating to –

- **Sea/water safety in the winter months** – with messages about the dangers associated with frozen bodies of water, staying together when near the sea especially at high tide or during periods of rough water, and the dangers of 'playing chicken' and 'tombstoning'.
- **Beach safety during the summer months** including swimming in the sea, using inflatables, and respecting the water.
- The most recent campaign focused on **safer bathtimes** with reminders of the risks of drowning, scalds and poisoning.
- Briefings available from the BHSCP website under **BHSCP - Parents, Carers and the Community**. Safety messaging is also included on the new Children and Young People website pages.

**Every Sleep Must be a Safer Sleep**

**Bathtime Safety Reminder for Parents and Care-givers**

**STOP and THINK! Keep Your Baby Safer**



# Forward Planning – 2025-26

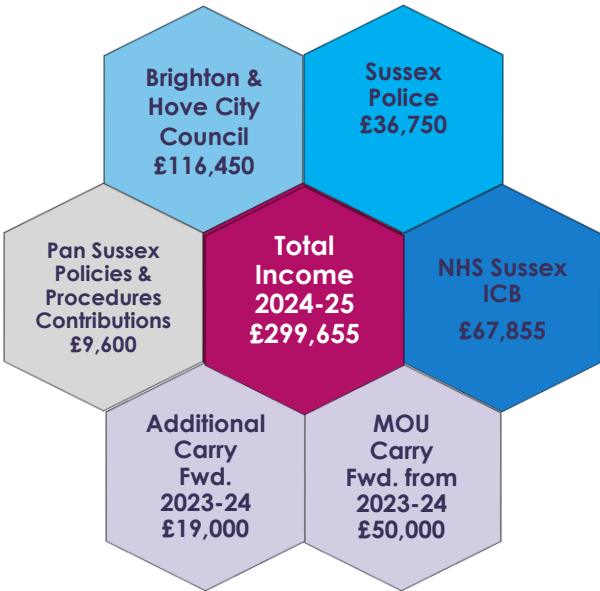
The table below provides a summary of key projects and workstreams planned for 2025-26.

Project	Rationale/Progress	Timeframe
Evaluation and review of Sussex Multi-Agency Safeguarding Arrangements (MASA) 2024	Pan Sussex discussions ongoing, evaluation of local and Sussex arrangements to include evaluation of Learning & Development commissioning and delivery across the three Sussex partnerships.	From December 2025-April 2026
Review of BHSCP Business Plan 2023-26	Business Team to liaise with Education Safeguarding Subgroup and Subgroup Chairs to review existing plan to ensure alignment with MASA 2024 and future MASA.	From July 2025
Introduction of Education Safeguarding Subgroup	Membership to include senior leaders from all parts of education economy to ensure representation and engagement in all BHSCP functions. Planning and discussion took place Sept 2024-March 2025, meetings held in April & July 2025. <a href="#">Addendum-Engagement-of-Education-Partners-in-BHSCP-March-2025</a>	From April 2025
Launch of new DadPad App and CoParentPad App in Brighton & Hove and West Sussex	New DadPad App will include new interactive functions for local Dads and Dads-to-be. CoParentPad currently only available offline.	Summer 2025
Transformation: Families First Partnership Programme / Multi-Agency Child Protection Teams / Family Hubs Transformation	<a href="#">Families First Partnership Programme - Newsletters</a> <a href="#">Families First Partnership programme - GOV.UK</a>	From April 2025
Inspection readiness	Agency Leads will continue to meet monthly to ensure inspection readiness i.e. for JTAI (Joint Targeted Area Inspection)	Ongoing throughout 2025-26
Young Scrutineer recruitment	To strengthen existing scrutiny arrangements and increase the voice of the child in BHSCP functions.	From Sept 2025
Family Hubs Service – P/T Youth Worker in collaboration with the Hangleton & Knoll Project	Employed to work with young people (YP) aged 11-19 whose families are currently engaging with Key work in Family Hubs, but the young person (YP) is not accessing any other services. YP with low or no school attendance, need support with mental health and wellbeing, socially isolated, or at risk of school exclusion. The Youth worker will engage assertively supporting keyworkers by introducing the YP to other services within the community	The pilot will run for one year from April 2025 and is for families living in the West of the city.
Safeguarding Month 2025	BHSCP to collaborate with Sussex partnerships and NHS Sussex Safeguarding Team to deliver a month of bespoke training including Serious Youth Violence/Knife Crime conference.	November 2025
BHSCP website redesign	To improve accessibility by introducing Children & Young People (CYP) pages, and an improved Parent, Carers and Community pages. Young Scrutineers will be instrumental in the development of the 'look and feel' of the website's CYP pages.	Launch Sept/Oct 2025
Response to CSA – 'I wanted them all to notice' Report Recommendations	Working with pan Sussex colleagues to develop local and pan Sussex responses to the national child sexual abuse (Intrafamilial CSA) report – including learning events, audits, task & finish groups as required.	From April 2025

Financial Report 2024-25

Expenditure: Headlines	Amount
Staffing	129,794.48
Independent Scrutiny	10,138.24
Pan Sussex Section 11 Contribution	2,000.00
Training Costs	14,616.06
Recovered Training Costs	-10,658.00
Safeguarding Fortnight 2024 including Hidden Harm Conference, Anti-Racist Practice Event, and Allyship Conference	15,220.50
IT/Websites/Equipment/Telephony	1,366.60
Website Costs including commissioning of new Pan Sussex Policies & Procedures site and development of RS @ RT Interactive Framework	7,105.72
Payments to Other Bodies	1,236.00
LCSPR Reviewers	11,484.00
Contribution to LA Performance Analyst	20,592.00
Reimbursement to Partners for 2023-24	18,759.40
Expenditure	£221,655.00
MOU C/F to 2025-26 (not included in total income)	50,000.00
Reimbursed to Lead Safeguarding Partner Agencies (pro rata based on contribution %)	28,000
Total Expenditure	£299,655.00

BHSCP Income 2024-25



Department for Education MASA Grant - £47,300

Development of Young Scrutineer Programme in collaboration with WSSCP & ESSCP and Education Safeguarding Subgroup.	Redesign and development of website to include children & young people’s pages and enhanced parent/carer/community pages. To include enhanced comms strategy development to ensure meaningful circulation.
Commissioning of Independent Scrutineer to undertake Pan Sussex Exploitation Scrutiny.	Commissioning of Independent Scrutineer for Pan Sussex & local Section 11 Scrutiny and Challenge/Reflection events.
Commissioning of Independent Scrutineer for Pan Sussex and local evaluation of MASA 2024 and Learning & Development programme.	Resources to support children & young people in custody.

# Summary of BHSCP Annual Report 2024-25 & Acknowledgements

This report summarises the work of the BHSCP over the last 12 months including the introduction of the new arrangements, how the subgroups responded to these, the role of multi-agency partners, how we collaborate with our local and pan Sussex partners and forums, and our progress against our Business Plan priorities.

Our report shows how we come together as agencies and community sector organisations to deliver the best possible safeguarding services locally, provide comprehensive oversight and scrutiny; and our commitment to being a learning partnership through training, reflection, challenge and evaluation. The report discusses the new arrangements published in September 2024 which provided an opportunity to strengthen links across Sussex, to evaluate, to innovate, and to share best practice. The planned evaluation of these arrangements in 2025-26 will provide further opportunity to assess their impact on safeguarding children.

The report also mentions our strategic plans for 2025-26 which include the embedding of key partners from the education sector as our fourth partner to ensure representation and engagement in all BHSCP functions, reviewing our business plan priorities to ensure alignment with the new MASA and strengthening our aggregated approach to scrutiny and our exciting plans to include young scrutineers in this approach.

Thank you for reading our Annual Report 2024-25.

*Sarah Smart*  
**BHSCP Partnership Business Manager**

## Acknowledgements



Delegated Safeguarding Leads  
Independent Scrutineer & Lay Members  
Subgroup Chairs, Data Analyst & Policies &  
Procedures Lead  
Partnership Business Manager  
Partnership Coordinator  
Learning & Development Officer  
Agency Leads

Picture Credits

Deb Austin, Naomi Ellis and Chief Supt Richard McDonagh  
Rachel Egan, Phil Worsfold, Vera Jakimovska and Jo Yule  
Rachel Egan, Justin Grantham, Jenny Whyte, DCI Neil Phillips, Dr Jamie Carter, Daryl Perelli,  
and Mia Brydon  
Sarah Smart  
Nicky Packham  
Astrella Chapman  
Tom Bennett, David Kemp, Jo Templeman, Helen Cowling, Jo Gough, Holly Baker, Stevie  
Graves, Michael Brown, Abigail Taylor, Sarah Colombo, Jayne Grier, Lindsey Dearnley, Rachel  
Strudwick, Sam Tyler, Laura Litchfield, Adam Muirhead, Catherine Coppard & Emma  
Robson, Sam Wilson, Richard Barker.  
VisitBrighton & Brighton & Hove City Council where applicable

**References –**

[Home – BHSCP](#)  
[Working Together to Safeguard Children 2023](#)  
[BHSCP Business Plan 2023-26](#)  
[RISE Five-year Strategic Aims 2024 to 2029 | RISE \(riseuk.org.uk\)](#)  
[Sussex Multi-Agency Safeguarding Arrangements \(MASA\) 2024](#)  
[Addendum-Engagement-of-Education-Partners-in-BHSCP-March-2025](#)  
[Adolescent Vulnerability Risk Meeting \(AVRM\)](#)  
[Pan-Sussex-SCP-Tier-1-Information-Sharing-Agreement-Nov 2024](#)  
[Charlie's Promise | Working to prevent knife crime](#)  
[Young Adults Under 25 Years - Oasis Project](#)  
[Domestic Abuse Support | Domestic Abuse Refuges & Support at Stonewater | Stonewater](#)  
[AudioActive](#)  
**IMPACT INITIATIVES**  
[Joint National Protocol for Transitions in England](#)  
[Youth - TDC](#)  
[Hospital Youth Work - TDC](#)  
[Pelican Parcels](#)  
<https://www.rcn.org.uk/Professional-Development/publications/pub-007366> (SPFT resource)  
[Operation Encompass | Sussex Police](#)  
[One year on: Reflections since the 2024 Racist Riots - Race Equality Foundation](#)  
[Neglect Strategy - June 2025](#)  
[Brighton & Hove's Neglect Forum](#)  
[Policies and Procedures – How we make decisions](#)  
[Brighton-Hove-Family-Help-The-Right-Support-at-the-Right-Time-2024](#)  
[The Child Safeguarding Practice Review and Relevant Agency \(England\) Regulations 2018](#)  
[BHSCP Quality Assurance Framework 2024](#)  
[DadPad | The Essential Guide for New Dads | Support Guide for New Dads \(thedadpad.co.uk\)](#)  
[Co-ParentPad Launch | Support for new parents \(thedadpad.co.uk\)](#)  
[Ofsted website](#)  
[BHSCP Policies and Procedures - Section 11](#)  
[Sussex Safeguarding and Child Protection Policy and Procedures Resource](#)  
[CDOP - 7 Minute Briefing](#)  
[Pan-Sussex-CDOP-Annual-Report-2024-25](#)  
[BHSCP - Parents, Carers and the Community](#)  
[Families First Partnership Programme - Newsletters](#)  
[Families First Partnership programme - GOV.UK](#)

**Partner Agency Website Locations –**

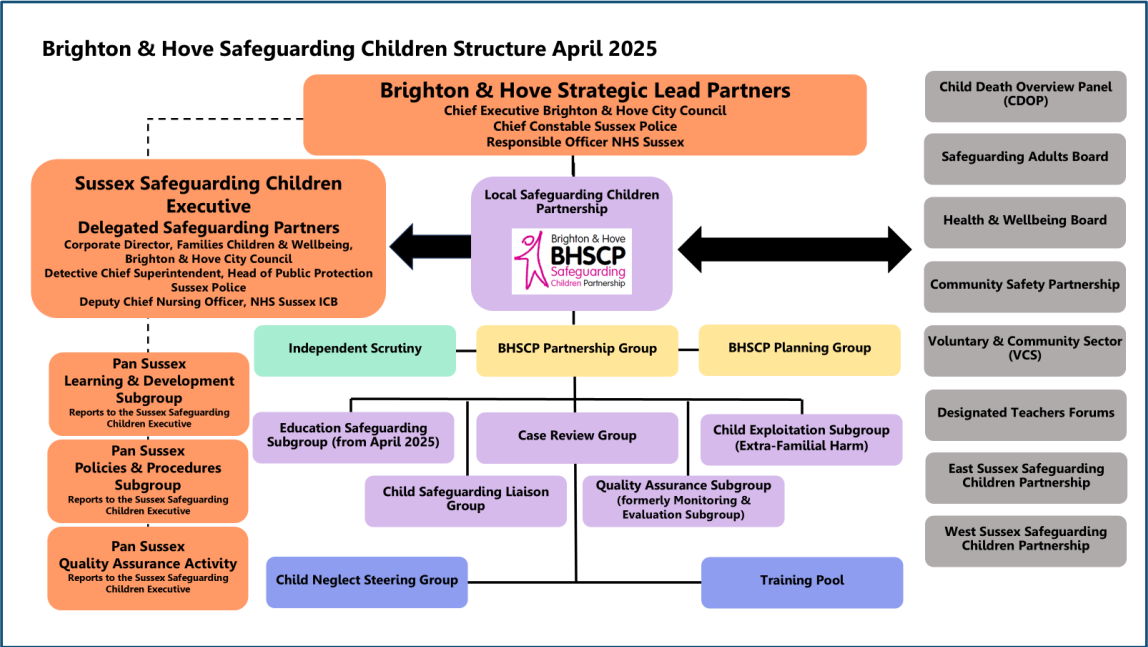
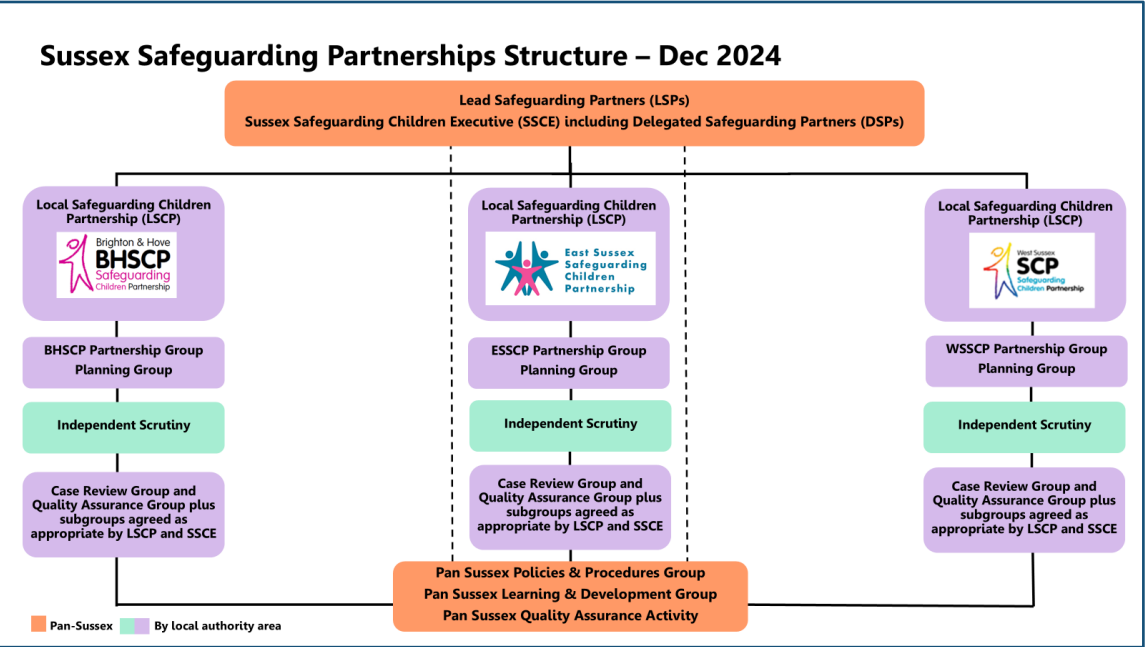
[BHSCP - Brighton & Hove Safeguarding Children Partnership](#)  
[BHSCP - Learning & Development](#)  
[BHCC - Children's services](#)  
[Sussex Health & Care and NHS Sussex](#)  
[Sussex Police](#)  
[Community Safety Partnership](#)  
[Family Hubs and what they offer](#)  
[Sussex Community NHS Foundation Trust - SCFT - Safeguarding](#)  
[Sussex Partnership NHS Foundation Trust](#)  
[SouthEast Coast Ambulance Service | NHS](#)  
[Brighton and Hove: Brighton Probation Office - GOV.UK](#)  
[Oasis Project - We give hope to people affected by drugs & alcohol.](#)  
[University Hospitals Sussex NHS Foundation Trust](#)  
[B&H Public Health](#)  
[B&H Virtual School Homepage](#)  
[Youth Employability Service](#)  
[East Sussex Fire & Rescue Service](#)  
[Impact Initiatives](#)  
[Trust for Developing Communities - TDC](#)  
[Domestic Abuse & Violence Refuge | Our Refuges & Safe Spaces | Stonewater | Stonewater](#)  
[Brighton & Hove Albion Foundation](#)  
[YMCA DownsLink Group](#)  
[Freedom from domestic abuse | RISE](#)  
[Brighton Community Works](#)  
[The Lioncare Group – Specialist Services for Children](#)  
[The Lioncare School – The Lioncare Group](#)  
[Child Death Overview Panel \(CDOP\)](#)  
[ESSCP - East Sussex Safeguarding Children Partnership](#)  
[WSSCP - West Sussex Safeguarding Children Partnership](#)

