





Brighton & Hove  
City Council

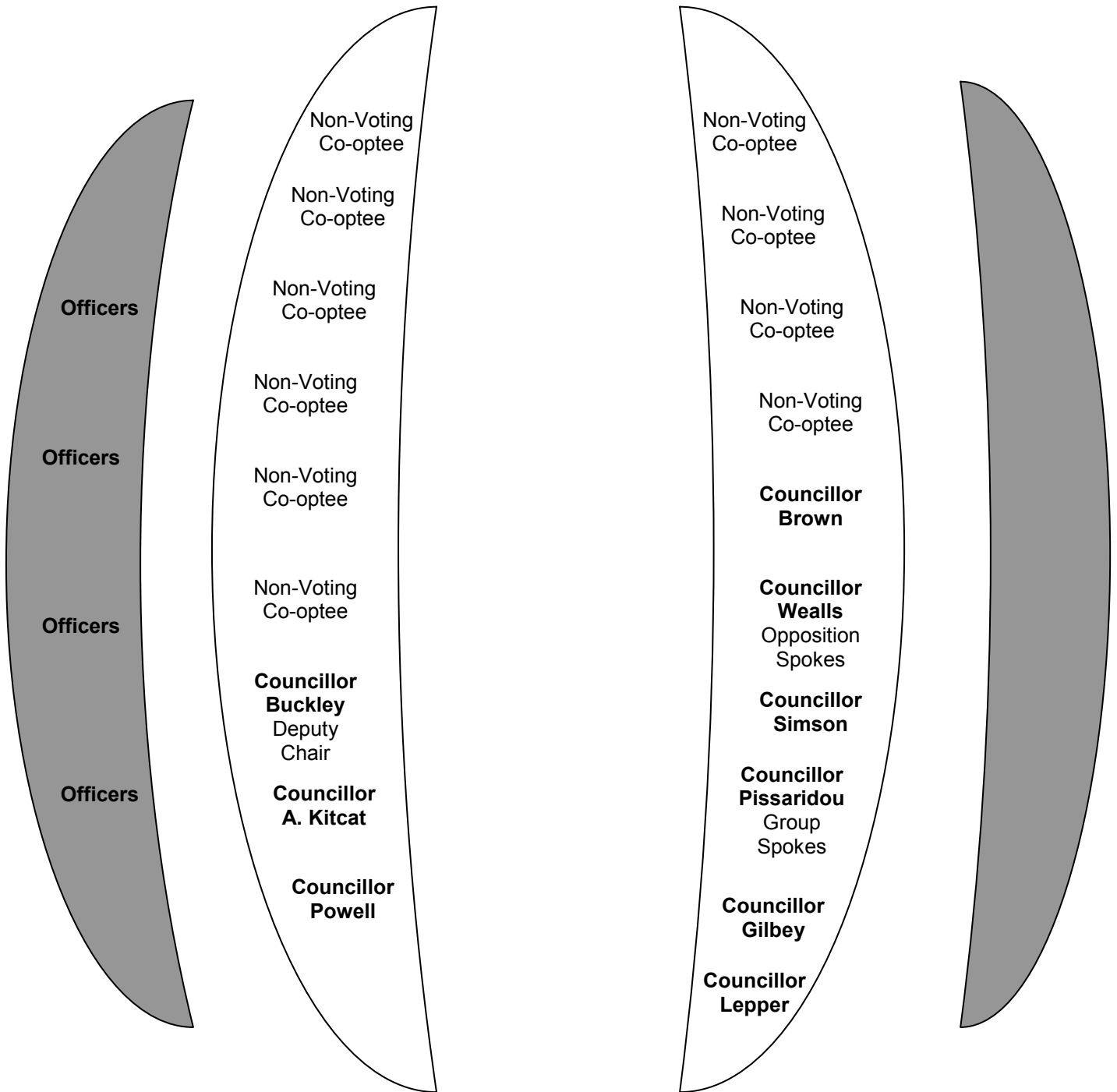
# Children & Young People Committee

Title:	<b>Children &amp; Young People Committee</b>
Date:	<b>13 January 2014</b>
Time:	<b>4.00pm</b>
Venue	<b>Council Chamber, Hove Town Hall</b>
Members:	<b>Councillors:</b> Shanks (Chair), Buckley (Deputy Chair), Wealls (Opposition Spokesperson), Pissaridou (Group Spokesperson), Brown, Gilbey, A Kitcat, Lepper, Powell and Simson
	<b>Co-opted Members:</b> Clinical Commissioning Group (1 clinical and 1 executive), Police Representative; Chair, Local Safeguarding Children Board; Chair, Learning Partnership; Youth Justice Board Representative; Parent Forum; Sussex NHS Community Health Trust; Youth Council (2); Community and Voluntary Sector; CAHMS
Contact:	<b>Penny Jennings</b> Democratic Services Officer 01273 291065 penny.jennings@brighton-hove.gov.uk

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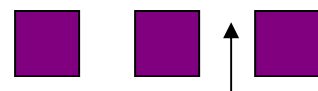
# Democratic Services: Children & Young People Committee

Executive Director of Children's Services	<b>Councillor Shanks</b> Chair	Legal Officer	Democratic Services Officer
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Presenting Officer & Public Speaker	Presenting Officer & Public Speaker
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Public Seating



Press

## AGENDA

### 50. PROCEDURAL BUSINESS

(a) **Declaration of Substitutes:** Where Councillors are unable to attend a meeting, a substitute Member from the same Political Group may attend, speak and vote in their place for that meeting.

(b) **Declarations of Interest:**

- (a) Disclosable pecuniary interests not registered on the register of interests;
- (b) Any other interests required to be registered under the local code;
- (c) Any other general interest as a result of which a decision on the matter might reasonably be regarded as affecting you or a partner more than a majority of other people or businesses in the ward/s affected by the decision.

In each case, you need to declare

- (i) the item on the agenda the interest relates to;
- (ii) the nature of the interest; and
- (iii) whether it is a disclosable pecuniary interest or some other interest.

If unsure, Members should seek advice from the committee lawyer or administrator preferably before the meeting.

(c) **Exclusion of Press and Public:** To consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following items are under consideration.

**NOTE:** Any item appearing in Part Two of the Agenda states in its heading the category under which the information disclosed in the report is exempt from disclosure and therefore not available to the public.

*A list and description of the exempt categories is available for public inspection at Brighton and Hove Town Halls.*

### 51. MINUTES

1 - 18

To consider the minutes of the meeting held on 18 November 2013 (copy attached).

### 52. CHAIR'S COMMUNICATIONS

## CHILDREN & YOUNG PEOPLE COMMITTEE

### 53. CALL OVER

- (a) Items (54 – 61) will be read out at the meeting and Members invited to reserve the items for consideration.
- (b) Those items not reserved will be taken as having been received and the reports' recommendations agreed.

### 54. PUBLIC INVOLVEMENT

To consider the following matters raised by members of the public:

- (a) **Petitions:** to receive any petitions presented to the full council or at the meeting itself;
- (b) **Written Questions:** to receive any questions submitted by the due date of 12 noon on the 6 January 2014;
- (c) **Deputations:** to receive any deputations submitted by the due date of 12 noon on the 6 January 2014.

### 55. MEMBER INVOLVEMENT

To consider the following matters raised by Councillors:

- (a) **Petitions:** to receive any petitions submitted to the full Council or at the meeting itself;
- (b) **Written Questions:** to consider any written questions;
- (c) **Letters:** to consider any letters;
- (d) **Notices of Motion:** to consider any Notices of Motion referred from Council or submitted directly to the Committee.

### 56. OFSTED REPORTS UPDATE

This is a Standing Item which provides the opportunity for officers to update the Committee on Ofsted reports received since the last meeting of the Committee and on other relevant issues.

This will take the form of a presentation and oral update.

*Contact Officer:* Hilary Ferries *Tel:* 29-2477  
*Ward Affected:* All Wards

### 57. WORK OF THE YOUTH COUNCIL

Brief Presentation by representatives of the Youth Council providing an update on their recent work.

### 58. PUBLIC HEALTH AND SCHOOLS PROGRAMME

## CHILDREN & YOUNG PEOPLE COMMITTEE

Report of the Director of Public Health (copy attached)

Contact Officer: Lydie Lawrence Tel: 01273 295281  
Ward Affected: All Wards

### 59. CHILDREN'S SERVICES FEES AND CHARGES 2014/15 27 - 38

Report of the Executive Director of Children's Services (copy attached)

Contact Officer: Louise Hoten Tel: 29-3440  
Ward Affected: All Wards

### 60. BRIGHTON & HOVE LOCAL SAFEGUARDING CHILDREN BOARD (LSCB) ANNUAL REPORT SUMMARY 2012-13 39 - 202

Report of the Chairperson of the Local Safeguarding Children Board (copy attached)

Ward Affected: All Wards

### 61. UPDATE ON APPRENTICESHIPS WITHIN BRIGHTON & HOVE CITY COUNCIL 203 - 214

Report of the Executive Director of Children's Services (copy attached)

Contact Officer: Philip Ward Tel: 294270  
Ward Affected: All Wards

### 62. YOUNG CARERS IN BRIGHTON & HOVE

Presentation including a short (15 minute) DVD by young carers in Brighton and Hove.

### 63. ITEMS REFERRED FOR COUNCIL

To consider items to be submitted to the 30 January 2014 Council meeting for information.

*In accordance with Procedure Rule 24.3a, the Committee may determine that any item is to be included in its report to Council. In addition, any Group may specify one further item to be included by notifying the Chief Executive no later than 10am on the eighth working day before the Council meeting at which the report is to be made, or if the Committee meeting take place after this deadline, immediately at the conclusion of the Committee meeting*

## CHILDREN & YOUNG PEOPLE COMMITTEE

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

Agendas and minutes are published on the council's website [www.brighton-hove.gov.uk](http://www.brighton-hove.gov.uk). Agendas are available to view five working days prior to the meeting date.

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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For further details and general enquiries about this meeting contact Penny Jennings, (01273) 291065, email [penny.jennings@brighton-hove.gov.uk](mailto:penny.jennings@brighton-hove.gov.uk) or email [democratic.services@brighton-hove.gov.uk](mailto:democratic.services@brighton-hove.gov.uk).

Date of Publication - Friday, 3 January 2014

**BRIGHTON & HOVE CITY COUNCIL  
CHILDREN & YOUNG PEOPLE COMMITTEE**

**4.00pm 18 NOVEMBER 2013**

**COUNCIL CHAMBER, HOVE TOWN HALL**

**MINUTES**

**Present:** Councillors Shanks (Chair); Pissaridou (Group Spokesperson), Brown, Gilbey, A Kitcat, Lepper, Mac Cafferty, Powell and Simson

**Non Voting Co-optees:** Graham Bartlett, Chair, Local Safeguarding Children Board, Rachel Travers, Amaze, Eleanor Davies, Parent Forum, Paul Belluscio, Youth Council and Bethan Winstanley, Youth Council

**PART ONE**

**37. PROCEDURAL BUSINESS**

**37(a) Declaration of Substitutes**

37.1 Councillor Mac Cafferty was present in substitution for Councillor Buckley.

**37(b) Declarations of interest**

37.2 There were none.

**37(c) Exclusion of Press and Public**

37.3 In accordance with section 100A of the Local Government Act 1972 ("the Act"), the Committee considered whether the press and public should be excluded from the meeting during an item of business on the grounds that it was likely, in view of the business to be transacted or the nature of proceedings, that if members of the press and public were present during that item, there would be disclosure to them of confidential information (as defined in section 100A(3) of the Act) or exempt information (as defined in section 100(I) of the Act).

- 37.4 **RESOLVED**- That the press and public be not excluded from the meeting during consideration of any item on the agenda.

**Note** - Members considered the exempt appendix in relation to item 44, "Free Childcare for Two Year Olds, Capital Plans" as background information when making their decision. The content of the appendix was not discussed in the meeting however and so it did not need to go into closed session.

## 38. MINUTES

- 38.1 Councillor Simson stated that she had declared a personal but not prejudicial interest by virtue of her position as a Trustee of the Deans Youth Project.
- 38.2 Ms Travers the CEO of Amaze stated that she had declared a possible Amaze interest in the Early Help Strategy item, this had not however been considered to constitute a prejudicial interest. In relation to the closing the gap strategy she had asked whether there was an acceptable level of "gap" which Brighton & Hove were hoping to get down too. It had also been suggested that a parent representative be asked to join the steering group, she understood that this matter had been carried forward.
- 38.3 Ms Travers requested that her comments made in respect of the NEET report be expanded, she had asked for a breakdown of the 6.65% who were NEET and had expressed some concern that the number of accessible places had not increased and that they needed to and had asked for clarity on how these issues were being linked together as more education/training opportunities needed to be created .
- 38.4 **RESOLVED** – That subject to the additions/amendments set out above the Chair be authorised to sign the minutes of the meeting of 14 October 2013 as a correct record.

## 39. CHAIR'S COMMUNICATIONS

- 39.1 The Chair stated that she was pleased to report that Luke's Primary School and Coldean Primary School had recently won national awards. She had also attended a celebration event recently following new appointments to the Brighton & Hove Youth Council, the launch event for the "Early Help Strategy" and the Remembrance Day Memorial Service at Downs Junior School.
- 39.2 **RESOLVED** – That the Chair's Communications be received and noted.

## 40. CALL OVER

- 40.1 All of the reports on the agenda were called for discussion.

## 41. PUBLIC INVOLVEMENT

### 41a Petitions

- 41.1 There were none.



**41b Questions**

41.2 It was noted that 5 questions had been notified in advance of the meeting. The Questions and the Chair's responses to them are set out below

**(i) Ms Leechan Wilby**

41.3 Ms Wilby asked the following question:

"Given that BHCC has stated that CAMHS, ACE and 1-to-1 support will be available to assist with the inevitable consequences (social, emotional and academic) for each of these 11 children, if they have to leave SMLC, what will the total cost for this be (regardless of budgetary origin) over a transition period of a minimum of 6 months?"

41.4 The Chair responded in the following terms:

BHCC has not indicated that the services listed in this question will be made available to all of the 11 young people potentially affected by this decision.

Based on their attendance prior to the funding being made available, it is unlikely to be the case that all 11 children will need to be withdrawn from the SMLC if council funding cannot be accessed because:

-They can remain at the SMLC if their parents assume financial responsibility for that educational choice. Council funding only became available in 2012, and as we know from the deputations and consultation responses many of the 11 students attended the SMLC prior to there being any possibility of funding.

-If the SMLC meets the requirements of the DFE, as indicated in the committee report before us today, there is actually scope for the SMLC to reclaim the funding for some students directly from the DFE which could enable them to remain.

Where parents are unable to afford to assume financial responsibility for this choice of education, parents can of course also chose to provide full time education at home themselves, rather than with the assistance of the SMLC.

Before Child and Adolescent Mental Health Services, a special school or one to one support could be legitimately offered, the need for such services would need to be established. That could only be done on the basis of individual assessments. It is presumably not being suggested that every child currently attending the SMLC has the same profile or emotional needs. Council officers offered to discuss with the parents of the 11 children any support needs that may arise if their child now had to leave the SMLC, and I am advised that as of today there has only been one request for support out of 11 .

Where students do have mental health issues that require support then the relevant young people can access the support offered to any child with mental health issues in the city.

I think that there appears to be some confusion in the reference to ACE support. ACE was the BESD special school in the city until July 2013 at which point it became Homewood College. This provision would only become relevant if any of the 11 SMLC students receive a statement for special educational needs for behavioural, emotional and/or social difficulties which would suggest that was an appropriate provision to be named in the statement. It is the case that currently none of the 11 have been evaluated as having SEN.

At the current time it is therefore not possible to accurately quantify the costs of any legitimate support needs without a current assessment of the individual needs of the students. This has been offered and continues to be available, but currently there has only been one request to the nominated officer, and there has only been one request for this SEN.”

- 41.5 Ms Wilby was then invited to put a supplementary question should she have one. Ms Wilby stated that the reason parents had not contacted the LEA was because they were awaiting the outcome of the Committees’ decision. Ms Wilby enquired regarding the cost benefit analysis that would accrue from pupils attending the SMLC as opposed to a state school and the numbers of children across the city who were home educated. The Chair explained that the Council was not withdrawing funding, the situation whereby the LEA had been able to act as a conduit and had been able to claim any costs involved from the DfE had changed. It was further explained that an analysis of those who were home educated was not held as parents were not obliged to provide that information, the LEA held details of children from the point at which they sought access to a state school. The Government provided funding direct to state schools in respect of those pupils attending them.

**(ii) Madelaine (Maddie) Turner**

- 41.6 Ms Turner had given prior notification that she would be unable to attend the meeting and Dr Cunningham, the Principal of the Self Managed Learning College put the following question in her stead.

“How much was BHCC allocated for, and how much has BHCC actually, or estimates it will have, spent and under spent from their High Needs Block, and from their Dedicated Schools Grant for each of the financial years 2010-11, 2011-12, 2012-13 and 2013-14?”

- 41.7 The Chair responded in the following terms:

**Allocation**

The manner in which the Government allocated the Dedicated Schools Grant to Local Authorities had changed in 2013/14. This was the first year when the DSG had notionally allocated on the basis of blocks, therefore it was not possible to provide data before 2013/14. For 2013/14, the notional high needs block allocated to Brighton & Hove was £21.434m.

**Spend**

2013/14 was the first year of operation of the High Needs Block and as there were still several months of the financial year remaining it was not possible to provide a response to this question.

**Underspend**

It was not possible to answer this question for previous financial years as 2013/14 would be the first year of operation of the High Needs Block. For 2013/14, there was no estimated underspend within the High Needs Block.

**(iii) Mr Alan Turner**

41.8 Mr Turner asked the following question:

“Is it legal for the council to fund alternative provision?”

41.9 The Chair responded in the following terms:

The Council does have the power to fund alternative provision, however, before it exercises this power it must be satisfied that:

(i) the pupil has been assessed as requiring alternative provision, and

(ii) the alternative provision proposed is able to provide the standard of education suitable to meet those assessed needs.

41.10 Mr Turner was invited to ask a supplementary question and he referred to Section 19 of the 1996 Education Act which referred to the ability for alternative provision which could be provided for children who were unable to access education via a more traditional school route as a result of illness exclusion or otherwise. It had in his view been established at the previous meeting of the Committee that the SMLC was an approved alternative provider, he was enquiring therefore why these pupils could not continue to be funded in the same way as they had been to date, given that it could be clearly demonstrated that the traditional route had not worked for them and an identified alternative provision was available.

41.11 The Chair stated that some pupils at the SMLC had never on the roll at a maintained school. Officers of the LEA were happy to discuss the needs of individual children and to work with their parents to find an acceptable alternative provision in the event that they did not continue at the SMLC and in instances where evidence was provided of special educational or other needs. Parents had been invited to contact the LEA.

**(iv) Ms Talulah Miers**

41.12 Ms Miers asked the following question:

“How many children do BHCC currently have on their database or recorded as CME (i.e. Children Missing Education), what are the total figures for CME’s for 2010-11, 2011-12 and 2012-13, and what is BHCC’s process for securing suitable educational provision for these children?”

41.13 The Chair responded in the following terms:

There are currently 25 children on the Children Missing Education Register who are known not to be receiving an education in Brighton and Hove. It is worth noting that this is a fluid number as case numbers fluctuate through the year. For example, there were 54 cases open in September which is typical for the start of an academic year. 29 of these cases have been closed as the Children Missing Education Officer resolves issues.

In these cases the CME Officer will work with parents and School Admissions along with any other agencies that may be involved, to secure a suitable education provision. This would include a home visit to discuss education provision and completion of a Preference Form if necessary. If a child has significant behavioural difficulties the placement may be referred to the Fair Access Panel for decision. Parents also have the right to appeal for admission to particular schools.

In the event of a child not either being registered on a DfE registered school roll or registered as receiving home education the LA may prosecute for non attendance.

In terms of CME figures for previous years, these are as follows:

2013 – 2014	25
2012 – 2013	28
2011 – 2012	26”

41.14 Ms Miers was invited to ask a supplementary question and enquired regarding the number of children who were missing from education each year and the arrangements in place to address this for example home visits, also, the number of places available in maintained schools across the city and with alternative providers.

41.15 The Chair explained that those who were home/ alternatively educated where not categorised as being “out of school” or “missing education”. The number of places available in the city’s schools altered throughout the year as children moved into/out of the area. Alternative provision available was recorded differently and alternative providers would be able to advise individually in respect of spaces which they might have available. LEA maintained a central database and was able to liaise with neighbouring authorities. This database was updated regularly and it was best if parents approached the LEA in order that the needs of individual children could be discussed in detail.

**(v) Ms Samantha Wilson**

41.15 Ms Wilson asked the following question:

“Do the rules on the use of the high needs block state that this fund can be used for children both in and out of school and for children with high needs but not necessarily stated?”

41.16 The Chair responded in the following terms:

The High Needs Block is for the education and support for children and young people assessed as having high needs, and for the settings and services that provide support to meet these needs. As the children and young people currently funded by the LA at the SMLC have not, to our knowledge, been assessed as having high needs it would not be appropriate to allocate spending to them from this budget.

However, the LA is concerned to hear that some young people may have special or additional needs and have, therefore, made the offer to discuss this and to make assessments where necessary. This offer still stands.

4.17 Ms Wilson was invited to ask a supplementary question and she asked what arrangements would be made by the LEA to ensure that these young people, some of whom had multiple educational and emotional needs were provided with a learning environment where they felt safe. Ms Wilson referred to the specific needs of one child known to her. The Chair responded that if approached by parents, officers would discuss the needs of individual children.

41.18 **RESOLVED** – That the questions asked and responses given be noted and received.

#### **41c Deputations**

41.19 It was noted that three Deputations had been received. Each of the Deputies was invited to come forward and to speak for up to five minutes in support of their Deputation. When each of the deputations had been heard the Chair gave a response to all three prior to the Deputations being noted and received. The wording of each of the Deputations and Chair’s response are set out below:

##### **(i) Dr Ian Cunningham, Principal of the Self Managed Learning College**

41.20 Dr Cunningham spoke in support of his Deputation set out below:

“The Council continues to fund all existing students at SMLC that the Council has already agreed to fund until each student completes year 11 and leaves SMLC.’ I note that the deputation can be up to 6 people but I do not feel the need to add other names unless it is required”.

41.21 Dr Cunningham referred to information which had not been submitted in advance of the meeting and the Chair requested that copies of this be provided to the Council. Dr Cunningham stated that considered that the Council had a moral duty to provide funding for those children that they had approved to be at the SMLC. They were asking for 6 years funding which amounted to £21, 017 per annum to fund students they had started

to pay for considering that this represented a reasonable compromise from wanting total funding for all. The Local Authority's stated position in respect of its inability to provide further future funding was refuted, legal advice had been sought and the college and parents were of the view that they had strong legal grounds to mount a challenge if a decision to cease funding was taken.

**(ii) Deputation by a student at the Self Managed Learning College**

41.22 A male student of the Self Managed Learning College spoke in support of his Deputation set out below:

"I am 14 years old and have been attending the college for a year and a half.

"I know you are planning to prevent the continuation of our funding which will force my friends and me to leave our College where we are happy, learning and safe, to go back into a place where we were unhappy, not learning and didn't feel safe.

We are all really distressed at the thought of having to leave our College, our community, and our friends. Some of you are hurting us, we're having trouble sleeping at night, you're breaking things that are important to us, and we are suffering from depression. We CANNOT go back into mainstream school because we were so unhappy there - most of us were horrifically bullied by students, all of us didn't fit in, all of us were desperately unhappy.

Our College, and the funding that you give to us students, allows us to continue our education in the way that suits us, and we are very happy at SMLC. We are learning, we have friends and we are part of a community.

Think about a time in your life when you were very unhappy – who were you with, what did it feel like, what did it look like? Now imagine you are being forced to go back there. What would YOU do about that?

Think about a time in your life when you felt happy and safe. Now imagine you are being forced to leave there. How would that make YOU feel?

It doesn't really matter whether you have been a 'conduit' or whether we should or shouldn't have been funded in the first place, or whether there is no other official 'label' to put on us, or our College. The fact is that we HAVE been funded for 2 years and to stop this now is the same as giving us hope and then taking it away'.

So the question is not 'what you did' but 'what are you going to do NOW?'"

**(iii) Deputation by a student at the Self Managed Learning College**

41.23 A female student of the Self Managed Learning College spoke in support of her Deputation set out below:

"I am 14 years of age and this is my 5<sup>th</sup> year at SMLC.

It doesn't matter if you're an adult or a child, a councillor or a member of the public. We are all human and we all have the right to be heard, but you're not doing that. You're ignoring people of your community who need to be able to speak and know they are being listened to.

Which leads me to the email I sent to Sue Shanks. I sent you an email telling you how you're causing so much disruption to children and to families. I sent it to you as a cry for help. I'm still waiting for a reply.

You have such a great power, a power that I am scared of - my local council using their powers against my friends and me to ruin our lives.

I felt like the odd one out at mainstream school and I was really unhappy. I was different to the rest of the people there and got treated differently because of this, a lot of the time in a mean way. I don't want to go back somewhere where I am not accepted for ME. I can speak for most students in that we were all treated horribly. We were easy targets before. You don't need to make us easy targets again.

It's quite horrible to have to say I feel you are all acting like the children and the children are acting like the adults. Your last committee meeting was appalling. It left vulnerable children in a crowd not knowing where they stand.

In your last letter you stated an 'invitation for us to contact the local authority to discuss any support and educational needs your child may have.' My needs are going to SMLC. It is where I feel safe, happy and I can learn there. If this is not an option, I want one-to-one tuition which you will pay for, support for my parents in sending me to a private psychologist (not CAMHS) which you will also pay for. We are all being damaged by your actions, I don't want to go into details here, but it is really bad. I want my council to listen to me. Really listen to me. I am worried that you all have a listening problem, which stops you from hearing what this is doing to us.

Unfortunately, you have started a war where people are getting hurt - physically and mentally. Luckily, I was taught to always stand for what I believe in. I believe in my college and that's why I am standing up to you. We are not going to back down. You have a long fight ahead.

Only continued effort wins the war; we can't lose if we don't quit."

41.24 Following receipt of each of all of the Deputations the Chair responded in the following terms:

"Thank you for those thoughts and we do value your input into this process, although we are concerned at some of the language that is being used. We do also note how one of you has pointed out that you were attending the SMLC prior to the funding being available and we have no reason to believe that students won't continue to be funded by their parents after 31<sup>st</sup> December 2013.

I understand your concerns but do want to point out that we also need to ensure we champion the views of approximately 33,000 pupils in Brighton and Hove and be mindful of those who don't have a voice for whom we have a statutory duty to provide an

education. The council also has responsibility for a large number of vulnerable children and young people who we also need to listen to.

There are:

2000 children and young people who are young carers for parents with various difficulties;  
 958 who have statements of special educational need;  
 430 of who are on roll at special schools;  
 111 children who are in care;  
 86 children who attend special units attached to mainstream schools;  
 44 children with specific medical needs that mean they can't attend school;  
 11 permanently excluded pupils; and  
 3 school-age mothers

The local Authority's duty is to ensure we have places available at an Ofsted registered provider for all those parents who require it, this is done through ensuring there are school places available at one of the schools within the City. As already stated, we will do everything we can to help with reintegrating those of you who want to return to a state school if the availability of funding ceases.

- 41.25 The Executive Director of Children's Services confirmed that should any parents wish to return their child to community schooling the LEA would of course support them to ensure appropriate school places were found in line with the school admissions code.
- 41.26 **RESOLVED** – That the content of the Deputations and the Chair's response to them be noted and received.

## **42. MEMBER INVOLVEMENT**

- 42.1 There were no items.

## **43. SELF MANAGED LEARNING COLLEGE (SMLC)**

- 43.1 The Committee considered a report of the Executive Director of Children's Services providing further information about issues that might be required to enable the Committee to decide on the recommendations listed below, the Committee not yet having reached a decision about future funding
- 43.2 It was noted that the report should be read in conjunction with the two previous committee reports submitted to the Committee on 16 July and 14 October 2013, in respect of local authority funding of pupils in receipt of elective home education who were in attendance at the SMLC.
- 43.3 The Head of Behaviour and attendance confirmed that at its meeting on 14 October 2013, the Committee had been unable to reach agreement regarding whether or not there should be any future funding for pupils currently benefiting from LA funding beyond the end of the current academic term. As in the event that no decision had been made by the Committee, the status quo applied, as it stood funding was in place until the end of the academic year.



- 43.4 In this case the status quo was that the criteria which had applied to the funding of places of children in receipt of elective home education no longer applied, as the previous criteria had specified that the LA could enter a child on the census return to the Department for Education, and that no funding could exceed the amount that the Council could recoup from the DfE. In these circumstances the Interim DCS, Heather Tomlinson had exercised her discretion to agree funding until December 2013, in order to provide for an opportunity for transition to other arrangements, and to allow for a period of consultation to look at future alternatives.
- 43.5 The Local Authority had contacted parents of students attending the SMLC to advise them of the current situation with regard to funding and to offer support with regard to future educational options in mainstream schools. Of the 16 young people currently attending the SMLC, one was being funded by a mainstream school and 11 were being funded that term by the Local Authority. If the recommendations contained in the report were agreed there were a number of options the SMLC and parents might want to explore and these were set out in the report. The LA had offered to support parents and to explore the options available to them. To date one parent had made contact with the Local Authority.
- 43.6 Notification has been received that the Conservative Group wished to put the amendment set out below:
- “The Conservative Group would like to insert into Recommendation 2.1, (vi) as follows:
- “With the exception of those students attending the SMLC who have already begun Key Year 10 or 11 in September 2013 and are currently in receipt of local authority funding arising from the previous arrangement, for whom exceptionally funding will be provided through to the conclusion of their academic Year 11 (ie. for a maximum of up to two years),** a decision is made that from December 31<sup>st</sup> no further funding will be offered to provide for children who are in receipt of education otherwise than at school to attend a fee paying college, including those children receiving elective home education currently attending the SMLC.
- The amendment had been put by Councillor Wealls and was seconded by Councillor Simson.
- 43.7 Councillor Wealls stated that the Conservative Group had put forward their amendment in order to address the situation which had arisen at the previous meeting, whereby in voting against the proposed amendment when it became the substantive recommendations, those recommendations had fallen and the Committee had failed to make a decision. It was considered that the amendment was fair in that it recognised the needs of those students who had embarked on their GCSE studies and sought to support them to the end of their school career rather than place them in a position of having to find alternative educational provision. He hoped that those who had supported the earlier amendment would be able to support this one.
- 43.8 Councillor Wealls queried whether, as the current high needs block budget had been worked out based on historical spending funding for these 11 young people was already in the Council pot. It was explained that this as was not the case the Local Authority had simply acted as a conduit, although it was recognised that school funding arrangements were complicated.

- 43.9 In answer to further questions the Acting Assistant Director, Education and Inclusion explained that it was not necessary for a child to be statemented in order for alternative provision to be made, if parents were able to evidence special educational or other needs an appropriate level of provision could be made. If approached the local authority could discuss/ assess the needs of individual children and could support parents in that process.
- 43.10 The Legal Adviser to the Committee re-iterated her comments set out in the report, that by law the responsibility for a child's education rested with their parents. This could be either by attendance at school or by "education otherwise" which was more commonly described as elective home education. The young people who were the subject of this report were regarded in law as being home educated. The SMLC was not a school it was a provider of private education and parents who chose to electively home educate their children assumed financial responsibility for it. The previous basis upon which funding had been provided for these young people was no longer available.
- 43.11 Councillor A Kitcat commended the report which in her view was well written and set out the current position very clearly.
- 43.12 Councillor Pissaridou stated that in her view the position was clear students did not take GCSE's at the SMLC they took them subsequently elsewhere. The previous arrangements were no longer available and the high needs block should be used as it was intended had ceased and for the benefit of the city's children overall. Other options were available, as set out in the report and parents can be invited to contact the LA.
- 43.13 Ms Travers, the CEO of Amaze sought clarification that if a child was moved from a mainstream school whether funding would move with them. It was confirmed that it would and that this arrangement would be between the school and the SMLC and was different from conduit arrangement.
- 43.14 The Executive Director Children's Services re-iterated that the LA was happy to provide advice and support if approached by parents.
- 43.15 A vote was taken formally on the Conservative Group Amendment and on a vote of 7 to 3 it was lost. A further vote was taken on the recommendations set out in the Officers' report and these were agreed on a vote of 7 to 3.
- 43.16 **RESOLVED** - (1) That the committee notes the changes in the capacity of local authorities to recoup the cost from the DfE of children who are in receipt of elective home education attending a college of further education or other "alternative provider", which means that the previous criteria under which the local authority had agreed to fund attendance of some pupils in receipt of home education at the SMLC is now defunct;
- (2) The committee notes that continued funding was agreed by the former Interim Director of Children's Services (DCS) until the end of this academic term to allow time for alternative arrangements to be made for those affected children who were attending the SMLC, and for consultation on the way forward;
- (3) The committee notes the consultation and the issues raised by the affected parents and pupils, and further notes the ongoing offer of support and advice which has been

made to any affected pupils, including the possibility of attendance at a maintained school;

(4) The committee notes that the education of those pupils whose parents chose to educate them otherwise than in school continues to be the responsibility of their parent according to the law;

(5) The committee notes that if it meets the requirements of the DfE it is possible for colleges, including the SMLC, to reclaim from the DfE the fees otherwise charged to the parents of children in receipt of elective home education; and

(6) A decision is made that from December 31<sup>st</sup> 2013 no further direct funding will be offered to provide for children who are in receipt of education otherwise than at school to attend a fee paying college, including those children receiving elective home education currently attending SMLC.

#### **44. FREE CHILDCARE FOR TWO YEAR OLDS: CAPITAL PLANS**

- 44.1 The Committee considered a report of the Executive Director of Children's Services which set out capital expenditure plans which aimed to increase supply of free childcare places for eligible two year olds across the city. A free childcare place has been a statutory entitlement for all eligible two year olds from September 2013, and a change in eligibility will come into effect from September 2014 which will increase the likely number of children eligible for a free childcare place in Brighton & Hove to 1,300. The government had provided capital to local authorities to ensure that there are sufficient places available, and this report sets out details of proposed expenditure.
- 44.2 Since September 2013 a free childcare place has been a statutory entitlement for all two year olds in families who meet the eligibility criteria also used for free school meals, or are looked after by the local authority. In addition the council also provides free childcare for two year olds with a child protection plan if their family does not meet the income eligibility criteria. There are currently 451 children in the city accessing this entitlement which amounts to 87 per cent of children for whom there is funding; it is anticipated that this number will increase further as the scheme progresses.
- 44.3 From September 2014 eligibility will expand to include families in receipt of working tax credit and have a low income, as well as disabled children and those who have left care through adoption or special guardianship. An estimated 1,300 two year old children in Brighton & Hove will take up this entitlement.
- 44.4 The Early Years and Childcare Strategy Manager stated that the latest available data indicated that eligible children lived in most areas of the city, with some clusters in lower income areas. At present there appeared to be sufficient provision for eligible two year olds, but there might be a shortage of places in September 2014.
- 44.5 The Head of Sure Start explained that the report sought to set out the changes that had been made and details as to how arrangements would work in future. The capital projects referred to in the report would extend the number of places available in central Brighton. In the West of the city it had been identified that there was likely to be

shortage of places in Hangleton it was proposed to develop a council-owned building to be let to a private or voluntary sector provider to run.