**Appendices:**

Annex A - C – Website link to all multi-agency responses relating to Priorities 2-4 (Business Plan 2023-26) [The BHSCP Business Plan & Annual Reports](#)  
Annex D – Website link for Partner Profiles (2024-25) [The BHSCP Business Plan & Annual Reports](#)  
Annex E – Pan Sussex and BHSCP Structures under MASA 2024  
Annex F – Website Link to Agency Responses relating to Voice of the Child/Young Person and their Families, and Areas to Celebrate [The BHSCP Business Plan & Annual Reports](#)

# Annex E: Safeguarding Children Partnership Structures 2025-26

\*Published Dec 2024 & April 2025









# Brighton & Hove Safeguarding Children Partnership

## Children & Young People's Annual Report 2024-25

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4	Our Safeguarding Partners 2024-25
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7	Safeguarding Snapshot Data in Brighton and Hove – March 2025
8	Our objectives, vision, values, and principles
9	BHSCP Business Plan 2023-26
10	How do we work together to keep children and young people safe?
11	Our structure 2024-25 (Published 02/09/2024)
12	Our Structure from April 2025 and how we link with Partnerships in Sussex
13	How do we check what we are doing?
14	Our plans to recruit Young Scrutineers in 2025-26
15	Our decision-making groups
16	Our Subgroups
17	Our Pan Sussex Subgroups
18	BHSCP Workstreams in 2024-25 – Learning & Development
19	Feedback from practitioners attending BHSCP Training Programme Events
20	BHSCP Workstreams in 2024-25 – Right Support at the Right Time and our focus on tackling Neglect
21	BHSCP Workstreams in 2024-25 – Case Review Group – Local Child Safeguarding Practice Reviews
22	BHSCP Workstreams in 2024-25 – Safeguarding Messaging Campaigns
23	BHSCP Workstreams in 2024-25 – Multi-Agency Audits and Section 11
24	What's next? Our plans for 2025-26
25	Where can I find information and support?

## Introduction:

Welcome to the Brighton & Hove Safeguarding Children Partnership (BHSCP) – Children and Young People version. This report has been produced to ensure local children and young people have an accessible version of the full BHSCP Annual Report 2024-25. Our plan is to co-produce future children and young people versions of our annual reports with our Young Scrutineers – more on this later in the report!

## Governance: How does the BHSCP work?

Arrangements for keeping children safe are included in a local plan called [Sussex Multi-Agency Safeguarding Arrangements \(MASA\) 2024](#) this was published in December 2024 after the government updated national guidance called [Working Together to Safeguard Children 2023](#). The named partners in these arrangements are the Local Authority (Brighton and Hove City Council, Children's Services), the police (Sussex Police), and Health (NHS Sussex ICB\*). They work with lots of different partners but this year there has been a big change... Education was introduced as a fourth partner!

Education plays one of the most important roles in most children's lives. There are 111 schools and colleges, plus over 100 nurseries Brighton and Hove and it was agreed that one school or education leader couldn't represent all these local education settings. So, we created our Education Safeguarding Subgroup which includes representatives from all education stages including further education. The Education Safeguarding Subgroup was developed from Sept 2024 – March 2025, and they met for the first time as a group in April 2025. The group is still working on how they will link with our other subgroups and workstreams, and how they will help other partners to understand how schools keep children safe. But they are a group of named representative who will help to get safeguarding messages out to all education settings in Brighton and Hove. We will be able to provide a full year update in the Annual Report for 2025-26.

*\*Integrated Care Board – The organisations responsible for local health services i.e hospitals, GP surgeries.*

## Introducing our Delegated Safeguarding Partners:



Deb Austin, Corporate Director,  
Families, Children & Wellbeing  
Services, BHCC



Naomi Ellis, Deputy Chief Nursing Officer &  
Director of Patient Experiences and Involvement,  
NHS Sussex



Richard McDonagh, Chief  
Superintendent, Public Protection,  
Sussex Police

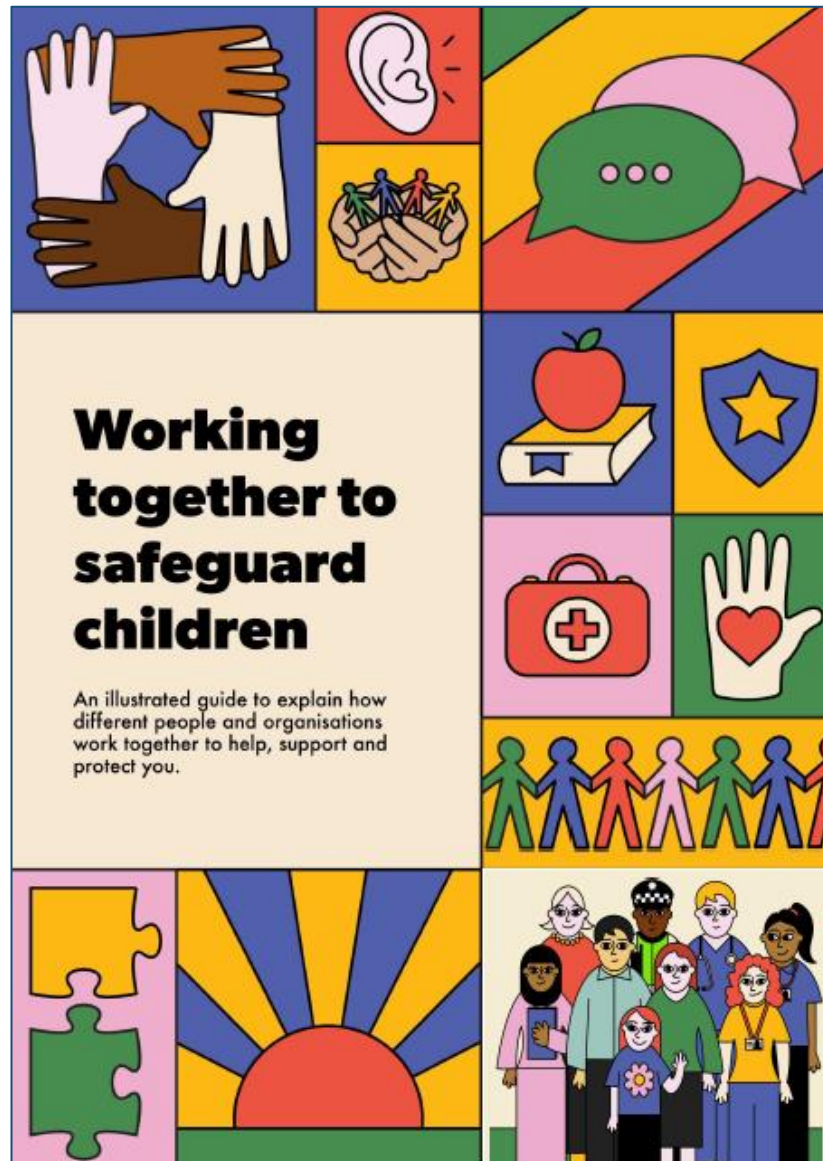
# Our Safeguarding Partners 2024-25



\*\*Brighton & Hove City Council – Children’s Social Care, Family Hubs Service, Community Safety Team, Public Health, Education Team



## Before we move on let us explain what we mean when we say 'safeguarding'



**Safeguarding**, in simple terms, means keeping children safe from harm and making sure they grow up healthy and happy. It's about protecting children from abuse and neglect and ensuring they have the support they need to thrive.













An illustrated guide for children and young people has been written to help explain the [Working Together to Safeguard Children 2023](#) government guidance that explains how local agencies must work together to safeguard and promote the welfare of children in their area. It might be useful to you if you have questions about what help you think you or someone you are worried about should be getting. You can read the illustrated guide by accessing the link below.

[Children & Young Persons Guide to Statutory Guidance - Working Together Guidance](#)

The guide provides a clear overview on how practitioners should work together to help keep you safe. It includes information on different types of abuse, your rights and what to do if you think you are being abused. It also provides information on what to expect if a concern has been reported and where to get help.

The video can be accessed here: [An animated guide to Working Together to Safeguard Children for children and young people](#)

# Population Data in Brighton and Hove – March 2025

	<b>46,666</b>	Children and young people aged under 18 living in Brighton and Hove (B&H), mid-2023 population estimate
	<b>30,566</b>	Pupils on the school roll (January 2025 School Census), down from <b>32,296</b> in January 2020
	<b>7,834</b>	Free School Meal Pupils (Reception to Year11 - Jan 2025 School Census) – <b>26.9%</b> of that cohort, up from <b>17.6%</b> in January 2020 and above the national average of <b>26%</b> (2025)
	<b>5,492</b>	Pupils receiving Special Educational Need Support in B&H Schools in January 2025. <b>18%</b> of pupils compared to <b>14.2%</b> nationally (2025)
	<b>6.7%</b>	16- and 17-year-olds who are not in education, employment or training or whose status is not known (December 2024 to February 2025) compared to <b>5.6%</b> nationally.
	<b>14.3%</b>	Children and young people aged under 16 living in relative low-income families (2024), below the England average of <b>22.1%</b> .
	<b>6.59%</b>	Suspension rate for all pupils in the 2023-24 academic year, below the national rate of <b>11.31%</b>
	<b>1,771</b>	Pupils have an Education, Health & Care Plan (EHCP) at Jan 2025, <b>5.8%</b> of pupils compared to <b>5.3%</b> nationally, (2025)
	<b>574</b>	Electively Home Educated Pupils at March 2025, up from <b>527</b> at March 2024.
	<b>22.33%</b>	Percentage of persistent absentees in the 2023-24 academic year, above the 2023-24 national average of <b>19.95%</b>
	<b>9,831</b>	Pupils identified as other than 'White British' (January 2025 School Census). <b>32%</b> compared <b>to 38%</b> nationally. (January 2025)
	<b>5,007</b>	Pupils exposed to a language other than English in their home (January 2025). <b>16.4%</b> of pupils compared to <b>21.4%</b> nationally. (2025)

# Safeguarding Snapshot Data in Brighton and Hove – March 2025



289

Children in Care excluding Unaccompanied Asylum-Seeking Children (UASC) - 31 March 2025. (Total of **334** including UASC), this is down from **304** - March 2024.



45

Unaccompanied Asylum-Seeking Children (UASC) - 31 March 2025 down from **52** - March 2024, representing **13.5%** of Children in Care



364

Care Leavers aged 17 to 25 who receive our support - 31 March 2025, including **138** care leavers who were previously UASC, up from **354** - March 2024



2,611

Referrals to Family Hubs during the year ending March 2025, down from **2,827** during the previous 12 months.



675

Children and young people open to Family Hubs - 31 March 2025, down from **761** - 31 March 2024.



42

First Time Entrants to the Youth Justice System during the year ending 31 March 2025, down from 58 during the previous 12 months.



260

Children subject of a child protection plan - 31 March 2025, down from **261** - March 2024. This is a rate of **55.7** per 10,000, compared to the 2023-24 national average of **41.6**.



3,222

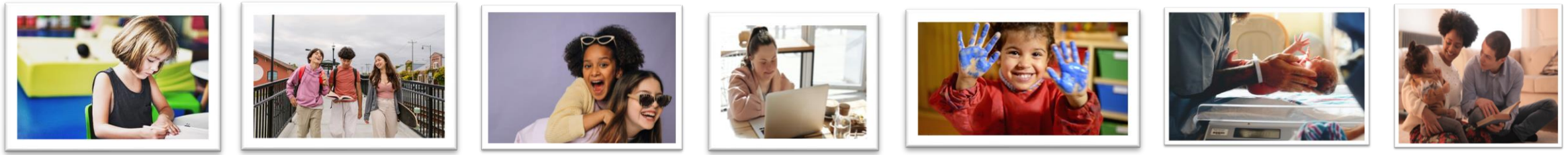
Referrals to Children’s Social Care during the year ending March 2025, up from **3,135** during the previous 12 months.



19,962

Initial Contacts to Front Door for Families during the year ending March 2025, up from **19,833** during the previous 12 months.

# Our objectives, vision, values, and principles



**Our Objectives:** To work together with our partner agencies to safeguard and promote the welfare of children and young people in Brighton and Hove, and to plan how children and their families should be supported and protected in Brighton & Hove. You can see all our partners on page 4.

## Our vision

Our vision is that children and young people in Brighton & Hove live a life free from fear, harm, abuse and exploitation, enabling every child in every part of the city to achieve their potential.

## Our vision is underpinned by our core values:

- **A child centred approach:** for services to be effective they should be based on a clear understanding of the needs and views of children.
- **Safeguarding is everyone's responsibility:** for services to be effective each citizen, practitioner and organisation should play their part.
- **Promoting preventative and early help approaches for outcomes to be improved:** there should be timely identification of a problem; the earlier the better to secure maximum impact and greatest long-term sustainability.
- **Always alert to transition points:** for outcomes to be improved known transition points should be planned for in advance.

## Our principles

- To work in partnership.
- To commit to genuine engagement: listening to, and acting, on what our community tells us.
- To be a learning partnership.
- All BHSCP activity is characterised by an attitude of constructive professional curiosity and challenge.
- To be flexible to respond to emerging threats and risks.
- To always ask 'so what' to ensure what we do makes a difference.



# BHSCP Business Plan 2023-26

The Brighton & Hove Safeguarding Children Partnership (BHSCP) [Business Plan 2023-26](#) sets out how we plan to make our vision a reality.

## The BHSCP Business Plan 2023 – 2026 priorities are informed by the following:

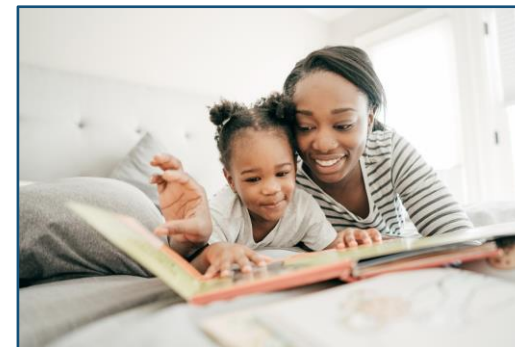
- Learning from local and national Safeguarding Practice Reviews (formally known as Serious Case Reviews).
- Legislation and policy.
- Inspection reports.
- National learning, briefings and research including National Review Panel reports and guidance.
- Local audit findings through monitoring and evaluation.
- Data sources including the BHSCP Dashboard.
- Learning through Subgroup activity and professional challenge.

### Priority 1: Partnership Engagement and Accountability

### Priority 2: Safeguarding Children and Young People from Violence and Exploitation - Lead Agency: Sussex Police

### Priority 3: Reducing Neglect, Recognising the Impact of Child Poverty and Disadvantage – Lead Agency: Brighton & Hove City Council (BHCC)

### Priority 4: Mental Health and Emotional Health and Wellbeing – Lead Agency: NHS Sussex ICB





# How do we work together to keep children and young people safe?

When we introduced our new arrangements, we included information about our partners, how they meet to make decisions, our Subgroups and what they do to safeguard children, and how we deliver training to multi-agency practitioners i.e. social workers, nurses, teachers, police officers, and youth workers.

The arrangements also show how we share information between agencies including community and voluntary sector organisations, how we check what we do is effective i.e independent scrutiny and quality assurance, and how we will deal with any issues i.e. when practitioners or agencies don't agree on what is the best action to take. The arrangements also detail how we work with Safeguarding Children Partnerships in East Sussex and West Sussex.

We will review the arrangements at least yearly and will publish an annual report every September to demonstrate what we have been working on as a Safeguarding Children Partnership, where we still need to make improvements, and what we have planned for the next year. Our annual reports can be found on our website: [The BHSCP Business Plan & Annual Reports](#)



## Our Independent Scrutineer:

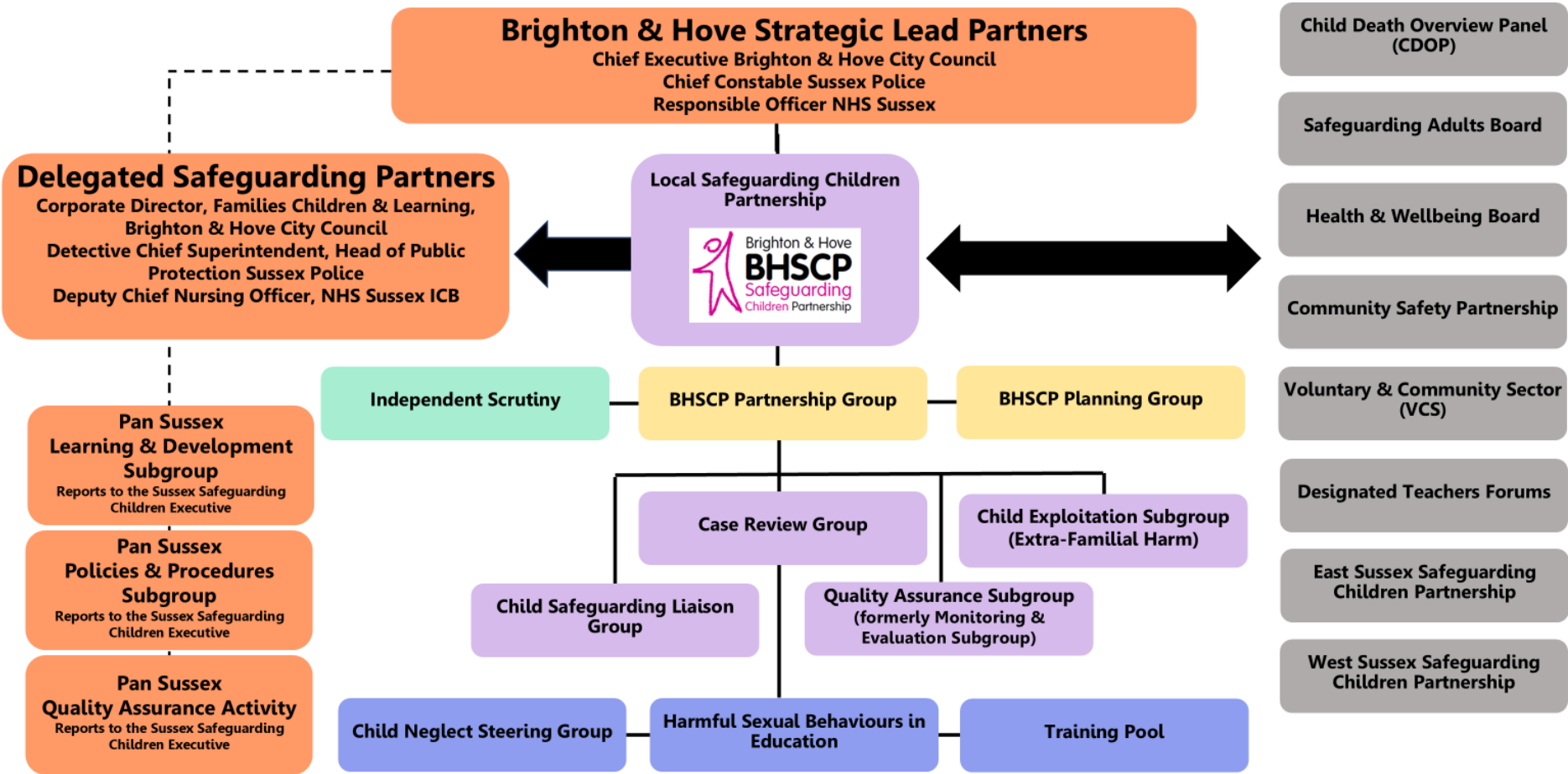
Rachel Egan supports the Delegated Safeguarding Partners (page 3) and the partner agencies (page 4), and works to ensure the culture of openness, reflection, and continuous improvement remains strong. The role of the Independent Scrutineer is also to ensure we continue to build on this foundation to safeguard children and young people across Brighton & Hove.

Rachel is also the Independent Chair of our Quality Assurance Subgroup.

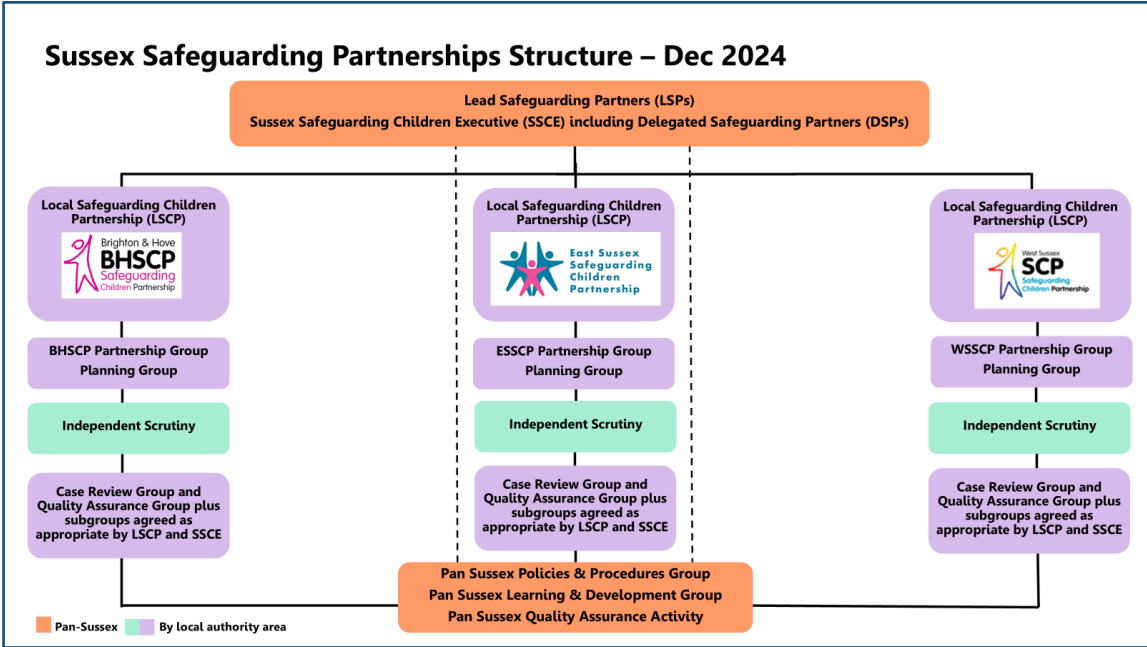
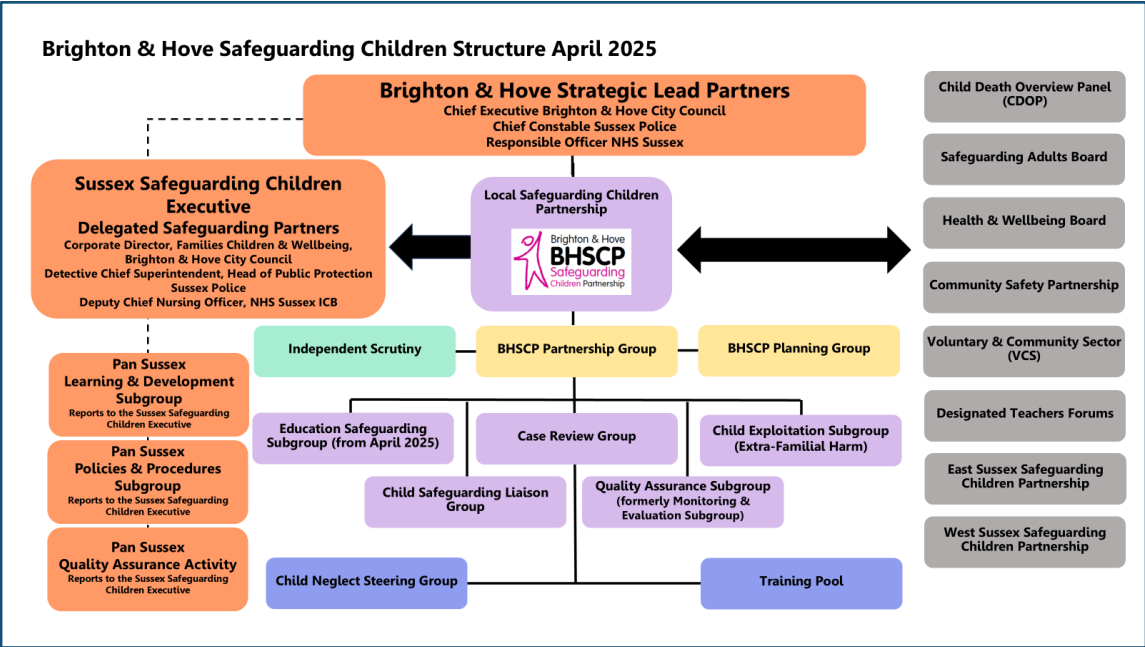


Our structure 2024-25 (Published 02/09/2024)

Brighton & Hove Safeguarding Children Structure



# Our Structure from April 2025 and how we link with Partnerships in Sussex



# How do we check what we are doing?



## Independent Scrutiny

The role of independent scrutiny is to judge the effectiveness of multi-agency safeguarding arrangements through a range of scrutiny methods. In the early part of 2024-25 the BHSCP was supported by an Independent Chair and Scrutineer and a Quality Assurance Scrutineer who Chaired the Quality Assurance Subgroup, and three dedicated volunteer Lay Members attending some of our Subgroups. From September 2024 our Independent Chair and Scrutineer moved on but our Independent Scrutineer and Quality Assurance Chair and Lay Members have been with us throughout.

Under [Working Together to Safeguard Children 2023](#): *'Independent scrutiny should drive continuous improvement and provide assurance that arrangements are working effectively for children, families, and practitioners. It should also consider learning from local child safeguarding practice reviews, national reviews and thematic reports. The independent scrutineer or scrutiny group should be able to demonstrate knowledge, skills and expertise in the area being scrutinised and consequently add value to the work of local agencies.'* (2023, p.37)

Our Independent scrutiny arrangements were reviewed as part of the development of the new [Sussex Multi-Agency Safeguarding Arrangements \(MASA\) 2024](#) Independent Scrutiny remains a priority for the Partnership, the named safeguarding partners, and the wider Partners – our scrutiny arrangements will be reviewed and evaluated as part of the overall review and evaluation of the Sussex MASA 2024 later in 2025-26.

## What our Lay Members Say...

*"I have attended the Quality Assurance subgroup. As a non-safeguarding professional, I have been able to play my part in scrutiny of governance requirements. I have witnessed open discussion about securing the right data and to challenge organisations. I have been supported to raise questions. Where data has been difficult to secure, I have observed commitment to problem solving and stronger networks to support children and their families."*



# Our plans to recruit Young Scrutineers in 2025-26

## Future Independent Scrutiny Planning – Young Scrutineers

As we embed our Multi-Agency Safeguarding Arrangements, we are looking to strengthen our independent scrutiny arrangements and child's voice within the Partnership business by recruiting a at least two Young Scrutineers.

We have started discussions with our pan Sussex colleagues and local authority participation teams to ensure that our young scrutineers will be appropriately supported but also to enable us to offer this as a beneficial development opportunity to local young people. Young Scrutineers will receive training and 1:1 support from the business team and the Independent Scrutineer, peer support – locally and pan Sussex, and payment through the local authority Rewards and Recognition Policy.

## Who are Young Scrutineers and what will they do?

Young Scrutineers are usually aged over 16 up to around 22 years old. Ideally, Young Scrutineers will live in the Brighton and Hove area. Young Scrutineers can enrich a Partnership's approach by providing their views and voices to local safeguarding issues. They strengthen links between Partnerships and local young people, and they provide valuable lived experience.

## Key Responsibilities:

- Provide a young person's perspective on safeguarding issues and initiatives.
- Assist in co-designing and participating in community events and workshops.
- Help create engaging content for our social media platforms for those working with children.
- Attend some meetings and contribute ideas to improve our services.

When we are ready to recruit our Young Scrutineers, we will advertise full details widely including on social media, and in areas such as youth clubs, schools and colleges. We hope that our next Annual Report will include a Children and Young People version co-produced with our Young Scrutineers.





# Our decision-making groups

## BHSCP Partnership Group

Partnership Group meetings happen at least twice a year.

The role of the BHSCP Partnership Group is to bring together wider partners from across statutory and voluntary and community sector organisations to ensure the strategic direction of the Partnership and the BHSCP Subgroup activity is taken forward and put into practice in all organisations.

### The purpose of the Partnership Group:

To provide a space where local agencies and organisations to work together in a system where:

- There is a shared understanding of safeguarding practice in Brighton & Hove.
- Safeguarding assurance is promoted at all levels.
- Learning and improvement is promoted through a reflective approach to bring change.



## Delegated Safeguarding Partners (DSPs) Planning

This meeting is held at least twice yearly, is attended by the DSPs, Heads of Safeguarding, and the Partnership Business Manager.

The purpose of this meeting is:

- To ensure the effective working of the BHSCP.
- To ensure the BHSCP is fulfilling its statutory duty to monitor and challenge the effectiveness of the local multi-agency response to safeguarding children and young people.
- To oversee strategic activity undertaken across the Partnership to safeguard and promote the welfare of the children and young people.
- To determine how BHSCP resources are used.
- To agree how to resolve BHSCP issues and mitigate risks.

## Sussex Safeguarding Children Executive

The Executive determines the regional strategic approach to all issues requiring multi-agency safeguarding action, including responses to reports published by the child safeguarding practice review panel. The Executive can request assurance from partner agencies, and if required, that resource allocation meets the needs of children and secures effective discharge of their statutory duties.

## Our subgroups

Our structure charts show subgroups in Brighton and Hove and some that are pan Sussex, which just means that these groups meet with representatives from Brighton and Hove, East Sussex and West Sussex.

**Exploitation Subgroup** – This Subgroup works in direct partnership with Safer Communities and the Safeguarding Adults Board providing oversight of our work on exploitation, modern slavery and human trafficking of children and young people, and of the Violence & Exploitation Reduction Action Plan (VERAP). The focus of this Subgroup is **Priority 2: Safeguarding Children and Young People from Violence and Exploitation**.

**Case Review Group** – One of our key functions is to reflect on systems and practice following a serious child safeguarding incident. A Local Child Safeguarding Practice Review (LCSPR) is undertaken when a child dies, or the child has been seriously harmed. The purpose of a practice review (LCSPR) is for agencies and individuals to learn lessons to improve the way in which they work individually and collectively, to safeguard and promote the welfare of children and young people - to deliver improved outcomes for them. The Case Review Group performs this role.

**Education Safeguarding Subgroup** – [Working together to safeguard children 2023](#) highlights the responsibility held by Partnerships to fully engage with all agencies with safeguarding responsibilities for local children. Education & childcare settings have prolonged and daily contact with children and their families. As a result, they are uniquely placed to identify concerns, and to support early intervention with partner agencies.

**Neglect Steering Group** – A new steering group from October 2024 – The focus of the group is Business Plan **Priority 3: Reducing Neglect, Recognising the Impact of Poverty and Disadvantage**.