- 44.6 Councillor Simson stated that she was uncertain whether the level of provision suggested would provide sufficient quality for such young children and was also concerned whether there would be enough trained staff coming through to provide the staff needed in the expanded settings proposed and whether additional places could be provided for two year olds at the expense of places for three and four year olds.
- 44.7 The Chair confirmed that measures had been put in to place to seek to ensure that a high level of provision was available and that all settings provided a high standard of care and that no children were placed into settings where provision had been identified as being unsatisfactory.
- 44.8 Councillor Pissaridou enquired whether any places were funded currently at facilities which were considered inadequate and it was confirmed that was not the case.
- 44.9 **RESOLVED** - That the committee approves capital spend as set out in the report.

#### **45. EARLY YEARS AND CHILDCARE: ROLE OF THE LOCAL AUTHORITY**

- 45.1 The Committee considered a report of the Executive Director of Children's Services which set out changes to the role of the local authority in relation to childcare as set out in the Government publications More Great Childcare (January 2013) and More Affordable Childcare (July 2013).
- 45.2 It was noted that the Government was strengthening the inspection regime, making Ofsted the sole arbiter of quality and limiting the role of the local authority. It was recognised that high quality early education promoted children's development in their early years and was crucial to their future success at school and was especially beneficial for the most disadvantaged children.
- 45.3 The Head of Service, Surestart explained that in the future the Government wanted local authorities to act as "champions" for disadvantaged children and their families and to focus on challenging and supporting early years providers judged as "requires improvement" by Ofsted. A key role would be to identify hard to reach families and help them choose an early education provider. The Family Information Service (FIS) already encouraged families to apply for 2 year old funding, performing eligibility checks and supporting them to find a childcare provider. Most families self served on line and used the FIS helpline if they needed more support. FIS provided a case work service for families who needed more help, for example those referred from social work, including helping with forms and claiming benefits, and referring to specialist agencies.
- 45.4 Ms Travers the CEO of Amaze emphasised that it was important to ensure that staff received comprehensive training to enable them to provide high quality care which was appropriate for those children who had special educational needs. The Head of Sure Start explained that the Local Authority could still ensure that provision was inclusive and in instances where children had significant special needs provide the appropriate level of funding and support.

45.5 Councillor Wealls sought clarification regarding the availability of funding streams and application of the Dedicated Schools Grant whether this would result in reductions in staff. It was explained that ways of working more efficiently were subject to regular review. Funding for 2,3 and 4 year olds came from the Dedicated Schools Grant. The proportion of central spend was 8% compared to SE and England percentages of 11% and 15%. It was noted that the Government planned to reform early education funding with the aim of having a new system in place from 2015/16.

45.6 **RESOLVED** – That the Committee agrees to continue to promote high quality early years provision across the city by offering support to all early years providers and by targeting most support on the weakest early years providers and those with the highest numbers of funded two year olds.

#### **46. SCHOOL STANDARDS AND ACHIEVEMENT: ANNUAL REPORT**

46.1 The Committee considered a report of the Executive Director of Children's Services which provided an analysis of the unvalidated assessment data for the academic year 2012/ 2013.

46.2 The data showed a rise in standards across all key stages (6, 11, 16 and 18 year olds) and also an increase in progress. The full data set, including value added was not yet available and would be included in a future update report. Whilst standards and achievement were moving in the right direction, the available data indicated that more remained to be done and outlined the priorities that had been set moving forward.

46.3 The Strategic Commissioner, Standards and Achievement explained that this represented an interim update and that a further report would be brought back to the Committee when all of the data had been finalised.

46.4 Councillor Simson stated that in the past Members had received details of the outcome of any Ofsted assessments which were available at each meeting. It was useful for Members to receive this information and she requested whether it would be possible for this to appear as a standing item on future agendas. The Executive Director of Children's Services confirmed that this could be done and that information available when each agenda was printed would be provided for future meetings.

46.5 Mrs Davies, Parent Forum sought clarification of the numbers of exclusions that had taken place over the period covered by the report. It was agreed that this information would be provided to Mrs Davies.

46.6 Councillor Lepper referred to an article for which no source had been given which had referred to a rise in the number of assaults on teachers. She considered that the article was divisive and misleading given that the progress that had been made in all areas across the city's schools over a number of years.

46.7 Ms Travers, CEO of Amaze also referred to the work being undertaken by the Scrutiny Panel which had undertaken work around this issue. It would be helpful if its findings and final recommendations could be shared with the Committee. Councillor Brown concurred in that view, she believed that the Panel was in to process of formulating its

recommendations and that it was intended for them to be forwarded to the Committee for information.

- 46.8 The Executive Director of Children's Services stated that bullying, particularly when it involved serious/illegal instances such as assault were taken very seriously and robust measures were in place to deal with such incidents.
- 46.9 The Acting Assistant Director Education and Inclusion stated that a lot of work had been carried out in relation to this matter in order to provide advice and support to schools particularly in the area of fixed term exclusions.
- 46.10 It was noted that although the figures contained in the report remained to be verified there were unlikely to be significant differences between the draft and final data.
- 46.11 Councillor Wealls commended GCSE result - however he referred to the initiatives being undertaken to close the gap in achievement particularly at Key Stages 2 and 4. It was explained that various initiatives were in place as part of a five point strategy to address these problems which included courses for middle leadership staff within schools, schools mentoring other schools, use of the pupil premium and training for school governors.
- 46.12 Councillor Wealls commended the continuing improvements in GCSE results, but considered that it was also important to draw out and emphasise the value added work that was carried out too. He also, Wealls considered that it was important that training available especially that for school governors was well publicised to ensure maximum take up.
- 46.13 Councillor Gilbey referred to the initiatives in place to support the lowest 20% and the characteristics of this group, noting the percentage of this group who were summer born. Given that children in this group could be considerably younger than their peers it was recognised that there was often a gap in their achievement levels particularly during their when entering school. Councillor Gilbey enquired whether data relating to summer born children was available for other categories.
- 46.14 Councillor Pissaridou enquired whether it was possible for children to delay the date of entry into school and it was confirmed that children were placed in the appropriate age group for their year on entry into school, summer born children would be full time by the spring/easter term.
- 46.15 Councillor Simson asked how parents were made aware that their child had received a fixed term exclusion and it was explained that a letter was sent by recorded delivery from the school. This process had to be observed in order for the document to be legal. The Acting Assistant Director Education and inclusion explained that the makeup of cohorts moving through schools changed year on year. However, the LEA worked with schools to address any issues that arose.
- 46.16 Councillor Powell referred the poem set out on page 61 of the agenda which was an encouraging example of the standards achieved in schools.

46.17 Councillor A Kitcat referred to the emerging picture across Brighton and Hove schools which were very encouraging. Councillor Kitcat noted the initiatives which were due to take place during 2014/15 this was an exciting initiative and in answer to further questions it was confirmed that the impetus of these would be carried forward in order to maintain high quality improvements particularly where levels fell below the national average. The Executive Director of Children's Services confirmed that initiatives were intended as a tool to help to embed good practice which would be self sustaining within schools.

46.18 **RESOLVED** – That the Committee note the contents of the report.

#### **47. ITEMS REFERRED FOR COUNCIL**

47.1 There were none.

#### **PART TWO**

#### **48 FREE CHILDCARE FOR TWO YEAR OLDS, CAPITAL PLANS - EXEMPT CATEGORY 1**

##### **SUMMARY OF ITEMS CONSIDERED IN PART TWO**

#### **48. FREE CHILDCARE FOR TWO YEAR OLDS CAPITAL PLANS - EXEMPT CATEGORY 1**

48.1 The Committee considered and noted the supporting exempt information contained in appendices 2 and 3 to the report but did not discuss their contents nor go into closed session in order to do so.

#### **49. PART TWO PROCEEDINGS**

49.1 There were none.

The meeting concluded at 6.15pm

Signed

Chair

Dated this

day of





**HEALTH & WELLBEING BOARD**

**4.00 pm 27 November 2013  
COUNCIL CHAMBER, HOVE TOWN HALL**

**MINUTES**

**Present:** Councillor Jarrett (Chair) Councillor K Norman (Opposition Spokesperson), Councillor Meadows (Opposition Spokesperson), Councillors Bennett, Bowden and Deane. Pinaki Ghoshal, Statutory Director of Children's Services, Denise D'Souza, Statutory Director of Adult Services, Dr. Tom Scanlon, Director of Public Health, Dr. Xavier Nalletamby, Geraldine Hoban, Clinical Commissioning Group. Hayyan Asif, Youth Council and Frances McCabe, Healthwatch.

**PART ONE**

**34 Public Health Schools' Programme**

- 34.1 The Board considered a report of the Director of Public Health which informed members that the proposed Public Health Schools' Programme took into account recent policy changes, the opportunity afforded by the arrival of Public Health in local authorities, the need to build on the good work of the Healthy Schools/Settings programme as well as the concerns of schools themselves. The programme reflected evidence based practice. The programme would be offered to all state schools including academies and free schools. It was anticipated that in due course the programme would be rolled out to colleges. The report was presented by the Public Health Programme Manager.
- 34.2 Pinaki Ghoshal endorsed the report which he considered a good example of joint working which would ensure the best programme for children and young people.
- 34.3 Councillor Meadows concurred and welcomed the report. She noticed however that more young people were taking up smoking whilst smoking was reducing amongst the adult population.
- 34.4 Councillor Bowden referred to paragraph 4.2 in relation to sexual health. He asked if more joint work was planned. He stressed that unless there was an education programme there would be a rise in teenage pregnancies and sexual disease.

- 34.5 Pinaki Ghoshal explained that although the council could give advice, it was up to governors to decide on the approach taken with regard to sex and relationship education.
- 34.6 The Chair expressed concern about the adult infection rate. He agreed that there was a need to start sexual health education at a young stage.
- 34.7 Tom Scanlon reported that a briefing paper was being prepared on this issue.
- 34.8 Hayyan Asif asked who had been included in the evaluation process. Tom Scanlon explained that the evaluation framework was not in place. It would be brought back to the Board next year. The Public Health Programme Manager explained that all state and free school, primary and secondary would be involved in the evaluation process.
- 34.9 Geraldine Hoban stressed that when the evaluation of schools was carried out; there was a need for joined up working. A forum would look at this work and report to the Children and Young People's Committee.
- 34.10 Hayyan Asif mentioned that the Healthy Schools Programme was not an appropriate name if it was used in colleges. The Public Health Manager replied that the name could be changed when the programme was presented to colleges.
- 34.11 **RESOLVED** – (1) That the report and the above comments from Board Members be noted.
- (2) That the report be referred to the Children and Young People's Committee for endorsement.

# HEALTH & WELLBEING BOARD/ CHILDREN & YOUNG PEOPLE COMMITTEE

**Agenda Item 34/58**

Brighton & Hove City Council

<b>Subject:</b>	<b>Public Health Schools' Programme</b>		
<b>Date of Meeting:</b>	<b>27<sup>th</sup> November 2013, 13 January 2014</b>		
<b>Report of:</b>	<b>Dr Tom Scanlon, Director of Public Health</b>		
<b>Contact Officer:</b>	<b>Lydie Lawrence, Public</b>		
	<b>Name:</b>	<b>Health Programme</b>	<b>Tel: 295281</b>
		<b>Manager</b>	
	<b>Email:</b>	<b>Lydie.lawrence@brighton-hove.gov.uk</b>	
<b>Ward(s) affected:</b>	<b>All</b>		

## FOR GENERAL RELEASE

### 1. PURPOSE OF REPORT AND POLICY CONTEXT

- 1.1 The purpose of this report is to bring the Public Health Schools' Programme to the attention of the Health and Wellbeing Board Members.
- 1.2 The proposed Public Health Schools' Programme takes into account recent policy changes, the opportunity afforded by the arrival of Public Health in local authorities, the need to build on the good work of the Healthy Schools/Settings programme as well as the concerns of schools themselves. The programme reflects evidence based practice. The programme will be offered to all state schools including academies and free schools. It is anticipated that in due course the programme will be rolled out to colleges.

### 2. RECOMMENDATION:

- 2.1 That the Health and Wellbeing Board note and comment on the report and agree to refer it the Children and Young People's Committee for endorsement.

### 3. CONTEXT/ BACKGROUND INFORMATION

- 3.1 As of 1<sup>st</sup> April 2013, Public Health within local authorities is responsible for commissioning the Healthy Child Programme 5-19, which includes school nursing. In April 2015, the commissioning of the Healthy Child Programme 0-5 will also pass to Public Health in Local Authorities. The 0-5 programme is currently commissioned by the area team (Surrey and Sussex) of the NHS Commissioning Board although this is in partnership with local public health teams.

- 3.2 The Department of Health Call to Action for school nursing (2011) recommends a revitalisation of school nursing services for the delivery of a core programme of evidence based preventative health care for all children and young people, with additional support and care for those who needs it. School nursing is now within the remit of Public Health in local authorities.
- 3.3 A national Public Health Outcomes Framework has been developed to assess progress in improving Public Health. Several of the indicators in this framework support a Public Health approach to school health.
- 3.4 In recent years the local approach to health in schools has been through the national Healthy Schools Programme, alongside a number of other public health programmes. In 2010 there were changes to the national programme with resultant local funding reductions. Two council employees, one funded by public health now oversee a streamlined Healthy Settings Programme for schools, nurseries and colleges with a reduced number of criteria and school self-validation of progress. In addition to this programme, a number of health promotion and prevention activities are commissioned by the Public Health team. For example:
- BIKE IT: a project to encourage and support children to cycle as part of their school journeys;
  - Community Youth Champions: an after school peer mentoring project where pupils aged 11-15 years are trained as advocates for physical activity;
  - Smoking prevention and cessation: education about tobacco and associated development of smoking policies and stop smoking sessions;
  - Sun safety campaigns;
  - National Child Measurement Programme for children aged 4-5 and 10-11 years.
- 3.5 There can be capacity challenges in the effective implementation of these interventions including when they require school nursing support at universal level.
- 3.6 There are also a number of national programmes delivered through schools through the NHS Commissioning Board in partnership with Public Health England and local authority Public Health; for example the management of communicable disease outbreaks and national vaccination programmes.
- 3.7 The Annual Report of the Chief Medical Officer, Our Children Deserve Better: Prevention Pays (2012) recommends that local authorities support schools to engage in the health agenda to create school connectedness, build resilience, support health and wellbeing and encourage physical activity. The National Institute of Health and Clinical Excellence (2007; 2010) recommends that a range of public health interventions should be school-based including to prevent smoking and alcohol consumption.
- 3.8 Following the formal move of Public Health in the City Council, The Director of Public Health met with primary, secondary, special needs schools and with schools Governors to discuss the public health priorities for children and young people and the possibility of developing a broad Public Health Schools' Programme.

#### **4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS**

4.1 The Public Health Schools' Programme takes a comprehensive approach to health and wellbeing. The programme will provide a whole school community approach to health improvement for pupils, staff and parents. This will contribute to pupils' attainment and achievement and support the implementation of the Early Help Strategy.

4.2 Schools will be provided with Annual School Health Profiles with information about their pupils' demographics as well as health and lifestyles issues and inequalities:

- \* Immunisation profile - MMR (5yr olds), HPV (secondary schools)
- \* Healthy weight prevalence - primary school entry and leaving
- \* Lifestyle profile- smoking, alcohol /drug use, physical activity
- \* Mental health - self-reported mental wellbeing, self harm; domestic abuse, emotional wellbeing
- \* Sexual health - sexual activity, teenage pregnancy

Note: In the event of some school-level datasets being too small and risking identification of individuals, relevant data will not be shown.

4.3 Schools will identify a number of issues that they wish to focus on based in part on the issues identified in their School Health Profile. Schools will be offered support in the development of relevant school policies such as drug and alcohol, healthy weight (school meals, vending machines), tobacco control and other health and wellbeing related policies. Schools will also be offered support in the development of school resilience and emergency management plans. There will be opportunities for schools to sign up to parental contracts for parents not to provide alcohol to their children.

4.4. Health and wellbeing for pupils and students. Based on the issues identified in the School Health Profile, the work will incorporate the current healthy settings work and the public health initiatives already in place, for example healthy diet and nutrition, physical activity, substance misuse, smoking cessation, sexual health, emotional health and wellbeing - including mindfulness and suicide prevention, injuries and accident prevention and targeted work aimed at reducing inequalities in health. The proposed initiatives will enhance the Personal Social, Health and Economics (PSHE) education programme. There will also be scope for support to improve vaccine uptake in this programme

4.5 Staff and parent initiatives. A number of public health programmes will be offered to staff and parents: smoking cessation, drug and alcohol awareness, mental health and wellbeing promotion, Change4Life and Smart Restart (a national programme offered at the start of the new school year to establish healthy habits), and parenting initiatives.

4.6 Reducing inequalities. Some schools may be offered additional support including, though leisure and tourism and public health departments, easier access to out of school activities in culture and leisure.

#### **5. COMMUNITY ENGAGEMENT & CONSULTATION**

- 5.1 The Director of Public Health engaged with head-teachers from primary, secondary and special needs schools to discuss the public health priorities for children and young people and to discuss what a wider Public Health Schools' Programme might include. These discussions informed the development and the content of the Public Health Schools' Programme which the Director of Public Health recently presented to head-teachers and to a meeting of the Governors, Strategy and Partnership group.
- 5.2 The head-teachers from two secondary schools attended meetings and training on parental contracts.
- 5.3 As part of the School Nursing development work engagement with school nurses, schools and other stakeholders is taking place.
- 5.4 The Public Health Programme Manager consulted with the Youth Council and engagement is on-going.

## **6. CONCLUSION**

- 6.1 The Public Health Schools' Programme will provide a whole school community approach to health and wellbeing. It will contribute to pupils' attainment and achievement.
- 6.2 The programme will support the delivery of Brighton & Hove City Council children services strategic priorities including the implementation of the Early Help Strategy.

## **7. FINANCIAL & OTHER IMPLICATIONS:**

### Financial Implications:

- 7.1 The programme will pool current financial resources funded by the Public Health grant spread across the Healthy Settings programme, public health schools' initiatives, school nursing programme and other programmes where resources can be redirected. Schools may also contribute.
- 7.2 There are no anticipated additional costs associated with this programme and it is expected to deliver improved value for money.

*Finance Officer Consulted: Anne Silley*

*Date: 31/10/13*

### Legal Implications:

- 7.3 There are no legal implications arising from the report

*Lawyer Consulted: Elizabeth Culbert*

*Date: 31/10/13*

### Equalities Implications:

7.4 An Equality Impact Assessment will be conducted.

Sustainability Implications:

7.5 The Public Health Schools' Programme will support the sustainability priority of Local and Sustainable Food by encouraging schools to promote healthier diets using locally sourced food where possible. The programme will support the priority of Health and Happiness through the promotion of healthy lifestyles and wellbeing.

Any Other Significant Implications:

7.6 None.

## Supporting documentation

### Appendices

#### 1. Public Health Outcomes Framework.

#### **Public Health Outcomes Framework**

A national Public Health Outcomes Framework has been developed to assess progress in improving Public Health. Several of the indicators in this framework support a Public Health approach to school health:

- Improved readiness for school:
- Increased population vaccination cover;
- Reduced tooth decay in children aged 5;
- Reduced excess weight in 4-5 and 10-11 year olds;
- Reduced smoking prevalence in 15 year olds;
- Increased Chlamydia diagnoses 15-24 year olds;
- Reduced under 18 conception rates;
- Improved emotional wellbeing of looked after children;
- Reduced hospital admissions due to unintentional or deliberate injuries;
- Reduced alcohol and drug misuse;
- Reduced school absences.

#### **Documents listed in Members' Rooms**

None.

#### **Background documents**

None.



**Subject:** Children's Services Fees and Charges 2014/15  
**Date of Meeting:** 13 January 2014  
**Report of:** Executive Director of Children's Services  
**Contact Officer:** Name: Louise Hoten Tel: 29-3440  
Email: [louise.hoten@brighton-hove.gov.uk](mailto:louise.hoten@brighton-hove.gov.uk)  
**Ward(s) affected:** All

**FOR GENERAL RELEASE**

**1. SUMMARY AND POLICY CONTEXT:**

- 1.1 The purpose of the report is to review the Children's Services fees and charges in accordance with the corporate policy.

**2. RECOMMENDATIONS:**

- 2.1 That the position on fees charged for nurseries as detailed in section 3.3 be agreed.
- 2.2 That the position re Children's Centres as detailed in section 3.4 be agreed re consulting on introducing charging for some Children Centre activities.
- 2.3 That the position on fees charges for Childcare Workforce Development as detailed in section 3.5 be agreed.
- 2.4 That the position on fees and charges for the Music and Arts Service as detailed in section 3.6 and Appendix 1 be noted.
- 2.5 That the position on the charges for school meals as detailed in section 3.7 be noted.
- 2.6 That the position on fees charged by the Portslade Sports Centre in section 3.8 be agreed and the fees in Appendix 2 noted.

**3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:**

- 3.1 As part of the budget setting process Heads of Service are required to agree any changes to fees and charges through relevant Committee Meetings. The management of fees and charges is fundamental both to the financial performance of the City Council and also the achievement of the Council's corporate priorities, in particular making better use of public money.

3.2 There are several distinct areas of fees and charges income for Children's Services, some of which are approved by other bodies such as the Music Trust. The recommendations above reflect the areas that need approval and those that are for noting.

### **3.3 Nurseries**

3.3.1 There are six Council run nurseries in the City: Bright Start, Cherry Tree, Acorn, Roundabout, Jumpstart and Sun Valley. The Council took over running the Sun Valley nursery (previously known as PACES nursery) in September 2013 to ensure that there are sufficient places for funded two year olds in Whitehawk. All the nurseries are subsidised by the Council. The budget proposals for 2014/15 include a saving of £48,000 from the overall subsidy. This will be achieved by a combination of reviewing the staffing structures to ensure that these are as efficient as possible and increasing the occupancy of the nurseries by offering more places to funded two year olds.

3.3.2 The existing fee policy is to charge £4.72 an hour for nurseries which provide food and £4.42 for those which do not. The proposal is to increase the fees by 2.5% for inflation. During the year the arrangements for providing food have been reviewed and all nurseries now provide breakfast and tea. The proposal is therefore to increase the lower level fees to recognise this. The higher rate will therefore increase to £4.84 an hour and the lower rate to £4.63. The lower rate includes an additional £1 a day for breakfast and tea.

3.3.3 All 3 and 4 year olds in the city are already entitled to 15 hours a week, 38 weeks a year of free childcare funded from the Dedicated Schools Grant. A significant change from September 2013 has been an increase in the number of 2 year olds who qualify for free childcare. From September 2013 two year olds from families on out of work benefits have been entitled to a free part time place (around 20% of two year olds). From September 2014 this entitlement will be extended to 40% of two year olds including those from low income working families. The national eligibility criteria are:

From September 2013

- if their families meet the eligibility criteria also used for free school meals
- if they are looked after by their local authority

From September 2014

- if their families receive Working Tax Credits and have annual gross earnings of no more than £16,190 a year as assessed by HMRC
- if they have a current statement of special educational needs (SEN) or an education, health and care plan
- if they attract Disability Living Allowance
- if they have left care through special guardianship or through an adoption or residence order

Parents with low incomes can claim the childcare element of the Working Tax Credit. This pays for childcare costs of up to a maximum of 70% of £175 a week for one child or £300 for two or more.

### **3.4 Consultation on Charging for Children's Centres Activities**

3.4.1 There is a budget proposal to consult on introducing charging for some Children's Centre activities. The aim of the proposal is to ensure that all Children's Centres can remain open and to continue to offer the same services to parents by generating income. The alternative would be to reduce universal services. The statutory guidance on Children's Centres says that local authorities must ensure there is a consultation before making significant changes to the range and nature of the services provided through a children's centre and / or how they are delivered. The proposal is that this consultation would take place in the spring and report to the Children and Young People's Committee in the summer term. The consultation will consider the following points:

- Which groups will be charged for? This initial proposal is to charge for open access groups including stay and play groups run from Children Centre buildings. The Stay and Play groups are the most popular groups with some 4000 individual attendances each quarter. The next most popular activities are healthy child clinics which are primarily health services so it would not be appropriate to charge. The consultation will consider which other groups and activities should be included.
- Who to charge and how to ensure that children's centres continue to reach children and families who are at risk of poor outcomes? Health Visitors see and assess all families. Around 20% of families are assessed as needing some additional help. The proposal is that these families would not be charged. Parents on benefits could also be given free sessions (see the card option below).
- How much to charge – the consultation will include a number of options and ask parents how much they would be prepared to pay. For example a charge of £2.50 for universal parents attending open access stay and play groups could generate some £25,000 a year if numbers stayed the same.
- How to minimise administrative costs. Collecting cash takes staff time and there is a cost of £25 for each time money is collected. The aim is to look at options for a card which can be loaded with a number of sessions which universal parents can pay for and other parents can have for free.

Children's centres are also promoting and support the development of parent and community led provision.

### **3.5 Childcare Workforce Development**

- 3.5.1 Charges for childcare providers to access the childcare training programme were introduced this financial year. The costs are £30 per person for a full day and £20 for half day training course. For childcare providers outside of the city, the charges rise to £60 and £40 per person. Safeguarding and equalities training are currently offered at no cost to childcare providers in the city. There is also a charge for childcare providers to advertise in the weekly job vacancy list – the charge is £50 per job. This list is advertised on the Council's website. Again, this is offered to childcare providers outside of Brighton & Hove at a charge of £100 per job. The income target for this financial year was £15,000 which has already been exceeded.
- 3.5.2 The target for 2014/15 is £25,000 and fees will remain at the current level due to an increase in the number of providers buying training.

### **3.6 Music & Arts**

- 3.6.1 The Music Service charges a range of fees and charges depending on the service provided. These fees are set in order to balance the budget, taking into account inflation, savings targets and market conditions. The Music Trust is consulted on suggested levels of fees, prior to final decisions by Directors. Equal access to music services is encouraged by offering subsidies of 80% to families receiving Child Tax Credit and 100% to families on Income Support.
- 3.6.2 The budget strategy for 2014/15 proposes that the service loses £86k of its Council funding. As a result it is anticipated that the average fee would increase by 4%, alongside amending the present service offer and developing further charging to schools. The increase in fees may have an impact on numbers learning and access to learning for pupils with parents/carers on low income and other CYP in challenging circumstances. Instrumental tuition fees will rise but will need to be submitted to the Music Trust and to Directors for approval in March 2014. The Local Authority also receive the Arts Council Music Hub Grant which is due to reduce by £40k.
- 3.6.3 It is proposed that the service introduces an amended set of criteria for the subsidised tuition scheme which would retain the 100% subsidy primarily for families receiving free school meals and reduce or delete the subsidy for other categories. This would include moving the subsidy for families on working tax credit from 80% to 50%, reducing the internal discretionary award for families just above the present threshold from 50% to 20% and deleting the large family category.
- 3.6.4 A schedule of the current fees and charges are attached for information at Appendix1

### 3.7 School Meals

3.7.1 The charge for school meals is inflated annually in accordance with the inflation factor in the school meals contract as detailed below. The current contract started on 1<sup>st</sup> August 2011 for a period of 4 years with an opportunity to extend up to 24 months. Schools may choose to buy into the contract or make their own school meals arrangements. All secondary schools and academies within the city provide meals, including free meals to entitled pupils, through their own individually negotiated contracts.

3.7.2 The current charge for school meals in primary schools has remained at the 2010 price of £2.10 for children and £2.50 or £2.08 excluding VAT for adults. In line with the contractual arrangements this price will be reviewed on 1<sup>st</sup> August 2014. Any change to price will be based on the April 2014 indices and agreed prior to the end of the academic year for communication to schools and parents. Selling prices would increase at the start of a new academic year.

The Meal prices will vary in line with the following two indices:

(a) Food element

Annual movement in the Retail Price Index (all items) as set out in the Consumer Price Indices published by the Office for National Statistics (Ref Table 24 Food CHBA)

(b) Labour element

The Management fee price will vary in line with the annual Movement in the Retail Price Index (all items) as set in the Consumer Price Indices published by the Office for National Statistics (Ref Table 24 All Items RPI CHAW).

As this is built into the contract terms and conditions, approval by the Children and Young People Committee would only be sought if an increase exceeding inflation was being proposed.

3.7.3 Under the current contractual arrangement there is a low fixed cost in the form of a management fee and a higher variable cost for each meal served, whereas the previous contract had a very high fixed cost and a low variable cost per meal. Under the previous contract the Council retained a much greater amount of the risk. The current arrangement transfers more risk to the contractor and means that the contractor is more inclined to increase sales as we have seen with this contract.

This budget area is now operated in a way that the need to fulfil a shortfall would be most unlikely and this is being demonstrated through the current contract performance and growth in take up of school meals. There are strong incentives for the contractor to grow the service and these are supported by successful partnership working with the local authority, which has been recognised recently in a national award.

The likelihood should be further reduced through the implementation of universal free school meals – although we still await detailed financial information regarding the grant from government.

### **3.8 Portslade Sports Centre**

3.8.1 Portslade Sports Centre review their fees and charges annually with regard to target income budgets, inflation and competitors' prices. They were previously approved by the Principal of the Academy, usually in July for implementation in September. For the next academic year in September 2014 members will need to agree who approves the fees and charges.

3.8.2 At Portslade Sports Centre day membership fees (90p) are waived for the unemployed or those on Income Support. Concessions are also offered for Senior Citizens and in some cases for the over 50's. In addition 16-19 yr olds with special needs who have a Compass Card receive free use of the gym.

3.8.3 A schedule of the current fees and charges is attached at Appendix 2.

## **4. COMMUNITY ENGAGEMENT AND CONSULTATION**

4.1 Budget holders with responsibility for specific fees and charges were consulted in the preparation of this report.

## **5. FINANCIAL & OTHER IMPLICATIONS:**

### Financial Implications:

5.1 The total Children's Services fees and charges budget for 2013/14 is approximately £4m excluding schools.

5.1.1 As a start point for the budget process, income budgets are increased by inflation, currently 2.5%, to produce a target income budget. Budget Holders then review their fees and charges with a view to ensuring that the target budget is achieved and where possible exceeded.

5.1.2 The Music Service has a target income budget of £753,000 which it will aim to achieve when reviewing the fees and charges for approval by the Music Trust in due course. If savings of £86,000 are made and with the grant reduction of £40,000 the revised income target will be £879,000. The Trust will need to decide to increase fees to this level or reduce areas of expenditure.

*Finance Officer Consulted: Louise Hoten*

*Date: 18/11/13*

### Legal Implications:

5.2 Children's Services are entitled to review fees and charges as set out in the report, at the time fees and charges are set they must be demonstrably fair and reasonable in all the circumstances.

*Lawyer Consulted: Natasha Watson*

*Date: 19/11/13*

#### Equalities Implications:

- 5.3 Equal access to nursery care is encouraged by ensuring that the nurseries all offer the universal free early years entitlement of 15 hours a week for all 3 and 4 year olds.  
In addition from September 2013 two year olds from families on out of work benefits have been entitled to a free part time place (around 20% of two year olds). From September 2014 this entitlement will be extended to 40% of two year olds including those from low income working families. Parents with low incomes can claim the childcare element of the Working Tax Credit. This pays for childcare costs of up to a maximum of 70% of £175 a week for one child or £300 for two or more.
- 5.3.1 Equal access to music services is encouraged by currently offering subsidies of 80% to families receiving Child Tax Credit and 100% to families on Income Support.

#### Sustainability Implications:

- 5.4 There are no direct sustainability issues arising from this report.

#### Crime & Disorder Implications:

- 5.5 There are no direct crime and disorder issues arising from this report.

#### Risk and Opportunity Management Implications:

- 5.6 The services included in this report rely on being able to achieve their income targets in order to maintain the level of service provided.

#### Public Health Implications:

- 5.7 From a public health perspective, if proposed increases were above inflation level for some sports and leisure facilities in the city, particularly in areas of health inequalities, disadvantaged groups may be less likely to be able to access affordable physical activity, sport and leisure. Any likely adverse impact on the health and well-being of these groups should be considered.
- 5.7.1 The opportunity to receive a free school meal is extremely important to a substantial number of children from low income families, for whom a school lunch may be the only balanced meal they will eat in a day. Research shows that when children eat better, they do better. Whether families are paying for school meals or are entitled to them for free, children are more likely to concentrate in the classroom in the afternoon after eating healthy school lunches in a pleasant environment. This also improves their health and their learning about making better food choices. Research also shows that children eligible for free school meals are less likely to: do well at school, continue into further education, or secure higher paid jobs. Therefore, ensuring that these children eat and gain the benefits of the free school meals they're entitled to, really will make a difference to their ability to learn and succeed.

Corporate / Citywide Implications:

- 5.8 The services included in this report are available across the city and concessionary prices are offered where possible to encourage those most disadvantaged to make use of these services.

**6. EVALUATION OF ANY ALTERNATIVE OPTION(S):**

- 6.1 Not applicable

**7. REASONS FOR REPORT RECOMMENDATIONS**

- 7.1 To agree and/or note the Children's Services Fees and Charges for 2014/15.

**SUPPORTING DOCUMENTATION**

**Appendices:**

1. Music and Arts Fees and Charges
2. Portslade Sports Centre Fees and Charges

**Documents in Members' Rooms**

None

**Background Documents**

1. Fees and Charges Analysis – 2013/14



## Appendix 1

### Music and Arts Fee Structure 2013/14

<b>Instrumental Lessons:</b>			
		<b>80%</b>	<b>100%</b>
	<b>Full fee</b>	<b>Subsidy</b>	<b>Subsidy</b>
Group lesson	£ 84.60	£16.92	No Charge
Advanced Scheme	£165.00	£33.00	No Charge
School ensemble rate	£ 48.00	n/a	n/a
School IT rate	£ 48.00	n/a	n/a
<b>Instrumental Hire</b>			
	£ 35.00	£16.00	No Charge
<b>Music Centres</b>			
Membership fee	£ 64.00	£12.24	No Charge
Children's Music Workshop (Years 1 & 2) only	£ 40.70	£8.14	No Charge
Children's Music Workshop (Year 3) only	£ 51.60	£10.32	No Charge
Junior/Youth Choir membership only	£ 32.00	£6.40	No Charge
<b>Dance</b>			
	£ 88.00	£16.00	No Charge
<b>Community Ensembles</b>			
	£ 66.00	n/a	n/a

#### Subsidies:

The annually reviewed Subsidised Tuition Scheme is available to parents/carers of pupils attending Brighton & Hove Local Authority Schools and Academies in the city. The scheme provides either 100% or 80% subsidy on tuition fees and instrument hire as follows:

#### **100% subsidy if families are receiving:**

- Income Support
- Pension Credit
- Income Based Employment Support Allowance
- Income Based Job Seekers Allowance

#### **80% subsidy if families are receiving:**

- Child Tax Credit with eligibility for free school lunches
- Working Tax Credit with entitlement to the maximum available – where the reduction due to your income in Part 2 of your award - 'How we work out your tax credits' is zero.



## Appendix 2

### Portslade Sports Centre – Fees from 1 September 2013

Membership	£30.00 Adult	£53.00 Adult and Partner	£11.00 Senior Citizen
Day Membership	90p		Free for unemployed/ income Support
Sports Hall	£42.00 per hour		
Bar/Lounge	Variable but in the region of £160-£260		
Badminton	£7.60 per hour/ peak	£6.70 per hour/ off-peak	
Squash	£6.70 per 40 mins / peak	£6.10 per 40 mins / off –peak	
Table Tennis	£5.00 per hour		
Rackets	£1.00 each		
Table Tennis bat	50p each		
Cricket Nets	£22.00 per net / min two		
Snooker Tables	£5.00per hour/ Peak (3 <sup>rd</sup> hour free)	£4.70 per hour/ off-peak (3 <sup>rd</sup> hour free)	£4.00 per hour/ Under 18's and £3.40 Over 50 Sessions
Grass pitch	£50 per match		
Synthetic pitch	£29.00 Half area £58.00 Whole Area UNLIT	£41.00 Half area £82.00 Whole Area LIT	
Sauna	£2.80 Members £3.70 Non-Members)	£2.00 after another activity	
<b>FITNESS ROOM</b>			
Introductory Course	£9.10 Members and 16/17 yr olds	£10.00 Non-members	
Per Visit	£4.10 peak	£3.90 off-peak	£3.10 Over 50's
Monthly Direct Debit	£29.00 Members	£33.00 Non-members	
<b>CLASSES</b>			
Aerobics, Step, etc	£3.90 per class	£4.80 Non-mem.	
Pump FX	£3.90 per class	£4.80 Non-mem.	
Fencing	£4.30 per class	£5.20 Non-mem.	
Netball	£3.80 per class		
<b>JUNIOR ACTIVITIES</b>			
Indoor Football	£3.20		

Trampolining	£3.30 (Mondays)	£3.60 (Saturdays)	
Karate	£4.00		
Gymnastics	£4.20(Mondays)	£3.60 (Saturdays)	
Toddlers Gym	£3.50		
Snooker	£3.50		
Fencing	£3.80		
Badminton	£3.50		
Basketball	£3.50		
Birthday Parties	£60.00 Members	£68.00 Non- members	

<b>Subject:</b>	<b>LSCB Annual Report 2012-13</b>		
<b>Date of Meeting:</b>	<b>13 January 2013</b>		
<b>Report of:</b>	<b>Graham Bartlett, Chairperson LSCB</b>		
<b>Contact Officer:</b>	<b>Name:</b>	<b>Mia Brown</b>	<b>Tel: 29-0728</b>
	<b>Email:</b>	<b>Mia.brown@brighton-hove.gov.uk</b>	
<b>Ward(s) affected:</b>	<b>All</b>		

**FOR GENERAL RELEASE****1. PURPOSE OF REPORT AND POLICY CONTEXT**

- 1.1 The purpose of this report is to update members on the progress of the Brighton and Hove Local Safeguarding Children Board through the Annual Report 2012-13.

**2. RECOMMENDATIONS:**

- 2.1 That the Committee notes the report and supports the City Council in their contribution to keep children safe from abuse and neglect.
- 2.2 That the Committee note the challenges for 2013/14.

**3. CONTEXT/ BACKGROUND INFORMATION**

- 3.1 It is a statutory requirement for the LSCB to publish an annual report evaluating the effectiveness of safeguarding arrangements for children and young people in the local area.
- 3.2 The LSCB continues to work in partnership with member agencies to protect children from abuse and neglect, and to minimise any adverse consequences of abuse. The Annual Report provides an assessment of the effectiveness of local arrangements to safeguard and promote the welfare of children. Safeguarding activity is progressing well in the area and the LSCB has a clear consensus on the strategic priorities for the coming year.
- 3.3 The LSCB Business Plan 2012-13 was previously developed to reflect the key objectives and actions needed in order to help make children and young people safer in Brighton & Hove. The plan took into account the Government's response to Professor Munro's Review of Child Protection and the anticipated changes to Working Together to Safeguard Children. By the end of March 2013 considerable progress had been made on the business plan, however there were some actions delayed, full details outlined in Chapter 4.

### **3 ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS**

3.2 No alternative options were considered.

### **4 COMMUNITY ENGAGEMENT & CONSULTATION**

4.1.1 In line with statutory requirements and as part of the LSCB's commitment to engaging communities in safeguarding and promoting the welfare of children and young people, two Lay Members were successfully recruited. Their role has been to bring a more 'grass roots' perspective to the work of the Board on safeguarding children; to think as a member of the public; to play a part in the oversight and scrutiny of decisions and policies made by the Board.

4.1.2 We are aware that the LSCB and its function is not well known in the wider community. To this end a Communications Task and Finish Group has been established which will enhance our opportunities for informing and getting feedback from the public.

### **5. CONCLUSION**

5.1 Chapter 8 of the Annual Report sets out the conclusion and challenges for 2013/14. This section gives a concise overview of the Boards assessment of its work over the past year and its impending demands.

### **6. FINANCIAL & OTHER IMPLICATIONS:**

#### Financial Implications:

6.1.1 During 2012-13 the LSCB budget was routinely monitored and the balance of £15,072 has been carried over to the new financial year.

6.1.2 For 2013-14, member agencies will be asked to increase their contribution as we have greater aspirations in evaluating the effectiveness of safeguarding services (including early help) and undertake more learning reviews.

6.1.3 You will note in paragraph 2.17 that locally, the City Council has contributed around 70% of funding.

#### Legal Implications:

6.1.4 There are no legal implications.

#### Equalities Implications:

6.1.5 The LSCB through the City Council and other partner agencies will continue to work to ensure all children and families have access to safeguarding services – particularly those who are less able to communicate due to age, disability, language or for other reasons.

#### Sustainability Implications:

6.1.5 The LSCB is a statutory requirement and must be resourced over the forthcoming year.

Any Other Significant Implications:

6.1.6 Not applicable

**SUPPORTING DOCUMENTATION**

**Appendices:**

1. Brighton & Hove LSCB Annual Report 2012-13

**Documents in Members' Rooms**

1. None

**Background Documents**

1. Working Together to Safeguard Children 2010 (as this was the WT in place during the AR year 11/12)

Crime & Disorder Implications:

- 1.1 None

Risk and Opportunity Management Implications:

- 1.2 None

Public Health Implications:

- 1.3 None

Corporate / Citywide Implications:

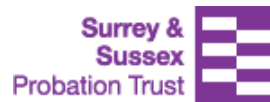
- 1.4 The work of the LSCB is central to the Council's priorities and policies for children and young people.



# Brighton & Hove Local Safeguarding Children Board

## Annual Report

2012 / 2013



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## Preface

This report covers 1<sup>st</sup> April 2012 to 31<sup>st</sup> March 2013. This period is effectively prior to the publication of the revised Working Together to Safeguard Children in March 2013. The revised statutory guidance makes specific reference to the content of the LSCB annual report. These requirements are mostly reflected in this annual report but will be fully covered in subsequent years when our recording systems and monitoring arrangements have been updated. Working Together states:

- The Chair must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area, including early help.
- The annual report should be published in relation to the preceding financial year and should fit with local agencies' planning, commissioning and budget cycles.
- The report should provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action. The report should include lessons from reviews undertaken within the reporting period (under the Learning & Improvement Framework and Child Death Overview Reviews).
- The report should also list the contributions made to the LSCB by partner agencies and details of what the LSCB has spent, including on Child Death Reviews, Serious Case Reviews and other specific expenditure such as learning events or training.

This report will be submitted to the Chief Executive, Leader of the Council, the Local Police and Crime Commissioner and the Chair of the Health and Wellbeing Board.

Whilst this report covers the period 2012-13, reference has been made to significant changes or events from April 2013 which will assist the reader in understanding changes in personnel and the context of ongoing developments planned by the LSCB for 2013-14.

# 1 Introduction from the Chairperson

There is nothing more important than the protection and safeguarding of our children. Too often we hear of occasions where children have been abused, put at risk or simply not provided the opportunities they deserve. The solution to those wrongs lies not with one agency, not with one family, not with one community but with everyone. Safeguarding children is everyone's responsibility.

I write this report on behalf of my predecessor as independent chair of Brighton and Hove Local Safeguarding Children Board (LSCB) Mr. Alan Bedford under whose stewardship the critical functions that fall to the LSCB have thrived over the last four years. I assumed the privilege of this challenging role upon Alan standing down in April 2013. I owe him a huge debt of gratitude for his vision, commitment and leadership which has resulted in a vibrant Board which has at its core the interests of children and has by its nature a culture of continuous improvement and challenge.

I will not repeat here the content of the body of the report as that is well articulated but, as with all public services, those who are charged with protecting our children are experiencing huge change in their structure, governance and resourcing. We have seen the NHS reforms come to fruition, new types of schools, the election of Police and Crime Commissioners, changes to the local authority, differing commissioning arrangements for the voluntary sector, new statutory guidance and inspection models and, rightly, greater expectations from the public, the media and those elected to serve us.

None of this can ever be a reason to take our eye off our central mission of protecting our children. As a Board and as a society we need to be flexible enough to adapt to the changes which are inevitable, work closer together, understand how the decisions taken at the highest levels improve outcomes for children and encourage new evidenced based practice and innovation.

I have made a number of changes to the structure and strategic functions of the board to meet these new challenges with everything we do coming down to one simple question - 'How did we improve the lives of children?' If we can't answer that question or the answer is neutral we have let those children down.

I have a unique role in that I am independent of all of the agencies that constitute the Board yet have little statutory power. My task is to provide an independent voice and independent challenge on behalf of children and I am blessed with working amongst a whole range of agencies and individuals who understand this, who are wholly committed to giving our children the best start in life, wholly committed to improving their services and wholly committed to working together to that end.

I commend this report to you and invite you to feedback your thoughts on how we can develop and improve so that Brighton and Hove becomes one of the safest places to grow up as a child in the world.



Graham Bartlett  
Independent Chairperson, Brighton & Hove LSCB  
October 2013



## 2 Governance and Accountability Arrangements

2.1 The functions undertaken by the Brighton & Hove LSCB follow the requirements of the Children Act 2004 and are based on the objectives set out in Chapter 3 of the revised '*Working Together to Safeguard Children*' issued in March 2010<sup>1</sup>. The core objectives of Local Safeguarding Children Boards (LSCB) are:

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

See extract from *Working Together to Safeguard Children* (2010) on page 7 for an outline of the objectives and functions of the LSCB.

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

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

The Board does this by gathering information about the safety and wellbeing of children in the community, by monitoring partners' performance and by producing policies and procedures to improve safeguarding outcomes.

2.3. The Board met four times during the year and was attended by senior managers from statutory and voluntary organisations, and part way through the year by Lay Members. There was a high commitment by partner agencies to attendance and engagement at the Board's meetings.

2.4. A significant amount of the LSCB's work was undertaken in various sub groups which mostly met on a regular basis and helped to progress many of the detailed actions in the Business Plan.

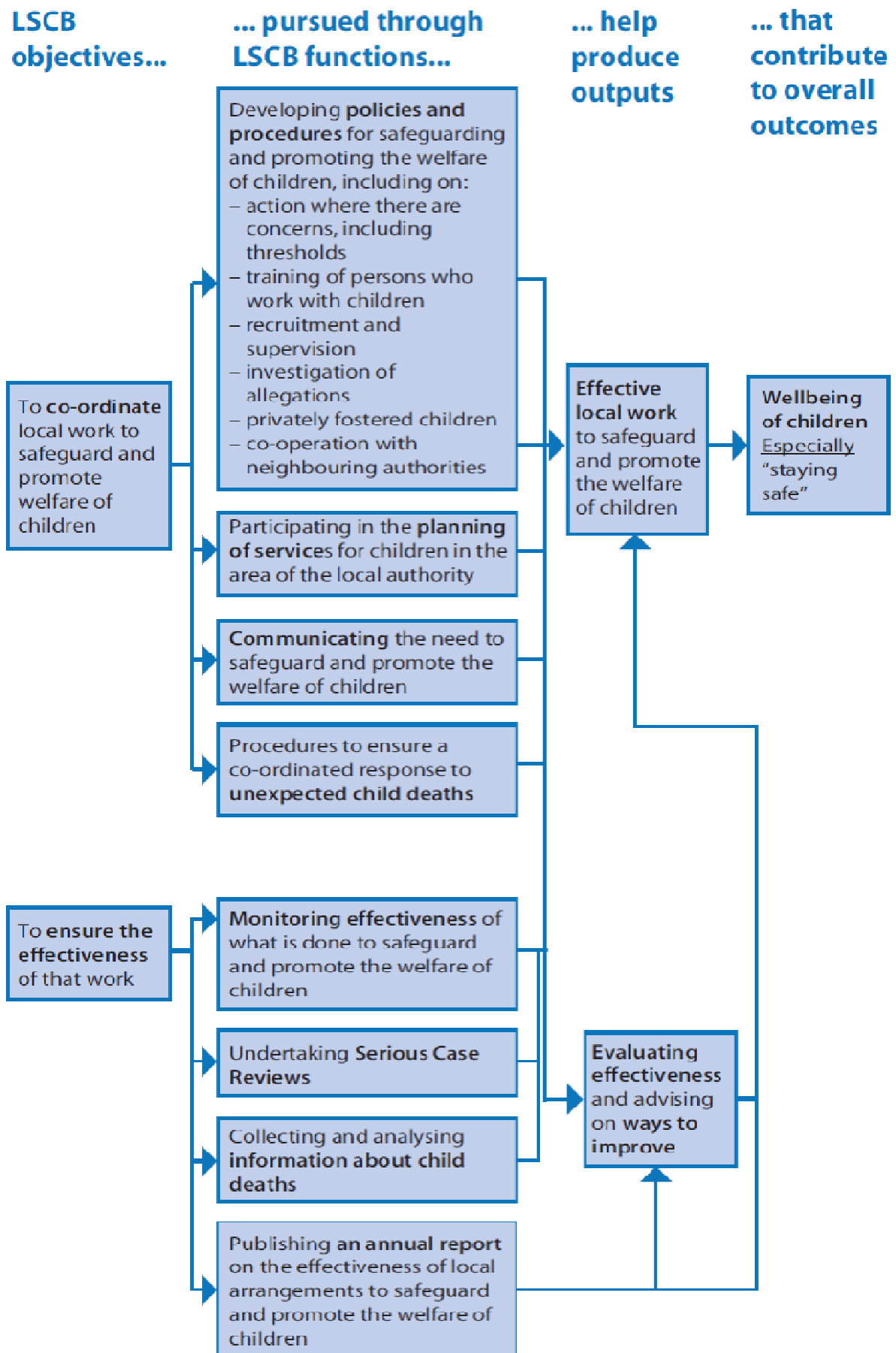
- Executive
- Monitoring & Evaluation
- Child Protection Liaison Group
- Training
- Child Sexual Exploitation
- Education Safeguarding
- Serious Case Review Panel
- Child Death Overview Panel
- Pan-Sussex Procedures

See Appendix A for a summary of each group.

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<sup>1</sup> This annual report covers the period prior to the publication of the revised statutory guidance '*Working Together to Safeguard Children*' in March 2013.

Extract from Chapter 3: Working Together to Safeguard Children (2010)



## Accountability

- 2.5. The LSCB is not accountable for the operational work of member agencies. Board members retain their own lines of accountability for safeguarding children. The LSCB does not have the power to direct other organisations. The Chairperson is presumed to be independent of member agencies, and is required to secure an independent voice for the LSCB. The LSCB must be able to form a view of the quality of local activity and if necessary to challenge organisations on their contribution to safeguarding children. Local Authority members and non-Executives on other bodies should hold their Officers to account for their contribution to the effective functioning of the LSCB. An LSCB is not an operational subcommittee of the Council and the LSCB should not be subordinate to, nor subsumed within, any other structure in a way that might compromise its separate identity and independent voice.
- 2.6. Working Together to Safeguard Children (2010) states that to enable the LSCB to exercise its local challenge function effectively and to ensure an independent voice for the LSCB, there is an expectation the Board will be chaired by someone independent of the local agencies. In line with this requirement, Alan Bedford has been the Board's first Independent Chairperson since January 2009. Alan Bedford was succeeded by Graham Bartlett in this role in April 2013.
- 2.7. Under Working Together to Safeguard Children (2010) the LSCB Chairperson is accountable to the Director of Children's Services (DCS) and this working arrangement was well established with regular formal briefings and discussions. During the year, the DCS role was undertaken by interim arrangements (until the permanent appointment of Pinaki Ghoshal as DCS in July 2013). Under Working Together to Safeguard Children (2013) the LSCB Chairperson is now appointed by and accountable to the LA Chief Executive. Penny Thompson was appointed at the BHCC Chief Executive in December 2012.
- 2.8. During the year, Councillor Sue Shanks, Brighton & Hove City Council's Lead Member for Children Services attended the LSCB as a 'participating observer' and challenged the work of the LSCB through discussion, asking questions and seeking clarity. This role provides an additional scrutiny function to the Board and further ensures the Board is supported by the City Council.
- 2.9. Working Together to Safeguard Children (2010) sets out the requirements concerning members. The Board is made up of statutory and non-statutory representatives that reflect those who work closely with children and families in the community. Primary and secondary schools are represented on the Board. Terri Fletcher (Director of Safety Net) represents the local community and voluntary sector.
- 2.10. In line with statutory requirements and as part of the LSCB's commitment to engaging communities in safeguarding and promoting the welfare of children and young people, two Lay Members were successfully recruited in early 2012. Gabriella Howard-Lovell and Andrew Melrose were both appointed in May 2012. Their role has been to bring a more 'grass roots' perspective to the work of the Board on safeguarding children; to think as a member of the public; to play a part in the oversight and scrutiny of decisions and policies made by the Board. An induction was organised and both had a member of the LSCB to guide them through their introduction to the Board.



- 2.11. Throughout the year, the LSCB has been consistently supported by partner agencies at the appropriate level of seniority for the Board to make the necessary strategic decisions. See Appendix B for a list of Board members and respective roles. Board members have demonstrated this through regular attendance and effective engagement, providing expertise to scrutinise and challenge the local multi-agency safeguarding arrangements and holding their own organisation to account in terms of safeguarding practice. In addition, Board members have actively contributed to the planning, implementation and monitoring of the LSCB Business Plan. The Board is made up of representatives from the following agencies and groups:
- Brighton & Hove City Council (DCS, Children’s Services, Education, Youth Offending - with the Lead Member for Children as a participant observer)
  - Head Teachers representing schools
  - Sussex Police
  - Surrey & Sussex Probation Trust
  - South East Coast Strategic Health Authority
  - East Sussex Fire and Rescue Services
  - NHS Brighton and Hove
  - Brighton & Sussex University Hospitals NHS Trust
  - Sussex Community NHS Trust
  - Sussex Partnership NHS Foundation Trust
  - South East Coast Ambulance
  - Community and Voluntary Sector Forum
  - Domestic Violence Forum
  - CAFCASS
  - Two Lay Members (appointed during 2012)
- 2.12. In addition to the Senior Representatives above, the LSCB values the input of professional advisers; the Designated Doctor and Designated Nurse, the City Council’s Head of Safeguarding (who is the LA Child Protection Adviser) and the Police Safeguarding Adviser. Agencies can bring at least one named professional to Board meetings.
- 2.13. A Member’s Guide to the LSCB was published in March 2011 but needs to be revised following the publication of Working Together to Safeguard Children in March 2013.
- 2.14. The B&H LSCB through the Independent Chairperson has been an active contributor towards the local safeguarding children’s agenda led by the City Council. The LSCB Chair was invited to the Shadow Health & Wellbeing Overview Board. Health and Wellbeing Boards will bring together elected Councillors, local authority officers, patient representatives and clinical commissioning groups to develop a shared understanding of local need, develop joint local priorities, and encourage commissioners to work in a more integrated and joined up manner. The Government’s intention is that Health and Wellbeing Boards will play a key part in the broader plans to modernise the NHS to ensure stronger democratic legitimacy and involvement, to strengthen the working relationships between health and social care, and to encourage the development of more integrated commissioning of services. They will help give communities a greater say in analysing and addressing their local health and social care needs and potentially involve the wider influencers of health such as transport, housing and leisure services. The LSCB Chair has participant observer status at the Council’s Children and Young People’s Committee which has subsumed the functions of the Children’s Trust.



- 2.15. The NHS has undergone considerable changes during the year in relation to its commissioning arrangements. The Board and Executive have been regularly updated by NHS Sussex to prepare for the LSCB engaging with the Clinical Commissioning Group (CCG) which took on many PCT safeguarding functions from April 2013. Both the CCG and the NHS Commissioning Board for Surrey/Sussex became members of the LSCB during 2013 (instead of the now disbanded Primary Care Trust and the Strategic Health Authority (now subsumed within NHS England).
- 2.16. The Brighton and Hove LSCB Health Advisory Group is a forum for child protection designated and named professionals across Brighton and Sussex University Hospitals, Sussex Partnership, Brighton and Hove City Primary Care and the Children and Young Peoples and South Downs Health Trusts. The group informs health services and health organisations operating in the city, as well as the LSCB concerning safeguarding children risks and issues. The group's purpose is to consider and influence joint working practice in the health sector in respect of child protection and to enable increased understanding of safeguarding issues in the services or organisations for which each named professional is responsible.

### **LSCB Finance & Resources**

- 2.17. All LSCB member organisations have an obligation to provide LSCBs with reliable resources (including finance) that enable the LSCB to be well organised and effective. In principle, members should share the financial responsibility for the LSCB in such a way that a disproportionate burden does not fall on one or more partner agencies. Locally, the City Council has contributed around 70% of funding. National guidance for LSCBs states that the budget and contributions made by each member organisation should be agreed locally and consequently there is no recognised formula. Whilst it is possible for LSCBs to budget for planned activities, SCRs or other learning reviews present new financial pressures as and when these are agreed. It is therefore essential that LSCBs maintain a contingency to cover up to two reviews per year.
- 2.18. During 2012-13 the LSCB budget was routinely monitored and the balance of £15,072 has been carried over to the new financial year. Quarterly statements have been provided to the Board or Executive and have been available at any time to Board members. See Appendix C for costs of expenditure and funding contributions.
- 2.19. The LSCB budget will need to be totally revised in 2013-14 as Children's Services have historically funded the multi agency training programme and other LSCB work. These costs are effectively 'hidden' and the LSCB budget does not represent the true costs of the Board's business and development work. Also, for 2013-14, it is most likely that member agencies will need to increase their contribution as we have greater aspirations in evaluating the effectiveness of safeguarding services (including early help) and undertake more learning reviews.

### 3. Monitoring & Evaluation

- 3.1 This year represents a very busy period for the Board in undertaking audits across a range of issues and implementing actions based on the audit findings. This has enabled the Board to be well placed to assess the effectiveness of local multi agency practice.
- 3.2 Audits concerning Neglect, Child Protection Plans (2<sup>nd</sup> time) and CAF cases are planned for 2013-14, plus other sampled multi agency work.

#### LSCB Evaluation Role

- 3.3. Kevin Ball (Independent Children's Safeguarding Adviser) was commissioned to carry out a scoping exercise on the LSCB's evaluation role and presented his findings to the LSCB in November 2012. This was in response to the Board's awareness that there was no framework for quality assuring the functions of the Board and in particular multi agency safeguarding work. Various recommendations were presented to the LSCB as to how quality assurance work could be strengthened with the Monitoring & Evaluation Sub Committee cited as key to coordinating this area. It was accepted that there was limited capacity within the LSCB business arrangements and across partner agencies to plan and carry out quality assurance (QA) work. Sharing quality assurance resources across partner agencies was discussed but considered too problematic. A solution agreed was for the LSCB to fund one day per week of the Designated Nurse's time to be ring-fenced for LSCB QA work. Unfortunately there was delay in someone being recruited to this role (the vacancy was not actually filled until July 2013). It is accepted that the development of a local approach to QA could have been achieved in a shorter timescale, but this was mainly due to the lack of dedicated time and resources.

#### Child Sexual Abuse (CSA)

- 3.4. An audit was carried out of 12 CSA cases as there was concern that referrals for medicals remained low and there were only 5% of children with a child protection plan assigned this category. The key issues identified in the recent audits were:
  - insufficient use of medical advice when no medical was arranged
  - weaknesses in recording of multi agency work (which then made it difficult to assess the quality of work)
  - limited record of checks of other siblings
  - insufficient referrals for therapeutic support
  - health representatives not being included in strategy discussions (especially pediatricians).The Board noted that these points echoed some of the findings from other audit work (such as on domestic violence).
- 3.5. In response, an action plan was implemented to ensure:
  - strategy discussions are multi agency and as a minimum include involvement by relevant Health disciplines
  - records of children who have made allegations of CSA are clear, accurate, up to date & include relevant information
  - all children are spoken to in households where there are allegations of CSA
  - better recording of Police requests for medical examinations or rationale for why no request is appropriate

- pan-Sussex joint investigation training for police and social workers should include a refresher session on responding to CSA referrals and recording.

3.6. By January 2013, significant progress had been made in implementing the work plan with the impact on practice and outcomes for children to be measured later in 2013.

### **Child Protection and Children In Need Plans**

3.7. Data on child protection conference activity and performance is reviewed regularly at both Board and Executive meetings. An audit of child protection (CP) and children in need (CIN) Plans highlighted:

- it was not always obvious why a Plan had been put in place
- plans needed to be more outcome focused
- reports needed to be consistently of higher quality
- there was good representation from partner agencies at network meetings.

3.8. Action linked to the findings of other audit work within Children's Social Care was implemented to improve the presentation of information at conferences and network meetings, including the assessment of risk and what needs to change to protect the child.

### **Strategy Discussions & Section 47 Enquiries<sup>2</sup>**

3.9. An audit of multi agency strategy discussions took place in December 2012 with positives found in all cases. It was noted that there was generally good engagement by agencies after the strategy discussion decisions, but these were not always multi agency in the first place. However, in 10 cases reviewed it was considered that the inclusion of other agencies would not have made a difference to the outcome for the child. Recording across all agencies also needed to be improved. An action plan was put in place primarily concerning improvements in the way strategy meetings are recorded and the 'triggers' needed to ensure the involvement of all relevant agencies. In addition improvements were cited in the way 'transfer in' cases were logged and followed up by all agencies.

### **Domestic Violence**

3.10. Over 50% of children subject to a child protection plan live in families where domestic violence is a factor. During the year there was a concentrated focus on domestic violence including an audit of 12 cases. The findings from the audit informed an action plan across various agencies. In particular, work was developed to ensure strategy discussions, child protection conferences and core groups have full participation by all relevant agencies with expertise in effective risk management. In addition, during May – June 2012 work was carried out within Children's Social Care to ensure child protection plans are outcome focused and parents are clear on the issues of concern and what needs to happen to improve the safety of their child.

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<sup>2</sup> Where a child is suspected to be suffering, or likely to suffer, significant harm, the local authority is required under Section 47 of the Children Act 1989 to make enquiries, to enable it to decide whether it should take any action to safeguard and promote the welfare of the child.

## Multi-Agency Safeguarding Hub

- 3.11. During the year the LSCB made some progress to developing a local Multi-Agency Safeguarding Hub (MASH). MASH involves key professionals being brought together into one place and managing together notifications on vulnerable children. Professionals share information within the MASH team to ensure the early identification of potential significant harm and trigger appropriate interventions. The attraction of this model is it is proven to be more effective in the identification of vulnerable children and improving the speed to which those children receive the most appropriate help, including early help, from single or several agencies. It has improved communication between professionals and avoided unnecessary duplication of assessments by agencies and visits to families. At the end of March 2013 the main obstacles to setting up the MASH appeared to be agreeing the model to be used and finding suitable premises that are secure and large enough to house all the personnel and IT systems. Encouraging progress on this has been made in recent months.

## Child Assessment Framework (CAF) & Early Help

- 3.12. During the year, the Executive noted the number of recorded CAFs to be lower than expected (40 at April 2012). During this period, referrals to Children's Social Care had risen and 45% of these cases did not meet the criteria for a service. A significant number were deemed as 'information' only and not actually a referral for a service. It was agreed that further work was needed through policy and training to clarify what is meant by a referral to Children's Social Care.
- 3.13. The Board noted that the reduction in Child Protection Plans over the last 2 years and questioned whether this may have resulted in an increase in repeat referrals. This was investigated and whilst a small number of repeat referrals were noted - all of these were checked and deemed to be appropriate. It was considered that thresholds for accessing Children's Social Care assessment and services had not changed and there was a greater distinction between child protection and Children in Need (CIN) cases - which had not been the situation 2 plus years ago.
- 3.14. The proposal to establish a local MASH is actively supported by the Board and seen as a way of improving responses to children and ensuring responses to child concerns are effective. In addition the development of the early help offer should over time reduce the number of children needing additional services. The launch of the local Early Help Strategy is planned for 2013.

## Child Death Overview Processes

- 3.15. B&H LSCB has continued to work in collaboration with East Sussex LSCB regarding maintaining the child death overview processes, including the rapid response arrangements. The Single Point of Contact (SPOC) for notifications is well established and managed by East Sussex LSCB.
- 3.16. The Child Death Overview Panel (CDOP) is the inter-agency forum that meets regularly to review the deaths of all children normally resident in East Sussex and Brighton & Hove. It is a sub-group of the two Local Safeguarding Children Boards (LSCBs) for Brighton & Hove and East Sussex and is therefore accountable to the respective two LSCB Chairpersons. If during the process of reviewing a child death, the CDOP identifies:

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

3.17. The CDOP annual report for 2012-13 will be presented to the Board later in 2013. In summary, the total number of children in the Brighton & Hove area who died in 2012-13 was 19 which is consistent with numbers over the last 4 years.

**All deaths notified to CDOP from 1<sup>st</sup> April 2008 to 31<sup>st</sup> March 2013**

	1/4/08-31/3/09	1/4/09-31/3/10	1/4/10-31/3/11	1/4/11-31/3/12	1/4/12-31/3/13
Brighton & Hove	16	20	11	21	19

3.18. The CDOP held 11 meetings in the year (including 2 Brighton & Hove neonatal panels and 3 East Sussex neonatal panels). The main work of the Panel is reviewing the deaths of all children who are resident in Brighton & Hove and East Sussex, on behalf of the two Local Safeguarding Children Boards (LSCBs). Between April 2011 and March 2012 the CDOP was notified of 45 deaths of children who were resident in Brighton & Hove (19) and East Sussex (26) which is a reduction in numbers of deaths since the previous year. The CDOP has reviewed a total of 45 deaths during 2012/13 (17 in Brighton & Hove and 28 in East Sussex). Numbers of child deaths and reviews will not tally as there is always a delay between the date of a child's death and the CDOP gathering the necessary information. Consequently some reviews will be held in the following year.

3.19. The purpose of the review is to determine whether the death was deemed preventable, that is a death in which modifiable factors may have contributed to the death. If this is this case the Panel must decide what, if any, actions could be taken to prevent such deaths in future. Of the 198 deaths reviewed across both areas from 2008 to 2013, 20 have been identified as having factors which may have contributed to the death and could be modified to reduce the risk of future deaths. Modifiable factors identified through reviews included factors associated with sudden unexplained death in infancy such as parental abuse of alcohol, smoking and the baby not sleeping in appropriate environments. Other issues included the need for services that are able to engage vulnerable adolescents as well as the risks associated with adolescents using mobile phones and other electronic devices whilst crossing roads.

3.20. There were no recommendations made to the LSCBs regarding the need for a serious case review and one case was referred to this LSCB for a learning review and was still ongoing at 31<sup>st</sup> March 2013. Some recommendations were made regarding matters of concern about the safety and welfare of children and wider public health concerns.

3.21. Recommendations made to the Brighton & Hove LSCB for 2013/14 are:

- The LSCB should request that Brighton and Sussex University Hospital Trust explore the possibility of increasing the provision for specialist neonatal counselling, because the current service is part time and limited.
- The LSCB should request that public health with relevant agencies consider how to promote understanding of the risks that can be associated with birth, particularly if women go against professional advice based on National Institute for Health and Clinical Excellence (NICE) guidelines.
- The LSCB should raise with a London Hospital the concerns expressed by some parents about how families are supported in receiving and responding to news about their children having a terminal condition.

3.22. Additional recommendations are made to member agencies of both LSCBs which relate to issues specific to particular case histories and not necessarily having general relevance.

3.23. Deaths notified to CDOP in both East Sussex and Brighton & Hove decreased during the last year. There had been an increase in deaths in the previous year however it seemed likely that this was cyclical and so the decrease is not unexpected. Data will need to be monitored for a much longer period before trends can be identified as numbers are relatively low.

### Complaints Regarding Child Protection Conferences

3.24. The LSCB has dealt with 3 complaints about Child Protection Conferences during 2012-13. The decisions were reviewed by a multi-agency panel made up of LSCB members and chaired by the panel member who is most independent. This is in line with the Sussex Child Protection and Safeguarding Procedures. The options open to the panel are either to uphold the decision of the original Child Protection Conference or to reconvene the conference with a different chairperson. The original child protection conference decision however stands whilst the complaint is investigated.

3.25. The nature of these complaints were:

Complaint 1: Procedures not adhered to within the initial child protection conference and linked to a complaint about a social worker.

Complaint 2: Various aspects of the child protection conference:

- No interpreter available
- Report given less than 24 hours before conference
- Chair did not involve all concerned as per procedures
- A specific worker was not invited to be part of the process
- No information about appeals or complaints was given.

Complaint 3: Manner of the conference chairperson and bias towards the social worker.