**Quality Assurance Subgroup** – This subgroup performs quality assurance through audits, data analysis, assurance requests and additional information requests.

**Child Safeguarding Liaison Group** – A forum that meets to review and improve joint working practice of Child Protection processes. This includes analysis of Child Protection enquiries and investigations using case studies. The group challenges practice and, where necessary, bring matters to the attention of relevant managers and agencies on our behalf with the aim of organisational and partnership learning. Case studies always aim to represent the voice of the child.



# Our Pan Sussex Subgroups



**Pan Sussex Policies and Procedures** – This Subgroup meets to co-ordinate the development of safeguarding and child protection policies, procedures and guidance used across Sussex to safeguard children and young people. The group is well attended, with all participants engaging proactively and meaningfully with policy reviews. Where possible the policy authors/practitioners are invited to the meeting to demonstrate the value and impact of working together across the Sussex footprint. The webpage: [Sussex Safeguarding and Child Protection Policy and Procedures Resource](#)

**Pan Sussex Learning and Development** – Following the introduction of the Sussex Multi-Agency Safeguarding Arrangements (MASA 2024) our local Learning and Development subgroup was replaced by the Pan Sussex Learning and Development Subgroup from September 2024. This regional Subgroup provides strategic oversight to enable us to work collectively across Sussex to maximise our wide-ranging expertise and resources to best safeguard and promote the wellbeing of children and families.

The subgroup will monitor multi-agency training and demonstrate a learning culture which supports all local safeguarding services to reflect, respond and introduce changes to practice. We are still required to provide high quality, up to date safeguarding training to enable practitioners in Brighton and Hove to keep safeguarding at the centre of their work.





# BHSCP Workstreams in 2024-25 – Learning & Development

BHSCP delivered **58 training courses in 2024-25 attended by a total of 846 multi-agency practitioners.**

We also hosted the **Anti-Racist Practice & Allyship Conference** on 10 October 2024 as a follow-up to our Anti-Racist Practice Conference in November 2022 and in response to the race riots and counter-protests witnessed in many towns and cities across the UK including Brighton in the summer of 2024.

The event included presentations and discussions led by local community partners including a young person and parent-facilitator and Anti-Racist Advisors/Leads from Brighton & Hove City Council and Sussex Police.

**The conference discussions were facilitated by AFRORI Books and subjects covered:**

- Amplifying Black & Global Majority (BGM) Voices – AudioActive
- The challenges BGM children with SEND/neurodiversity experience, and Youth Development & Empowerment – A Seat at the Table
- Equalities, Diversity & Inclusion: Race Action Plan – Sussex Police
- Developing Anti-Racist Practice in Education Settings – Brighton & Hove City Council (BHCC) Anti-Racist Education Team
- Allyship & Understanding/Changing Your Own Narrative – BHCC Children's Social Care
- Listening to Narratives to Impact Organisational Culture Change – BHCC Strategic Anti-Racist Lead.



The event was attended by **110** multi-agency practitioners and included enthusiastic discussions about the need for 'collabor-ACTION' and going beyond collaboration. As part of the post-event evaluation attendees were asked to include their 'commitments' of how they would listen to the narratives of local Black and Global Majority children and young people, community members, and colleagues but also how they could change racist narratives through Allyship,

For more information on the Racist Riots of 2024 - [One year on: Reflections since the 2024 Racist Riots - Race Equality Foundation](#)



In November 2024 we delivered our **Safeguarding Fortnight 2024** with colleagues from across Sussex.

A total of **295 practitioners** attended 13 thematic workshops and a conference on Hidden Harm including sessions on Safeguarding Children in Schools, The Impact of Parental Substance Misuse, Safeguarding Adolescents, Preventing Serious Youth Violence & Knife Crime, Gaming & Gambling Harm Prevention, Harmful Sexual Behaviours in Education, Digital Resilience – Keeping Childre & Young People Safe Online, and Child Neglect.

# Feedback from practitioners attending BHSCP Training Programme Events

## **Domestic Abuse – Understanding Protective Orders and the National Centre for Domestic Violence (NCDV)**

"Very knowledgeable facilitator and clear information that will help me to support clients"

## **Anti Racist and Allyship Conference**

"I'm going to go away and see how we can set up an anti-racist lead at school"

## **Trauma Informed Practice**

"I found it thought provoking and insightful. It will be valuable not only in informing my interactions with children and young people on our programmes, but also in working with the professionals around them too."

## **GCP2**

"The pace of it was very good and it was comfortable asking questions. I really appreciate the offer of support in using this tool when we take it back to work."

## **Working Together in CP day 1**

"A deeper understanding of the support that I can access for families so that I can be empowered in my role."

## **Cultural Competence and Anti-Racist Practice**

"Stand out for me was the realisation around language, the impact it can have. I have stolen with pride the adoption of the inclusion of Equalities Diversity & Inclusion (EDI) as a standing topic of discussion."

## **Adultification: Addressing Barriers to Safeguarding Children Effectively & Appropriately**

"I attended this course almost two years ago, and it still influences my practice and training I deliver today"

## **Supporting LGBT+ Children & Young People**

"Helping to think about how I support the young trans person I am working with and being sensitive to their needs."

## **Hidden Harms Conference**

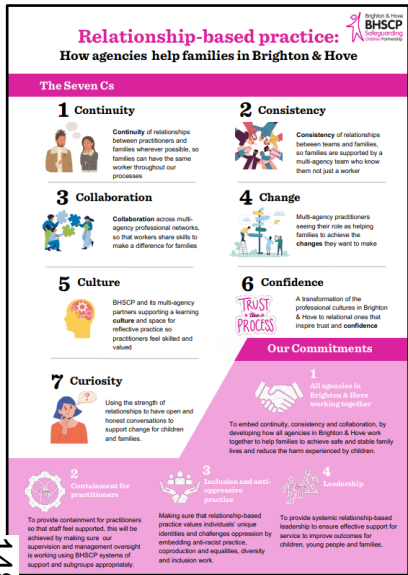
"Everything was relevant, and I found it all totally interesting. I have already referred to ygam since 'All learning will be useful for my agency. It was helpful to hear more on changing the narratives and what more I can, and my agency can do to support this."

## **Incels**

"I found all aspects of the training extremely useful and will greatly assist me in my role as Designated Safeguarding Lead"  
"One of the best pieces of training I have attended in a while - well presented, clear and allowed for conversations topics."



# BHSCP Workstreams in 2024-25 – Right Support at the Right Time and our focus on tackling Neglect



Guidance from the government requires us to have a framework to inform assessments and decisions about service delivery in our local area. This framework should include services to support children and young people who have suffered or are likely to suffer abuse, neglect, and exploitation (in the home or outside of the home environment). This is usually called a Threshold document.

In Brighton and Hove, we believe language and approach is important in describing how we deliver services to children – our approach is the deliver services that offer the right support, at the right time, delivered by the right people. Our aim is to scaffold support across our Family Help services, including Social Work oversight, to provide continuity for families from the professional network around them.

In July 2024, we published the **Brighton & Hove: Family Help – the Right Support at the Right Time (RS @ RT)** documents linking with our Anti-Racist Practice Statement.

As part of this work, we developed the Relationship-based Practice Model of Practice, Community of Practice, Vision of Family Help, our Poverty Aware Practice Statement, and a fully Interactive Framework detailing levels of support, useful information, and links to resources these documents are all available on the BHSCP website.

You can read more about the Right Support at the Right Time on our website here: [BHSCP Policies and Procedures](#) under ‘**How we make Decisions**’ – **Brighton & Hove Family Help: Right Support at the Right Time.**

## Introduction of Neglect Steering Group

Our new steering group from October 2024 – The focus of this group is **Business Plan Priority 3: Reducing Neglect, Recognising the Impact of Poverty and Disadvantage.**

The Neglect Steering Group reviewed the Neglect Strategy which was republished in June 2025 (available from the BHSCP website: [Neglect Strategy June 2025](#)).

A new multi-agency **Neglect Forum** was developed from October 2024. The Neglect Forum is led by the Family Hub service and Partners in Change and was launched in April 2025. As part of the Partners in Change initiative work is underway to establish space within the forum for open case discussions.

The Neglect Strategy works together with the existing Brighton & Hove: Family Help – the Right Support at the Right Time (RS @ RT) documents.

# BHSCP Workstreams in 2024-25 – Case Review Group – Local Child Safeguarding Practice Reviews

The Case Review Group were working on two practice reviews in 2024-25.

## Child Zeta – Published in June 2025

### Priority 2: Safeguarding children from violence and exploitation

Learning themes identified –

- Child criminal exploitation, serious youth violence and contextual safeguarding.
- Adverse Childhood Experiences in Child Zeta’s early life as a refugee from a war-torn country.

Findings –

- On the whole, services across the multi-agency system worked to try and put support in place that would help Child Zeta but as is often the case in child exploitation, the system was not always able to keep him safe.
- Many of the issues identified in the practice review are already known, they are national issues that cannot be solved locally. However, locally, there has been some significant service developments in key areas.
- Challenges in capturing the child’s voice in the review however the Reviewers attempted to capture his voice through family and practitioners who knew him well.
- Issues of identity and racial/cultural were identified.
- Child Zeta wanted things to change in his life, and he wanted the opportunity to leave his exploitation behind him.

### Priority 4: Mental Health, Emotional Health and Wellbeing

Findings –

- Child Zeta struggled with his emotional wellbeing and mental ill health and at times found it difficult to source and access help.
- Child Zeta came from a highly supportive family, and it is to their credit that throughout the timeframe of the review, they continued to seek support for him.
- The push and pull factors of children into criminal exploitation cannot be underestimated and are clearly evidenced in Child Zeta’s life.

## Baby Aspen – Ongoing

### Priority 3: Reducing Neglect

Early learning themes identified –

- The Rapid Review process indicated that physical and emotional neglect were factors in Baby Aspen’s daily life.

### Priority 4: Mental Health, Emotional Health and Wellbeing

Early learning themes identified –

- One parent was a care leaver.
- Baby Aspen’s parents experienced mental health issues related to adverse childhood experiences and trauma, and domestic abuse as an adult.
- Potential longer-term impact of neglect and abuse.

# BHSCP Workstreams in 2024-25 – Safeguarding Messaging Campaigns

Working with West and East Sussex Safeguarding Children Partnerships we have developed a Safeguarding Messaging Campaign. Information is circulated to all agencies for sharing with local parents and carers.

In 2024-25 we promoted the following safety messages -

- Focussing on Safer Sleep arrangements at times when families visit extended family or have family stay with them which means usual sleeping arrangements don't always continue – Briefings were circulated in December 2023, summer 2024, and Christmas 2024.
- Sea/water safety in the winter months – with messages about the dangers associated with frozen bodies of water, staying together when near the sea especially at high tide or during periods of rough water, and the dangers of 'playing chicken' and 'tombstoning'.
- Beach safety during the summer months including swimming in the sea, using inflatables, and respecting the water.
- A recent campaign focused on safer bathtimes with reminders of the risks of drowning, scalds and poisoning.
- All Briefings are available from the BHSCP website under [BHSCP - Parents, Carers and the Community](#).

This poster is titled "Bathtime Safety Reminder for Parents and Care-givers" and features logos for Brighton & Hove BHSCP, East Sussex SCP, and West Sussex SCP. It contains safety advice on drowning, burns, and poisoning, followed by the hashtag #EveryBathtimeMustBeSafe and a list of resources. A prominent blue button at the bottom reads "STOP and THINK! Keep your baby safer".

**Bathtime Safety Reminder for Parents and Care-givers**

Whether you love or loathe bath time, it's important to keep safety in mind as sadly many accidents happen in the bathroom. Babies and young children can drown in very little water. Their delicate skin can burn easily. And they can put harmful things in their mouths.

**Drowning** – Babies and young children drown in far less water and far more quickly and quietly than you'd assume. Stay with your baby all the time they're in the bath. Keep them in arms reach.

**Burns** – A baby's skin is 15 times thinner than an adult's, so bath water can cause devastating burns with life-changing scars. Always run cold water before hot and test the temperature with your elbow.

**Poisoning** – Small children explore by putting things in their mouths. Once your baby starts to move there is no limit to what they can find. Move medicines, cosmetics and cleaning products into a high cupboard out of reach.

**#EveryBathtimeMustBeSafe**  
For more information and safety advice please visit:

[Child Accident Prevention Trust | A safer world for all our children](#)  
[Bath time - RoSPA](#)  
[Baby & Toddler Safety](#)  
[Washing and bathing your baby - NHS](#)

**STOP and THINK! Keep your baby safer**

Published June 2025 – BHSCP on behalf of Pan Sussex SCs

This poster is titled "Every Sleep Must be a Safer Sleep" and features logos for East Sussex SCP, West Sussex SCP, and Brighton & Hove BHSCP. It provides detailed advice on sleeping environment, temperature, routine, and position. A prominent blue button at the bottom reads "STOP and THINK! Keep Your Baby Safer".

**Every Sleep Must be a Safer Sleep**

**Sleeping Environment** – The safest place for your baby to sleep is a separate cot or Moses basket in the same room as you for the first 6 months, even during the day. Keep the sleeping environment clear of toys, cot bumpers, pillows and any products marketed for babies to sleep with. Always seek advice from your Midwife or Health Visitor. Always take your baby out of the car seat when you are not traveling – the position carries potential risk and may inhibit breathing.

**Temperature** – It is important to make sure that your baby's room is a comfortable temperature – not too hot or too cold. The chance of SUDI\* is higher in babies who get too hot. Try to keep the room temperature between 16 - 20°C. Remember to remove hats, blankets coats/snow suits when you move from cold environments to warm heated environments.  
\*SUDI – Sudden Unexpected Death in Infancy

**Out of Routine** – If you're taking medication, consumed alcohol, taken any substances or away from home don't change your routine, stick to the safe sleep advice. Babies are at greater risk when any of these things have changed from the normal routine.  
Out of routine: A review of sudden unexpected death in infancy (SUDI) in families where the children are considered at risk of significant harm (publishing.service.gov.uk)

**Position** – Always put your baby on their back for every sleep, day and night, as the chance of SUDI is particularly high for babies who are sometimes placed on their front or side.

**#EverySleepMustBeASaferSleep** / For more information and Safer Sleep advice contact – [The Lullaby Trust - Safer sleep for babies. Support for families](#)

**STOP and THINK! Keep Your Baby Safer**

Published October 2023

# BHSCP Workstreams in 2024-25 – Multi-Agency Audits and Section 11



Our Quality Assurance Subgroup completed two multi-agency audits in 2024-25 –

1. Non-Accidental Injuries
2. Impact of Domestic Abuse on children and young people

Across both audits multi-agency practice was graded good, and no practice was graded inadequate. The audits also identified several areas of practice categorised as strengths including good quality referrals, parents being informed, and consistent information sharing and recording in the child's records.

Audit Learning Briefings were shared with practitioners based on the audit findings. Findings from the Safe and Well at School Survey was also shared with the Quality Assurance Subgroup; key points were discussed including areas of concern for local children and young people.

The group meet every 3 months, as part of the meeting the members evaluate the multi-agency safeguarding data which is presented as a Data Dashboard. Trends, areas of improvement, and areas of concern are discussed by the group members.

Areas of concern identified as areas for improvement in 2024-25 included –

1. Violent offences against a child by a child or an adult including reported sexual violence.
2. Dental caries (decay).
3. Children and young people not receiving access to mental health services.
4. Self-harm rates.
5. Child Sexual Abuse.

The Partners also complete their section 11 audit with West and East Sussex partners and our Independent Scrutineer Rachel Egan.

The audit provided valuable insights into how effective services are, and highlighted lots of strengths and examples of good practice. The audit also identified areas for improvement including – improved supervision for practitioners, including the child's voice in service developments and strategic decisions more, and the need to enhance data management systems to improve collaboration capabilities – currently all agencies use different data management systems.

# What's next? Our plans for 2025-26

Project	Rationale/Progress	Timeframe
Young Scrutineer recruitment	To strengthen existing scrutiny arrangements and increase the voice of the child in BHSCP functions.	From Sept 2025
BHSCP website redesign	Introduce Children and Young People's pages and improve Parents, Carers and Community pages. Ask Young Scrutineers to review and make suggestions for what else is needed, also link with community and voluntary sector organisation youth groups.	Launch Sept/Oct 2025
Evaluation and review of Sussex Multi-Agency Safeguarding Arrangements (MASA) 2024	Pan Sussex discussions ongoing, evaluation of local and Sussex arrangements to include evaluation of Learning & Development commissioning and delivery across the three Sussex partnerships.	From December 2025-April 2026
Review of BHSCP Business Plan 2023-26	Business Team to liaise with Education Safeguarding Subgroup and Subgroup Chairs to review existing plan to ensure alignment with MASA 2024 and future MASA.	From July 2025
Introduction of Education Safeguarding Subgroup	Membership to include senior leaders from all parts of education economy to ensure representation and engagement in all BHSCP functions. Planning and discussion took place Sept 2024-March 2025, meetings held in April & July 2025.	From April 2025
Family Hubs Service – P/T Youth Worker in collaboration with the Hangleton & Knoll Project	Employed to work with young people (YP) aged 11-19 whose families are currently engaging with Keyworker in Family Hubs, but the young person (YP) is not accessing any other services. YP with low or no school attendance, needs support with mental health and wellbeing, socially isolated, or at risk of school exclusion. The Youth Worker will engage assertively supporting Keyworkers by introducing the YP to other services within the community	The pilot will run for one year from April 2025 and is for families living in the West of the city.
Safeguarding Month 2025	BHSCP to collaborate with Sussex partnerships and NHS Sussex Safeguarding Team to deliver a month of bespoke training including Serious Youth Violence/Knife Crime conference.	November 2025
Response to CSA – 'I wanted them all to notice' Report Recommendations	Working with pan Sussex colleagues to develop local and pan Sussex responses to the national child sexual abuse (Intrafamilial CSA) report – including learning events, audits, task & finish groups as required.	From April 2025



## Where can I find information and support?

Check out our new website page for children and young people, there is lots of information and helpful links to local and national organisations who could help - [BHSCP - Children and Young People](#)

But we've also included some helpful links below, some you may recognise but some may be new to you, and they may also be helpful to the adults in your life too –

NSPCC: [NSPCC | The UK children's charity | NSPCC](#)

Childline: [Childline | Free counselling service for kids and young people | Childline](#)

YMCA: [Home - YMCA DownsLink Group](#)

Trust for Developing Communities: [Youth - TDC](#)

Family Help Online: Advice and support for families - [Family Help Online](#)

Front Door for Families: If you're concerned about a child or young person - [Front Door for Families](#)

Allsorts: [Allsorts Youth Project](#)  [LGBT+ Youth Support in Sussex](#)

Young Minds: [Mental Health Support For Young People | YoungMinds](#)

The Mix: provide support and guidance on lots of subjects - [The Mix](#)

Worried about staying safe online: [Keep Children Safe Online: Information, advice, support - Internet Matters](#)

Fearless: [Discover Fearless: Empowering Anonymity for Safer Communities | Crimestoppers](#)

Is This OK? A free, anonymous, and confidential service, bringing trained professionals together to provide support to young people through a chat service - [Is This Ok?](#)

**YOUNGMINDS**



Trust for  
Developing  
Communities



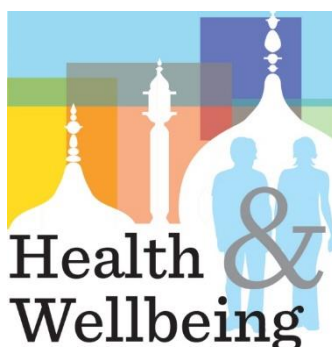
Brighton & Hove  
**BHSCP**  
Safeguarding  
Children Partnership



**NSPCC**







Title:	Joint Strategic Needs Assessment programme annual report and update		
Date of Meeting:	16 <sup>th</sup> December 2025		
Report of:	Interim Director of Public Health, Dr Nicola Lang		
Contact:	Louise Knight, Senior Public Health Intelligence Specialist	Tel: 01273 296580	
Email:	<a href="mailto:Louise.knight@brighton-hove.gov.uk">Louise.knight@brighton-hove.gov.uk</a>		
Wards Affected:	All		
<b>FOR GENERAL RELEASE</b>			
<b>Executive Summary</b>			
<p>Since April 2013, local authorities and NHS Clinical Commissioning Groups (now Integrated Care Boards) have had equal and explicit statutory obligations to prepare a Joint Strategic Needs Assessment (JSNA). The JSNA provides a comprehensive analysis of the current and future needs of local people and is used to inform commissioning of services that will improve health outcomes and reduce inequalities. Their outputs are used to help to determine what actions the Council, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing. The JSNA informed the development and delivery of our Joint Health and Wellbeing Strategy.</p> <p>This duty is discharged by the Health &amp; Wellbeing Board and overseen by the City Needs Assessment Steering Group.</p> <p>In July 2023 the Board agreed a three-year programme of needs assessments and action plan to further develop the JSNA. In November 2024 the Board received the year 1 annual report and agreed an adjusted year 2 and 3 programme.</p> <p>This paper updates on the progress in the second year of the programme and provides an updated programme extended by a year for the Board to approve.</p>			
<b>Glossary of Terms</b>			

- JSNA products refers to the products held on the JSNA website, including in-depth and summary needs assessments, data profiles and summaries, reports and briefings, and the Local Insight data mapping platform.
- JSNA stakeholders refer to users including, the Community and Voluntary Sector (CVS), NHS Sussex, the local authority, the public, and other partners.

## **1. Decisions, recommendations and any options**

- 1.1 That the Board notes the progress in the second year of the JSNA rolling programme
- 1.2 That the Board approves the updated proposed programme of needs assessments. The proposal is to extend the programme by a year, allowing an additional year to deliver the current programme. This means that the next prioritisation process of JSNA products, topics and population groups will take place in year 4. The year 3 (July 2025 - July 2026) and year 4 (July 2026 – July 2027) proposed programme is provided in Appendix 1.

## **2. Relevant information**

- 2.1 The current JSNA comprises a suite of products and resources held on the City Council website [Joint Strategic Needs Assessment \(JSNA\) \(brighton-hove.gov.uk\)](https://www.brighton-hove.gov.uk/joint-strategic-needs-assessment-jsna) including:
  - A programme of in-depth needs assessments on a specific theme or population group, approved by the Health and Wellbeing Board. Due to the resource requirements and partnership working involved, there is usually one in-depth needs assessments per year
  - Summary needs assessments which take the form of a range of products including the JSNA executive summary data summaries, briefings, data profiles, and signposting
  - Local Insight, an online resource providing a wide range of data mapped at small area level across the city as well as up to date area reports
  - Additional resources – for example survey briefings and evidence reviews.
- 2.2 In-depth needs assessments provide a comprehensive analysis for a specific topic of the current and future needs of local people to inform commissioners and providers how they can improve health outcomes and reduce inequalities. They also ensure that health strategies are based on high quality evidence and are a valuable resource for community and voluntary sector organisations.
- 2.3 Evidence for the needs assessments usually includes: local demographic and service data; evidence from the public, patients, carers, service users and professionals; national research; and best practice. These elements are brought together to identify need, current services, service gaps and under-provision, unmet need, inequalities, and over-provision of services.
- 2.4 The JSNA informs key Brighton & Hove and Sussex health and wellbeing strategies including the Brighton & Hove Joint Health and Wellbeing Strategy,

and the Sussex Health and Care Partnership strategy Improving Lives Together.

- The JSNA is delivered by a partnership led by the Brighton & Hove City Council Public Health Intelligence Team. The programme is overseen by the City-wide Joint Strategic Needs Assessment Steering Group which includes representatives from the council's Public Health; Adult Social Care; Families, Children and Learning; Housing; Sustainability; Policy; Communities; Equality diversity and inclusion; Transport; Parks and Leisure; and external members representing: NHS Sussex; University Hospitals Sussex Foundation Trust; Healthwatch Brighton and Hove; Community Works; Sussex Police; Library & Knowledge Services; Sussex VCSE Leadership Alliance and the two universities.

**2.5** In 2022/23 a JSNA review was completed, reflecting the changing needs with integrated working arrangements including the Sussex Health and Care Partnership and new Place structures (Brighton & Hove) to ensure that the JSNA continues to meet the needs of the city and stakeholders. The Board approved the action plan for development of the JSNA and a three-year programme of needs assessments in July 2023. In November 2024, the Board reviewed the year 1 annual report and agreed an adjusted programme.

### **3.0 JSNA action plan**

**3.1** From this review, the 10 action plan areas for strengthening the JSNA programme are:

- Joint Strategic Needs Assessment (JSNA) governance
- Working with East and West Sussex
- Engagement, involvement and co-production
- JSNA production
- JSNA framework and products
- Website and JSNA webpages
- Accessibility of the JSNA website and products
- Promotion, communication and maximising use of the JSNA
- Explore potential for additional resources to produce the JSNA
- JSNA needs assessments prioritisation process.

**3.2** There has been good progress made with JSNA action plan in year 2. This includes:

- Governance – The City-wide JSNA Steering Group membership has been extended to include wider social determinates of health representatives within BHCC as requested by the Board in November 2024 (e.g. Transport, and Parks and Leisure) and key external partners: Library & Knowledge Services and Sussex VCSE Leadership Alliance
- Promotion, communication and maximising use of the JSNA – good progress and a focus for year 2, including:
  - JSNA overarching communication plan and design has been developed jointly with Brighton and Hove city council, NHS and



community and voluntary sector organisations, as well as input from the City-wide JSNA steering group. Implementation of the JSNA communication plan and design across all JSNA products is a focus for years 3 and 4

- The City-wide JSNA steering group has agreed the following name and strap line (in addition to JSNA) as “Healthy City - Understanding our local communities’ needs and strengths to improve health and wellbeing and reduce inequalities”
- The Health Counts report was published accompanied by a targeted communications campaign. Additionally, a Health and Wellbeing Board partnership event was held, bringing together a wide range of stakeholders to promote and maximise the use of this important evidence source across the city. The event facilitated collaborative action planning to support efforts to reduce health and wellbeing inequalities. The Board was updated on this event and the next steps at the July 22<sup>nd</sup> meeting.
- Engagement, involvement and co-production – this is a main focus area for year 3 and year 4. In year 2 we initiated activities on specific projects, for example:
  - As part of our JSNA programme development, we sought feedback and input from a resident focus group on the JSNA webpage messaging and design to better engage the public
  - The Research Ready Communities Brighton and Hove project - funded by the Research Engagement Network and delivered in partnership with the Health Forums (The Hangleton and Knoll Project, Trust for Developing Communities) and Healthwatch Brighton and Hove - supported community researchers to develop research questions using the Health Counts survey. These questions focused on community cohesion, social connectivity, and mental wellbeing within their local neighbourhoods. Working collaboratively with Public Health Intelligence analysts, the researchers analysed the data and presented their findings back to their communities through the respective Health Forums.
- JSNA framework and website – website re-design and improvements will be delivered as part of the move to the BHCC new hub webpages in year 3
- Explore potential for additional resources to produce the JSNA – Public Health Intelligence team successfully secured funding from the Research Engagement Network for the Research Ready Communities local project in 2025, and additional funds to extend this work in 2026.

### 3.3 Delivering the JSNA communication plan is a key focus in years 3 and 4. We know that JSNA resources are well used, and we see a large increase in use:

- JSNA webpages external user views and downloads:
  - Views 2024/25: Q1= 479 compared to 2025/26: Q1= 2,213
  - Downloads 2024/25: Q1= 70 compared to 2025/26: Q1= 447
- Infogram products viewed:
  - Views 2024/25: Q1= 1,183 compared to 2025/26: Q1= 1,714

- Local Insight data and mapping platform:
  - Public users 2024/25: Q1= 952 compared to 2025/26: Q1= 1015

As we implement the communications plan and expand promotional activities in years 3 and 4 (e.g. launching a JSNA newsletter) we will use enhanced webpage analytics to support more detailed monitoring.

## 4.0 JSNA programme delivery July 2024 – July 2025

4.1 The following products have been published in year 2 of the programme:

- [Health Counts](#) survey summary and full report (including excel sheet download) – presented to the Board in November 2024 and July 2025
- [Brighton & Hove: Integrated Community Team \(ICT\) data profile - April 2025](#)
- [Strategic Assessment of Crime and Community Safety 2024](#)
- Updates:
  - [JSNA Health and Wellbeing in Brighton & Hove Executive Summary](#);
  - [JSNA Population in Brighton & Hove Executive Summary](#)
  - [Child poverty briefing](#)
  - [Healthy people: Dying well](#)
- [Evidence reviews](#) evidence searches exploring the intersections between ethnicity, care experience, socioeconomic deprivation, LGBTQ+ and TNBI identities, and special educational needs and disabilities (SEND), learning disabilities and neurodiversity, in children and young people
- [Evaluation of Multiple Compound Needs Programme](#) evaluation of part of the programme designed to deliver on the Multiple Complex Needs Joint Strategic Needs Assessment 2020 recommendations
- [Research Ready Communities Brighton & Hove](#)
- [Public Health Annual Report 2024](#)
- Pharmaceutical Needs Assessment (PNA) for October 2025 has been published – this is a statutory duty of the Board and was taken to the Board in July 2025 and for sign off in September 2025.

4.2 The following are in progress:

- Special Educational Needs and Disabilities (SEND), neurodiversity and learning disabilities (children and young people aged 0-25\*) in depth needs assessment – aim to publish by March 2026
- Gypsy, Roma and Traveller Health and Wellbeing in Brighton & Hove: Community-led qualitative research (commissioned qualitative research)
- Gypsy, Roma and Traveller Census/data profile - publish by March 2026
- Sensory impairment JSNA summary - publish by March 2026
- Health Counts survey area profiles - publish by March 2026
- Health Counts survey population group summaries - publish by March 2026
- Health Counts survey data added to Local Insights
- Sussex TB Health Needs Assessment (West Sussex led)
- Strategic Assessment of Crime and Community Safety (in-depth 3-year review) - publish by March 2026

**4.3** The JSNA programme consists of products beyond those published on our website. Some products are appropriately shared directly with partners and stakeholders to inform strategy, commissioning and services provision. In the last year the Sexual Health JSNA has fed into the new Sexual and Reproductive Health Strategy for Brighton and Hove, due to be taken to HWB in December 2025. Healthy Child Programme summary went to stakeholders and leads and used directly to inform programming.

## **5.0 JSNA rolling programme for July 2025 - July 2026 (year 3) and July 2026 - July 2027 (year 4 extension of current programme)**

**5.1** The proposed 2-year rolling programme from July 2025 to July 2027 is given in Appendix 1. This programme extends the current programme of needs assessments and the JSNA programme action plan by a year due to the extent of work on Health Counts, capacity issues and the Public Health team restructure in 2025. This means that the next prioritisation process of JSNA products, topics and population groups will take place between July 2026 and July 2027 (year 4). This has been agreed by the City-wide JSNA steering group. **The Board is asked to approve this revised programme.**

## **6.0 JSNA programme links with the Brighton and Hove Shared Delivery Plan objectives**

**6.1** The JSNA directly informs the Brighton and Hove Shared Delivery Plan objectives. In-depth needs assessments on Adults with multiple compound needs (2020) and evaluation of programme (2025), Adults with multiple long-term conditions (2018), and Mental health (2022), and a summary on Cancer (2022), Drugs and Alcohol needs assessment (2024), Hypertension and Chronic Respiratory Disease signposted evidence (2024) all inform the current programme; Special Educational Needs and Disabilities, neurodiversity and learning disabilities in-depth needs assessment (ongoing); Core20 most deprived and local area evidence (e.g. area profiles for Integrated Community Teams 2025 and Local Insight local data mapping tool (update with Health Counts data planned year 3); Core20plus5 and Inclusion Groups (e.g. carers and migrant groups equalities data profiles 2024, Gypsy, Roma and Travellers qualitative research (ongoing)); scoping and delivering on topics and populations groups to inform the Shared Delivery Plan objectives in year 3 and 4 (e.g. care leavers/care experienced, globally displaced communities and sex workers).

**6.2** A specific objective to use Health Counts survey data to inform the programme has been added to the Shared Delivery Plan 2025. Health Counts survey products include: full report and summary report (2025), area profiles (ongoing), equalities profiles across population groups (ongoing) and data insight feeding directly into strategy and programme, e.g. Draft BHCC Homelessness strategy 2025 - 2030 - taken to the Board September 2025.