3.26. Complaints 1 and 2 were partially upheld and Complaint 3 was not upheld. Therefore the decision of the conference was not reversed in any of the complaints. In Complaint 1, there were a series of resolution actions for Children's Social Care with the LSCB requested to ensure agencies improve the timeliness of sharing and submitting to the conference and in particular for parents not to be overburdened with a large number of agency reports.



### Private Fostering Information<sup>3</sup>

- 3.27. The numbers of privately fostering children is constantly changing as new arrangements are referred and children move on - sometimes back to their parents - or when they reach 16 years (or 18 years if disabled). Numbers of privately fostered children are likely to be low in many areas and identifying these children remains a challenge as the public - and to some extent professionals - are often unaware of the regulations. This means a significant number of these care arrangements are likely to remain hidden and this may leave some children vulnerable to abuse or neglect. The local authority is required to check on the suitability of private foster carers, ensure that advice and support is made available when needed and make regular visits to the child to monitor the overall standard of care.
- 3.28. At 1<sup>st</sup> April 2012 there were 3 children in private fostering arrangements. During the year, 21 new notifications were received and 17 were confirmed as being private fostering within the definition. 13 arrangements ended during the year, leaving a total of 7 children in Private Fostering arrangements at 31st March 2013. The number of new arrangements has increased from 4 in 2011-12 to 17 in 2012-13. This is mainly due to raising awareness with a local college with a high number of international students who live with host families but within the private fostering regulations.
- 3.29. All new notifications received an initial visit, with 19 out of 21 (90%) taking place within 7 working days. The reason why two of the notifications did not receive a visit within 7 days is because in one case the notification was postponed and in another it was cancelled. The England average for 2012-13 is 72% and for South East England is 84%.
- 3.30. Using the Department for Education (DfE) counting rules, in 59% of cases visits were carried out within the timescales required by the private fostering regulations (which is at least 6 weekly in the first year) for children who began their arrangement on or after 1<sup>st</sup> April 2012. This is an improvement on the previous year (50%) but below the England average of 69% (2012-13). Performance in this area should be 100%. Therefore, mandatory training for relevant Children's Services staff will take place in Oct 2013 to raise the profile of private fostering and the statutory requirements. In addition, formal challenge will be raised with operational managers in cases where visits are outside timescales.
- 3.31. Almost all children living in private fostering arrangements are aged 10 to 15 and one child is aged 5-9. Four children were born in the UK, and thirteen children were born overseas.
- 3.32. Under the National Minimum Standards for Private Fostering each local authority is required to report annually to the Chairperson of the Local Safeguarding Children Board on its assessment of the welfare of privately fostered children. The Council's report for 2012-13 will be presented to the LSCB in September 2013.

### Management of Allegations of Adults who work with Children

- 3.33. Chapter 5 of Working Together to Safeguard Children (2010) contains the statutory guidance surrounding this issue and requires the Local Authority to investigate any situation where a person may have:

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<sup>3</sup> For more information on private fostering, go to: [www.privatefostering.org.uk](http://www.privatefostering.org.uk)

- behaved in a way that has harmed, or may have harmed, a child;
- possibly committed a criminal offence against, or related to, a child or;
- behaved towards a child or children in a way that indicates s/he is unsuitable<sup>4</sup> to work (or volunteer) with children.

3.34. In addition, and in accordance with DfE statutory guidance 'Dealing with Allegations of Abuse against Teachers and other Staff' 1<sup>st</sup> October 2012, schools have regard to a person who may have;

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

The previous differing definitions of suitability versus risk of harm created confusion and different standards being applied across different employment sectors. DfE research 'Allegations of abuse against teachers and non-teaching staff' (2012) also made comment about this issue:

*"There is concern that the different guidance could create a two tier system: one system for those working with children in schools and one for those working with children elsewhere. There is also concern that this will create further ambiguity in terms of whether or not schools will refer or seek advice from the LADO. "*

3.35. Previous DfE research indicates a growing trend of increasing referrals over the past 4 years and it appears there is no different in Brighton and Hove. The increased reporting from last year (184 – 2012/13; compared to 112 – 2011/12) is in line with the general increase nationally according to DfE statistics and locally, according to figures provided by other Local Authority Designated Officers (LADO). This may be attributable to the role of the LADO having a raised profile amongst agencies, but may also be due to the impact of recent high profile cases in the media involving teachers, members of various faiths and celebrities.

3.36. Two other significant trends are highlighted by the data and these relate to the significant number of referrals concerning the suitability and conduct of professionals. As previously mentioned, concerns about an individual's private life raises questions about their suitability to work with children. There have been cases in the last year where the conviction of a partner has also had an impact significantly on the professional's role if they choose to remain with their partner.

3.37. Through the LADO role and high level of multi agency work the LSCB is reassured that safe recruitment procedures are robust and that children or others who make allegations about those charged with caring for them are dealt with in an appropriate and timely manner. The table below illustrates the types of referrers and the types of allegations that have been dealt with in 2012-13.

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<sup>4</sup> Note: Since the publication of Working Together to Safeguard Children 2013, the criteria of 'unsuitable' has been removed to align with the definition by the DfE, which states, "...behaved toward a child or children in a way that indicates they may pose a risk of harm to children." (Reference WT, 2013, Chapter 2, paragraph 4)



## Allegation by employer and type:

Referrals by Employer and Type							
Employer	Neglect	Suitability	Sexual Abuse	Emotional Abuse	ICT/On-Line Internet Abuse	Physical Abuse	Total
Early Years	7	6	1	0	0	7	21
Child Minders	1	4	0	0	0	2	7
Schools Maintained	1	26	4	1	0	16	48
Schools Non Maintained	1	11	1	0	0	8	21
Schools Non Teaching Staff	0	11	2	0	0	1	14
Council	0	1	0	0	0	0	1
Faith Groups	0	1	6	0	0		7
Health	0	3	3	1	0	2	9
Other	0	1	4	0	0		5
Police	0	1	0	0	1	1	3
Foster Carer L.A	4	6	2	0	0	1	13
Foster Carer Non L.A	5	7	1	2	0	3	18
Children's Residential Unit Non L.A	0	2	0	0	0	2	4
Voluntary Organisations	0	4	6	0	1	2	13
<b>TOTAL</b>	<b>19</b>	<b>84</b>	<b>30</b>	<b>4</b>	<b>2</b>	<b>45</b>	<b>184</b>

3.38. All allegations are monitored and the outcome recorded. Just over half the allegations are substantiated with the remainder deemed to be unsubstantiated, unfounded, false or malicious.<sup>5</sup>

<sup>5</sup> Definitions:

**Substantiated** – A substantiated allegation is one which is supported or established by evidence or proof.

**Unsubstantiated** – An unsubstantiated allegation is not the same as a false allegation. It simply means that there is insufficient identifiable evidence to prove or disprove the allegation. The term, therefore, does not imply guilt or innocence.

**Unfounded** – This indicates that the person making the allegation misinterpreted the incident or was mistaken about what they saw. Alternatively they may not have been aware of all the circumstances. For an allegation to be classified as unfounded, it is necessary to have evidence to disprove the allegation.

**Malicious or Deliberately Invented** – This implies a deliberate act to deceive. For an allegation to be classified as malicious, it is necessary to have evidence, which proves this intention.

**False** - there is sufficient evidence to disprove the allegation.

## Allegation – Outcomes:

Referral Outcomes		
Outcome	Total	%
Malicious	4	2.2%
False	5	2.7%
Unfounded	28	15.2%
Unsubstantiated	50	27.2%
Substantiated	97	52.7%
TOTAL	184	100%

- 3.39. There is a range of responses by employers following the conclusion of a management investigation into an allegation against a member of staff. These must be proportionate and ensure children are protected from harm.

Referral Outcomes	
Outcome	Total
Cessation of use	17
Police criminal investigation	58
Criminal prosecution or use of Police Caution	5
Deregistration	2
Disciplinary procedures	80
Dismissal	11
Individual learning needs/practice adjustment	14
No further action after Initial Evaluation	58
Organisational learning needs/practice adjustment	1
Referral to the DBS for barring consideration	13
Referral to regulatory body	18
Children Act 1989 S.47 child protection investigation	39
Suspension	24
Reinstatement following suspension/cessation of use	10

- 3.40. The allegation management procedure within Brighton and Hove appears to be well embedded in a range of statutory and voluntary organisations. There is always more work to be done to raise the profile across all services and employers. There appears to be a lack of consistency in applying thresholds in relation to concerns about an employee's conduct and suitability versus a risk of harm to a child. This is an ongoing training and development issue across the children's workforce.

### Serious Case Reviews

- 3.41. Under Chapter 8 of *Working Together to Safeguard Children* (2010), LSCBs are required to consider whether to initiate a serious case review when a child dies (including death by suspected suicide) or is seriously injured and abuse or neglect is known or suspected to be a factor. The prime purpose of a serious case review is to learn lessons to improve the way in which agencies and professionals work both individually and collectively to safeguard and promote the welfare of children.
- 3.42. There was one Serious Case Reviews (SCR) initiated during the year and was still ongoing at 31<sup>st</sup> March 2013. The Executive Group and the SCR Sub Committee was chaired by the LSCB Independent Chairperson. Two management reviews were progressed during the year and one learning review (using the principles of Chapter 4 in *Working Together 2013*) was pending to start by the end of March 2013. It had been agreed to use the Social Care Institute for Excellence's (SCIE) model. This methodology had been highlighted in the Munro Review of Child Protection (2011). A total of eight LSCB members were identified to be trained using the SCIE model in Spring/Summer 2013, in preparation for the impending learning review and potentially any others during the year. This would ensure the LSCB had the capacity and experience 'in house' to undertake learning reviews.

### Unannounced Ofsted Inspection 2011-12

- 3.43. In 2011-12 a comprehensive service improvement plan was put in place following the unannounced Ofsted Inspection of Safeguarding and Looked After Children in March 2011. During the year the improvement plan was updated and monitored by the LSCB with the key issues noted for ongoing action as:
- the LSCB's lack of capacity to undertake quality assurance work and large scale audit work;
  - the consistency of multi agency work;
  - developing a greater mutual understanding of each other's practice quality; and
  - the depth of understanding of race, culture and identity across the children's workforce.
- 3.44. The LSCB's response was to ring fence funds to ensure the Monitoring & Evaluation Sub Committee is chaired by an independent person who will lead on developing the quality assurance programme for the Board (from late Spring 2013). In addition, the newly appointed Designated Nurse for Child Protection would be allocated 1 day a week for audit work. Improvements in the consistency of multi agency work will be gauged through further audit work. Single agency audits will be routinely presented to the Monitoring & Evaluation Sub Committee. Issues relating to race, culture and ethnicity will in part be addressed through the training programme, but the extent to which improvements have had an impact will also be gauged through the multi agency case audits.

## Section 11 Audits

- 3.45. The most recent Section 11 audits were carried out in late 2011 with the findings being made available to the Board in 2012. A revised Sussex section 11 audit toolkit was sent out to partner agencies in December 2011 and they were given 3 months to complete it. The revised version, agreed across Sussex, had detailed guidance with examples given to demonstrate evidence across 8 overarching standards. All agencies completed it with the addition of the Fire Service (who completed it on behalf of East Sussex) and the City Council's Youth Services who requested to use it as part of a review of their safeguarding standards. Safety Net on behalf of the CVS weren't sent it initially given the difficulties in capturing the entire community & voluntary sector, but later were able to facilitate it being used by larger CVS organisations which occurred later in the year.
- 3.46. In summary, agencies had clearly used the audit exercise to address certain gaps immediately and ensure a particular standard is met or will be met within a set timescale. Several agencies indicated that they were confident they have met a standard but were unable to evidence this due to a lack of information and have started or planned to address this. Others decided to implement other mechanisms to ensure the information is available to managers on a periodic basis – rather than just when until an audit is being carried out.
- 3.47. The positive common themes across agencies showed that the following standards were being maintained:
- Staff are kept up to date with statutory requirements and findings from serious case reviews and inspections
  - Strong strategic leadership in multi agency working is demonstrated by regular attendance at LSCB meetings
  - Staff participate in Serious Case Reviews (SCR) and Case Reviews when required to do so
  - The agency has a clear process for: completing actions from SCRs, gathering evidence required, embedding recommendations into practice
  - Staff must be confident about what they can and should do under the law, including how to obtain consent to share information and when information may be shared even though consent hasn't been obtained
  - Data and information is held appropriately and securely in line with government guidance.
- 3.48 Some standards were identified by more than one agency as not being met or partially met and required action by the Board through the sub groups. These related to:
- When commissioning a service from another organisation there are robust mechanisms in place to ensure that they are compliant with s11 requirements regarding safeguarding and promoting the welfare of children
  - The agency has written e-safety policies and procedures that are reviewed regularly
  - There are strategies and systems in place to secure the views of children and families regarding service provision and service development
  - Staff involved in recruitment are suitably trained (e.g. at least one member on the short listing/interview panel must have been on safer recruitment training).
- 3.48. Each agency was requested to develop an action plan in relation to their audit. A further Section 11 audit will be coordinated across the three Sussex LSCBs in early 2014.

## 4. Progress on Priority Areas 2012-13

4.1 The LSCB Business Plan 2012-13 was previously developed to reflect the key objectives and actions needed in order to help make children and young people safer in Brighton and Hove. The plan took into account the Government's response to Professor Munro's Review of Child Protection (final report published in May 2011) and anticipated changes to the statutory guidance (i.e. Working Together to Safeguard Children). This section gives an overview of the priority policy areas identified for action in the previous year's annual report. By the end of March 2013 considerable progress had been made on the business plan:

### **Actions completed or significantly progressed**

- Funding and personnel agreed for the LSCB to have a dedicated post to enhance the Board's capacity to evaluate local services (started July 2013).
- Requirements for the LSCB in the revised statutory guidance Working Together were disseminated and implemented.
- Work completed with NHS partners to ensure new NHS organisations are embedded with the LSCB and that accountabilities are clear.
- Ensure the Board facilitates the progress of recommendations from 2011 Ofsted reviews.
- New methods for learning reviews have been considered and eight LSCB members identified to be trained in the SCIE model with the expectation that this model will be used on a local learning review which does not meet the criteria for a SCR. (Other models will need to be considered by the SCR Sub Committee).
- Actions from Local Management Reviews have been monitored.
- A Sussex wide conference on child sexual exploitation was successfully delivered in 2012 to 110 practitioners.
- Two statutory Lay Members were appointed in 2012 (with each Lay Member having a Board member to assist with their induction).
- Some progress to ensure the effectiveness of links between the Board and 'Education' (taking into account any new requirements in Working Together) – although more could be done to engage academies and private schools.
- Good engagement by umbrella voluntary sector organisation with assurance that considerable progress has been made by Safetynet to engage the community and voluntary sector in safeguarding children issues.
- An annual programme of multi-agency audits was identified, but not started (until July 2013) due to capacity issues and the concentration on themed audits.

## **Actions delayed or not significantly progressed**

- A programme for monitoring single agency audits was not put in place due to capacity issues and the concentration on themed audits. This will be progressed in 2013-14 via the Monitoring & Evaluation Sub Committee.
- Local Early Help Strategy awaiting further development due for launch later in 2013, but has been a focus of direction from the LSCB over the year. And, the LSCB Annual Report for 2013-14 will include an assessment on the effectiveness of local early help.
- Further work needed to ensure the lessons from national SCRs are shared with members of Board and link with learning and improvement in frontline practice. This is a priority action for the LSCB Training Manager in 2013-14.
- Due to capacity issues the multi-agency training programme has not been effectively evaluated and the methods for doing this are under-developed. This is a priority action for the Training Sub Committee in 2013-14.
- Due to capacity issues monitoring compliance of mandatory single agency training has not been explored. This is an action for the Training Sub Committee in 2013-14.
- A LSCB communications plan was not progressed due to other priorities. A LSCB Task & Finish Group will be convened to progress this action in 2013-14.
- Limited engagement between LSCB and Adult Safeguarding - but lines of communication established between respective Board Chairpersons and Business Managers. Further work is needed in 2013-14 to agree areas for collaboration.

## 5. Training

- 5.1 The LSCB annual training programme for 2012-13 was planned and successfully delivered. The training programme includes three 'core' child protection courses and a series of other courses covering specialist areas. There is a heavy demand for the training programme with some courses being oversubscribed resulting in a waiting list being used. The LSCB Training Manager, Michael McCoy, plans and manages the multi agency training programme and has achieved a considerable amount within limited resources.
- 5.2 Partner agencies are responsible for arranging Level 1 training (which covers a basic understanding of child protection such as signs and symptoms, how to make a referral) and the LSCB is responsible for multi agency training. During the year, 19 child protection courses (Level 2) were delivered with 395 practitioners attending. A further 22 specialist courses (Level 3) were delivered with 326 practitioners attending. Schools and designated teachers will continue to receive training from the dedicated training services within the City Council's Education Services.

<b>B&amp;H LSCB: Multi-Agency Training Attendance for 2012-13</b>		
<b>Course Title</b>	<b>Number of Courses</b>	<b>Number of Attendees</b>
<b>Level 2</b>		
Developing a Core Understanding	7	161
Assessment, Referral and Investigation	7	132
Child Protection Conferences and Core Groups	5	102
<b>Level 3</b>		
Domestic Violence and Abuse	4	57
Preventing and Disrupting the Sexual Exploitation of Children & Young People	4	54
Case Review Workshop	2	100
Substance Misuse and Parenting Capacity	1	18
Mental Health & Children's Services: Working Together with Families	2	25
Joint Investigation for Social Workers 4 days	1	14
Undertaking Safeguarding Children Assessment Workshops	5	12
Multi Agency Public Protection Arrangements (MAPPA)	2	30
Safeguarding Children with Disabilities	1	16
<b>Total</b>	<b>41</b>	<b>721</b>



- 5.3 A pan-Sussex conference was held on 18<sup>th</sup> October 2012 and the theme was Child Sexual Exploitation, Trafficking and Missing Children. There was a range of presenters from Sussex Police, the National Working Group for Sexually Exploited Children, the local “What is Sexual Exploitation” (WiSE) Project and the Alter EGO Theatre Company. The purpose of the day was to raise awareness of the issues faced by children and young people who are sexually exploited, trafficked or missing and to raise the profile of the work that a range of agencies are undertaking to address these issues. This was a positively evaluated event with excellent attendance (110 delegates from across partner agencies in Brighton & Hove, East Sussex and West Sussex).
- 5.4 Of the training sessions scheduled very few did not go ahead as planned. These courses were cancelled due to low take up or the unavailability of the trainer at short notice. When applications total less than eight, a course will not usually go ahead and applicants will be offered priority for the next available course date.
- 5.5 The Training Sub Committee continued to report to the main LSCB regularly on the progress to deliver the multi-agency training programme and developments for discussion and resourcing. The Sub Committee did not meet regularly during the year and attendance by partner agencies at meetings was poor. This meant the Board’s oversight of the training programme and forward planning for the next year’s programme were limited.
- 5.6 A Train the Trainers programme is in place to ensure there is a pool of practitioners to facilitate the training programme in addition to the LSCB Training Manager. A two day course is run each year after which delegates are expected to co-lead as trainers at 2-4 courses per year.
- 5.7 Ongoing evaluation helps to shape the training programme and verify quality standards. Generally good feedback was received from attendees regarding all courses. The LSCB training programme for 2013-14 should be able to draw on partner agency feedback and the ongoing monitoring and evaluation of each training session.
- 5.8 Due to some recording problems a report on course evaluations for the whole of the year could not be produced. The most reliable data available is from January 2013 onwards. A report subsequently commissioned (for the period January – July 2013) has helped to inform the ongoing training programme and planning for 2013-14. Course participants are asked to rate their knowledge on the course objectives prior to the course and then at the end of the course. This data provides an opportunity to assess whether the course content and the teaching methods are effective. Participants are asked to score their knowledge for each unique learning objective between 1 (low) to 6 (high) before and after the course. There were other questions on the overall training, equality issues, the voice of the service user and the effectiveness of the trainer, which are rated ‘poor’, ‘average’, ‘good’ or ‘excellent’. There is no current method of evaluating whether the learning has a direct impact on practice – which is an area for development in 2013-14.
- 5.9 A provisional assessment has been made based on the data for 240 delegates attending 21 courses (this does not cover all courses during the period due to recording problems). The findings from this exercise were:



- The arrangements for collating the evaluation forms and checking against the actual attendance list needs to be improved. Trainers should remind participants to complete all questions on the evaluation form.
- The Training Sub Committee should consider reviewing the:
  - participant's evaluation form (including making the ratings for the learning objectives more descriptive), and
  - trainer's evaluation form.
- The voice of the service user/carer and equality and diversity issues need to be given more prominence in the content for some courses.
- A quarterly and an annual report should be presented to the Training Sub Committee showing trends and findings based on the evaluation data.
- Currently there is no method of evaluating the impact of training on practice and this is an area for development in 2013-14.

5.10 The B&H LSCB Training and Development Strategy was published in July 2011, but this needs to be reviewed in 2013 to ensure it is compliant with the revised Working Together to Safeguard Children and the aspirations of the LSCB.

5.11 The LSCB Training Officer will continue to maintain links with the South East England LSCB Training Managers who meet quarterly.

## 6. Activity & Performance Information

- 6.1** The year's figures show again a high volume of activity. The Board noted a slight rise in the number of referrals to Children's Social Care, but a reduction in the number of Initial Assessments. The number of Core assessments carried out by Children's Social Care was in line with the previous year. However, the number of Section 47 enquiries significantly increased on the previous year. The number of children subject to an initial child protection conference and those who were made subject to a child protection plan decreased from the previous year. There was also a marked drop in the number of children made subject to a child protection plan for the 2<sup>nd</sup> or subsequent time and a slight decrease in the number of children with a child protection plan for 2 years or more. The key data is shown in graphs below.
- 6.2** Significant work has been carried out during the year to ensure the child protection conference process is effective in protecting children from harm. It is essential that child protection plans result in objective, tangible improvements in the wellbeing of children and their families within timescales. Also, children and their parents can identify positive improvements in the child's safety and wellbeing as a result of the plan being put in place. The Safeguarding & Quality Assurance Unit, BHCC, regularly reports on the performance of child protection process and the following is noted for the period October 2012 – March 2013 (whole year figures not available). Some key highlights are:

### Child Protection Conferences

- 100% of child protection conferences chaired by an Independent Reviewing Officer
- 99% of child protection conferences held within timescales
- 4% of cases there was a delay in the child protection plan outcomes being achieved

### Multi Agency Working

- Attendance by partner agencies at child protection conferences is good (over 90% for agencies other than Children's Social Care which is 100%)

### Feedback from Young People (over 12 years)

- 75% of children invited to attend or contribute to the child protection conference
- 28% of children contributed to the child protection conference (15% attended with an advocate, 6% attended on their own, 7% had their views represented by an advocate)
- 61% considered the conference took their views into account with 31% stating their views were partly taken into account
- 62% stated they understood why the conference was being held with 38% reporting partial awareness of the reasons

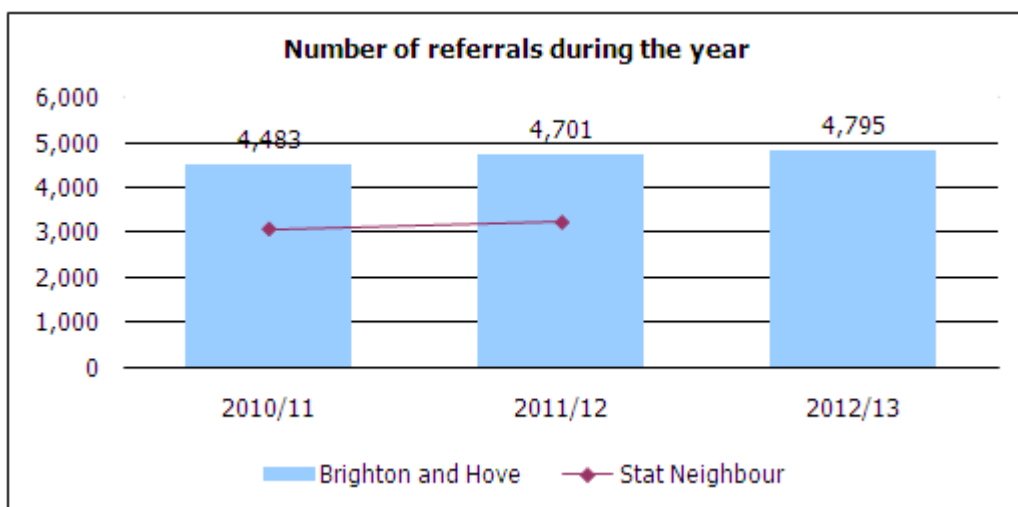
### Feedback from Parents & Carers

- 95% of parents reported being able to give their views at the conference
- 92% of parents stated they understood what needs to change in order for the child protection plan to end

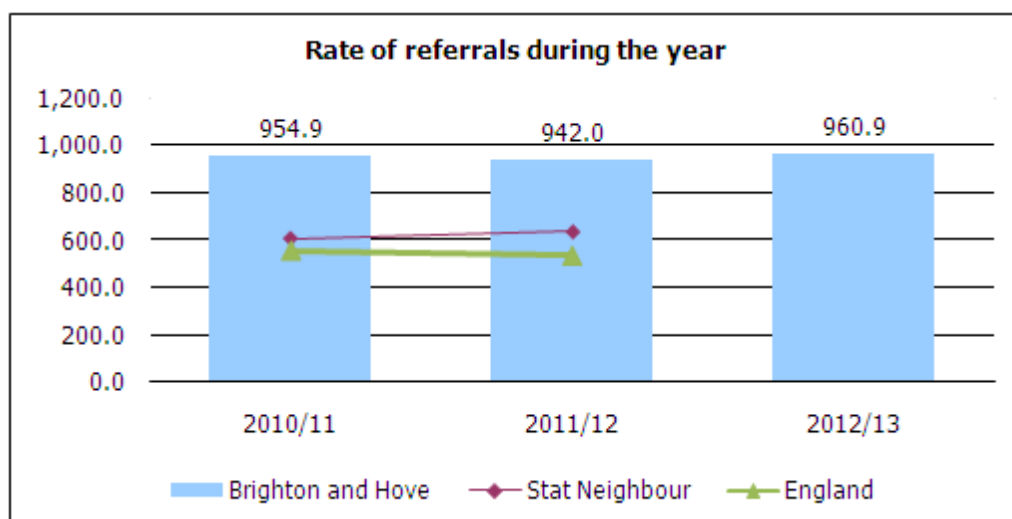
- 95% of parents understood why professionals are concerned about their child(ren)
- 98% of parents stated they had a good understanding of the child protection conference process prior to the meeting starting.

**6.3** The LSCB has regularly reviewed the child protection activity and performance data that is available. However, by the end of the year it became clear that the existing dataset was lacking in specific multi agency detail and did not give the Board a complete and assured picture of whether our work is making a difference to children and adequately alerting the Board of any risks in the system. The Monitoring & Evaluation Sub Committee will address this by completely revising the dataset during the first part of the year.

## 6.4 Referrals



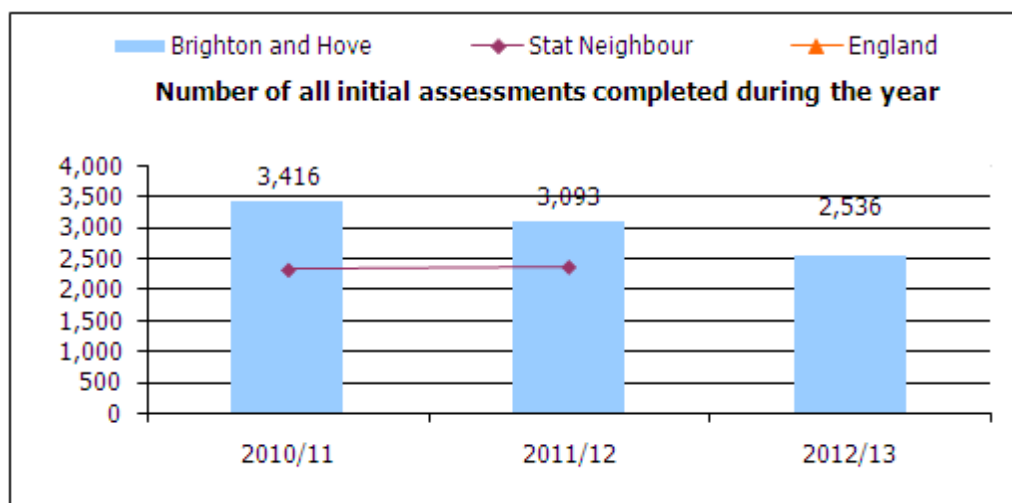
The number of referrals to Children's Social Care has risen from 4,483 in 2010/11 to 4,795 in 2012/13, a 7% increase.



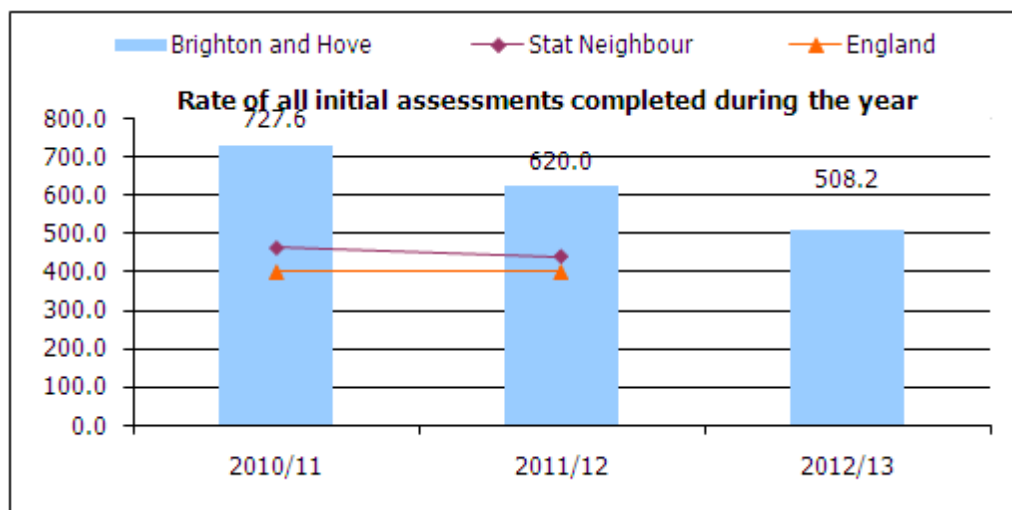
The rate of referrals per 10,000 children has risen from 954.9 in 2010/11 to 960.9 in 2012/13, above the England average of 534 and statistical neighbour average of 635. Brighton and Hove's referral rate for 2011/12 was ranked 6<sup>th</sup> highest out of 150 Local Authorities who submitted data. It should be noted that the reason that our rate per 10,000 has fallen despite the number of referrals increasing is because the mid-year

2011 projection for children aged 0-17 based on 2011 Census is 49,900 and the 2010 mid-year projection was 46,900.

## 6.5 Initial Assessments



The number of initial assessments completed has fallen from 3,416 in 2010/11 to 2,536 in 2012/13, a 25.8% decrease.

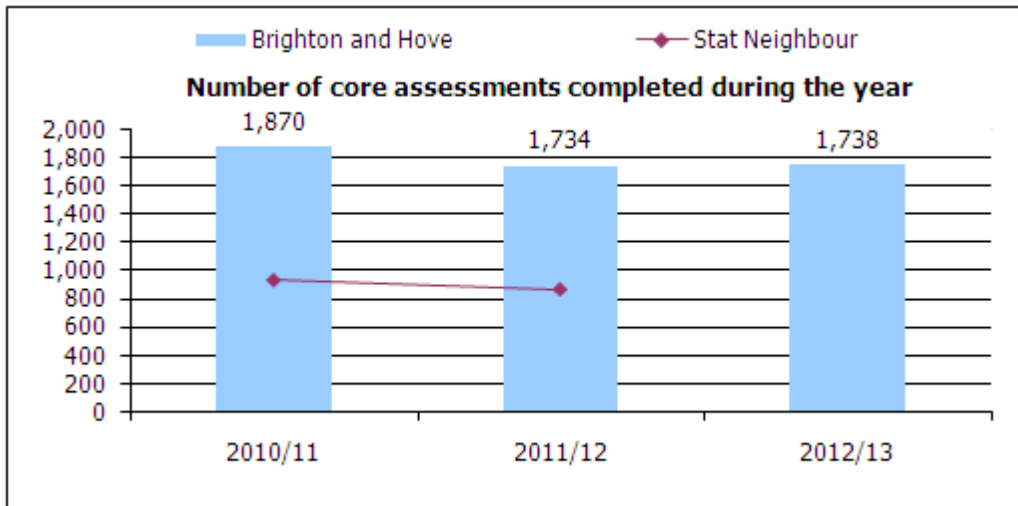


The rate of initial assessments per 10,000 children has fallen from 727.6 in 2010/11 to 508.2 in 2012/13, above the 2011/12 national average of 398.1 and the statistical neighbour average of 439. Brighton and Hove's initial assessment rate per 10,000 for 2011/12 was ranked 13<sup>th</sup> highest out of 144 Local Authorities who submitted data.

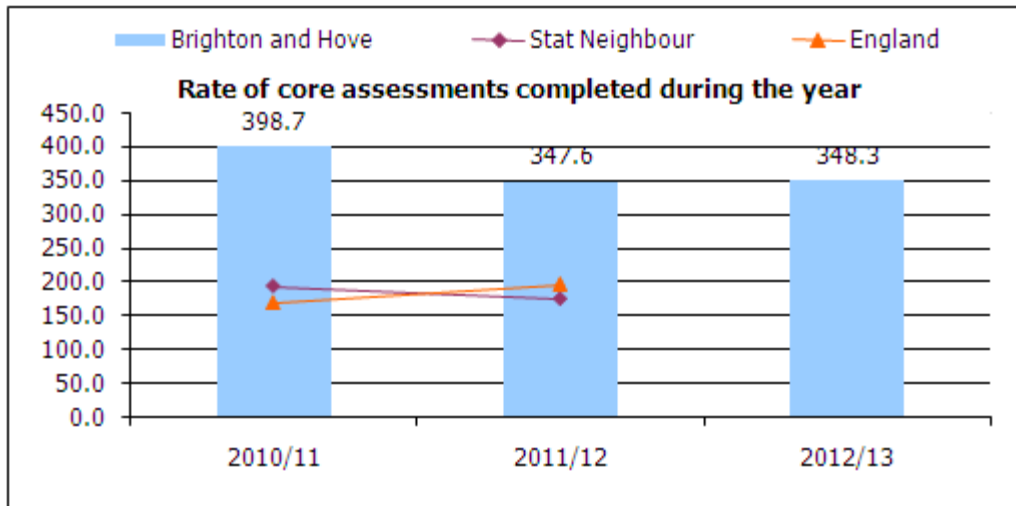
## 6.6 Section 47 Enquiries

1,577 children were subject to a Section 47 enquiry in 2012/13 (1,332 in 2011/12) and the rate was 316.0 per 10,000. This is an increase on the previous year.