## 7. Important considerations and implications

- 7.1 **Legal:** The Health and Social Care Act 2012 (s196) requires the function of preparing a JSNA to be discharged by the Health and Wellbeing Board. Specifically, from April 2013, local authorities and Clinical Commissioning Groups (now Integrated Care Boards) have equal and explicit obligations to prepare a Joint Strategic Needs Assessment (JSNA) which provides a comprehensive analysis of current and future needs of local people to inform commissioning of services that will improve outcomes and reduce inequalities.

Lawyer consulted: Sandra O'brien

Date: 02/12/2025

- 7.2 **Finance:** The resources required to support the production of the JSNA are funded by public health. The majority of the function is provided by the Council's Public Health team together with some externally funded provision. The Council's TBM net budget for external provision only is £0.025M in 25-26 and is expected to remain the same for 26-27. The Public Health grant allocation has not been confirmed beyond the financial year 2025/26 which may impact on the availability of funding for both staffing and the external provision, though it is anticipated that financial resources will be available to enable the commissioning of the services detailed above from financial year 2026/27 and beyond. Any re-provision or changes will need to be managed within this existing budget.

Finance Officer consulted: Steve Williams

Date: 02/12/2025

- 7.3 **Equalities:**  
Needs assessments systematically consider specific needs of groups with protected characteristics. The JSNA is a key evidence source to inform action to improve outcomes in all groups and meet the public sector equality duty (including Equality Impact Assessments).
- 7.4 **Sustainability:**  
No implications: Sustainability related issues are important determinants of health and wellbeing and these are integrated in the summary. The JSNA will support commissioners to consider sustainability issues.
- 7.5 **Health, social care, children's services and public health:**  
The JSNA summary sets out the key health and wellbeing and inequalities issues for the city and so supports commissioners across the city in considering these issues in policy, commissioning & delivering services.

## Supporting documents and information

Appendix1: JSNA programme outline for years 3 and 4 (July 2025 to July 2027)



## **Appendix 1: JSNA programme of topics for next 2 years**

**Table 1: Proposed JSNA programme of In-depth needs assessments – Year 3 (July 2025 to July 2026)**



	Topic	Type	Stage by July 2026
1	Special Educational Needs and Disabilities (SEND), neurodiversity and learning disabilities (children and young people aged 0-25*)	In-depth needs assessment	Complete
2	Stage 2: Special Educational Needs and Disabilities (SEND), neurodiversity and learning disabilities (children and young people aged 0-25*)	<p>Stage 2: potentially commissioned research and engagement, if resources are identified across the partnership or external funding secured.</p> <p>This will be based on stage 1 findings. Potential for new data collection (e.g. qualitative data); views of stakeholders, those with lived experience /service users; young person and families voice evidence (e.g. with a targeted focus on under-represented group and/or intersectional lived experience qualitative insights).</p>	Scope

3	Neurodiversity and learning disabilities (adults aged 18 and over*)	An in-depth look at needs and assets overseen by a Steering Group that represents key stakeholders. To include: collation of currently available data; new data collection (e.g. qualitative data); views of stakeholders, those with lived experience /patients /service users and the public; service mapping and access to services; evidence reviews on inequalities, needs and assets, effective interventions/models of care, and makes recommendations.	Scope (Scope extended into 2027)
4	Sussex TB Health Needs Assessment	(added) West Sussex led.	Initiate
5	Strategic Assessment of Crime and Community Safety	(added) 3 yearly in-depth assessment.	Complete
6	Sussex Palliative and End of Life Care Needs Assessment 2025	(added) East Sussex led. Stage 1 ( potential for stage 2)	Complete

**Table 2: Proposed JSNA programme of summary products – Year 3 (July 2025 to July 2026)**

	Topic	Type	Stage by July 2026
1	Ageing well	Short summary (refresh of 2018). Data from the Health Counts survey is a key source of evidence	Initiate (Complete 2027)
2	Carers	Short summary, data from the Health Counts survey and Safe And Well at School Survey (SAWSS) are key sources of evidence to add to Census profile	Complete
3	Gypsy, Roma and Traveller	Census/data profile	Complete
4	Sensory impairments	Summary	Complete
5	Healthy people	Summary, same format as Health places summary	Initiate (Complete 2027)
6	Learning disabilities (all ages)	Data profiles, equalities. Linked to the timing of the related in-depth needs assessments	Initiate
7	Globally displaced communities	Summary with focus to be confirmed following consultation, different communities' considerations, recent evidence and data availability (last in-depth needs assessment on international migrants 2018)	Scope
8	Sex workers	Summary; Engage with stakeholders and consult community groups to explore evidence gaps (Last summary 2016)	Scope extended into 2027
9	Care leavers/care experienced	Data profiles, equalities. (Need to explore data available)	Scope
10	Gender equity	Scope type (e.g. summary)	Scope extended into 2027

	Topic	Type	Stage by July 2026
11	Health Counts area profiles	(added) Data profiles. Geographic levels: PCN, Ward, ICT and GP (if data sample size allows)	Complete
11	Health Counts equalities profiles	(added) Set of population group data profiles	Complete
12	Safe and Well at School Survey 2025 profile	(added) Data profile	Complete
13	Research Ready Communities 2026	(added) Summary report 2026 (year 2 of REN project)	Initiated

**Table 3: Proposed JSNA programme of In-depth needs assessments – Year 4 (July 2026 to July 2027)**

	Topic	Type	Stage by July 2027
1	Neurodiversity and learning disabilities (adults aged 18 and over*)	See above. To be confirmed depending on scoping.	Scope
2	Stage 2: Special Educational Needs and Disabilities (SEND), neurodiversity and learning disabilities (children and young people aged 0-25*)	See above. To be confirmed depending on agreed need, scope and resources.	Initiate if required and there is resource/funding

<b>3</b>	<p>Reproductive health</p> <p>The JSNA SG has been provisionally discussing this as an in-depth NA, with “reproductive health” as the working title.</p>	<p>To be scoped. Menstrual health, period poverty and gynaecological conditions. Fertility, pregnancy, pregnancy loss and postnatal support. Menopause.</p> <p>Set of summaries or in-depth needs assessment. Title and scope to be refined and further discussed with consideration of the Sussex Women’s Health Strategy work that is underway.</p>	<p>Timing to be agreed during prioritisation process</p>
<b>4</b>	<p>Young people in transition between services (aged 16-25*)</p>	<p>Review if needed after SEND/LD/ND and LD/ND+18 have been completed.</p> <p>Children and young people with long term health conditions (e.g. diabetes, epilepsy, asthma), mental health needs, disability, children in care and care leavers.</p>	<p>Review if required after the children and young people, and adults needs assessments</p>
<b>5</b>	<p>Sussex TB Health Needs Assessment</p>	<p>(added) West Sussex led.</p>	<p>Complete</p>

**Table 4: Proposed JSNA programme of summary products – Year 4 (July 2026 to July 2027)**

	Topic	Type	Stage by July 2027
<b>1</b>	Globally displaced communities	Summary with focus to be confirmed following consultation, different communities’ considerations, recent evidence and data availability (last in-depth needs assessment on international migrants 2018).	Initiate
<b>2</b>	Sex workers	Summary; Engage with stakeholders and consult community groups to explore evidence gaps (Last summary 2016).	Scope



3	Care leavers/care experienced	Data profiles, equalities. (Need to explore data available)	Initiate
4	Gender equity	Scope type (e.g. summary)	Scope
5	Healthy People	Summary, same format as Health places summary  (Healthy lives to go into next programme of work)	Complete
6	Gypsy, Roma and Traveller	Summary – using health counts and SAWSS data and qualitative data	Scope
7	Childhood immunisations	Data profile	To be confirmed based on data from NHS England
8	Asthma (Children and young people)	Data profile	Scope
9	Diabetes (Children and young people)	Data profile	Scope
10	Epilepsy (Children and young people)	Data profile	Scope
11	Learning disabilities (all ages)	Data profiles, equalities. Linked to the timing of the related in-depth needs assessments	Initiate
12	Ageing well	Short summary (refresh of 2018). Data from the Health Counts survey is a key source of evidence	Complete



*Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Integrated Care Board (NHS Sussex,) the Local Safeguarding Boards for Children and Adults and Healthwatch.*

**Title:**

Better Care Fund Report

**Date of Meeting:**

16 December 2025

Report of: Steve Hook Director Health & Adult Social Care & Tanya Brown-Griffith NHS Sussex Director for Joint Commissioning and Integrated Community Teams – Brighton and Hove

Contact: Chas Walker

**Email:**

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Wards Affected: All

**FOR GENERAL RELEASE**

**Executive Summary**

The report covers:

1. Background information on the Better Care Fund
2. Quarter 1 & 2 performance against our Better Care Fund (BCF) Plan for 2025/26 sets out that we are meeting all the national conditions, that we are on track on only 1 out of the 3 BCF core metrics and that we are in line with our expenditure profile
3. Confirmation of an agreed section 75 agreement between the Council and NHS Sussex
4. Revisions to our 3 BCF metrics targets in line with the conditional national approval of our

2025/26 BCF plan

5. Update on what we know about the BCF planning for 2026/27

### **Decisions, recommendations and any options**

Brighton & Hove Health and Wellbeing Board is recommended to:

1. Note performance against BCF Plan for Quarters 1 & 2
2. Note the sign off the section 75 agreement between the Council and NHS Sussex as one of the national conditions of the BCF
3. Agree the revisions to three metrics targets in our BCF plan for the second half of 2025/26 as part of final approval of the 2025/26 plan
4. Note latest information on the national guidelines for BCF planning for 2026/27

## 1. Background & context

- 1.1. Since 2014 the Better Care Fund (BCF) has provided a mechanism for joint health, housing and social care planning and commissioning, focusing on personalised, integrated approaches to health and care that support people to remain independent at home or to return to independence after an episode in hospital. It brings together ring-fenced budgets from NHS Integrated Care Board (ICB) allocations, and funding paid directly to Local Government, including the Disabled Facilities Grant (DFG) and the Local Authority Better Care Fund (formerly called the Improved Better Care Fund).
- 1.2. The BCF has two core policy objectives:
  - Reform to support the shift from sickness to prevention
  - Reform to support people living independently and the shift from hospital to home
- 1.3. As set out in the policy framework, HWBs will be expected to agree goals against three headline metrics as part of their planning return:
  - Emergency admissions to hospital for people aged 65+ per 100,000 population.
  - Average length of discharge delay for all acute adult patients, derived from a combination of- proportion of adult patients discharged from acute hospitals on their discharge ready date (DRD), for those adult patients not discharged on DRD, average number of days from DRD to discharge.
  - Long-term admissions to residential care homes and nursing homes for people aged 65+ per 100,000 population.
- 1.4. Supporting indicators aligned to the metrics will be:
  - Unplanned hospital admissions for chronic ambulatory care sensitive conditions.
  - Emergency hospital admissions due to falls in people over 65.
  - Patients not discharged on their discharge ready date (DRD), and discharged within 1 day, 2 to 3 days, 4 to 6 days, 7 to 13 days, 14 to 20 days, and 21 days or more.
  - Average length of delay by discharge pathway.
  - Hospital discharges to usual place of residence.
  - Outcomes from reablement services.
- 1.5. Local authorities and ICBs must agree a joint plan, signed off by the HWB, to support the policy objectives of the BCF for 2025 to 2026. The development of these plans must involve joint working with local NHS trusts, social care providers, voluntary and community service partners and local housing authorities.
- 1.6. The NHS minimum contribution to adult social care must be met and maintained by the ICB and was increased by 3.9% in each HWB area for 2025/26. Local authorities must comply with the grant conditions of the Local Authority Better Care Grant and of the Disabled Facilities Grant. HWB plans are also subject to a

minimum expectation of spending on adult social care related schemes, which are published alongside the BCF planning requirements. HWBs should review spending on social care, funded by the NHS minimum contribution to the BCF, to ensure the minimum expectations are met, in line with the national conditions.

## 2. Section 75 Agreement

- 2.1. Section 75 of the NHS Act 2006 allows partners (NHS bodies and councils) to contribute to a common fund which can be used to commission health or social care related services. This power allows a local authority to commission health services and NHS commissioners to commission social care and relates specifically to the pooled fund element of the BCF.
- 2.2. I can confirm to the Board that the Council and NHS Sussex agreed a new section 75 agreement and executed the agreement in line with the national conditions of the BCF

## 3. Performance Against 2025/26 BCF Plan Quarter's 1 & 2

- 3.1. **National Conditions-** I can confirm to the Board that we reported full compliance with the national condition requirements of the BCF which are
  - We have a jointly agreed plan
  - That our plan meets the national objectives of the BCF
  - We complied with all the grant conditions including maintaining the NHS minimum contribution to social care
  - That we complied with the governance and oversight requirements of the BCF
- 3.2. **The national BCF Metrics** - For 2025 to 2026 there are 3 core metrics:
  - Emergency Admissions – for Q1/Q2 we are off track to meet our planned targets
  - Average length of discharge delay- for Q1/Q2 we are off track to meet our planned targets
  - Residential admissions- for Q1/Q2 we are on track to meet our planned targets
- 3.3. **Emergency admissions** to hospital for people aged over 65 per 100,000 population
  - Our average monthly planned performance target is 1,364 admissions per 100,000 of the population for people aged over 65 this equates to an average of 543 admissions a month.
  - We are still waiting for national validated data for this current year, but based on our local data we are currently running at 6% above our planned emergency admissions target



- Key mitigations for improving performance funded via the BCF include strengthened falls prevention, expanded urgent community response, and targeted support for high-intensity users, all underpinned by data-driven, intelligence and insights driven approaches such as the ICT dashboard and the rollout of the Johns Hopkins risk stratification tool, which has identified 784 high-risk patients across B&H; work to improve vaccination take up this winter, and ensuring that maximum possible impact from BCF funded schemes are aligned where they are targeted to reducing avoidable admissions.

3.4. **Average length of discharge delay** for all acute adult patients, derived from a combination of: proportion of adult patients discharged from acute hospitals on their discharge ready date (DRD). For those adult patients not discharged on their DRD, average number of days from the DRD to discharge

- Our planned target is that 87.9% of patients are discharged on their DRD. For patients with a delayed discharge this will be an average of 12.51 days giving an overall average for all patients of 1.51 days average length of discharge delay
- We are still waiting for national validated data for this current year, but based on our local data we are currently below the target of 87.9% of patients being discharged on their DRD, meaning we are not meeting the average discharge delay of 1.51 days
- Key mitigations are the continuing work to strengthen our integrated transfer of care hub with increased social care capacity over seven days a week and additional physical and mental health in-reach clinical capacity, continuing to improve discharge data and using that data to target interventions and strengthening delirium pathway. All these mitigations are supported through our BCF plan

3.5. **long-term admissions to residential care homes and nursing homes** for people aged 65 and over per 100,000 population

- Our rate for the year is 706.3 per 100,000 of the population, which equates to 281 residential admissions
- Currently we are on track to meet the target with our current rolling average for a year being 256 residential care admissions.

3.6. It is important to note that as detailed in section 4 of this report our performance targets for the year will change from quarter 3 to reflect the new stretched targets agreed with NHSE that were required for our BCF plan to get full approval. This will make the reduction in emergency admissions and delayed discharge rate more challenging and will reduce the current headroom we have on our residential admissions metric

- 3.7. **Expenditure-** below is the table that set outs current expenditure against the agreed plan for year. By the end of quarter two we should be close to 50% of the BCF funds being spent. The current position shows 49% spent at the end of quarter 2 with small lag on the Disabled Facilities Grant spend accounting for the 1%

Source of Funding	Planned Income	Updated Total Plan Income for 25-26	DFG Q2 Year-to-Date Actual Expenditure
DFG	£2,869,975	£2,869,975	£1,045,198
Minimum NHS Contribution	£28,150,986	£28,150,986	
Local Authority Better Care Grant	£11,669,360	£11,669,360	
Additional LA Contribution	£404,140	£404,140	
Additional NHS Contribution	£0	£0	
<b>Total</b>	<b>£43,094,461</b>	<b>£43,094,461</b>	
	Original	Updated	% variance
<b>Planned Expenditure</b>	<b>£43,094,462</b>	£43,094,462	<b>0%</b>
			% of Planned Income
<b>Q2 Year-to-Date Actual Expenditure</b>		£21,157,442	<b>49%</b>

- 3.8. We would like to bring the Boards attention to the changes in our contracted community equipment services provider. In the autumn our existing provider notified us of impending bankruptcy. The provider works at a national scale and Local Authorities came together to consider potential mitigation. In the end the provider went into liquidation, and we were fortunate to be able to quickly agree a new contract with the provider used by East and West Sussex. They took on the existing service maintaining a basic level of delivery and have now moved to full delivery of the community equipment service. This will have some impact on the overall budget for the year, which we are still assessing, but are confident that any overspend can be covered within the overall BCF budget.