## 6.7 Core Assessments

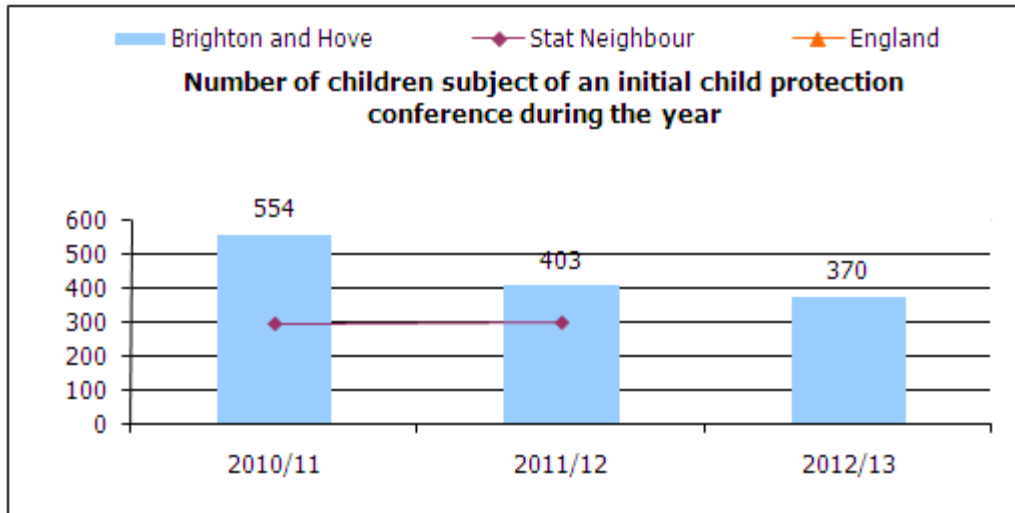


The number of core assessments has fallen from 1,870 in 2010/11 to 1,738 in 2012/13, a 7% decrease.

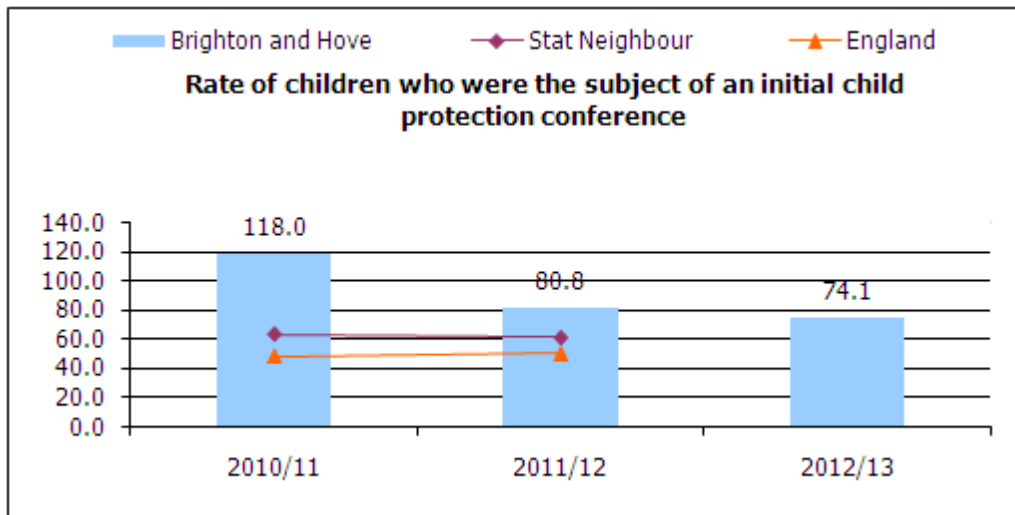


The rate of core assessments per 10,000 children has fallen from 398.7 in 2010/11 to 348.3, above the 2011/12 national average of 194.6 and the statistical neighbour average of 173.4. Brighton and Hove's core assessment rate per 10,000 for 2011/12 was ranked 5<sup>th</sup> highest out of 144 Local Authorities who submitted data.

## 6.8 Initial Child Protection Conferences

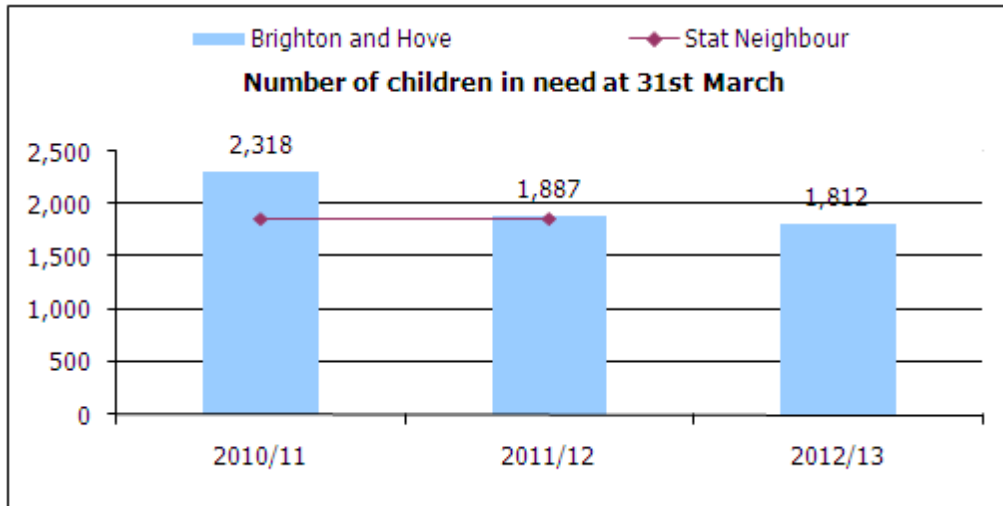


The number of children subject of an initial child protection conference has fallen from 554 in 2010/11 to 370 in 2012/13, a 33.2% decrease.

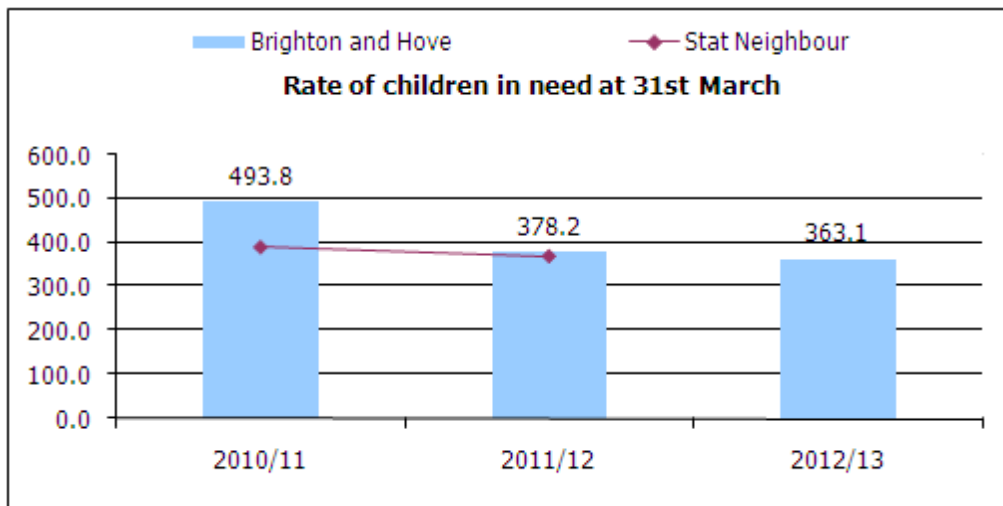


The rate of children subject of an initial child protection conference per 10,000 has fallen from 118 in 2010/11 to 74.1 in 2012/13, above the 2011/12 national average of 49.6 and statistical neighbour average of 60.6. Brighton and Hove's ICPC rate per 10,000 for 2011/12 was ranked 16<sup>th</sup> highest out of 146 Local Authorities who submitted data.

## 6.9 Children in Need

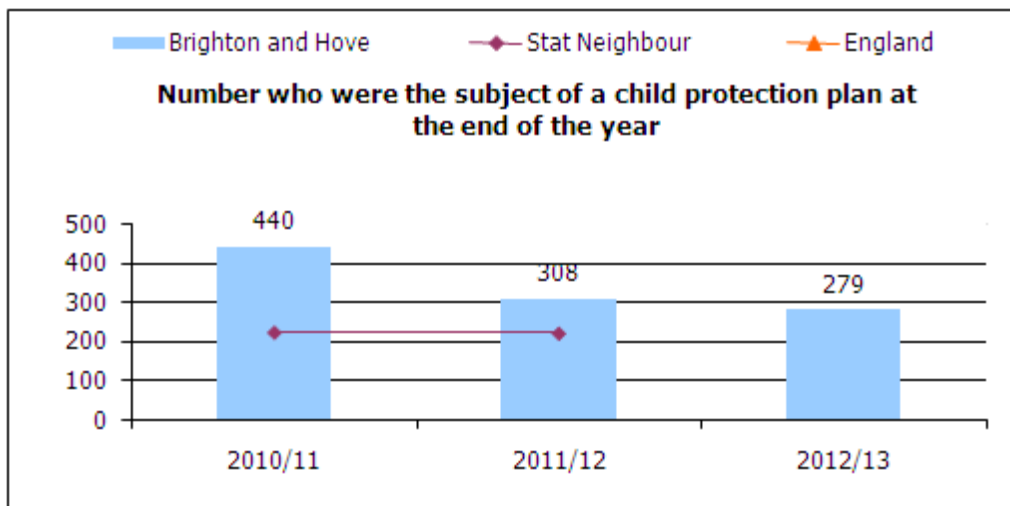


The number of Children in Need has fallen from 2,318 in 2010/11 to 1,812 in 2012/13, a 21.8% decrease.

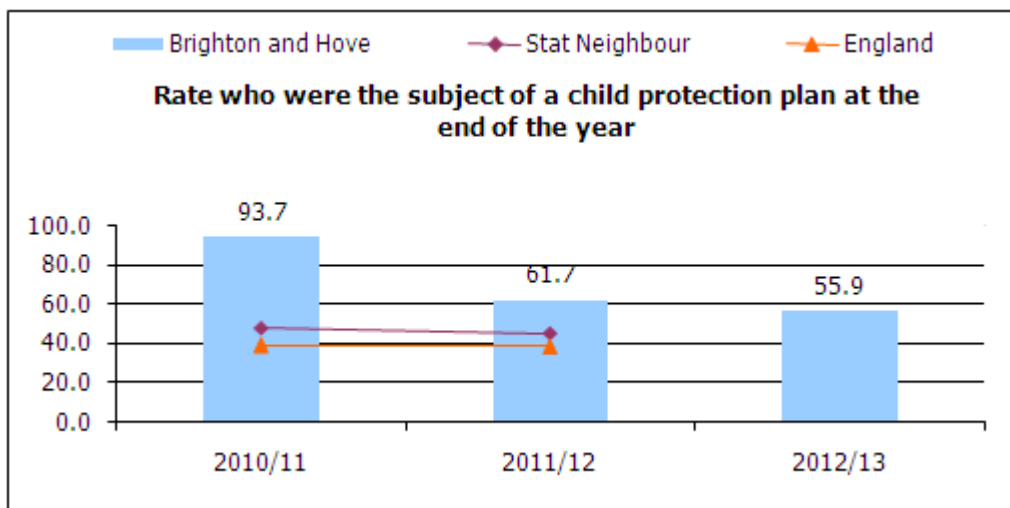


The rate of children in need per 10,000 has fallen from 493.8 in 2010/11 to 363.1 in 2012/13, above the national average of 325.7 but below the statistical neighbour average of 370.2. Brighton and Hove's CIN rate per 10,000 for 2011/12 is ranked 55<sup>th</sup> highest out of 150 Local Authorities who submitted data.

## 6.10 Children Subject of a Child Protection Plan



The number of children subject of a child protection plan has fallen from 440 in 2010/11 to 279 in 2012/13, a 36.6% decrease.



The rate of children subject a child protection plan per 10,000 children has fallen from 93.7 in 2010/11 to 55.9 in 2012/13, above the national average of 38 and statistical neighbour average of 44.5. Brighton and Hove's Child Protection rate per 10,000 for 2011/12 is ranked 12<sup>th</sup> highest out of 150 Local Authorities who submitted data.



## 7. LSCB Member Agencies' Safeguarding Reports 2011-12

7.1 Since 2010 the LSCB has agreed that member agencies would submit an annual report for the Board to inform its annual review of safeguarding in the city. The aim is to ensure agencies review their own progress on safeguarding, and that the LSCB can see that this is done, and at the same time gain assurance of their local work. We ask agencies to report on governance, supervision, audits, training, and lessons learned from reviews. Key points from the reviews submitted (relating to Brighton and Hove) are set out below.

### 7.2 Brighton and Hove Domestic Violence Forum

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

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

A summary of key activities in 2012-13 relating to safeguarding children are:

- The Domestic Violence Forum Chair regularly attends and contributes at LSCB meetings
- RISE the local specialist domestic violence provider delivers training on domestic violence as part of the LSCB training programme
- RISE took part in the Domestic Violence Audits of 2010-2011/2011 -2012.
- Third sector members of the Domestic Violence Forum completed Section 11 Audits.
- Representatives from Children services and RISE IDVA Service attend Multi-Agency Risk Assessment Conferences ( MARAC )
- The Domestic Violence Forum received presentations from the partnership project between Public Health and RISE on its Healthy Relationship programme in Primary and Secondary Schools in B&H.

- The Domestic Violence Forum received presentation from young Oasis on their work with children and young people experiencing substance misuse and domestic violence.
- A summary of the LSCB meeting is presented at every Domestic Violence Forum Meeting.
- The DV Forum Chair attends Domestic Homicide Reviews. The recommendations will be considered at future forums and LSCB meetings where relevant.

The Forum and members have identified the following differences made to safeguarding children:

- Ensured the safety of children and young people affected by domestic violence is paramount.
- Raised awareness of the impact of domestic violence on children, young people.
- Raised awareness of services providing support to survivors of domestic violence including the gaps in knowledge and provision to equality groups such as BME and LGBT.
- Raised awareness of services providing support to perpetrators of domestic violence.
- Raised awareness of preventative /early help interventions and programmes working across the range of domestic violence, including child to parent violence.
- Promoted good practice in working with survivors of domestic violence, especially children and young people.
- Improved identification of domestic violence across statutory and voluntary sector.
- Improved survivor pathways to support and satisfaction with services provided.
- Provided a forum for information sharing and sharing of good practice for professionals.

### 7.3 Sussex Police

Although all police officers have a duty to protect life and property, safeguard children and bring offenders to justice, the specialist provision for protecting children from harm and abuse is the responsibility of the officers from the Brighton and Hove Child Protection Team (CPT). This is one of five such teams located across the Sussex Police area. Officers within these teams are all trained detectives who have received additional specialist national training to be accredited child abuse investigators, and joint training with colleagues from children's social care.

The Protecting Vulnerable People Branch (PVPB) is responsible for providing the strategic lead for a number of portfolios including child protection, and its role includes the development of policy, audit and review, and representation at the LSCB.

The findings from a number of serious case reviews has related to trying to improve the collation of the large amount of information Sussex Police receives about children that is located within a number of IT systems. A long term project has been looking at this issue, including a move away from the current use of paper based child protection files. The introduction of a new IT system during 2013 will enable this goal to be progressed.

A major review is also being undertaken of the specialist investigative crime departments within Sussex Police. This is likely to lead to a major change in the way a number of units operate, including child protection teams, and the LSCB will be updated and consulted as this review progresses.

In addition, the police are keen to encourage closer joint working with multi-agency colleagues, especially through the development of a MASH (Multi-Agency Safeguarding Hub).

The quality and effectiveness of investigations is managed via local CPT supervision arrangements and IT systems that include mandatory reviews of all cases under current investigation. At a Force wide level the current quantitative CPT statistics are being reviewed with a view to developing more qualitative indicators. These indicators will enable outcomes for children to be better assessed, and will be shared with the LSCB

All police officers and police community support officers receive basic child protection training based on national requirements.

Since the last Section 11 audit steps have been taken to confirm that current training involves an element relating to e-safety, and the position of the police in relation to the use of CAF has been clarified with the Chair of the LSCB

Engagement between the police and children and their families is often led by the response to an alleged offence or the requirement to enforce legislation. In these circumstances participation is really dependent on the procedural and legislative requirements relevant to any contact. The key factor is ensuring that the child is at the centre of any intervention.

Similarly in response to allegations of abuse no particular group of children is targeted. The requirement is to respond to all referrals, the focus being on prioritising the most vulnerable children and those at the greatest risk of significant harm.

Members of PVPB have continued to attend and contribute to board and executive meetings, and are members of the Serious Case Review Panel, Child Death Overview Panel, Pan Sussex Procedures Group, and Training Sub-Group. Officers from the local CPT attend the Monitoring and Evaluation Sub-Group, and CPLG. Officers from both departments are involved in the Child Sexual Exploitation Group.

#### **7.4 Brighton & Hove Commissioning Clinical Group (CCG)**

CCG is a relatively new organisation which has taken on some of the functions of the PCT's but is not a replacement organisation. The CCG has in place a Director who is lead for safeguarding children. The safeguarding team consists of:

- Designated Nurse safeguarding children 1wte (1 day funded by LSCB) - this post was vacant for 10 months and current post holder has been in permanent employment since July 2013
- Designated Doctor Safeguarding 0.2 WTE
- Designated Doctor Child Death 0.1 WTE provided by Sussex Community Trust
- There is also a Named GP.

In addition there is a Designated Doctor and Nurse for Looked after Children employed through Sussex Community Trust.

The Lead is a Board member of the LSCB and the Designated professionals sit on the Board as professional advisors. The Designated Doctor chairs the Health Advisory

Group, and the designated Nurse chairs the training group. In addition the Designated Professionals are members of LSCB subgroups.

As a result of previous SCR or local issues several task/focus groups have been held including:

- Feeding to Thrive team leadership (recommendation from an LSCB SCR)
- Maintenance of Self-Harm multi-agency system at Royal Alex County Hospital
- Feedback from professionals re complex cases and complex Failure to Thrive
- Effectiveness of NAI and CSA medical services

The CCG has a statutory responsibility for ensuring that the organisations from which they commission services provides a safe system that safeguards children and adults at risk of abuse. The CCG has in place a safeguarding work plan to ensure it is compliant with its duty. There are internal safeguarding Governance structures in place. The CCG is developing a monitoring tool to be used by health provider. In turn the local area team of NHS England will be monitoring the performance of the CCG.

The Designated Professionals will be ensuring health providers have systems in place to report safeguarding concerns, serious incidents and allegations against staff. The CCG monitors (in partnership with the LSCB sub group) the action plans of providers resulting from SCR or Serious incidents.

Safeguarding Training for CCG staff is overseen by the Designated Nurse for safeguarding. Staff receive safeguarding information at induction and all employees are required to complete mandatory safeguarding training to the appropriate level as outlined in the intercollegiate document. The Named GP has worked with GP practices to ensure each practice has a lead for safeguarding. 85% of leads have attended training within the last year. All health providers have safeguarding training programmes in place.

Part of the role of the designated professionals is to provide advice and support to the Named Professionals in the health provider organisations. Named Professionals also receive regular supervision with the Designated Professionals. The Designated Professionals can be available to give advice as required. The Designated Professionals sit on a number of safeguarding groups and attend various meetings with staff and managers.

Issues which have been highlighted by named professionals include

- lack of therapeutic services for children affected by sexual abuse
- lack of services for children suffering emotional harm
- Home educated children
- Neglected children
- Fabricated induced illness spectrum.

The CCG has highlights the following examples of how they have contributed to multi-agency work:

- systems in place for managing NAI cases
- Inter-safeguarding professional systems picking up and addressing problems
- Perplexing Cases – many examples of interventions
- Self-harm systems for initial management; queries about subsequent management
- CSA audit led to ACAS liaison and various case outcome examples

## 7.5 East Sussex Fire & Rescue Service

There have been significant organisational and structural changes within East Sussex Fire and Rescue Service (ESFRS) since the last report. Safeguarding/Child Protection referrals are received almost daily within ESFRS.

Internal referrals, monitoring of child protection and safeguarding issues continue to be fully integrated within the policy, procedures and practices dealt within the day to day task for ESFRS staff. ESFRS staff complete Coming to Notice Forms (CTN) when they come across safeguarding and child protection issues. Since the last report a more secure recording system has been put in place. We have made a few changes to the administration, giving a more robust audit trail to all functions involving vulnerable adult and children, giving staff the ability to work more effectively.

Effective partnership working with a variety of agencies signed up to the ESFRS Care Providers Scheme continues across the county. We work with, for example the Advice Contact and Assessment Service, (where a Child Protection Plan is in place or being considered) which has resulted this year in ESFRS receiving 46 referrals, each of which received a Home Safety Visit (HSV). The visits provided the occupiers with the education needed to keep them safe from fire in their home and the fitting of free 10 year smoke alarms. HSV referrals are received daily from over 70 partner/agencies which can result in working with vulnerable children and adults. ESFRS continues to work daily with children; this work includes safeguarding and child protection issues.

The Fire Setters Intervention Scheme continues to work with young people and adults who are fascinated by fire. Five young people in the Brighton & Hove area received an intervention to help them understand and control the feelings that lead them to fire setting, the intervention programme also teaches the individuals about fire safety awareness.

Quality and effectiveness arrangements and practice

Internal audits of children and adult safeguarding/protection issues are fully embedded in policy. Every 6 months a full audit on both Firesetter and Safeguarding is carried out and the findings of the audits were positive. The audits have proven that the new administrative procedures have been successful in ensuring a robust and efficient working practice.

Service wide training delivered to key members to improve awareness, skills in wellbeing and safeguarding concerns about vulnerable adults and children continued. The Safeguarding Training and E- learning Training for staff continued internally. The training has given confidence to staff to report safeguarding, which has increased in numbers of cases since last year.

The LIFE project, Coaching for a Safer Community, Firesetter Scheme and Schools Education Team still continues to be essential services for ESFRS working with children and parents.

Further improvements may need to be carried out on practices and service delivery at the interface between ESFRS and Children's Services to ensure that effective support has been provided to parents and children, giving feedback on the outcome of cases. The Education Team are piloting a new way of working with the Firesetter Scheme, giving some input in the school environment instead of the home environment. They

are looking at the whole family not just the Firesetter themselves. In some circumstances it was found that if the child was taken out of the noisy environment at home the intervention worked better. Working also with the family offering them a home safety visit, meant the home was also visited to keep the whole family safe from fire.

Quarterly training to our front line staff has been carried out to help improve their skills and knowledge. External training has provided them with the tools needed to carry out Home Safety Visits (HSVs) or address safeguarding issues. Also, regular campaigns and supporting material were given out, again to provide support for all staff. This financial year, 10227 Home Safety Visits were carried out, of which 2983 were in the Brighton & Hove Borough.

Each year staff engage with our priority groups undergoing activities throughout the year, involvements in Safety In Action, youth intervention activities, the LIFE Project, Schools Education Visits, which now involve high risk schools (based on incident data) and the Firesetter Scheme. All these engagements involve our staff working closely with other agencies such as the Police, Children's Services and Youth Offending Services.

## **7.6 Sussex Community Trust (Brighton & Hove) & Brighton & Hove Children & Family Service**

The Annual Safeguarding Children Report 2012-13 was ratified by the Sussex Community Trust (SCT) Board. The objective of the 2012-13 plan was to reduce the risks associated with all Trust activities by continuing a programme of appropriate safeguarding children advice, support, governance, training, auditing and management systems. This has been directed in some part by the Munro review (2011) setting out reform to enable professionals to make best judgements about how to keep children, young and families safe. In addition, the allegations of child abuse involving Jimmy Saville and others, has led to a review of our own arrangements and practices relating to vulnerable people to ensure policies and procedures to protect vulnerable people from abuse. The Named Professionals and Safeguarding Children Executive lead on this area.

Brighton and Hove Named Professionals have been active members of a multi-agency complex case group which has in particular concentrated on the complexities of Fabricated and Induced Illness cases and has had external facilitation from Dr Danya Glaser, an expert in this field.

The Named Professionals also regularly attended the multidisciplinary case discussions at the Clermont Unit to give a health perspective and to learn from the cases which result in court interventions. The Named Doctor or SC representative attend a weekly meeting to discuss Strategy meetings and medicals. Named Professionals key part of the Neglect Working group driving a more structured approach to neglect with improved outcomes for children

In 2012 – 2013 a total of 24 MARAC meetings have been held in Brighton and Hove. During this year 369 cases were discussed of which 192 were families with children and they involved a total of 339 children. A Children Centre Team Manager or a Safeguarding Children Nurse attends this meeting on a regular basis, enabling Health Visitors and School Nurses to contribute to this process



BHCFS Health Visitor and School Nurse Managers give clinical and managerial supervision to health visitors and school nurses, which include Safeguarding Children, on a 4 – 6 weekly basis.

The Named Nurse clinically supervises the managers on a three monthly basis –and this standard is 100% compliant. Live Supervision sessions to assure the quality of the Safeguarding supervision sessions continue to be rolled out by the Named Nurse. Supervision for staff in Adult Services is given on an individual needs basis dependent on their caseload.

The Named Professionals held professional meetings for complex cases which have “got stuck” and need a risk assessment and future plan.

SCT employ a Specialist Nurse for Child Death rapid responses, within the Paediatric Liaison team, who co-ordinates bereavement support and information to families and staff following the death of a child. All of the bereaved families have had access to this support immediately following their child’s unexpected death and it is routine for these families to be allowed to hold their child, be offered photos and mementos and to be given clear and impartial information about the post-mortem process. The Specialist Nurse also reviews Health Visitor and School Nurse records for each child as well as ensuring parental feedback is represented at Panel.

The Designated Paediatrician for Child deaths is also employed by SCT and attends the Child Death Overview Panel which meets on a bi-monthly basis which includes preparation, oversight and audit on behalf of the LSCB . The Paediatrician also does home visits, professional meetings, multi professional advice in individual cases.

Named Professionals and other key staff are active involved in planning and delivering multi-agency training via the LSCB Training program or out of recommendations from case reviews

A Universal Health Visiting Service is offered to all families with children under five where no additional needs have been identified (77%). The percentage receiving Universal Plus (19%) are families identified as having an additional need for example postnatal depression. In addition Health Visitors in Brighton and Hove are key professionals in the provision of “Early Help”. Common Assessment Framework (CAF) is used for families with complex health and social needs (2%). Health Visitors also work with all children who have a child protection plan, attend and report to child protection conferences and plans (2%).

SCT have a revised Safeguarding Children Training & Development Strategy which was ratified in March 2013. Staff groups have different training and development needs to fulfill their duties to safeguard children, depending on their degree of contact with children and families and their level of responsibility and autonomy in decision-making. Six levels of competency have been identified acknowledging there will be a continuous spectrum of competency required as set out in The Intercollegiate safeguarding children and young people roles and competencies framework (RCPCH 2010).

## 7.7 Brighton and Sussex University Hospitals (BSUH) NHS Trust

The BSUH Safeguarding Children Committee meets quarterly and:

- ensures internal governance arrangements are in place and effective
- works towards completing the BSUH safeguarding action plan.
- maintains and monitors the Health Care Commission standard 7 (was section 2) with evidence available electronically and updated as required.

During 2012/13 Brighton and Hove LSCB have requested various reports from BSUH, such as:

- A second report on the organisation & development of the of the child protection medical service within BSUH.
- A report of the safeguarding children audits undertaken by BSUH
- A BSUH safeguarding update to contribute to the LSCB annual report.

The Named Doctor continues to give safeguarding supervision to medical staff on an ad hoc basis, and participates in the Monday teaching sessions and the Thursday peer review meetings. The Named Nurse continues to give safeguarding supervision to nursing/midwifery staff who carry high risk caseloads and ad hoc to all staff as required. Daily safeguarding ward visits continue at RACH enabling improved case discussion for nurses on approximately 450 children. The safeguarding midwife continues to attend the TMBU/SCBU psycho-social meeting The action plan made following Supervision is filed in the patient's notes as well as given to the professional.

In addition to participating in LSCB audits, BSUH has undertaken audit work concerning Child protection flagging, staff confidence of caring for young people with eating disorders and babies under a month attending A&E with feeding issues.

As an acute hospital we see all children and need to be aware any of them can be abused. The hospital is the centre for child protection medicals relating to non accidental injuries. There is a service linked with social workers and CAMHS for children and young people who self harm. Maternity services are involved with risk assessing pregnant women and there is a specific service for teenage pregnant mothers, those who are homeless, travellers or misuse substances. Screening questions about domestic abuse should be asked if the woman is alone.

The total BSUH workforce of around 7,000 requires some level of statutory safeguarding children training and is given with reference to the Children Act 2004, Working Together to Safeguard Children (HM Government 2010 & 2013), Safeguarding Children and Young People: Roles and Competences for Health Care Staff (RCPCH 2010), Common Core of Skills and Knowledge Framework for Children's Workforce (DfES 2005), Protecting children and young people: the responsibility of all doctors (GMC 2012). The frequency for training at different levels are:

1. Level 1 (All non clinical staff) requires 3 yearly update.
2. Level 2 (All clinical staff who see adults) requires 3 yearly update.
3. Level 3 (All clinical staff who see children) requires annual update.



Training figures are monitored but it is likely that not all training is logged when completed meaning the Trust does not achieve the required figure of 80%. In April 2013 (latest figures) it was noted that attendance was 68.8% (Level 1), 55.5.% (level 2) and 46.9% (Level 3). The current attendance figures at the mandatory training will not enable the majority of Trust staff to be trained within time scales which has been reported to the Safety & Quality Committee, the safeguarding children committee and the Trust Board. The use of e learning has been offered but is often problematic and not widely used.

The profile and associated child protection issues for victims of domestic violence throughout the in-patient adult areas is being raised via the level 2 training. In addition the domestic abuse project in maternity and A&E is progressing well with increasing numbers of referrals and will be rolled out to support the Claude Nichol service soon. A weekly medical peer review meeting has been set up, and is well attended by Paediatric Consultants involved including Community Paediatric colleagues.

BSUH continues to be a statutory member of Brighton and Hove Local Safeguarding Children Board (LSCB) and the Named professionals have attended the Board meetings and the sub groups. The Named professionals are members of the B&H health advisory group & the child protection liaison group. The Named Nurse is a member of the LSCB training group. Claude Nichol staff have participated in the new LSCB sexual exploitation sub group forum.

## **7.8 Safeguarding & Child Protection in the Community Voluntary Service (CVS) Sector**

Brighton and Hove has a vibrant, active and diverse community and voluntary sector which plays a major role in providing a range of (usually) free, high quality services in communities, and engaging and supporting the most vulnerable, marginalized and disadvantaged children, young people and families. For example; young carers, LGBTU young people, BME young people and their families, children and young people with special needs and disabilities and gypsy and traveller families. The sector also offers specialist support in relation to families affected by domestic violence, bullying, emotional well-being and mental health and substance misuse.

These locally based organisations often play a crucial role in safeguarding children and young people in communities and it is therefore crucial that they have appropriate arrangements in place and are confident in managing their safeguarding responsibilities.

A safeguarding survey circulated by Safety Net and the CVSF in 2012 indicated a high level of commitment to safeguarding in CVS organisations, an awareness of their roles and responsibilities and a majority with a designated person. All organisations indicated that they have child protection policies and procedures in place, but there were development areas for wider safeguarding policies, most notably in relation to e-safety, and to a lesser degree whistle blowing. 89.5 % of the organisations who completed the online survey ensure that staff and volunteers receive basic child protection training every 3 years.

Brighton and Hove has a well-established Community and Voluntary Sector Forum, which provides a mechanism for bringing together the voice and concerns of the Third sector. The Children and Young People's Network operates under the umbrella of the

CVSF to provide a forum for organisations across the city who are providing services and support to children, young people and families. Safeguarding is a standing item on the quarterly meetings. Larger organisations in the CVS may also have their own safeguarding forums in place.

#### Safeguarding Training

Organisations and groups in the community and voluntary sector access child protection training from a range of sources including: in-house (for larger organisations),

E-safeguarding training provided by Brighton & Hove and Educare, (accredited by the NSPCC) as well as from Safety Net as a safeguarding support organisation.

There has historically been a very low take up by the CVS sector on the LSCB Training Programme, with only 17 staff and volunteers completing LSCB training during the year 2010 -11 (no figures available for 2011–12).

In 2011-13 Safety Net secured 2 year funding for the 'Let's Protect Project which provides a range of support to CVS groups including:

- Safeguarding support to individuals and organisations
- A rolling programme of free child protection training for community and voluntary sector organisations, delivered in community venues across the city.
- The 'Simple Quality Protects' scheme was bought in from Slough Council for Voluntary Services and amended to be Brighton & Hove specific. It provides a framework for organisations to create, review and develop their safeguarding policies and procedures and share good practice, and be supported and assessed by Safety Net to achieve their Bronze, Silver & Gold awards.
- A DBS checking service and support

Over the 2 years of the Let's Protect Project (2011-13) 19 safeguarding and child protection introductory training courses were provided to 115 organisations and 317 staff and volunteers. In-house child protection training was delivered to 11 organisations and 164 staff and volunteers. Professional boundaries training delivered to 5 organisations and 72 staff.

All staff and volunteers who attend training are encouraged to take up further development opportunities via the LSCB programme, which has resulted in a significant increase in the uptake of CVS staff to the LSCB multi-agency training; with 66 attending Day 1: developing a core understanding, 46 attending Day 2: assessment, referral and investigation and 24 attending day 3: conference and core groups. A further 42 CVS staff attended other LSCB courses. Feedback from CVS staff suggests that further training needs could include: an advanced session on managing serious safeguarding issues, safer recruitment, e-safety, training for Designated Child Protection leads and for some CVS groups the CAF remains an area for development.

CVS organisations access DBS checks from a range of organisations, including Safety Net who provide a Disclosure and Barring Service. In 2012 -13 604 applications were processed from CVS groups in Brighton & Hove, comprising 298 paid staff and 311 volunteers. Safety Net was also able to signpost groups to the LADO where there were issues in relation to staff and volunteers which required more detailed knowledge.