#### 4. Revisions to the BCF performance metrics for Quarters 3 & 4

- 4.1. When we agreed our BCF plan at the start of the year we agreed to maintain the current performance level targets from 24/25 as these had been a stretch for us to achieve, noting that further work would be undertaken in year to agree and sign-off local ambitions to go further with improvements beyond the trajectories shown at the point of submission. NHSE gave conditional approval for our BCF plan and set out that they wanted to see a more ambitious approach to improving performance recognising how B&H and Sussex benchmark regionally and

nationally for avoidable admissions and discharge delays, and asked us to review and revise our metric targets for quarter 3 & 4 of this year's plan

- 4.2. **Emergency admissions to hospital** for people aged over 65 per 100,000 population our current performance target is 1,238 admissions per 100,000 of the population for people aged over 65 this equates to an average of 492 admissions a month. The revised metric target reflects the measures agreed within the Sussex health and care system Winter Plan to reduce avoidable admissions through proactive care and MDT coordination. We have submitted to NHSE a monthly average of 1,213 admissions per 100,000 which equates to an average of 483 admissions a month, a 2% improvement.
- 4.3. **Average length of discharge delay** our current target is 87.9% of patients are discharged on their DRD. For patients with a delayed discharge this will be an average of 12.51 days giving an overall average for all patients of 1.51 days average length of discharge delay. Our revised metric target we have submitted to NHSE is 88% of patients are discharged on their DRD. For patients with a delayed discharge this will be an average of 11.1 days giving an overall average for all patients of 1.33 days average length of discharge delay. This improvement reflects the B&H health and care system, and Sussex system partners' agreed plans to improve discharge performance for the benefit of all patients through 2025/26.
- 4.4. **Long-term admissions to residential care homes and nursing homes-** our current target is 635 per 100,000 of the population, which equates to 253 residential admissions. Our revised metric target we have submitted to NHSE is the equivalent of 623 per 100,000 of the population, which equates to 248 admissions over a year.
- 4.5. Based on current performance this year these targets will be challenging for us, but we need to ensure we have a fully approved plan that secures the maximum impact and best possible outcomes from the investments made through the BCF.
- 4.6. We have submitted these revised metric targets to NHSE who have confirmed that they meet their expectations and once these have been signed off by the Health & Wellbeing Board they will confirm full unconditional approval of our 2025/26 BCF plan

## 5. BCF National Planning Guidance 2026/27

- 5.1. At the time of writing this report we are yet to receive the full planning guidance for 2026/27. We know that in the NHS long-term plan it was confirmed the BCF would continue but would be reformed in line with the national reform agenda, with a strong correlation to the new Neighbourhood Health Agenda. It is expected that these reforms will be phased in and that 2026/27 would be the start of the reforms but recognising the need for stability to existing arrangements.
- 5.2. What we do know is the NHS minimum contribution for 2026/27, the NHS minimum contribution to adult social care has been uplifted by 4.4% (in line with the Spending Review 2025 commitment of an increase to the NHS's minimum contribution to adult social care via the Better Care Fund in line with DHSC's SR settlement). Discharge and remaining ICB contributions are uplifted by 2.1% in line with Community Services inflation growth. As these different uplifts have been applied independently this will lead to marginally differential uplifts to the

total NHS minimum contribution at ICB level (the national average is 3.0% uplift). As part of 2 year allocations, for 2027/28, the NHS minimum contribution to adult social care will be uplifted by 4.8% (in line with the Spending Review 2025 commitment of an increase to the NHS's minimum contribution to adult social care via the Better Care Fund in line with DHSC's SR settlement), Discharge and remaining ICB contributions by 2.1% in line with Community Services inflation growth. As these different uplifts have been applied independently this will lead to marginally differential uplifts to the total NHS minimum contribution at ICB level (the national average is 3.2% uplift). The contribution from individual ICBs has been calculated based on population estimates and contributions to individual HWBs from ICBs.

<b>B&amp;H ICB BCF Contributions</b>	£,000's Min ASC Spend	£,000's ICB Discharge	£,000's All other BCF	£,000's Total NHS Contribution
<b>2026/27</b>	11,053	2,432	15,504	<b>28,989</b>
<b>2025/26</b>	10,582	2,382	15,186	<b>28,150</b>
<b>Growth £'s</b>	<b>471</b>	<b>50</b>	<b>318</b>	<b>839</b>
<b>Growth %</b>	<b>4.5%</b>	<b>2.1%</b>	<b>2.1%</b>	<b>3.0%</b>

- 5.3. The specific element of the BCF that goes direct to Local Authorities, known as the LA BCF and the Disabled Facilities Grant have not been announced yet.

## 6. Important considerations and implications

Legal:

- 6.1. It is a requirement that the Better Care Fund is managed locally though a pooled budget. The power to pool budgets between the Council and the ICB is set out in the NHS Act 2006 and requires a formal Section 75 Agreement. Regulations prescribe the format and minimum requirements for a Section 75 Agreement. A new Section 75 Agreement was agreed in 2025 to support the 2025-26 plan.

Lawyer consulted: Sandra O'Brien Date: 5 December 2025

Finance:

- 6.1. The Better Care Fund is a section 75 pooled budget which totals £43.094m for 2025/26. The ICB contribution to the pooled budget is £28.151m and the Council contribution is £14.943m
- 6.2. The Better Care Fund informs budget development and the Medium-Term Financial strategy of the partner organisations, including the council. This requires a joined-up process for budget setting in relation to all local public services where appropriate, and will ensure that there is an open, transparent and integrated approach to planning and provision of services. Any changes in

service delivery for the council will be subject to recommissioning processes and will need to be delivered within the available budget.

Finance Officer consulted: Jane Stockton     Date: 02/12/2025

Equalities:

- 6.3. The BCF plans set out in the narrative submission specifically how the schemes invested in will support the equalities and health inequalities of their local population. Individual EHIA's are carried out for specific new schemes as they are developed. All schemes funded by the NHS are required to apply EHIA processes to all services commissioned. The plans and strategies have been developed jointly based upon detailed population analysis, reflecting the Place based plans that are informed by EHIA's and the local JSNAs. There is not a formal public and engagement process supporting this annual process, but individual schemes will be informed by views of patients and public.

Sustainability:

- 6.4. None

Health, social care, children's services and public health:

- 6.5. The BCF plans set out in the narrative submission specifically how the schemes invested in will support equalities and health inequalities policy and requirements of their local population. The development, agreement and delivery of the plan is the responsibility of the local Health and Wellbeing board.

## 7. Supporting documents and information







*Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Integrated Care Board (NHS Sussex,) the Local Safeguarding Boards for Children and Adults and Healthwatch.*

**Title:**

Brighton & Hove Shared Delivery Plan Report 2025/26

**Date of Meeting:**

16 December 2025

Report of: Steve Hook Director Health & Adult Social Care & Tanya Brown-Griffith NHS Sussex Director for Joint Commissioning and Integrated Community Teams – Brighton and Hove

Contact: Chas Walker

**Email:**

[Chas.walker@brighton-hove.gov.uk](mailto:Chas.walker@brighton-hove.gov.uk)

Wards Affected: All

**FOR GENERAL RELEASE**

**Executive Summary**

The report provides the Health & Wellbeing Board with a mid-year review of our performance against our Place-based 2025-26 Shared Delivery Plan Objectives for the purposes of assurance

The Shared Delivery Plan is a statutory requirement that each Integrated Care Partnership across the country has an Integrated Care Strategy, which includes an annual Joint Forward Plan (what we call a Shared Delivery Plan). The Sussex Integrated Care Strategy includes the aims and objectives of each of the three Place partnerships and their Joint Health & Wellbeing Strategies. This is translated into local Place-based Shared Delivery Plans that support both the delivery of the Joint Health & Wellbeing Strategies and the delivery of the Sussex Integrated Care Strategy.



The report covers:

- The local objectives we set to support the wider health & care systems aims to target people with highest and ongoing health & care needs, through our new ICT partnerships. This work supports the long-term NHS plan and its 'left shift' reforms aimed at reducing the pressure in our hospital systems through a strong focus on neighbourhood health
- Our Place-based work to develop a longer-term focus on prevention and health inequalities through our Integrated Community Teams
- Supporting our local Health & Wellbeing Board priorities- 1) young people's mental health services and transitions between children & adult services 2) responding to the results of our 2024 Health Counts Survey
- Delivering on the agreed Sussex Integrated Community Teams programmes- Children & Young People, Women's Health Hub, Work-well Programme and Neighbourhood Mental Health Teams

The Board are asked to consider progress against our agreed three priorities areas and 13 associated objectives. Noting that out of the 13 objectives we set, we are on track with 10, one is delayed and two are behind on anticipated delivery targets. At the meeting we will focus more time on the objectives that are delayed and behind on anticipated delivery.

### **Decisions, recommendations and any options**

Brighton & Hove Health and Wellbeing Board is recommended to:

1. Note the performance of our 2025/26 Shared Delivery Plan Objectives

## 1. Background & context

- 1.1. The Sussex Integrated Care Strategy *Improving Lives Together* is a five-year strategy that was established in 2022. The strategy sets out the following ambition

*Our ambition is to improve the lives of everyone living across Sussex now and in the future. We want local people to thrive to be the best they can be; to be healthier and feel supported; and have the best possible services available to them when and where they need them.*

The strategy and associated Shared Delivery Plan (SDP) have four delivery areas- 1) long-term improvement priorities 2) immediate improvement priorities 3) continuous improvement areas 4) health & wellbeing strategies and local health & care partnerships

- 1.2. The Brighton & Hove Joint Health & Wellbeing Strategy was agreed in 2019 as a long-term strategy to 2030. The strategy sets out the following ambition:

*Everyone in Brighton & Hove will have the best opportunity to live a healthy, happy, and fulfilling life*

The strategy is based on a *life course* approach (starting well, living well, ageing well, dying well)

- 1.3. The SDPs are refreshed annually based on the five-year timescale of the Sussex Integrated Care Strategy (noting we are currently in year 3) and focus on delivering the ambition set out in the Integrated Care Strategy. In meeting the formal requirements of this Board, the report focuses on the SDP objectives specific to our local health & care partnership
- 1.4. Our Place-based SDP objectives were developed through our health & care partnership and responded to the Sussex health & care system priorities for 2025/26 and our agreed local Health & Wellbeing Board priorities. The delivery of the objectives has a strong connection with the work of Integrated Community Teams including the Neighbourhood Mental Health Teams and the objectives were formally signed off by the Health & Wellbeing Board at its meeting in April 2025

## 2. Performance against our Place-based Shared Delivery Plan objectives 2024-25

The table below sets out the agreed SDP priorities for 2025/26 and the current performance rating for each objective

Brighton & Hove Shared Delivery Plan Objectives 2025/26		RAG Rating
<b>Priority 1 - Highest &amp; Ongoing Health &amp; Care Needs</b>		
<b>As agreed through the MCN Partner summit Nov 24 we will:</b>		
<ul style="list-style-type: none"> <li>Establish the Brighton &amp; Hove Multiple Compound Needs Integrated Community Team (MCN ICT)</li> </ul>		Complete
<ul style="list-style-type: none"> <li>Action the recommendations, via the MCN ICT, of the external evaluation of the MCN pilot service</li> </ul>		On track
<ul style="list-style-type: none"> <li>Deliver the agreed outputs from the MCN partner summit through the new MCN ICT partnership</li> </ul>		On track
<b>Through the development of our local ICT Partnerships we will:</b>		
<ul style="list-style-type: none"> <li>Embed the learning from our neighbourhood ICT 65+ frailty pilots as part of the development of our local ICTs</li> </ul>		On track
<b>Priority 2 - To prevent ill health, maintain health and reduce future demand</b>		
<b>Through the development of our local ICT partnerships we will:</b>		
<ul style="list-style-type: none"> <li>Develop a local ICT plan that supports System aims for CVD, Tobacco cessation, falls prevention and Act on Cancer</li> </ul>		On track
<ul style="list-style-type: none"> <li>Ensure our Local ICT Plan targets our core20plus5 communities across the city</li> </ul>		On track
<ul style="list-style-type: none"> <li>Deliver locally on aims of the Sussex Health Inclusion Framework</li> </ul>		On track
<b>Deliver the agreed priorities of our Local Health &amp; Care Partnership and its local Health &amp; Wellbeing Plan</b>		
<ul style="list-style-type: none"> <li>Children &amp; young people's mental health &amp; emotional wellbeing with a focus on transition to adult services</li> </ul>		Off track
<ul style="list-style-type: none"> <li>Respond to the B&amp;H Health Counts Data and insight</li> </ul>		On track
<b>Priority 3 - Our neighbourhood first transformation programmes</b>		
<b>Through our Place Delivery Group and Local ICT partnerships we will:</b>		
<ul style="list-style-type: none"> <li>Align our local family hubs with our ICTs to improve our health &amp; care offer to children, young people &amp; families</li> </ul>		On track
<ul style="list-style-type: none"> <li>Establish the work of our Neighbourhood Mental Health Teams with our Integrated Community Teams</li> </ul>		Delayed
<ul style="list-style-type: none"> <li>Establish the new women's health hub through our Integrated Community Teams</li> </ul>		Off track
<ul style="list-style-type: none"> <li>Deliver Work-well programme pilot through our East Integrated Community Team Partnership</li> </ul>		On track

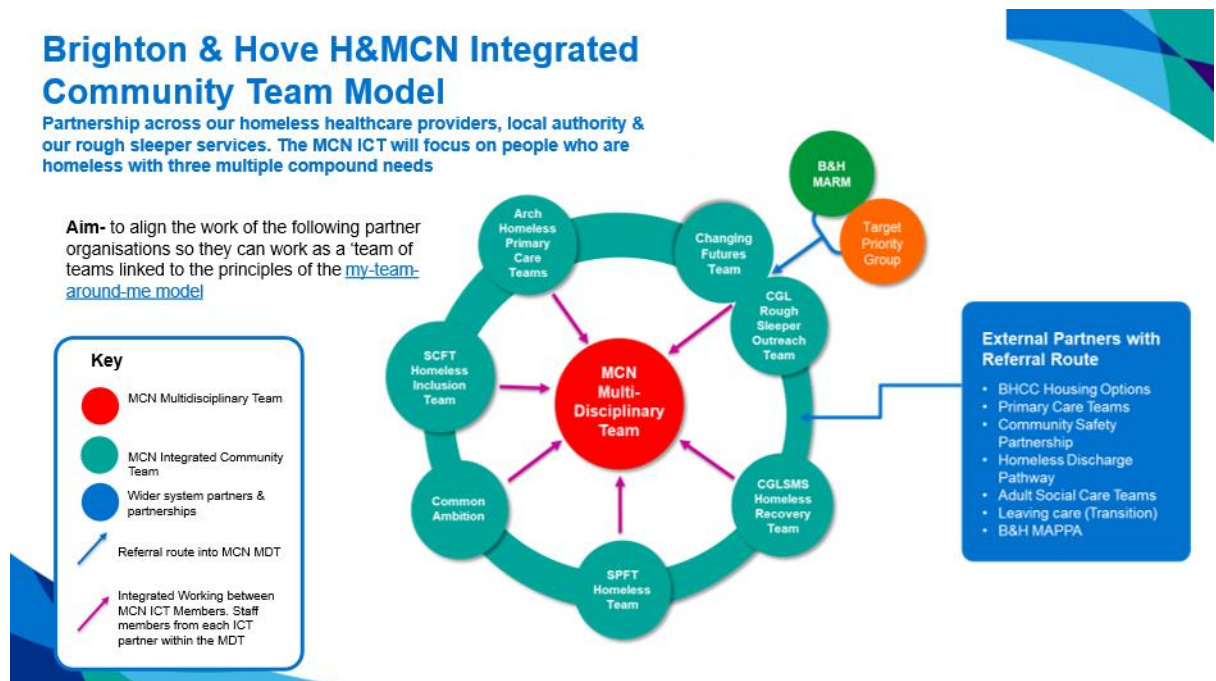
### 3. Shared Delivery Plan Outcome Area- Highest and Ongoing Health & Care Needs