## Quality Assurance

A Number of larger organisations have quality assurance marks from national schemes such as PQASSO, MATRIX and Investors in People. Locally, the Simple Quality Protects Scheme provides a simple 3 level model of quality assurance standards, bronze, silver and gold to enable groups to evidence that they meet standards of practice in a range of area, including safeguarding. This scheme was developed by Slough CVS as a means of smaller groups evidencing safe practice and standards. Over the last 2 years 30 organisations have undertaken the Simple Quality Protects scheme, with 13 achieving bronze level, 10 silver and 7 gold. Safety Net and The CVSF are also promoting the NSPCC/Children England Safe Network site which provides a range of resources for community and voluntary sector groups as well as the Safe Network standards which groups can self-assess against. Safety Net is a Safe Network champion for Brighton & Hove and The Safe Network has reported to us that we have achieved one of the highest visit rates in the country to the site.

The CVS continues to be an active member of the LSCB. Terri Fletcher from Safety Net is the current elected rep, her role has included membership of the LSCB full board, executive sub-group, training sub-group and the Early Help task and finish group. In addition:

- Sussex Central YMCA runs the WISE Project working with children and young people at risk or experiencing sexual exploitation. An LSCB sub-group on sexual exploitation has been established as a result of this work, with SCYMCA a key partner who are also contributing on a national level to the National Working Group on CSE.
- The Brighton and Hove Domestic Violence Forum acts as the multi-agency forum for Brighton and Hove in raising awareness of the effects of domestic violence, responding to domestic violence and promoting joint working, co-operation and mutual support. The chair of the domestic violence forum is Gail Gray, the CEO of RISE. The chair of the Forum attends the LSCB to promote effective communication between the LSCB and Domestic Violence Forum.

## 7.9 Surrey Sussex Probation Trust

Public Protection is a core responsibility of Surrey Sussex Probation Trust and safeguarding of children is a key element of public protection. All Surrey and Sussex Probation Trust (SSPT) staff have a role to play in safeguarding children and all staff are required to be familiar with SSPT's Child Protection Procedures and to understand their role in relation to them. The Children Act 2004 requires that the probation service as a 'relevant partner' co-operates with Children's Services in its responsibilities to provide children's services. The act also requires the service to carry out its duties in a way that protects children and safeguards and promotes their welfare. This requires probation staff to undertake their duties in such a way that they ensure they are:

- Protecting children from maltreatment;
- Preventing impairment of their health or development;
- Ensuring they grow up in circumstances consistent with the provision of safe and effective care and
- Enabling children to have optimum life chances and to enter adulthood successfully.

There are currently 1124 offenders in Brighton and Hove managed by SSPT of these 223 are under Multi Agency Public Protection Arrangements (MAPPA). The MAPPA cohort includes registered sex offenders and violent offenders. SSPT also manages offenders convicted of a current domestic violence offence. A significant number of these offenders pose a higher risk to children. There are 122 offenders in our Integrated Offender Management cohort. These offenders pose the highest risk of reoffending and a number of these offenders have substance misuse and/or mental health problems. Children living with or coming into contact with this group of offenders may be at greater risk of neglect or harm.

SSPT works in partnership with Inspire for the delivery of interventions to women offenders. Inspire is a partnership involving five women's organisations based in the city: Brighton Women's Centre; RISE; OASIS; Threshold BHT; and Survivors Network. The specialisms covered by Inspire include substance misuse, domestic abuse and mental health issues. The service includes a family worker and crèche facilities. SSPT have two practitioners seconded to the Local Authority Integrated Team for Families.

The key responsibilities of Probation staff in safeguarding children are information sharing, risk assessment and risk management. Staff receiving training are made aware of factors that may indicate a risk. These may relate directly to offending against children. However staff are made aware of other risk factors that may be present in cases where those we supervise are parents or carers, particularly domestic violence and substance misuse.

All operational staff are subject to a quality assurance audit of their risk assessments (2 per quarter). Middle managers are required to monitor all known safeguarding cases assessed as posing a medium risk of harm to children in individual supervision on a monthly basis. Cases identified as fulfilling the criteria for inclusion in MAPPA are subject to rigorous internal and external audit processes. The MAPPA Strategic Management Group takes responsibility for co-ordinating learning attached to national reviews and inspections (e.g. Lifer Thematic Inspection).

In 2012 there was a thematic audit with a focus on safeguarding. The Trust ensures that cases identified as meeting the published criteria are managed through the MARAC. SSPT is subject to regular audit and thematic inspections by HMIP. The outcomes and findings from reviews and inspections are disseminated to staff through the Senior Management Team (Trust Executive Team), middle manager's briefings and a cross grade Offender Engagement Group.

SSPT is a commissioner of services for offenders and has processes in place to ensure the robust management of resulting contracts. All contracts set out a requirement that the service provider has regard to the guidance contained in section 11 of the Children's Act 2004.

SSPT has a clear written accountability framework which covers individual, professional and organisational accountability for safeguarding children. All staff are made aware of this on induction and this is further embedded through a programme of annual safeguarding training for SSPT's operational staff. Our supervision and appraisal policies clearly outline levels of accountability and this is further supported by our safeguarding policy which makes clear the responsibilities for all grades of staff. Each role in the organisation has a clear job description which explicitly identifies responsibilities around safeguarding and promoting the welfare of children. Capability and disciplinary policies are also in place and available on our intranet.

SSPT have a range of forums designed to share best practice and to maintain the effectiveness of practice. SSPT's Offender Engagement Group is chaired by the Chief Executive Officer and members are drawn from across the Trust. In 2013 we commissioned a series of workshops on 'Professional Curiosity' as a direct response to the learning from Serious Case Reviews. The workshops are mandatory for all Brighton and Hove practitioners. Quality Development Officers (QDOs) are attached to each functional team. QDOs are qualified Probation Officers who are supported to develop additional skills in coaching and mentoring. They work alongside staff to support their individual development and also devise and deliver an annual programme of practice workshops. QDOs retain a small caseload to ensure that a link with practice is maintained.

All staff undertake training in our Risk of Harm procedures and these include a strong safeguarding element. SSPT's staff supervision and appraisal policies are designed to address and record training needs and an individual's record of training. Training is recorded locally on staff files and shared with the central training team who retain copies of all staff inductions and individual staff training records. Further support is available for staff who are deployed to particular areas of specialism or as a need is identified. This support includes arrangements for a stress assessment with a psychologist and/or consultation with a psychiatrist.

A small number of staff have been trained to administer the CAF. The CAF covers the development of the baby, child or young person, including health and learning, information on parents and carers and their capacity to look after the child, family and environmental factors that influence the needs of the child.

Probation staff may be asked to contribute to the development of a CAF but are not expected to undertake a CAF assessment. Wherever there is any indication of significant harm to a child or young person a referral must be made to Children's Social Care without waiting for the completion of a CAF assessment.

We are working in partnership with Brighton and Hove City Council and others to delivery on the objectives of the 'Safer Families Stronger Communities Team'. Where appropriate we share the learning from this approach with our wider staff group to inform their approach to engagement with and assessment of families with complex needs.

Our middle management group attend quarterly Leadership Meetings with the CEO and Executive Team. Operational Managers Meetings are led by the Trusts Operational Directors. In 2012-13 agenda items have included, exercising Professional Judgement and implementing the learning from Serious Further Offences and Serious Case Reviews.

The lead Director for Brighton and Hove is a member of the LSCB and Chair of the LSCB SCR Sub-Group (since July 2013).

## **7.10 Sussex Partnership NHS Foundation Trust:**

During 2013, three, Level 3 training days have been held for CAMHS and other eligible staff, with 140 staff being trained. Topics included in this years Level 3 training sessions included:



- MAPPA
- MARAC
- Signs of Safety
- CSE
- Learning from SCRs
- Discussion regarding referral threshold issues with Children's Social Care colleagues
- A Paediatrician facilitated session on physical abuse – signs and symptoms

A flexible rolling agenda supports this training, ensuring that when members of staff receive update training they learn about different topics. In the past we have also had sessions on Domestic Violence, Fabricated and Induced Illness and Internet Exploitation. We are currently reviewing our Level 2 training and plan to deliver this in-house, as part of mandatory staff update training from 2014. All Trust staff undergo Level 1 training as part of their induction and subsequent annual update training.

All training is evaluated, and feedback indicates that participants believe safeguarding training informs and shapes their practice.

During the last year our senior (Band 6) Mental Health Practitioner post has been located in the Brighton ACAS team, providing advice, support and consultation to Social Care colleagues. This includes dealing with enquiries from Sussex Partnership staff. This role has been well received by all agencies and has been extended until April 2014. The nurse undertaking the role has visited many mental health teams across the Trust, highlighting safeguarding procedures in the city and dealing with enquires regarding referrals, complex cases liaison points when raising concerns. This post is supervised by the Trust's Named Nurse for Safeguarding in Brighton & Hove, who in turn works alongside the Named Doctor for the patch.

The Named Nurse and ACAS Mental Health Practitioner have recently re-established the Link Practitioner meeting. This well regarded forum enables all Safeguarding Link Practitioners in clinical teams to meet on a regular basis to discuss safeguarding themes which have arisen in teams, ACAS and national policy or guidance.

Sussex Partnership NHS Foundation Trust has contributed to the LSCB priority setting exercise and participated in local hub meetings such as the Safeguarding Health Advisory Group (HAS).

CAMHS submit a quarterly report to June Hopkins Designated Nurse for Safeguarding Children in Brighton & Hove CCG. This contains information collated by the ACAS Mental Health Practitioner and includes the number of referrals received, the number or referrals accepted and the number of referrals signposted.

The Trust's Quality Committee (a sub committee of the Board of Directors) in addition to the Trust-wide Safeguarding Group (chaired by the Executive Director of Nursing and Quality) have continued to discuss safeguarding throughout the year, and ensure that learning from SCRs, and initiatives from all six of the LSCBs of which the Trust is a member, are shared across the Trust as a whole.

## 7.11 Brighton & Hove City Council Children's Services

Social work for children in need of safeguarding and protection continues to be delivered by the Advice Contact & Assessment Service, the Children in Need Team and the Children in Care Team, supported by the Fostering Service and the Adoption and Permanence Team. These teams are managed at a senior level by the Assistant Director, Health Safeguarding & Care and supported and challenged by the Head of Safeguarding. Both posts have direct accountabilities to the Executive Director of Children's Services. The Director of Children's Services is accountable for education services, social care and health services seconded in through a S75 agreement from Sussex Community Trust.

In 2012-13 the Council had a number of committees overseeing work with children. The Children & Young People's Committee is chaired by the lead member for children, who is a participant observer at the LSCB, and the LSCB Chair is a co-opted member of the Children & Young People's Committee. There is also the Health & Wellbeing Board and the Child Review Board.

A Core Training programme has continued to be delivered to Children's Services staff, in addition to that provided by the LSCB. In 2012-13, the Council delivered 269 training events for 3445 staff, a significant increase from 2011-12.

From 1<sup>st</sup> December 2012, a new Disclosure & Barring Service (DBS) was formed, replacing the previous Criminal Records Bureau (CRB) and the Independent Safeguarding Authority (ISA). The driver behind this change was the review of the Vetting & Barring Scheme and central government's intention to shift the focus from the reliance on criminal record and barred list checks to broader employer safeguarding monitoring i.e. Safer Recruitment.

To ensure the best possible services for children and their families, activity under the CIN/CP Quality Assurance Framework has continued throughout 2012-13. Quality assurance (QA) is an on-going process to assess the quality of practitioner's interventions with children and young people. Findings from QA activity are used by senior managers to monitor and evaluate the quality, effectiveness and efficiency of services. QA also helps to identify good practice and any areas for improvements. During 2012-13, QA activity included a "deep dive" into ACAS activity; an audit of cases where children are subject to Child Protection Plans (CPP) and Child in Need (CIN) Plans; and a themed audit of CIN cases that are no longer subject to a CPPs. Key points from the 2012-13 QAF are:

- Majority of 547 cases are good with a prompt & effective response evidenced
- Child in Need work generally adequate but areas for improvement included improved recording and management oversight
- More effective consideration of children's identity needs across the spectrum of social work intervention

During Q1 and Q2 of 2012-13, future QA activity will include practice observations; feedback from service users; regular team based audits; CIN deep dive; themed audits around Initial Contacts, CIN plans, 2<sup>nd</sup> Time CPPs, CP in adoption cases.

The Activity and Performance Information in section 6 contains more detail on Children's Services performance.

A key area for development in 2012-13 has been identified as the review of the Child Protection Conferencing process and a shift to outcome based planning and practice. This will involve the support and input of partner agencies across the LSCB.

## 7.12 CAFCASS

The Children and Family Court Advisory Service (Cafcass) is an executive non-departmental public body, accountable to the Secretary of State in the Department for Education (the Department) which was established on 1st April 2001.

We work to support the delivery of the Department's strategic objectives and to contribute to the wider Government objectives relating to children. Our principal functions, as set out in the Criminal Justice and Court Services Act 2000 in respect of family proceedings where the welfare of children is or may be in question, are to:

- Safeguard and promote the welfare of children
- Give advice to the family courts
- Make provision for children to be represented
- Provide information, advice and support to children and their families

At 31st March 2013 Cafcass employed 1,667 staff; 92.6% of whom are frontline staff consisting of:

- 69.8% Family Court Advisers
- 6.5% Frontline Managers
- 16.3% Frontline Administration Support.

The remaining 7.4% are specialist staff including Operational Area Senior Managers (Heads of Service), Human Resources (HR); Finance; Legal Services; Policy; Governance; Management Information; IT and Communications.

During 2012-13 we have worked closely with staff and managers to develop our workforce in a number of ways, including an individual and team-level health and wellbeing agenda, enhanced recruitment, induction and retention processes, Health and Safety training, Policy and Procedure revision and streamlining, and the provision of more detailed and accessible management information. We have seen tangible results from this work, in terms of improved performance and progress towards organisational improvement targets, increased attendance and improved wellbeing amongst staff.

There was the highest ever care application (public law) demand in 12/13 with 11,055 applications, a rise of 8.3% on 11/12. There was also the highest ever private law case demand, with 45,881 cases received, a rise of 9.7% on 11/12. However, shorter case durations (within s31 cases), together with proportionate working and more efficient working practices have led to the stock of open cases reducing in both private and public law.

In March 2013 the Cafcass Board considered a report which pulled together the learning from complaints, compliments, MPs enquiries, Ombudsman investigations and Subject Access Requests regarding the experiences of the children and families who are using our services. The report also suggested ways in which we can improve our service users' needs, with a view to improving our services. Changes aimed at further improving our Complaints Procedure, including increasing the time limit for responding to service users, amending the time period in which complaints may generally be raised, and improving means for local resolution were proposed to, and subsequently endorsed by, the Board. These changes were introduced in April 2013.



Cafcass continues to work in partnership with:

- **Local Safeguarding Children Boards (LSCBs):** Cafcass is a statutory board partner of every LSCB in England, under s13 (3) of the Children Act 2004, reinforced in Working Together (2013), and contributes to Serious Case Reviews and s11 audits as a statutory partner. A significant challenge for Cafcass is to provide meaningful input to all LSCBs in England, particularly within the context of Cafcass being a national organisation facing increasing operational demand and limitations on resources. Our proportionate working model means we have a defined strategy with each LSCB ranging from full involvement with a clear role in some, to a watching brief in others. Linked named Service Managers define the level of appropriate involvement in each LSCB and agree this with each LSCB Chair.
- **Multi-Agency Public Protection Arrangements (MAPPAs):** Cafcass attends Multi Agency Risk Assessment Conferences (MARACs) in some individual cases, and the degree of involvement is proportionate to the risks involved and the contribution we can make.
- **Multi-Agency Risk Assessment Conferences (MARACs):** Cafcass attends MARACs where it is in the interests of children to do so, but the extent to which we are able to disclose information is restricted by statute and by the court rules.

Cafcass's key achievements during 2012-13 were:

- Arrangements for the sharing of information between Cafcass and the police are set out in Cafcass Operating Framework; and the Cafcass / Cafcass Cymru /ACPO Disclosure Protocol. In the last year the process for providing level 1 checks in private law cases has been dramatically improved by delivering these checks through police staff based in the Cafcass National Business Centre. Following the government response to the Family Justice Review, a Home Office circular, supported by the Association of Chief Police Officers (ACPO), will be published later this year to set out how police forces will discharge their responsibility for undertaking level 2 checks without charge.
- The protocols between Cafcass and ADCS on s7 reports, children relinquished for adoption and the discharge of care applications have been updated and were re-launched in March 2013 as Good Practice Guidance. Cafcass and ADCS have also produced new Good Practice Guidance on Social Work in the Family Courts and an accompanying Practice Note on Contact.
- Membership by Cafcass Legal of a working party, chaired by Mr Justice Hedley, which has produced guidance on MARACs and disclosure into court proceedings; and on Cafcass' input to MARACs.
- Arrangements for the sharing of information between Cafcass and SSAFA are also set out within a Protocol.
- Cafcass' Operating Framework (launched in April 2012) sets out the principles of engagement with partner agencies, where this helps Cafcass to fulfill its functions and duties.

## 8. Conclusion and Challenges for 2013-14

- 8.1 This report has provided an assessment of the effectiveness of local arrangements to safeguard and promote the welfare of children. It has evidenced that safeguarding activity is progressing well in the area and the local LSCB has a clear consensus on the strategic priorities for the coming year. The LSCB is aware of and working to fulfill its statutory functions under the revised Working Together to Safeguard Children (2013). Statutory and non-statutory members are consistently participating towards the same goals in partnership and within their individual agencies.
- 8.2 In July 2013 the LSCB held an awayday for Board members. This learning 'space' gave an opportunity for the Board to reach a consensus on priorities over the next 3 years. Also through the preparation of this annual report, agencies have highlighted the key issues and challenges for the year ahead and beyond. There is a consensus that:
- The development of a Multi Agency Safeguarding Hub (MASH) and our local approach to Early Help both need to be rapidly progressed to support an assured and timely response to any child care concerns and reduce the need for more statutory interventions
  - We need to raise the profile of the LSCB with the public and also frontline staff as awareness of what is being done locally is not well known
  - We need to facilitate new ways of getting feedback from the public and frontline staff on 'what works' and what could be done better or differently
  - Unless there is a change in the economic situation public services will continue to be operating in an environment of financial constraint – and we must ensure the safety of children is not compromised
  - National and local changes in the way Health services are commissioned and delivered is still to imbed and the relatively new Clinical Commissioning Groups do not have the same remit or budgets as the previous Primary care Trusts
  - Partner agencies need to ensure their in house safeguarding training arrangements are effective and consistent with the LSCB Training Strategy
  - Our response to children affected by neglect, child sexual abuse and child sexual exploitation in terms of identification, interventions and trauma recovery needs to be reviewed and improvements made where needed
  - Our response to families affected by domestic violence needs to remain a high priority (cited as a factor in the lives of over 50% of children subject to a child protection plan)
  - We need to strengthen or approach to e-safety as the advancements in social media technology have created new negative opportunities for children and young people to harm each other by bullying
  - The Board needs to be better coordinated (particularly across the sub groups) and ensure our monitoring and evaluation functions are well resourced and help inform the Board of what difference we are making to keep children safe in the local area.
- 8.3 We have also agreed that our key priorities for Brighton & Hove LSCB should be realistic and addressing these will take time as not everything can be done within one year. Our current business plan will cover the next 3 years and has four priority areas. The Sub Committees will be the main drivers for ensuring the business plan is implemented. The plan will be reviewed at each quarterly LSCB and kept under regular review in the Sub Committees. See Appendix D for the LSCB Business Plan 2013-16.

- 8.4 We are confident that our member agencies will continue to:
- identify and act on child protection concerns,
  - work effectively to share information appropriately,
  - collectively make decisions about how best to intervene in children's lives where their welfare is being compromised, and
  - collectively monitor the effectiveness of those arrangements.
- 8.5 Our child protection policies and procedures to keep children safe are well imbedded, regularly reviewed and ensure agencies have a clear reference point to undertake single and multi-agency work. We are confident that these ensure children are best protected from harm and their families offered the right support when they most need it. Our local policies and procedures also enable the right decisions to be made about the safe recruitment, induction and supervision of frontline staff, as well as respond to allegations against staff.
- 8.6 One serious case review was initiated in the year and we continued to ensure we were well placed to respond to any referrals under Chapter 8 of Working Together to Safeguard Children (2010). We have taken steps to ensure we are compliant with the requirements under the revised Working Together to Safeguard Children 2013.
- 8.7 Our learning culture has been enhanced by beginning a programme of undertaking multi-agency case audits. These give a valuable insight into the child protection system and how single agency service delivery and working together impacts on outcomes for children.
- 8.8 We will continue to provide robust challenge to the work of the Children & Young People's Committee in securing improvements in the safeguarding of local children and young people and in promoting their welfare.
- 8.9 Our aim year on year is to make sure that children in Brighton and Hove are best protected from harm. This can only be achieved through ensuring the right systems are in place, that agencies work well together for each individual child and family and we develop our learning culture. We need to be constantly reflecting whether children in the area are safe and, if not, what more can be done to reduce incidents of child maltreatment and intervene when children are at risk of suffering significant harm. We will continue to raise awareness within our local community that safeguarding children is everybody's business.

## APPENDIX A

### LSCB Sub Groups 2012-13

During 2012-13 the following nine LSCB sub-groups were coordinated within Brighton & Hove:

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

#### *LSCB Executive*

This was the third year of the Executive which is a chief officer led sub-group designed to keep top managers aligned with safeguarding and ensure prompt clear decisions if needed in between main Board meetings. Key safeguarding advisers also attend. The chief officers take turns to present their organisations safeguarding audit for peer scrutiny. The Executive has maintained a special interest in case reviews, and has duties in relation to advising on holding serious case reviews.

#### *Child Death Overview Panel*

The Child Death Overview Panel (CDOP) is the inter-agency forum that meets regularly to review the deaths of all children normally resident in East Sussex and Brighton & Hove. It is a sub-group of the two Local Safeguarding Children Boards (LSCBs) for Brighton & Hove and East Sussex and is therefore accountable to the respective two LSCB Chairpersons.

#### *Child Protection Liaison and Safeguarding Group*

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

#### *Education Safeguarding Child Protection Strategy Group*

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

### ***Monitoring and Evaluation Sub-Group***

This sub-group has been responsible for initiating and undertaking both multi-agency and single agency audits and reviews of safeguarding activities on behalf of the LSCB to ensure compliance to the child protection and safeguarding procedures.

### ***Pan-Sussex Procedures Sub-Group***

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

### ***Serious Case Review Sub committee***

This committee has met as and when required to carry out any serious case reviews on behalf of the LSCB as set out in Working Together to Safeguard Children (2010). Due to the new requirements for a Learning and Improvement Framework (as set out in the revised Working Together, 2013) the purpose and function of this sub committee has been reviewed (and was fully functional by July 2013).

### ***Sexual Exploitation Sub Group***

This is a city-wide multi-agency group which seeks to engage all relevant agencies and enables and promotes the delivery of an enhanced service to children and young people at risk of or experiencing sexual exploitation across Brighton & Hove. Membership is from a range of statutory and voluntary sector organisations across the city including Sussex Central YMCA, the police, BHCC, LSCB and Health and is chaired by Sussex Police. The group supports the work of Sussex Central YMCA's WiSE Project (What is Sexual Exploitation?). The key aims of the sub group include:

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

### ***Training Sub Group***

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

## APPENDIX B

### Local Safeguarding Children Board Members as of March 2013

#### Statutory Members:

Alan Bedford	Independent Chair of LSCB
Brighton & Hove City Council (BHCC):	
Heather Tomlinson	Interim Director of Children's Services
Rosalind Turner	Head of Children & Families
Jo Lyons (Dr)	Assistant Director Learning & Partnership
Linda Beanlands	Head of Community Safety
Sussex Police	
Nev Kemp (D/Supt)	Head of Specialist Investigations
Jez Graves (A D/Supt)	Brighton & Hove Division
Sussex & Surrey Probation Trust	
Leighe Rogers	Director, Brighton & East Sussex Local Delivery Unit
Youth Offending Service	
Anna Gianfrancesco	Head of Service
Strategic Health Authority	
Trish Dabrowski	Strategic Lead for Children & Young People
Primary Care Trust (PCT) / Clinical Commissioning Group (CCG):	
Soline Jerram	Director of Clinical Quality and Primary Care
Anne Livesey (Dr)	Designated Doctor
Lorraine Smith	Designated Nurse
Mary Flynn (Dr)	Named Doctor (GP representative)
NHS Trusts	
Sherree Fagge	Brighton & Sussex University Hospitals (BSUH) Board Lead
Graham Nice	Sussex Community Trust (SCT) Board Lead
Helen Greatorex	Sussex Partnership Foundation Trust (SPFT) Board Lead
Jane Mitchell	South East Coast Ambulance Service Safeguarding Lead
CAFCASS	
Nigel Nash	Service Manager
East Sussex Fire & Rescue Service	
Andy Reynolds	Director of Prevention & Protection
Schools	
Wendy Harkness	Head Teacher, West Hove Infants
Haydn Stride	Head Teacher, Longhill Secondary
Lorraine Myles	Head Teacher, ACE

## Lay Members

Andrew Melrose (Professor)  
Gabraella Howard-Lovell

## Domestic Violence Forum

Gail Gray

Chair, B&H Domestic Violence Forum

## Community & Voluntary Sector

Terri Fletcher

Director, Safety Net

## Advisors:

Carwyn Hughes (DCI)

Protecting Vulnerable People Branch, Sussex Police

Debi Fillery

Named Nurse (BSUH, NHS Trust)

Jane Doherty

Head of Safeguarding (BHCC)

Katrina Lake (Dr)

South East Coast SHA

Sharon Healey

Brighton & Hove LSCB Business Manager

Sue Shanks (Cllr)

Lead Member, BHCC Children's Services

Vicki Maroki (DS)

Brighton & Hove Police Child Protection Team

Eddie Hick

Child Protection and Safeguarding Manager, Sussex Police

Fran Boulter

Named Nurse, Sussex Partnership NHS Trust

Jamie Carter (Dr)

Named Doctor, SCT/BHCC

John Trounce (Dr)

Named Doctor, BSUH, NHS Trust

Lorraine Smith

Designated Nurse, NHS Sussex

Yvette Queffurus

Named Nurse – Safeguarding (BHCFS/SCT)

## APPENDIX C

### LSCB Budget 2012-13

Detail	Original Budget	Revised Budget	Actual
<b>Staffing</b>			
Training Manager	30,400	30,400	30,435
Business Manager	49,100	49,100	49,065
Admin Officer	11,100	11,100	11,179
Independent Chair	20,000	20,000	25,544
Agency Staff	0	0	6,840
<b>Other Costs</b>			
Contingency for SCR Panels	10,000	21,000	16,515
Venue Hire	1,500	1,500	1,631
Transport Costs	300	300	29
Printing	4,000	4,000	0
Office Stationery	200	200	0
Telephone	300	300	192
Computer Costs	100	100	65
Communications	2,000	2,000	1,950
Conferences	2,500	2,500	709
Hospitality	300	300	514
CWDC	16,200	16,200	1,510
Other Fees	2,250	2,250	0
<b>Total LSCB Expenditure</b>	<b>150,250</b>	<b>161,250</b>	<b>146,178</b>



## LSCB Budget 2012-13 Continued

<b>Funded By:</b>	<b>Original Contribution</b>	<b>Revised Contribution</b>	<b>Actual</b>
B & H City Council Core Funding	84,700	84,700	84,700
B & H City Council Extra Funding	0	11,000	11,000
B & H City Council CWDC Carry/Fwd	16,200	16,200	16,200
B & H City Council Bal of Carry/Fwd	3,800	3,800	3,800
B & H City Teaching PCT Contribution	32,000	32,000	32,000
Probation Service (Surrey & Sussex)	4,000	4,000	4,000
Sussex Police	9,000	9,000	9,000
CAFCASS	550	550	550
<b>Total Funding</b>	150,250	161,250	161,250
<b>2012/13 Carry Forward to 2013/14:</b>			<b>15,072</b>

## Appendix D

### Brighton and Hove LSCB Business Plan 2013-2016

PRIORITY AREA 1: RESPONSES TO SPECIFIC SAFEGUARDING CONCERNS			
OUTCOME FOR 2013-2016	PERFORMANCE MEASUREMENT	LEAD	KEY MILESTONES IN YEAR 1
Children and young people in Brighton & Hove are protected effectively from neglect.	Timely, assured and measurable interventions which evidence children are effectively safeguarded from neglect.	Monitoring & Evaluation Sub Committee	Audit Programme to be agreed by 1 <sup>st</sup> October 2013
Children and young people in Brighton & Hove are protected effectively from sexual abuse.	Timely, assured and measurable interventions which evidence children are effectively safeguarded from sexual abuse.	Monitoring & Evaluation Sub Committee	Audit Programme to be agreed by 1 <sup>st</sup> October 2013
Children and young people in Brighton & Hove are protected effectively from sexual exploitation	Timely, assured and measurable interventions which evidence children are effectively safeguarded from sexual exploitation.	CSE Sub Group	Audit programme to be agreed as part of CSE Strategy and implemented by end December 2013
	LSCB CSE Strategy updated and sets out actions for next 2 years.	CSE Sub Group	CSE Strategy to be approved by LSCB and implemented by end December 2013

## PRIORITY AREA 2: PARTICIPATION & ENGAGEMENT

OUTCOME FOR 2013-2016	PERFORMANCE MEASUREMENT	LEAD	KEY MILESTONES IN YEAR 1
The views of parents and carers are contributing to learning and practice.	Audits and other programmes evidence a link between quality assurance and feedback from parents and carers.	Monitoring & Evaluation Sub Committee	Audit Programme to be agreed by 1 <sup>st</sup> October 2013
The views of children and young people are contributing to learning and best practice.	Audits and other programmes evidence a link between quality assurance and feedback from children and young people.	Monitoring & Evaluation Sub Committee	Audit Programme to be agreed by 1 <sup>st</sup> October 2013
Parents, carers and members of the public have an improved understanding of the LSCB.	LSCB Communications Plan implemented.	LSCB Business Manager in conjunction with Lay Members	Task & Finish Group to be convened by 31 <sup>st</sup> December 2013
Staff and managers have an improved understanding of the LSCB.	LSCB Communications Plan implemented.	LSCB Business Manager in conjunction with Lay Members	Task & Finish Group to be convened by 31 <sup>st</sup> December 2013
Staff and managers are informing learning and improvement.	Audits evidence a link between quality assurance and feedback from staff and managers.	Monitoring & Evaluation Sub Committee	Audit Programme to be agreed by 1 <sup>st</sup> October 2013

### PRIORITY AREA 3: SERVICE RESPONSES

OUTCOME FOR 2013-2016	PERFORMANCE MEASUREMENT	LEAD	KEY MILESTONES IN YEAR 1
The process for the early help assessment and the type and level of early help services to be provided is effective in meeting the needs of children and families.	Local Threshold Document is published.	Early Help Task & Finish Group	Early Help Strategy to be approved by LSCB and implemented by 31st December 2013
	Timely, assured and measurable interventions which evidence children's welfare is promoted and they are safeguarded from harm.	Monitoring & Evaluation Sub Committee	Audit Programme to be agreed by 31 <sup>st</sup> December 2013
There is a prompt and assured response when referrals are made or new information is received about child care concerns.	Establishment of local MASH.	MASH Task & Finish Group	MASH to be operational by 31 <sup>st</sup> March 2014
	Timely, assured and measurable interventions which evidence children's welfare is promoted and they are safeguarded from harm.	MASH Task & Finish Group	Audit Programme to be agreed by 31 <sup>st</sup> March 2014

## PRIORITY AREA 4: ACCOUNTABILITY

OUTCOME FOR 2013-2016	PERFORMANCE MEASUREMENT	LEAD	KEY MILESTONES IN YEAR 1
The Board is better coordinated and ensuring the effectiveness of what is done by partner agencies.	Review completed of Board arrangements and changes confirmed.	LSCB Independent Chairperson in conjunction with LSCB Business Manager	Review to be completed and action agreed by 17 <sup>th</sup> September 2013 (LSCB Meeting)
	Outcome Based Accountability (OBA) is established as a model for informing the LSCB of the quality of partner agency work.	Monitoring & Evaluation Sub Committee	OBA to be incorporated into LSCB's Quality Assurance Framework by 31 <sup>st</sup> January 2014
	Learning & Improvement Framework published.	Monitoring & Evaluation Sub Committee	Learning & Improvement Framework to be agreed and implemented at 17 <sup>th</sup> September 2013 (LSCB Meeting)
	Review completed of LSCB core data requirements.	Monitoring & Evaluation Sub Committee	Review of LSCB core data to be completed by 31 <sup>st</sup> October 2013  Recording & reporting arrangements to be implemented by 31 <sup>st</sup> December 2013.

## Further Information & Contact Details

All the following documents (including this publication) and other information are available on the Brighton & Hove LSCB webpages:

<http://www.brightonandhovelscb.org.uk/index.html>

- Brighton & Hove LSCB Annual Report 2012-13
- Brighton & Hove LSCB Annual Training Programme
- Brighton & Hove LSCB Training Strategy
- Brighton & Hove Council's Private Fostering Annual Report

All enquiries regarding the Brighton & Hove LSCB should be made to:

Brighton & Hove LSCB  
Safeguarding and Quality  
Assurance Unit  
Moulsecoomb Hub North  
Hodshrove Lane  
Brighton,  
BN2 4SE  
Tel: 01273 292379  
Email: [lscb@brighton-hove.gov.uk](mailto:lscb@brighton-hove.gov.uk)



HM Government

# **Working Together to Safeguard Children**

**A guide to inter-agency working to  
safeguard and promote the welfare of  
children**

**March 2013**

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# Summary

## About this guidance

1. This guidance covers:
  - the legislative requirements and expectations on individual services to safeguard and promote the welfare of children; and
  - a clear framework for Local Safeguarding Children Boards (LSCBs) to monitor the effectiveness of local services.
2. This document replaces Working Together to Safeguard Children (2010); The Framework for the Assessment of Children in Need and their Families (2000); and Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004 (2007). Links to relevant supplementary guidance that professionals should consider alongside this guidance can be found at Appendix C.

## What is the status of this guidance?

3. This guidance is issued under:
  - section 7 of the Local Authority Social Services Act 1970, which requires local authorities in their social services functions to act under the general guidance of the Secretary of State;
  - section 11 (4) of the Children Act 2004 which requires each person or body to which the section 11 duty applies to have regard to any guidance given to them by the Secretary of State; and
  - section 16 of the Children Act 2004, which states that local authorities and each of the statutory partners must, in exercising their functions relating to Local Safeguarding Children Boards, have regard to any guidance given to them by the Secretary of State.
4. This guidance applies to other organisations as set out in chapter 2.
5. This document should be complied with unless exceptional circumstances arise.