- 3.1. Highest & Ongoing Needs is an NHS national priority within the neighbourhood health reforms. In Sussex this priority is being delivered through the Sussex Highest & Ongoing Needs Programme, which is being led through the Sussex Neighbourhood Alliance (a formal alliance of Sussex NHS community Health Providers) and supported at Place through the local ICTs. The programme is central to the new [NHS Sussex Commissioning Intentions 2026 27](#) with its strong focus on reducing avoidable admissions into our hospitals through taking a more integrated



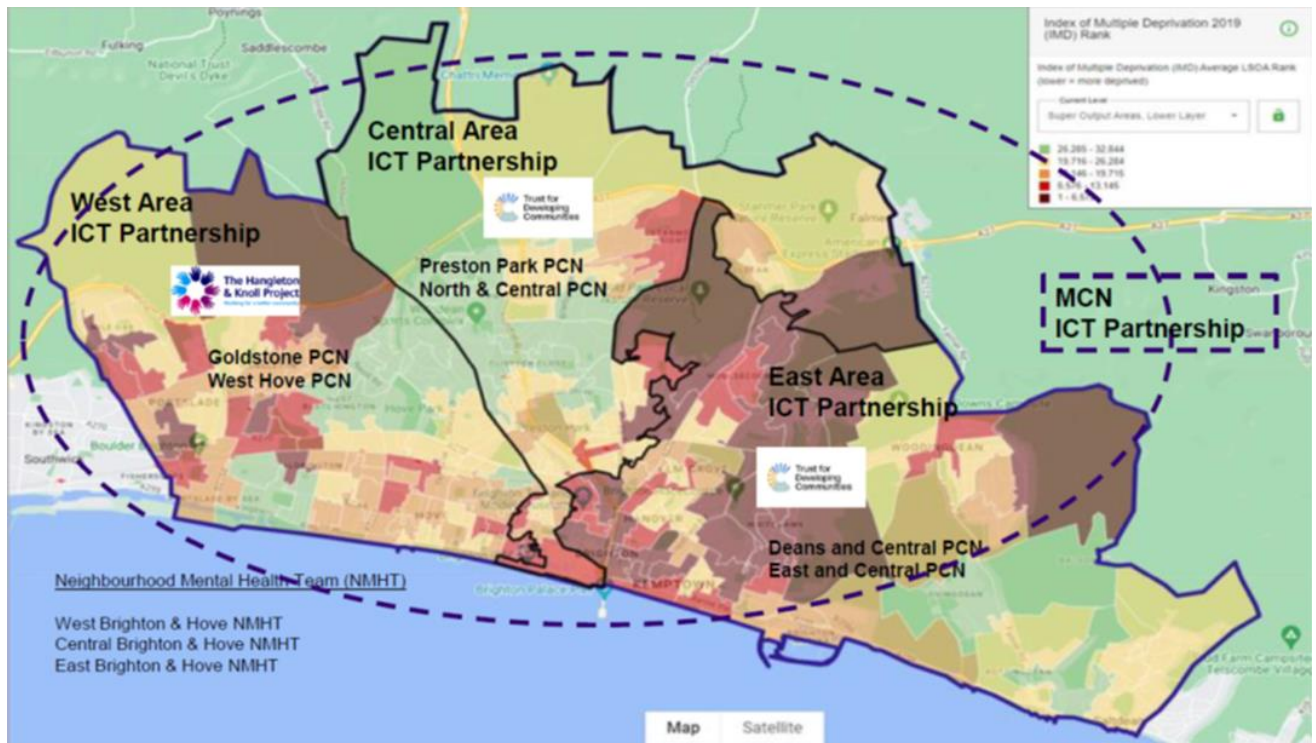
and pro-active care approach in the community to meeting the needs of those people with the highest and ongoing health & care needs. The new Sussex Neighbourhood Health Framework sets a performance metric for all ICTs to reduce by 3% avoidable admissions in over 65's this year and 5% the following year. Achieving these targets will enable left shift of resources, up to 3% of acute hospital budgets, into neighbourhood health services

- 3.2. **Homeless & Multiple Compound Needs-** is one of our agreed population health priorities as well as population group with some of the Highest & Ongoing Needs in our local community. Last year our health & care partnership agreed to take the learning from our Homeless & Multiple Compound Needs frontrunner programme and establish a city wide Homeless & Multiple Compound Needs Integrated Community Team (H&MCNs ICT) as set out in the model below.



- 3.3. Key achievements, so far this year have been:
- We have established a local H&MCN ICT with a group of H&MCNs system leaders agreeing a new [Compact Agreement](#) that provide the basis for the way partners will work together to improve outcomes for people who are H&MCNs
  - The H&MCN ICT have completed a [Multiple Needs Audit](#) to better understand the levels and nature of presenting H&MCNs in the city.
  - The H&MCNs ICT is finalising the long-term model for a Multidisciplinary Team (MDT), sustaining and building on the learning from the Changing Futures Team. The MDT will use the Multiple Needs Audit to prioritise access to the MDT to ensure those most at risk of using our hospital system are reviewed and provided with an integrated and pro-active health, care and support services.
  - The H&MCNs ICT is testing a digital integration approach through a digital Interface tool that enables partners to access required patient/ service user records held by the different partners in their localised data systems. The interface tool is being tested through the MDT with a view to rolling out more widely across H&MCNs ICT partners and using the learning to support moe

- widely the development of ICTs
  - H&MCNs ICT leadership group have agreed a set of outcome metrics that align to the agreed domain areas in the Sussex ICT outcomes framework and have focus on highest & ongoing needs, staff activation and development, pro-active care and co-design.
- 3.4. **Integrated Community Teams & Highest & Ongoing Needs Programme-** the programme is built around a risk stratification model for identifying existing patients whose health & care needs are such that they are most likely to end up in hospital. The risk stratification approach utilises specialist predicative analytics software that uses the patient information held in the Sussex Integrated Data set to provide risk stratified list of patients. Local Health & Care Partners are being asked to come together at a Primary Care Network (PCN) level and set up multidisciplinary teams (MDTs) to review these patient lists and agree a pro-active care plan for each patient.
- 3.5. Across our three Brighton & Hove neighbourhood partnerships we have agreed 5 MDTs, two within each of our West and East partnerships (based on PCN boundaries). In our Central neighbourhood partnership we are going to have a single MDT because population size and patient numbers, with highest & ongoing needs, are lower in this part of the city
- 3.6. Sussex Community Foundation Trust (SCFT) have employed 3 MDT co-ordinators to lead on the coordination of our 5 highest & ongoing needs MDTs. All our GP practices have signed up to the locally commissioned services contract which provides primary care with some funding to engage in the MDTs and enables the highest and ongoing needs patient list information to be gathered at practice level.
- 3.7. All the patient lists have been provided to the co-ordinators and highest & ongoing needs MDTs will start in December involving primary & secondary health care, social care, VCSE partners
- 3.8. In addition to the work above the West ICT have extended their original frailty pilot from last year and will merge this work into the development of the highest & ongoing needs programme. Work between SCFT and University Hospital Sussex NHS Foundation Trust to better co-ordinate their support of local residential care and nursing homes is also underway as a key approach to reducing hospital admissions and promoting timely and safe discharge in our nursing and residential care homes
- 4. **Shared Delivery Plan Outcome Area- to prevent ill health, maintain health and reduce future demand through the development of our local Integrated Community Team (ICTs) partnerships:**
  - 4.1. We have three neighbourhood-based ICT partnerships across the city (East, West Central). These partnerships align to PCN boundaries and are consistent with our Neighbourhood Mental Health Teams with population sizes ranging from 73,000 to 105,000 in each ICT area.



- 4.2. Our ICT partnerships have been running now for 12-18 months, are co-chaired between our VCSE community development partners and our clinically led through Primary Care and well supported by all health & care partners. As part of the national Neighbourhood Health programme Integrated Care Boards (ICBs) are being asked to assess the maturity of their Neighbourhood partnerships. The assessment of our ICTs ranged between 'developing' and 'maturing' and were generally a little higher in their maturity ratings than the partnerships in East and West Sussex
- 4.3. This year we have refreshed our original ICT data-packs to include more health & care information at an ICT level than was available in the original packs and to also bring the results of the recent Health Counts survey into the new data packs. [Brighton and Hove ICT data profile by Brighton and Hove City Council](#)
- 4.4. The data packs are complimented by the new Sussex ICT Dashboard, which provides data on agreed ICT performance metrics, aimed at improving population health, at an ICT level. The metrics focus on data and performance around key areas of reducing hospital admissions and prevention of illness.
- 4.5. Each of our ICT partnerships are using the local data packs and performance dashboard to develop local ICT plans to improve the health of their local populations. These plans are expected to be completed by end of March 2026 and will inform and be part of the refresh of our local Health & Wellbeing Strategy.
- 4.6. All our ICT partnerships are actively developing localised and integrated community-based health service models, with a focus on tackling local health inequalities. In the East they are focusing on an integrated health hub targeting some of our most deprived communities across the Whitehawk Estate with satellite hub models bringing health services into established community settings in Bevendean and Moulsecoomb. In the Central ICT they are delivering similar approach focusing on

deprived communities and utilising existing community infrastructure to deliver more accessible preventative health & care services. In the West they are building on their well-established [being well in the west community health events](#)

- 4.7. These localised ICT models are currently being supported through Public Health grant, Primary Care funding and existing provider resources. There is a strong desire to build on these models over time as key local infrastructure for the delivery of the neighbourhood health ambition. The new NHS Sussex Commissioning intentions and the anticipated national neighbourhood health framework and plan will be key to achieving this.
- 4.8. **Shared Delivery Plan Outcome Area- Health & Wellbeing Board Objectives**
- 4.9. **Improving children & young peoples (CYP) mental health transition from children to adult services.** This is an objective we have highlighted as behind in its anticipated delivery trajectory. Changes to the roles the ICB as strategic commissioner and NHS providers as leading strategic implementation is still bedding in and has left a gap in project managing this objective area and ensuring there is a clear action plan for delivery.
- 4.10. Some initial assessment work carried out by ICB commissioners confirmed several structural barriers to improving transition including- inconsistent eligibility criteria across children and adult mental health services, the size of waiting lists in children's and adult services, insufficient access to preventative and early support for young people, over 18's services not sufficiently tailored to the needs of young people.
- 4.11. This objective remains a priority for our health & care partnership, so the Local Authority and SPFT have been reviewing there existing work around transitions and how this can be leveraged to ensure we are taking a strong partnership approach. The Local Authority is considering how its current transitions strategy can further act as an enabler for this outcome area and the possibility of recruiting additional programme management resources to facilitate delivering the aims of the strategy. SPFT also recognise the importance of this work and are identifying leads to work in partnership with system partners to progress this. A key outcome of the Community CAMHS transformation is to see a reduction in wait times for assessment and treatment which will limit the risk of young people 'aging out of CAMHS' without having been seen.
- 4.12. **Actioning Heath Counts survey result-** the results of [Health Counts 2024](#) showed a declining trend in how healthy people felt in the city, with this trend being most evident in our most deprived communities pointing towards a growing health inequalities across our city.
- 4.13. In the summer we held a Health & Wellbeing Board partnership workshop bring partners together to review the results and get some early feedback on how we should interpret and action the results. One of the themes coming out of the workshops was the responsibilities of Health & Wellbeing Boards to set out plans to improve population health and on the back of these results the need to refresh our local Health & Wellbeing Strategy in responding to the needs identified in the survey. The Board agreed this as a next step and has started the work to refresh the strategy through a number of additional Health & Wellbeing Board development sessions, with the first one being held in November.



## 5. Shared Delivery Plan Outcome Area: Our neighbourhood first transformation programmes delivered through our Place Delivery Group and Local ICT partnerships we will

- 5.1. **Children & Young People (CYP) ICT offer-** the Sussex Neighbourhood Health framework sets out a clear expectation that ICTs will support improved health & care outcomes for CYP and this work is being taken forward by Directors of Children's Services and the Sussex Neighbourhood Health Alliance. Local ICTs are being asked to support the development of a CYP offer based around Local Authority children & family hubs. Locally we agreed that the detailed governance of this work would be supported by the city's Family Help Partnership Board. At their last meeting the Board agreed to take a frontrunner approach using our West ICT partnership to test and develop a CYP ICT offer. It was agreed to form a CYP Subgroup of the West ICT Leadership Group to develop a more detailed front runner programme of work. The subgroup will be co-chaired by LA and NHS provider and convened through Hangleton & Knoll Project.
- 5.2. **Neighbourhood Mental Health Teams (NMHTs)-** this is a joint programme of change being delivered in partnership by SPFT and the VCSE. Originally, NMHTs were scheduled to go live alongside the launch of a new Electronic Patient Record (EPR) across SPFT which was scheduled for November 25. However, with the EPR rollout now planned for early 2026, it was agreed that the NMHTs will go live in December to maintain momentum and build on the integrated working already underway. Until the new EPR launches, NMHTs will continue using existing online patient record systems. Once the new EPR is rolled out, NMHTs will strengthen their model through a shared online patient record, shared performance data, and fully aligned NMHT teams to ICT boundaries.
- 5.1. **Women's Health Hub** are part of national programme to improve access for women to eight core women's health services, with each ICB asked to pilot and develop women's health hubs. This is the other objective area that we are at risk of not delivering. The Brighton & Hove Hub Pilot was launched through Brighton GP Federation as citywide service meeting the health needs of women across the city. There was a small amount of funding available to support the launch of the Hub infrastructure with the expectation that local systems would work closely with primary and secondary care to better align existing resources into the Hubs to build their capacity. This process hasn't worked as effectively in Brighton & Hove as it has in East and West Sussex with our Hub delivering far less women health hub appointments than our neighbours. The reason for this is the Federations model has not been able to leaver in existing primary care payment mechanisms for specialist women's health interventions that would make the model sustainable. In East and West Sussex the Hubs have been delivered directly by particular practices with existing expertise in Women's Health, which has enabled a successful funding model to be aligned with a hub approach. Brighton & Hove Health & Care partnership are reviewing their existing arrangements and developing a plan utilising the learning from colleagues in East and West Sussex to create a more sustainable model. We will bring this work back to the next Health & Wellbeing Board meeting to update on progress
- 5.2. **Work-well Programme-** is another national NHS programme focused on supporting people who are on health-related benefits back into the work-place. The programmes are being developed through local pilots and then the learning from these pilots will inform future models of delivery. Local consultants are working with systems to help



analyse data and support the development of the pilots. In Brighton & Hove the data pointed to the East of the city having the greatest prevalence of people not in work due to health-related issues. It was agreed to run the pilot through the city's East ICT partnership and utilise the East Health Hub infrastructure. The pilot model has been agreed by local partners signed off by the Sussex Work-well Programme Board and has moved successfully into the delivery phase.

## 7. Important considerations and implications

Legal:

- 7.1. The Shared Delivery Plan objectives support the statutory duties [prescribed by The National Health Service Act 2006 (as amended by the Health and Care Act 2022)] of the Health & Wellbeing Board in relation to the delivery of the Sussex Integrated Care Strategy and the Brighton & Hove Joint Health & Wellbeing Strategy

Lawyer consulted: Sandra O'Brien

Date: 5 December 2025

Finance:

- 7.2. The Shared Delivery Plan objectives are supported through existing budget commitments across both BHCC and NHS Sussex with specific support through the agreed Better Care Fund for 2025-26.

Finance Officer consulted: Jane Stockton    Date: 02/12/2025

Equalities:

- 7.3. Equalities is built into the Shared Delivery Plan and is referenced in detail within the main report

Sustainability:

- 7.4. None

Health, social care, children's services and public health:

- 7.5. The roles and implications for all partners are set out in detail in the main report

## 8. Supporting documents and information