## Who is this guidance for?

6. This statutory guidance should be read and followed by local authority Chief Executives, Directors of Children's Services, LSCB Chairs and senior managers within organisations who commission and provide services for children and families, including social workers and professionals from health services, adult services, the police, Academy Trusts, education and the voluntary and community sector who have contact with children and families.<sup>1,2</sup>
7. All relevant professionals should read and follow this guidance so that they can respond to individual children's needs appropriately.

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<sup>1</sup> Department for Education [\*Statutory guidance on the roles and responsibilities of the Director of Children's Services and the Lead Member for Children's Services.\*](#)

<sup>2</sup> The reference to social workers throughout the documents means social workers who are registered to practice with the Health and Care Professions Council.

## Introduction

1. Safeguarding children - the action we take to promote the welfare of children and protect them from harm - is everyone's responsibility. Everyone who comes into contact with children and families has a role to play.<sup>3</sup>
2. Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:
  - protecting children from maltreatment;
  - preventing impairment of children's health or development;
  - ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
  - taking action to enable all children to have the best outcomes.
3. In 2011-12 over 600,000 children in England were referred to local authority children's social care services by individuals who had concerns about their welfare.
4. For children who need additional help, every day matters. Academic research is consistent in underlining the damage to children from delaying intervention. The actions taken by professionals to meet the needs of these children as early as possible can be critical to their future.
5. Children are best protected when professionals are clear about what is required of them individually, and how they need to work together.
6. This guidance aims to help professionals understand what they need to do, and what they can expect of one another, to safeguard children. It focuses on core legal requirements, making it clear what individuals and organisations should do to keep children safe. In doing so, it seeks to emphasise that effective safeguarding systems are those where:
  - the child's needs are paramount, and the needs and wishes of each child, be they a baby or infant, or an older child, should be put first, so that every child receives the support they need before a problem escalates;
  - all professionals who come into contact with children and families are alert to their needs and any risks of harm that individual abusers, or potential abusers, may pose to children;
  - all professionals share appropriate information in a timely way and can discuss any concerns about an individual child with colleagues and local authority children's social care;

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<sup>3</sup> In this document a child is defined as anyone who has not yet reached their 18<sup>th</sup> birthday. 'Children' therefore means 'children and young people' throughout.

- high quality professionals are able to use their expert judgement to put the child's needs at the heart of the safeguarding system so that the right solution can be found for each individual child;
  - all professionals contribute to whatever actions are needed to safeguard and promote a child's welfare and take part in regularly reviewing the outcomes for the child against specific plans and outcomes;
  - LSCBs coordinate the work to safeguard children locally and monitor and challenge the effectiveness of local arrangements;
  - when things go wrong Serious Case Reviews (SCRs) are published and transparent about any mistakes which were made so that lessons can be learnt; and
  - local areas innovate and changes are informed by evidence and examination of the data.
7. Ultimately, effective safeguarding of children can only be achieved by putting children at the centre of the system, and by every individual and agency playing their full part, working together to meet the needs of our most vulnerable children.

## **A child-centred and coordinated approach to safeguarding**

### **Key principles**

8. Effective safeguarding arrangements in every local area should be underpinned by two key principles:
- safeguarding is everyone's responsibility: for services to be effective each professional and organisation should play their full part; and
  - 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**

9. Everyone who works with children - including teachers, GPs, nurses, midwives, health visitors, early years professionals, youth workers, police, Accident and Emergency staff, paediatricians, voluntary and community workers and social workers - has a responsibility for keeping them safe.
10. No single professional can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.
11. In order that organisations and practitioners collaborate effectively, it is vital that every individual working with children and families is aware of the role that they have to play and the role of other professionals. In addition, effective

safeguarding requires clear local arrangements for collaboration between professionals and agencies.

12. This statutory guidance sets out key roles for individual organisations and key elements of effective local arrangements for safeguarding. It is very important these arrangements are strongly led and promoted at a local level, specifically by:

- a strong lead from local authority members, and the commitment of chief officers in all agencies, in particular the Director of Children's Services and Lead Member for Children's Services in each local authority; and
- effective local coordination and challenge by the LSCBs in each area (see chapter 3).

### **A child-centred approach**

13. Effective safeguarding systems are child centred. Failings in safeguarding systems are too often the result of losing sight of the needs and views of the children within them, or placing the interests of adults ahead of the needs of children.

14. Children are clear what they want from an effective safeguarding system and this is described in the box on page 10.

15. Children want to be respected, their views to be heard, to have stable relationships with professionals built on trust and for consistent support provided for their individual needs. This should guide the behaviour of professionals. Anyone working with children should see and speak to the child; listen to what they say; take their views seriously; and work with them collaboratively when deciding how to support their needs. A child-centred approach is supported by:

- the Children Act 1989 (as amended by section 53 of the Children Act 2004). This Act requires local authorities to give due regard to a child's wishes when determining what services to provide under section 17 of the Children Act 1989, and before making decisions about action to be taken to protect individual children under section 47 of the Children Act 1989. These duties complement requirements relating to the wishes and feelings of children who are, or may be, looked after (section 22 (4) Children Act 1989), including those who are provided with accommodation under section 20 of the Children Act 1989 and children taken into police protection (section 46(3) (d) of that Act);
- the Equality Act 2010 which puts a responsibility on public authorities to have due regard to the need to eliminate discrimination and promote equality of opportunity. This applies to the process of identification of need and risk faced by the individual child and the process of assessment. No child or group of children must be treated any less favourably than others in being able to access effective services which meet their particular needs; and

- the United Nations Convention on the Rights of the Child (UNCRC). This is an international agreement that protects the rights of children and provides a child-centred framework for the development of services to children. The UK Government ratified the UNCRC in 1991 and, by doing so, recognises children's rights to expression and receiving information.

## **Children have said that they need**

- **Vigilance: to have adults notice when things are troubling them**
- **Understanding and action: to understand what is happening; to be heard and understood; and to have that understanding acted upon**
- **Stability: to be able to develop an on-going stable relationship of trust with those helping them**
- **Respect: to be treated with the expectation that they are competent rather than not**
- **Information and engagement: to be informed about and involved in procedures, decisions, concerns and plans**
- **Explanation: to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response**
- **Support: to be provided with support in their own right as well as a member of their family**
- **Advocacy: to be provided with advocacy to assist them in putting forward their views**

16. In addition to individual practitioners shaping support around the needs of individual children, local agencies need to have a clear understanding of the collective needs of children locally when commissioning effective services. As part of that process, the Director of Public Health should ensure that the needs of vulnerable children are a key part of the Joint Strategic Needs Assessment that is developed by the health and wellbeing board.



# Chapter 1: Assessing need and providing help

## Early help

1. Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years.
2. Effective early help relies upon local agencies working together to:
  - identify children and families who would benefit from early help;
  - undertake an assessment of the need for early help; and
  - provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child. Local authorities, under section 10 of the Children Act 2004, have a responsibility to promote inter-agency cooperation to improve the welfare of children.

### Section 10

Section 10 of the Children Act 2004 requires each local authority to make arrangements to promote cooperation between the authority, each of the authority's relevant partners and such other persons or bodies working with children in the local authority's area as the authority considers appropriate. The arrangements are to be made with a view to improving the wellbeing of all children in the authority's area, which includes protection from harm and neglect. The local authority's relevant partners are listed in Table A in Appendix B.

## Identifying children and families who would benefit from early help

3. Local agencies should have in place effective ways to identify emerging problems and potential unmet needs for individual children and families. This requires all professionals, including those in universal services and those providing services to adults with children, to understand their role in identifying emerging problems and to share information with other professionals to support early identification and assessment.
4. Local Safeguarding Children Boards (LSCBs) should monitor and evaluate the effectiveness of training, including multi-agency training, for all professionals in the area. Training should cover how to identify and respond early to the needs

of all vulnerable children, including: unborn children; babies; older children; young carers; disabled children; and those who are in secure settings.

5. Professionals should, in particular, be alert to the potential need for early help for a child who:
  - is disabled and has specific additional needs;
  - has special educational needs;
  - is a young carer;
  - is showing signs of engaging in anti-social or criminal behaviour;
  - is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health, domestic violence; and/or
  - is showing early signs of abuse and/or neglect.
  
6. Professionals working in universal services have a responsibility to identify the symptoms and triggers of abuse and neglect, to share that information and work together to provide children and young people with the help they need. Practitioners need to continue to develop their knowledge and skills in this area. They should have access to training to identify and respond early to abuse and neglect, and to the latest research showing what types of interventions are the most effective.

## **Effective assessment of the need for early help**

7. Local agencies should work together to put processes in place for the effective assessment of the needs of individual children who may benefit from early help services.
  
8. Children and families may need support from a wide range of local agencies. Where a child and family would benefit from coordinated support from more than one agency (e.g. education, health, housing, police) there should be an inter-agency assessment. These early help assessments, such as the use of the Common Assessment Framework (CAF), should identify what help the child and family require to prevent needs escalating to a point where intervention would be needed via a statutory assessment under the Children Act 1989 (paragraph 26).
  
9. The early help assessment should be undertaken by a lead professional who should provide support to the child and family, act as an advocate on their behalf and coordinate the delivery of support services. The lead professional role could be undertaken by a General Practitioner (GP), family support worker, teacher, health visitor and/or special educational needs coordinator. Decisions about who should be the lead professional should be taken on a case by case basis and should be informed by the child and their family.

10. For an early help assessment to be effective:

- the assessment should be undertaken with the agreement of the child and their parents or carers. It should involve the child and family as well as all the professionals who are working with them;
- a teacher, GP, health visitor, early years' worker or other professional should be able to discuss concerns they may have about a child and family with a social worker in the local authority. Local authority children's social care should set out the process for how this will happen; and
- if parents and/or the child do not consent to an early help assessment, then the lead professional should make a judgement as to whether, without help, the needs of the child will escalate. If so, a referral into local authority children's social care may be necessary.

11. If at any time it is considered that the child may be a child in need as defined in the Children Act 1989, or that the child has suffered significant harm or is likely to do so, a referral should be made immediately to local authority children's social care. This referral can be made by any professional.

## **Provision of effective early help services**

12. The early help assessment carried out for an individual child and their family should be clear about the action to be taken and services to be provided (including any relevant timescales for the assessment) and aim to ensure that early help services are coordinated and not delivered in a piecemeal way.

13. Local areas should have a range of effective, evidence-based services in place to address assessed needs early. The early help on offer should draw upon the local assessment of need and the latest evidence of the effectiveness of early help and early intervention programmes. In addition to high quality support in universal services, specific local early help services will typically include family and parenting programmes, assistance with health issues and help for problems relating to drugs, alcohol and domestic violence. Services may also focus on improving family functioning and building the family's own capability to solve problems; this should be done within a structured, evidence-based framework involving regular review to ensure that real progress is being made. Some of these services may be delivered to parents but should always be evaluated to demonstrate the impact they are having on the outcomes for the child.

## Accessing help and services

14. The provision of early help services should form part of a continuum of help and support to respond to the different levels of need of individual children and families.
15. Where need is relatively low level individual services and universal services may be able to take swift action. For other emerging needs a range of early help services may be required, coordinated through an early help assessment, as set out above. Where there are more complex needs, help may be provided under section 17 of the Children Act 1989 (children in need). Where there are child protection concerns (reasonable cause to suspect a child is suffering or likely to suffer significant harm) local authority social care services must make enquiries and decide if any action must be taken under section 47 of the Children Act 1989.
16. It is important that there are clear criteria for taking action and providing help across this full continuum. Having clear thresholds for action which are understood by all professionals, and applied consistently, should ensure that services are commissioned effectively and that the right help is given to the child at the right time.
17. The LSCB should agree with the local authority and its partners the levels for the different types of assessment and services to be commissioned and delivered. Local authority children's social care has the responsibility for clarifying the process for referrals.
18. The LSCB should publish a **threshold document** that includes:
  - the process for the early help assessment and the type and level of early help services to be provided; and
  - the criteria, including the level of need, for when a case should be referred to local authority children's social care for assessment and for statutory services under:
    - section 17 of the Children Act 1989 (children in need);
    - section 47 of the Children Act 1989 (reasonable cause to suspect children suffering or likely to suffer significant harm);
    - section 31 (care orders); and
    - section 20 (duty to accommodate a child) of the Children Act 1989.
19. Anyone who has concerns about a child's welfare should make a referral to local authority children's social care. For example, referrals may come from: children themselves, teachers, a GP, the police, health visitors, family members and members of the public. Within local authorities, children's social care should act as the principal point of contact for welfare concerns relating to

children. Therefore, as well as clear protocols for professionals working with children, contact details should be signposted clearly so that children, parents and other family members are aware of who they can contact if they require advice and/or support.

20. When professionals refer a child, they should include any information they have on the child's developmental needs and the capacity of the child's parents or carers to meet those needs. This information may be included in any assessment, including the early help assessment, which may have been carried out prior to a referral into local authority children's social care. Where an early help assessment has already been undertaken it should be used to support a referral to local authority children's social care, however this is not a prerequisite for making a referral.
21. Feedback should be given by local authority children's social care to the referrer on the decisions taken. Where appropriate, this feedback should include the reasons why a case may not meet the statutory threshold to be considered by local authority children's social care for assessment and suggestions for other sources of more suitable support.

## Information sharing

22. Effective sharing of information between professionals and local agencies is essential for effective identification, assessment and service provision.
23. Early sharing of information is the key to providing effective early help where there are emerging problems. At the other end of the continuum, sharing information can be essential to put in place effective child protection services. Serious Case Reviews (SCRs) have shown how poor information sharing has contributed to the deaths or serious injuries of children.
24. Fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children. To ensure effective safeguarding arrangements:
  - all organisations should have arrangements in place which set out clearly the processes and the principles for sharing information between each other, with other professionals and with the LSCB; and
  - no professional should assume that someone else will pass on information which they think may be critical to keeping a child safe. If a professional has concerns about a child's welfare and believes they are suffering or likely to suffer harm, then they should share the information with local authority children's social care.
25. *Information Sharing: Guidance for practitioners and managers (2008)* supports frontline practitioners, working in child or adult services, who have to make

decisions about sharing personal information on a case by case basis.<sup>4</sup> The guidance can be used to supplement local guidance and encourage good practice in information sharing.

## Assessments under the Children Act 1989

### Statutory requirements

26. Under the Children Act 1989, local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. Local Authorities undertake assessments of the needs of individual children to determine what services to provide and action to take. The full set of statutory assessments is set out in the box below.

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<sup>4</sup> Department for Education [guidance on information sharing](#).

## Statutory assessments under the Children Act 1989

- A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services; or a child who is disabled. In these cases, assessments by a social worker are carried out under **section 17** of the Children Act 1989. Children in need may be assessed under section 17 of the Children Act 1989, in relation to their special educational needs, disabilities, or as a carer, or because they have committed a crime. The process for assessment should also be used for children whose parents are in prison and for asylum seeking children. When assessing children in need and providing services, specialist assessments may be required and, where possible, should be coordinated so that the child and family experience a coherent process and a single plan of action.
- Concerns about maltreatment may be the reason for a referral to local authority children's social care or concerns may arise during the course of providing services to the child and family. In these circumstances, local authority children's social care must initiate enquiries to find out what is happening to the child and whether protective action is required. Local authorities, with the help of other organisations as appropriate, also have a duty to make enquiries under **section 47** of the Children Act 1989 if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, to enable them to decide whether they should take any action to safeguard and promote the child's welfare. There may be a need for immediate protection whilst the assessment is carried out.
- Some children in need may require accommodation because there is no one who has parental responsibility for them, or because they are alone or abandoned. Under **section 20** of the Children Act 1989, the local authority has a duty to accommodate such children in need in their area. Following an application under **section 31A**, where a child is the subject of a care order, the local authority, as a corporate parent, must assess the child's needs and draw up a care plan which sets out the services which will be provided to meet the child's identified needs.

## The purpose of assessment

27. Whatever legislation the child is assessed under, the purpose of the assessment is always:

- to gather important information about a child and family;
- to analyse their needs and/or the nature and level of any risk and harm being suffered by the child;
- to decide whether the child is a child in need (section 17) and/or is suffering or likely to suffer significant harm (section 47); and
- to provide support to address those needs to improve the child's outcomes to make them safe.

28. Assessment should be a dynamic process, which analyses and responds to the changing nature and level of need and/or risk faced by the child. A good assessment will monitor and record the impact of any services delivered to the child and family and review the help being delivered. Whilst services may be delivered to a parent or carer, the assessment should be focused on the needs of the child and on the impact any services are having on the child.

29. Good assessments support professionals to understand whether a child has needs relating to their care or a disability and/or is suffering, or likely to suffer, significant harm. The specific needs of disabled children and young carers should be given sufficient recognition and priority in the assessment process. Further guidance can be accessed at *Safeguarding Disabled Children - Practice Guidance (2009)* and *Recognised, valued and supported: Next steps for the Carers Strategy (2010)*.<sup>5,6</sup>

30. Practitioners should be rigorous in assessing and monitoring children at risk of neglect to ensure they are adequately safeguarded over time. They should act decisively to protect the child by initiating care proceedings where existing interventions are insufficient.

31. Where a child becomes looked after the assessment will be the baseline for work with the family. Any needs which have been identified should be addressed before decisions are made about the child's return home. An assessment by a social worker is required before the child returns home under the Care Planning, Placement and Case Review (England) Regulations 2010. This will provide evidence of whether the necessary improvements have been made to ensure the child's safety when they return home.

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<sup>5</sup> Department for Education [Safeguarding Disabled Children - Practice Guidance \(2009\)](#).

<sup>6</sup> Department for Health  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_122077](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122077).



## The principles and parameters of a good assessment

32. High quality assessments:

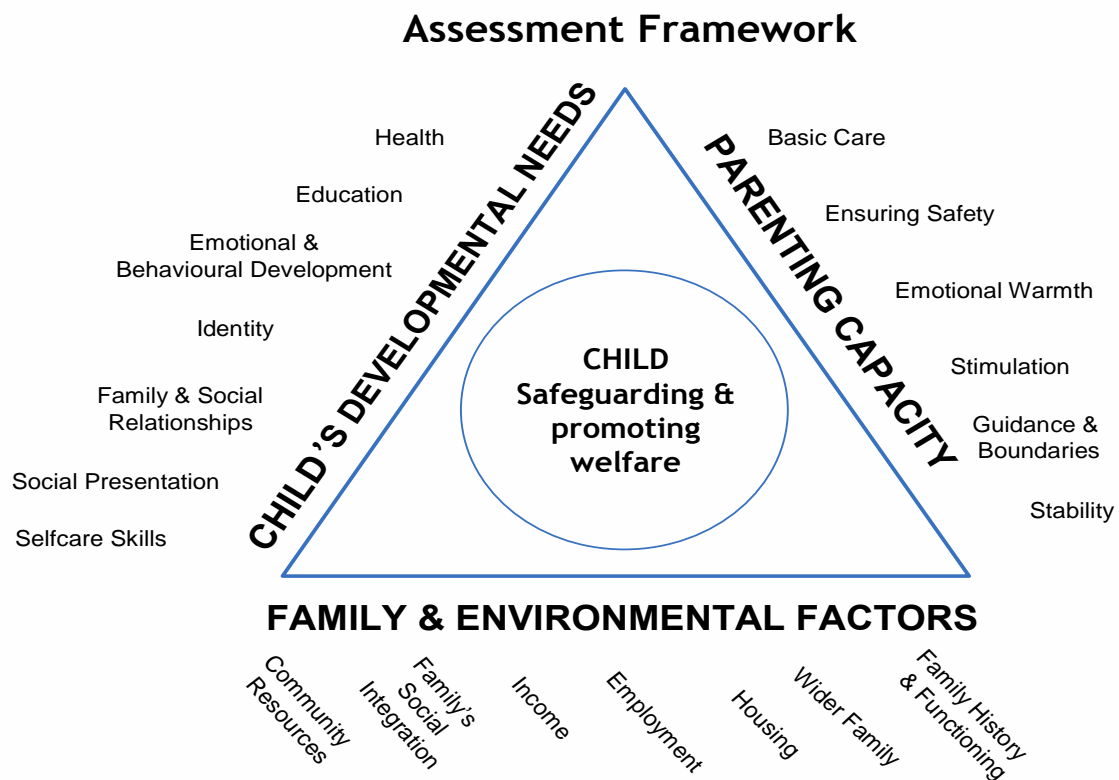
- are child centred. Where there is a conflict of interest, decisions should be made in the child's best interests;
- are rooted in child development and informed by evidence;
- are focused on action and outcomes for children;
- are holistic in approach, addressing the child's needs within their family and wider community;
- ensure equality of opportunity;
- involve children and families;
- build on strengths as well as identifying difficulties;
- are integrated in approach;
- are a continuing process not an event;
- lead to action, including the provision and review of services; and
- are transparent and open to challenge.

33. Research has shown that taking a systematic approach to enquiries using a conceptual model is the best way to deliver a comprehensive assessment for all children. A good assessment is one which investigates the following three domains, set out in the diagram on the next page:

- the child's developmental needs, including whether they are suffering or likely to suffer significant harm;
- parents' or carers' capacity to respond to those needs; and
- the impact and influence of wider family, community and environmental circumstances.

34. The interaction of these domains requires careful investigation during the assessment. The aim is to reach a judgement about the nature and level of needs and/or risks that the child may be facing within their family. It is important that:

- information is gathered and recorded systematically;
- information is checked and discussed with the child and their parents/carers where appropriate;
- differences in views about information are recorded; and
- the impact of what is happening to the child is clearly identified.



35. Assessments for some children - including young carers, children with special educational needs (who may require statements of SEN or Education Health and Care Plans subject to the passage of the Children and Families Bill), unborn children where there are concerns, asylum seeking children, children in hospital, disabled children, children with specific communication needs, children considered at risk of gang activity, children who are in the youth justice system - will require particular care.<sup>7</sup> Where a child has other assessments it is important that these are coordinated so that the child does not become lost between the different agencies involved and their different procedures.

## Focusing on the needs and views of the child

36. Every assessment should be child centred. Where there is a conflict between the needs of the child and their parents/carers, decisions should be made in the child's best interests.

<sup>7</sup> Young carers are also entitled to request a separate carer's assessment under the Carers (recognition and Services) Act 1995 and, if they are over 16 years, under the Carers and Disabled Act 2000.

37. Each child who has been referred into local authority children's social care should have an individual assessment to respond to their needs and to understand the impact of any parental behaviour on them as an individual. Local authorities have to give due regard to a child's age and understanding when determining what (if any) services to provide under section 17 of the Children Act 1989, and before making decisions about action to be taken to protect individual children under section 47 of the Children Act 1989.
38. Every assessment must be informed by the views of the child as well as the family. Children should, wherever possible, be seen alone and local authority children's social care has a duty to ascertain the child's wishes and feelings regarding the provision of services to be delivered.<sup>8</sup> It is important to understand the resilience of the individual child when planning appropriate services.
39. Every assessment should reflect the unique characteristics of the child within their family and community context. The Children Act 1989 promotes the view that all children and their parents should be considered as individuals and that family structures, culture, religion, ethnic origins and other characteristics should be respected.
40. Every assessment should draw together relevant information gathered from the child and their family and from relevant professionals including teachers, early years workers, health professionals, the police and adult social care.
41. A high quality assessment is one in which evidence is built and revised throughout the process. A social worker may arrive at a judgement early in the case but this may need to be revised as the case progresses and further information comes to light. It is a characteristic of skilled practice that social workers revisit their assumptions in the light of new evidence and take action to revise their decisions in the best interests of the individual child.
42. The aim is to use all the information to identify difficulties and risk factors as well as developing a picture of strengths and protective factors.

## Developing a clear analysis

43. The social worker should analyse all the information gathered from the enquiry stage of the assessment to decide the nature and level of the child's needs and the level of risk, if any, they may be facing. The social work manager should challenge the social worker's assumptions as part of this process. An informed decision should be taken on the nature of any action required and which services should be provided. Social workers, their managers and other professionals should be mindful of the requirement to understand the level of

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<sup>8</sup> Section 17 of the Children Act 1989, amended by section 53 Children Act 2004

need and risk in a family from the child's perspective and ensure action or commission services which will have maximum impact on the child's life.

44. No system can fully eliminate risk. Understanding risk involves judgement and balance. To manage risks, social workers and other professionals should make decisions with the best interests of the child in mind, informed by the evidence available and underpinned by knowledge of child development.
45. Critical reflection through supervision should strengthen the analysis in each assessment.
46. Social workers, their managers and other professionals should always consider the plan from the child's perspective. A desire to think the best of adults and to hope they can overcome their difficulties should not trump the need to rescue children from chaotic, neglectful and abusive homes. Social workers and managers should always reflect the latest research on the impact of neglect and abuse when analysing the level of need and risk faced by the child. This should be reflected in the case recording.
47. Assessment is a dynamic and continuous process which should build upon the history of every individual case, responding to the impact of any previous services and analysing what further action might be needed. Social workers should build on this with help from other professionals from the moment that a need is identified.
48. Decision points and review points involving the child and family and relevant professionals should be used to keep the assessment on track. This is to ensure that help is given in a timely and appropriate way and that the impact of this help is analysed and evaluated in terms of the improved outcomes and welfare of the child.

## **Focusing on outcomes**

49. Every assessment should be focused on outcomes, deciding which services and support to provide to deliver improved welfare for the child.
50. Where the outcome of the assessment is continued local authority children's social care involvement, the social worker and their manager should agree a plan of action with other professionals and discuss this with the child and their family. The plan should set out what services are to be delivered, and what actions are to be undertaken, by whom and for what purpose.
51. Many services provided will be for parents or carers. The plan should reflect this and set clear measurable outcomes for the child and expectations for the parents, with measurable, reviewable actions for them.
52. The plan should be reviewed regularly to analyse whether sufficient progress has been made to meet the child's needs and on the level of risk faced by the

child. This will be important for neglect cases where parents and carers can make small improvements. The test should be whether any improvements in adult behaviour are sufficient and sustained. Social workers and their managers should consider the need for further action and record their decisions. The review points should be agreed by the social worker with other professionals and with the child and family to continue evaluating the impact of any change on the welfare of the child.

53. Effective professional supervision can play a critical role in ensuring a clear focus on a child's welfare. Supervision should support professionals to reflect critically on the impact of their decisions on the child and their family. The social worker and their manager should review the plan for the child. Together they should ask whether the help given is leading to a significant positive change for the child and whether the pace of that change is appropriate for the child. Any professional working with vulnerable children should always have access to a manager to talk through their concerns and judgements affecting the welfare of the child. Assessment should remain an ongoing process, with the impact of services informing future decisions around action.

## Timeliness

54. The timeliness of an assessment is a critical element of the quality of that assessment and the outcomes for the child. The speed with which an assessment is carried out after a child's case has been referred into local authority children's social care should be determined by the needs of the individual child and the nature and level of any risk of harm faced by the child. This will require judgements to be made by the social worker in discussion with their manager on each individual case.
55. Within **one working day** of a referral being received, a local authority social worker should make a decision about the type of response that is required and acknowledge receipt to the referrer.
56. For children who are in need of immediate protection, action must be taken by the social worker, or the police or NSPCC if removal is required, as soon as possible after the referral has been made to local authority children's social care (sections 44 and 46 of the Children Act 1989).
57. The maximum timeframe for the assessment to conclude, such that it is possible to reach a decision on next steps, should be no longer than 45 working days from the point of referral. If, in discussion with a child and their family and other professionals, an assessment exceeds 45 working days the social worker should record the reasons for exceeding the time limit.
58. Whatever the timescale for assessment, where particular needs are identified at any stage of the assessment, social workers should not wait until the

assessment reaches a conclusion before commissioning services to support the child and their family. In some cases the needs of the child will mean that a quick assessment will be required.

59. The assessment of neglect cases can be difficult. Neglect can fluctuate both in level and duration. A child's welfare can, for example, improve following input from services or a change in circumstances and review, but then deteriorate once support is removed. Professionals should be wary of being too optimistic. Timely and decisive action is critical to ensure that children are not left in neglectful homes.
60. It is the responsibility of the social worker to make clear to children and families how the assessment will be carried out and when they can expect a decision on next steps.
61. To facilitate the shift to an assessment process which brings continuity and consistency for children and families, there will no longer be a requirement to conduct separate initial and core assessments. Local authorities should determine their local assessment processes through a local protocol.

## **Local protocols for assessment**

62. Local authorities, with their partners, should develop and publish local protocols for assessment. A local protocol should set out clear arrangements for how cases will be managed once a child is referred into local authority children's social care and be consistent with the requirements of this statutory guidance. The detail of each protocol will be led by the local authority in discussion with their partners and agreed with the relevant LSCB.
63. The local authority is publicly accountable for this protocol and all organisations and agencies have a responsibility to understand their local protocol.

### **The local protocol for assessment should:**

- ensure that assessments are timely, transparent and proportionate to the needs of individual children and their families;
- set out how the needs of disabled children, young carers and children involved in the youth justice system will be addressed in the assessment process;
- clarify how agencies and professionals undertaking assessments and providing services can make contributions;
- clarify how the statutory assessments will be informed by other specialist assessments, such as the assessment for children with special educational needs (Education, Health and Care Plan) and disabled children;

- ensure that any specialist assessments are coordinated so that the child and family experience a joined up assessment process and a single planning process focused on outcomes;
- set out how shared internal review points with other professionals and the child and family will be managed throughout the assessment process;
- set out the process for assessment for children who are returned from care to live with their families;
- seek to ensure that each child and family understands the type of help offered and their own responsibilities, so as to improve the child's outcomes;
- set out the process for challenge by children and families by publishing the complaints procedures; and
- require decisions to be recorded in accordance with locally agreed procedures. Recording should include information on the child's development so that progress can be monitored to ensure their outcomes are improving. This will reduce the need for repeat assessments during care proceedings, which can be a major source of delay.

## Processes for managing individual cases

64. The following descriptors and flow charts set out the precise steps that professionals should take when working together to assess and provide services for children who may be in need, including those suffering harm. The flow charts cover:

- the referral process into local authority children's social care;
- the process for determining next steps for a child who has been assessed as being 'in need'; and
- the essential processes for children where there is reasonable cause to suspect that the child is suffering, or likely to suffer, significant harm (this includes immediate protection for children at serious risk of harm).

## Response to a referral

Once the referral has been accepted by local authority children's social care the lead professional role falls to a social worker.

The social worker should clarify with the referrer, when known, the nature of the concerns and how and why they have arisen.

Within **one working day** of a referral being received a local authority social worker should **make a decision** about the type of response that is required. This will include determining whether:

- the child requires immediate protection and urgent action is required;
- the child is in need, and should be assessed under section 17 of the Children Act 1989;
- there is reasonable cause to suspect that the child is suffering, or likely to suffer, significant harm, and whether enquires must be made and the child assessed under section 47 of the Children Act 1989;
- any services are required by the child and family and what type of services; and
- further specialist assessments are required in order to help the local authority to decide what further action to take.

### **Action to be taken:**

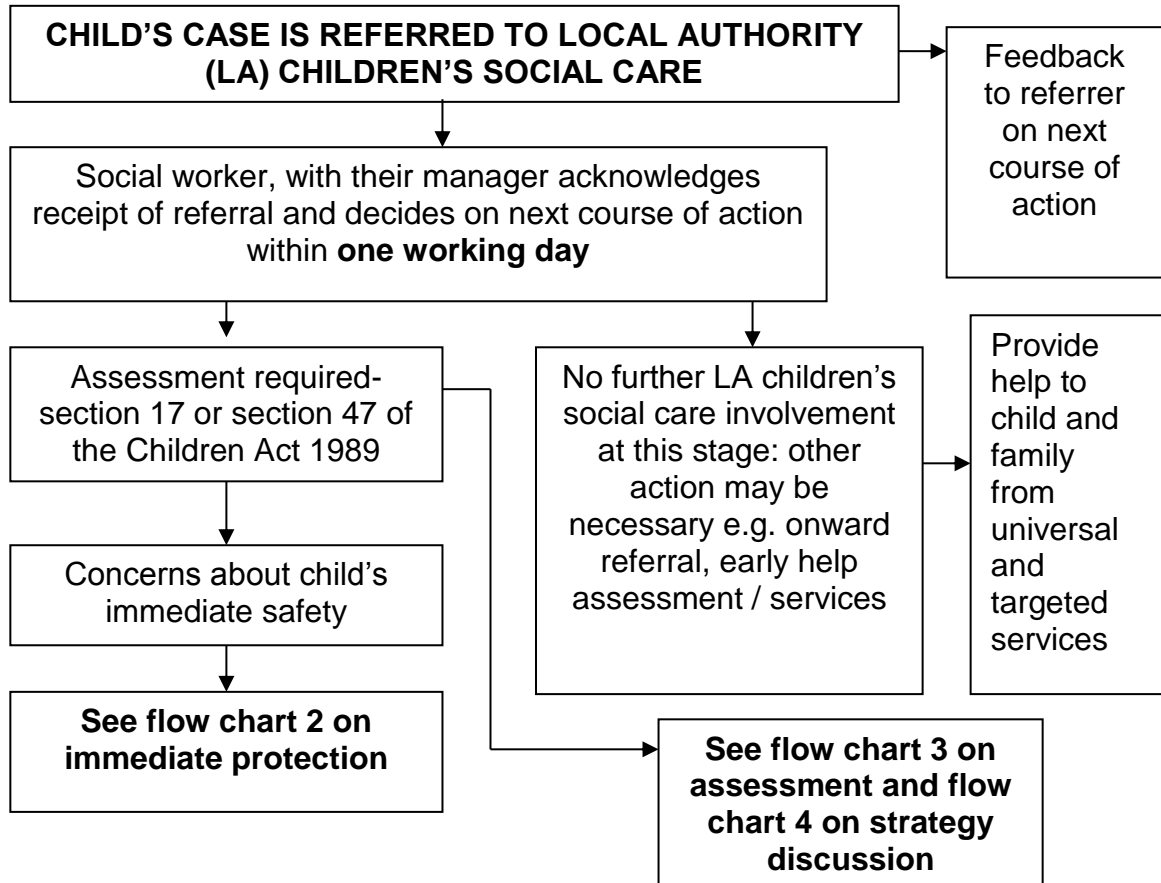
The child and family must be informed of the action to be taken.

Local authority children's social care should see the child as soon as possible if the decision is taken that the referral requires further assessment.

Where requested to do so by local authority children's social care, professionals from other parts of the local authority such as housing and those in health organisations have a duty to cooperate under section 27 of the Children Act 1989 by assisting the local authority in carrying out its children's social care functions.



**Flow chart 1: Action taken when a child is referred to local authority children's social care services**



## Immediate Protection

Where there is a risk to the life of a child or a likelihood of serious immediate harm, local authority social workers, the police or NSPCC should use their statutory child protection powers to **act immediately to secure the safety of the child**.

If it is necessary to remove a child from their home, a local authority must, wherever possible and unless a child's safety is otherwise at immediate risk, apply for an **Emergency Protection Order (EPO)**. Police powers to remove a child in an emergency should be used only in exceptional circumstances where there is insufficient time to seek an EPO or for reasons relating to the immediate safety of the child.

An **EPO**, made by the court, gives authority to remove a child and places them under the protection of the applicant.

When considering whether emergency action is necessary an agency should always consider the needs of other children in the same household or in the household of an alleged perpetrator.

**The local authority** in whose area a child is found in circumstances that require emergency action (the first authority) is responsible for taking emergency action.

If the child is looked after by, or the subject of a child protection plan in another authority, the first authority must consult the authority responsible for the child. Only when the second local authority explicitly accepts responsibility (to be followed up in writing) is the first authority relieved of its responsibility to take emergency action.

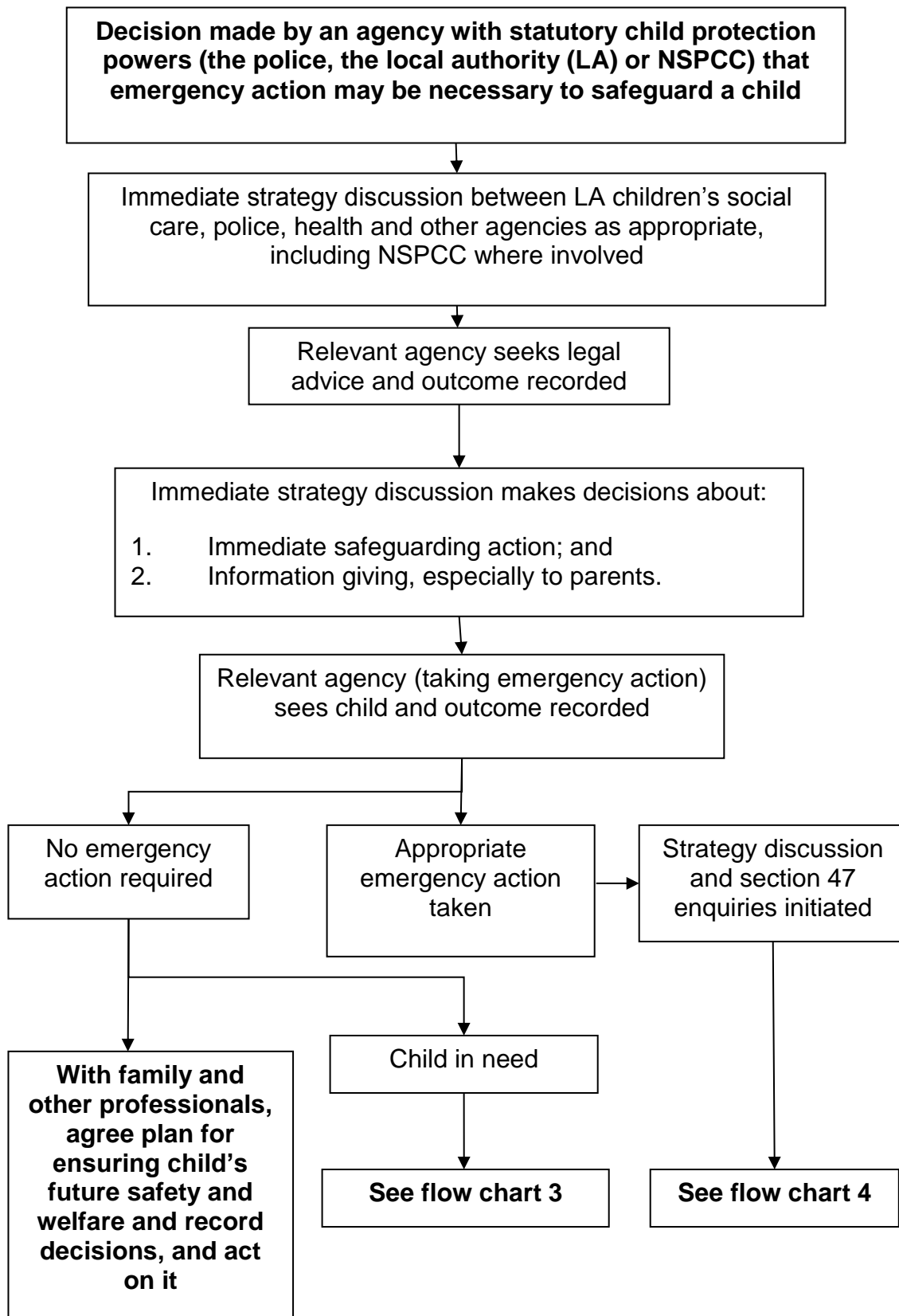
## Multi-agency working

Planned emergency action will normally take place following an immediate strategy discussion. Social workers, the police or NSPCC should:

- initiate a strategy discussion to discuss planned emergency action. Where a single agency has to act immediately, a strategy discussion should take place as soon as possible after action has been taken;
- see the child (this should be done by a practitioner from the agency taking the emergency action) to decide how best to protect them and whether to seek an EPO; and
- wherever possible, obtain legal advice before initiating legal action, in particular when an EPO is being sought.

**Related information:** *For further guidance on EPOs see pages 55-65 of Volume 1 of the Children Act Guidance and Regulations, Court Orders.*

## Flow chart 2: Immediate protection



## Assessment of a child under the Children Act 1989

Following acceptance of a referral by the local authority children's social care, a social worker should lead a multi-agency assessment under section 17 of the Children Act 1989. Local authorities have a duty to ascertain the child's wishes and feelings and take account of them when planning the provision of services. Assessments should be carried out in a timely manner reflecting the needs of the individual child, as set out in this chapter.

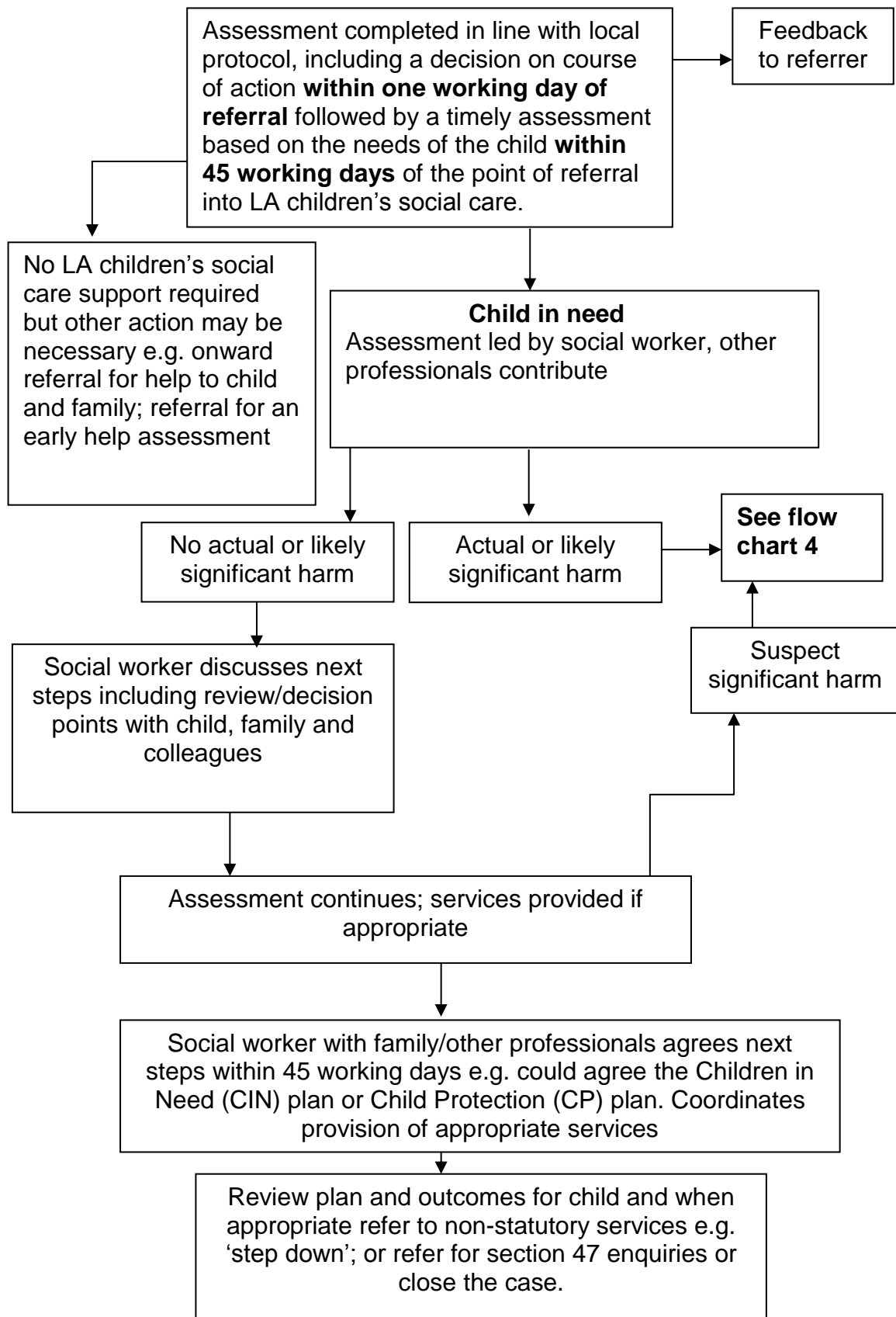
Where the local authority children's social care decides to provide services, a multi-agency child in need plan should be developed which sets out which agencies will provide which services to the child and family. The plan should set clear measurable outcomes for the child and expectations for the parents. The plan should reflect the positive aspects of the family situation as well as the weaknesses.

Where information gathered during an assessment (which may be very brief) results in the social worker suspecting that the child is suffering or likely to suffer significant harm, the local authority should hold a strategy discussion to enable it to decide, with other agencies, whether to initiate enquiries under section 47 of the Children Act 1989.

<p><b>Purpose:</b></p>	<p>Assessments should determine whether the child is in need, the nature of any services required and whether any specialist assessments should be undertaken to assist the local authority in its decision making.</p>
<p><b>Social workers should:</b></p>	<ul style="list-style-type: none"> <li>▪ lead on an assessment and complete it in line with the locally agreed protocol according to the child's needs and within <b>45 working days</b> from the point of referral into local authority children's social care;</li> <li>▪ see the child within a timescale that is appropriate to the nature of the concerns expressed at referral, according to an agreed plan;</li> <li>▪ conduct interviews with the child and family members, separately and together as appropriate. Initial discussions with the child should be conducted in a way that minimises distress to them and maximises the likelihood that they will provide accurate and complete information, avoiding leading or suggestive questions;</li> <li>▪ record the assessment findings and decisions and next steps following the assessment;</li> <li>▪ inform, in writing, all the relevant agencies and the family of their decisions and, if the child is a child in need, of the plan for providing support; and</li> </ul>

	<ul style="list-style-type: none"> <li>▪ inform the referrer of what action has been or will be taken.</li> </ul>
<b>The police should:</b>	<ul style="list-style-type: none"> <li>▪ assist other agencies to carry out their responsibilities where there are concerns about the child's welfare, whether or not a crime has been committed. If a crime has been committed, the police should be informed by the local authority children's social care.</li> </ul>
<b>All involved professionals should:</b>	<ul style="list-style-type: none"> <li>▪ be involved in the assessment and provide further information about the child and family; and</li> <li>▪ agree further action including what services would help the child and family and inform local authority children's social care if any immediate action is required.</li> </ul>

**Flow chart 3: Action taken for an assessment of a child under the Children Act 1989.**



## Strategy discussion

Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm there should be a strategy discussion involving local authority children's social care, the police, health and other bodies such as the referring agency. This might take the form of a multi-agency meeting or phone calls and more than one discussion may be necessary. A strategy discussion can take place following a referral or at any other time, including during the assessment process.

### Purpose:

Local authority children's social care should convene a strategy discussion to determine the child's welfare and plan rapid future action if there is reasonable cause to suspect the child is suffering, or is likely to suffer, significant harm.

### Strategy discussion attendees:

A local authority social worker and their manager, health professionals and a police representative should, as a minimum, be involved in the strategy discussion. Other relevant professionals will depend on the nature of the individual case but may include:

- the professional or agency which made the referral;
- the child's school or nursery; and
- any health services the child or family members are receiving.

All attendees should be sufficiently senior to make decisions on behalf of their agencies.

### Strategy discussion tasks:

The discussion should be used to:

- share available information;
- agree the conduct and timing of any criminal investigation; and
- decide whether enquiries under section 47 of the Children Act 1989 should be undertaken.

Where there are grounds to initiate a section 47 of the Children Act 1989 enquiry, decisions should be made as to:

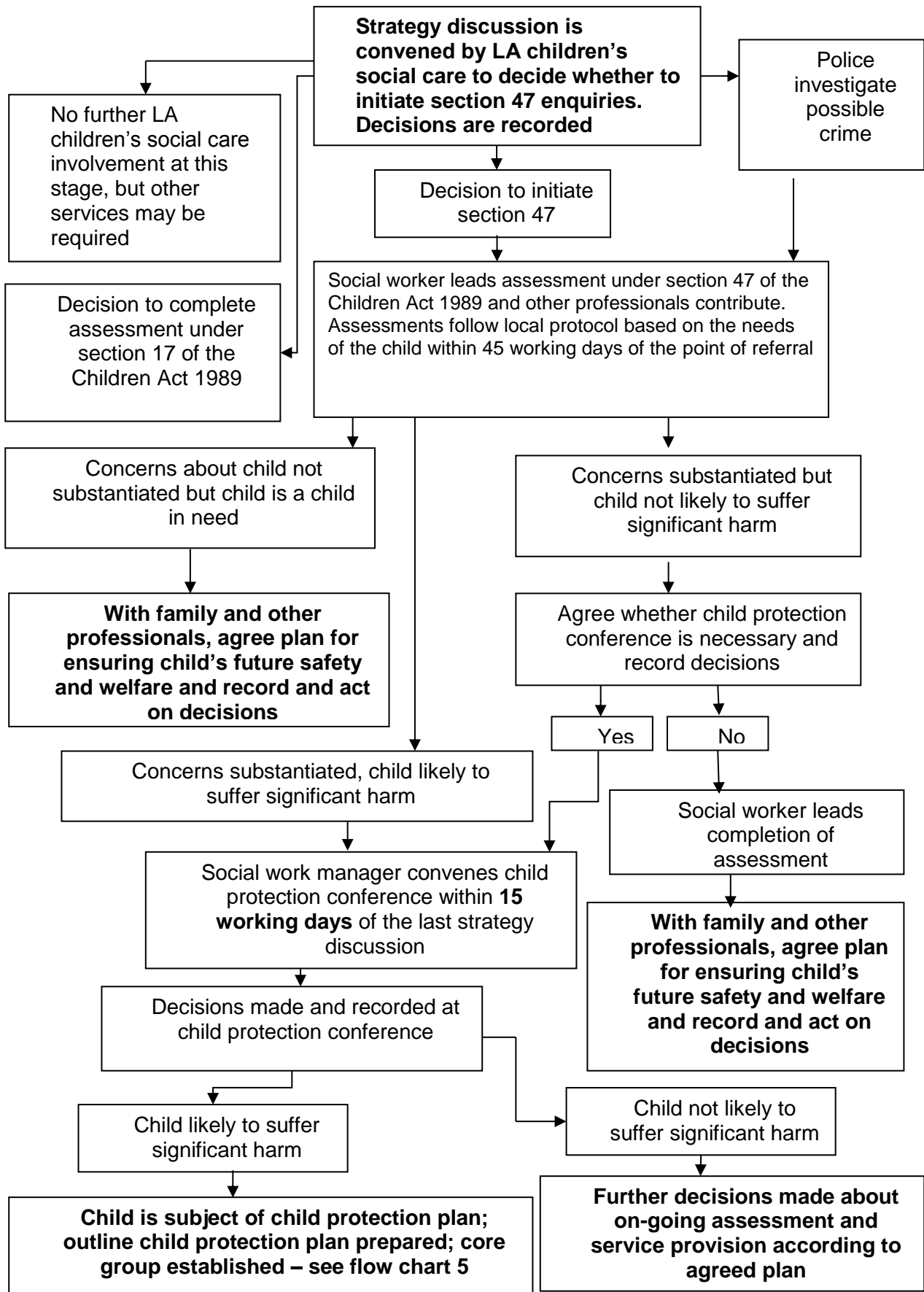
- what further information is needed if an assessment is already underway and how it will be obtained and recorded;
- what immediate and short term action is required to support the child, and who will do what by when; and
- whether legal action is required.

The timescale for the assessment to reach a decision on next steps should

	<p>be based upon the needs of the individual child, consistent with the local protocol and certainly no longer than <b>45 working days</b> from the point of referral into local authority children’s social care.</p> <p>The principles and parameters for the assessment of children in need at chapter 1 paragraph 32 should be followed for assessments undertaken under section 47 of the Children Act 1989.</p>
<p><b>Social workers with their managers should:</b></p>	<ul style="list-style-type: none"> <li>▪ convene the strategy discussion and make sure it:</li> <li>▪ considers the child’s welfare and safety, and identifies the level of risk faced by the child;</li> <li>▪ decides what information should be shared with the child and family (on the basis that information is not shared if this may jeopardise a police investigation or place the child at risk of significant harm);</li> <li>▪ agrees what further action is required, and who will do what by when, where an EPO is in place or the child is the subject of police powers of protection;</li> <li>▪ records agreed decisions in accordance with local recording procedures; and</li> <li>▪ follows up actions to make sure what was agreed gets done.</li> </ul>
<p><b>The police should:</b></p>	<ul style="list-style-type: none"> <li>▪ discuss the basis for any criminal investigation and any relevant processes that other agencies might need to know about, including the timing and methods of evidence gathering; and</li> <li>▪ lead the criminal investigation (local authority children’s social care have the lead for the section 47 enquires and assessment of the child’s welfare) where joint enquiries take place.</li> </ul>



**Flow chart 4: Action following a strategy discussion**



## Initiating section 47 enquiries

A section 47 enquiry is carried out by undertaking or continuing with an assessment in accordance with the guidance set out in this chapter and following the principles and parameters of a good assessment.

Local authority social workers have a statutory duty to lead assessments under section 47 of the Children Act 1989. The police, health professionals, teachers and other relevant professionals should help the local authority in undertaking its enquiries.

### **Purpose:**

A section 47 enquiry is initiated to decide whether and what type of action is required to safeguard and promote the welfare of a child who is suspected of, or likely to be, suffering significant harm.

### **Social workers with their managers should:**

- lead the assessment in accordance with this guidance;
- carry out enquiries in a way that minimises distress for the child and family;
- see the child who is the subject of concern to ascertain their wishes and feelings; assess their understanding of their situation; assess their relationships and circumstances more broadly;
- interview parents and/or caregivers and determine the wider social and environmental factors that might impact on them and their child;
- systematically gather information about the child's and family's history;
- analyse the findings of the assessment and evidence about what interventions are likely to be most effective with other relevant professionals to determine the child's needs and the level of risk of harm faced by the child to inform what help should be provided and act to provide that help; and
- follow the guidance set out in *Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses, and guidance on using special measures*, where a decision has been made to undertake a joint interview of the child as part of any criminal investigation.<sup>9</sup>

### **The police should:**

- help other agencies understand the reasons for concerns about the child's safety and welfare;

<sup>9</sup> Ministry of Justice [Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses, and guidance on using special measures](#).

	<ul style="list-style-type: none"> <li>▪ decide whether or not police investigations reveal grounds for instigating criminal proceedings;</li> <li>▪ make available to other professionals any evidence gathered to inform discussions about the child’s welfare; and</li> <li>▪ follow the guidance set out in <i>Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses, and guidance on using special measures</i>, where a decision has been made to undertake a joint interview of the child as part of the criminal investigations.<sup>10</sup></li> </ul>
<b>Health professionals should:</b>	<ul style="list-style-type: none"> <li>▪ undertake appropriate medical tests, examinations or observations, to determine how the child’s health or development may be being impaired;</li> <li>▪ provide any of a range of specialist assessments. For example, physiotherapists, occupational therapists, speech and language therapists and child psychologists may be involved in specific assessments relating to the child’s developmental progress. The lead health practitioner (probably a consultant paediatrician, or possibly the child’s GP) may need to request and coordinate these assessments; and</li> <li>▪ ensure appropriate treatment and follow up health concerns.</li> </ul>
<b>All involved professionals should:</b>	<ul style="list-style-type: none"> <li>▪ contribute to the assessment as required, providing information about the child and family; and</li> <li>▪ consider whether a joint enquiry/investigation team may need to speak to a child victim without the knowledge of the parent or caregiver.</li> </ul>

<sup>10</sup> Ministry of Justice [Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses, and guidance on using special measures](#).

### Outcome of section 47 enquiries

Local authority social workers are responsible for deciding what action to take and how to proceed following section 47 enquiries.

If local authority children's social care decides not to proceed with a child protection conference then other professionals involved with the child and family have the right to request that local authority children's social care convene a conference, if they have serious concerns that a child's welfare may not be adequately safeguarded. As a last resort, the LSCB should have in place a quick and straightforward means of resolving differences of opinion.

#### Where concerns of significant harm are not substantiated:

<p><b>Social workers with their managers should:</b></p>	<ul style="list-style-type: none"> <li>▪ discuss the case with the child, parents and other professionals;</li> <li>▪ determine whether support from any services may be helpful and help secure it; and</li> <li>▪ consider whether the child's health and development should be re-assessed regularly against specific objectives and decide who has responsibility for doing this.</li> </ul>
<p><b>All involved professionals should:</b></p>	<ul style="list-style-type: none"> <li>▪ participate in further discussions as necessary;</li> <li>▪ contribute to the development of any plan as appropriate;</li> <li>▪ provide services as specified in the plan for the child; and</li> <li>▪ review the impact of services delivered as agreed in the plan.</li> </ul>

#### Where concerns of significant harm are substantiated and the child is judged to be suffering, or likely to suffer, significant harm:

<p><b>Social workers with their managers should:</b></p>	<ul style="list-style-type: none"> <li>▪ convene an initial child protection conference (see next section for details). The timing of this conference should depend on the urgency of the case and respond to the needs of the child and the nature and severity of the harm they may be facing. The initial child protection conference should take place within <b>15 working days</b> of a strategy discussion, or the strategy discussion at which section 47 enquiries were initiated if more than one has been held;</li> <li>▪ consider whether any professionals with specialist knowledge should be invited to participate;</li> <li>▪ ensure that the child and their parents understand the purpose of the conference and who will attend; and</li> <li>▪ help prepare the child if he or she is attending or making representations through a third party to the conference. Give information about advocacy agencies and explain that the family may bring an advocate, friend or supporter.</li> </ul>
<p><b>All involved</b></p>	<ul style="list-style-type: none"> <li>▪ contribute to the information their agency provides ahead of the conference, setting out the nature of the agency's</li> </ul>

<b>professionals should:</b>	involvement with the child and family; <ul style="list-style-type: none"><li data-bbox="502 226 1369 338">▪ consider, in conjunction with the police and the appointed conference Chair, whether the report can and should be shared with the parents and if so when; and</li><li data-bbox="502 353 1422 430">▪ attend the conference and take part in decision making when invited.</li></ul>
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## Initial child protection conferences

Following section 47 enquiries, an initial child protection conference brings together family members (and the child where appropriate), with the supporters, advocates and professionals most involved with the child and family, to make decisions about the child's future safety, health and development. If concerns relate to an unborn child, consideration should be given as to whether to hold a child protection conference prior to the child's birth.

<p><b>Purpose:</b></p>	<ul style="list-style-type: none"> <li>▪ To bring together and analyse, in an inter-agency setting, all relevant information and plan how best to safeguard and promote the welfare of the child. It is the responsibility of the conference to make recommendations on how agencies work together to safeguard the child in future. Conference tasks include:</li> <li>▪ appointing a lead statutory body (either local authority children's social care or NSPCC) and a lead social worker, who should be a qualified, experienced social worker and an employee of the lead statutory body;</li> <li>▪ identifying membership of the core group of professionals and family members who will develop and implement the child protection plan;</li> <li>▪ establishing timescales for meetings of the core group, production of a child protection plan and for child protection review meetings; and</li> <li>▪ agreeing an outline child protection plan, with clear actions and timescales, including a clear sense of how much improvement is needed, by when, so that success can be judged clearly.</li> </ul>
<p><b>The Conference Chair:</b></p>	<ul style="list-style-type: none"> <li>▪ is accountable to the Director of Children's Services. Where possible the same person should chair subsequent child protection reviews;</li> <li>▪ should be a professional, independent of operational and/or line management responsibilities for the case; and</li> <li>▪ should meet the child and parents in advance to ensure they understand the purpose and the process.</li> </ul>
<p><b>Social workers with their managers should:</b></p>	<ul style="list-style-type: none"> <li>▪ convene, attend and present information about the reason for the conference, their understanding of the child's needs, parental capacity and family and environmental context and evidence of how the child has been abused or neglected and its impact on their health and development;</li> <li>▪ analyse the information to enable informed decisions about what action is necessary to safeguard and promote the welfare of the child who is the subject of the conference;</li> <li>▪ share the conference information with the child and family beforehand (where appropriate);</li> <li>▪ prepare a report for the conference on the child and family which sets out and analyses what is known about the child and family and the local authority's recommendation; and</li> </ul>

	<ul style="list-style-type: none"> <li>record conference decisions and recommendations and ensure action follows.</li> </ul>
<b>All involved professionals should:</b>	<ul style="list-style-type: none"> <li>work together to safeguard the child from harm in the future, taking timely, effective action according to the plan agreed.</li> </ul>
<b>LSCBs should:</b>	<ul style="list-style-type: none"> <li>monitor the effectiveness of these arrangements.</li> </ul>

## The child protection plan

### Actions and responsibilities following the initial child protection conference

<b>Purpose:</b>	<p>The aim of the child protection plan is to:</p> <ul style="list-style-type: none"><li>▪ ensure the child is safe from harm and prevent him or her from suffering further harm;</li><li>▪ promote the child's health and development; and</li><li>▪ support the family and wider family members to safeguard and promote the welfare of their child, provided it is in the best interests of the child.</li></ul>
<b>Local authority children's social care should:</b>	<ul style="list-style-type: none"><li>▪ designate a social worker to be the lead professional as they carry statutory responsibility for the child's welfare;</li><li>▪ consider the evidence and decide what legal action to take if any, where a child has suffered, or is likely to suffer, significant harm; and</li><li>▪ define the local protocol for timeliness of circulating plans after the child protection conference.</li></ul>
<b>Social workers with their managers should:</b>	<ul style="list-style-type: none"><li>▪ be the lead professional for inter-agency work with the child and family, coordinating the contribution of family members and professionals into putting the child protection plan into effect;</li><li>▪ develop the outline child protection plan into a more detailed inter-agency plan and circulate to relevant professionals (and family where appropriate);</li><li>▪ undertake direct work with the child and family in accordance with the child protection plan, taking into account the child's wishes and feelings and the views of the parents in so far as they are consistent with the child's welfare;</li><li>▪ complete the child's and family's in-depth assessment, securing contributions from core group members and others as necessary;</li><li>▪ explain the plan to the child in a manner which is in accordance with their age and understanding and agree the plan with the child;</li><li>▪ coordinate reviews of progress against the planned outcomes set out in the plan, updating as required. The first review should be held within 3 months of the initial conference and further reviews at intervals of no more than 6 months for as long as the child remains subject of a child protection plan;</li><li>▪ record decisions and actions agreed at core group meetings as well as the written views of those who were not able to attend, and follow up those actions to ensure they take place. The child protection plan should be updated as necessary; and</li><li>▪ lead core group activity.</li></ul>



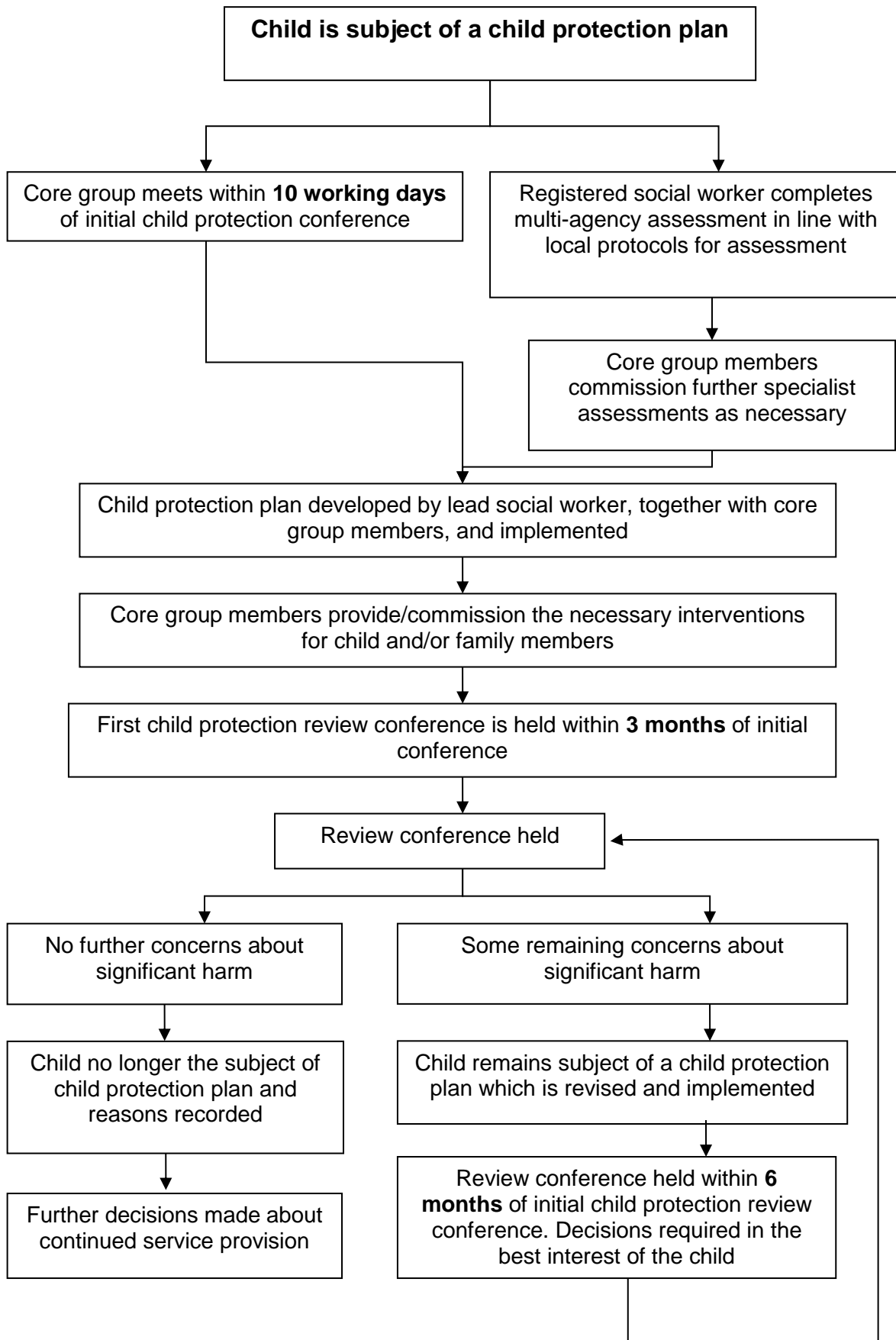
<b>The core group should:</b>	<ul style="list-style-type: none"><li>▪ meet within 10 working days from the initial child protection conference if the child is the subject of a child protection plan;</li><li>▪ develop the outline child protection plan, based on assessment findings, and set out what needs to change, by how much, and by when in order for the child to be safe and have their needs met;</li><li>▪ decide what steps need to be taken, and by whom, to complete the in-depth assessment to inform decisions about the child's safety and welfare; and</li><li>▪ implement the child protection plan and take joint responsibility for carrying out the agreed tasks, monitoring progress and outcomes, and refining the plan as needed.</li></ul>
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## Child protection review conference

The review conference procedures for preparation, decision-making and other procedures should be the same as those for an initial child protection conference.

<b>Purpose:</b>	<p>To review whether the child is continuing to suffer, or is likely to suffer, significant harm, and review developmental progress against child protection plan outcomes.</p> <p>To consider whether the child protection plan should continue or should be changed.</p>
<b>Social workers with their managers should:</b>	<ul style="list-style-type: none"><li>▪ attend and lead the organisation of the conference;</li><li>▪ determine when the review conference should be held within 3 months of the initial conference, and thereafter at maximum intervals of 6 months;</li><li>▪ provide information to enable informed decisions about what action is necessary to safeguard and promote the welfare of the child who is the subject of the child protection plan, and about the effectiveness and impact of action taken so far;</li><li>▪ share the conference information with the child and family beforehand, where appropriate;</li><li>▪ record conference outcomes; and</li><li>▪ decide whether to initiate family court proceedings (all the children in the household should be considered, even if concerns are only expressed about one child) if the child is considered to be suffering significant harm.</li></ul>
<b>All involved professionals should:</b>	<ul style="list-style-type: none"><li>▪ attend, when invited, and provide details of their involvement with the child and family; and</li><li>▪ produce reports for the child protection review. This information will provide an overview of work undertaken by family members and professionals, and evaluate the impact on the child's welfare against the planned outcomes set out in the child protection plan.</li></ul>

**Flow chart 5: What happens after the child protection conference, including the review?**



## Discontinuing the Child Protection Plan

### A child should no longer be the subject of a child protection plan if:

- it is judged that the child is no longer continuing to, or is likely to, suffer significant harm and therefore no longer requires safeguarding by means of a child protection plan;
- the child and family have moved permanently to another local authority area. In such cases, the receiving local authority should convene a child protection conference within 15 working days of being notified of the move. Only after this event may the original local authority discontinue its child protection plan; or
- the child has reached 18 years of age (to end the child protection plan, the local authority should have a review around the child's birthday and this should be planned in advance), has died or has permanently left the United Kingdom.

### Social workers with their managers should:

- notify, as a minimum, all agency representatives who were invited to attend the initial child protection conference that led to the plan; and
- consider whether support services are still required and discuss with the child and family what might be needed, based on a re-assessment of the child's needs.

## Chapter 2: Organisational responsibilities

1. The previous chapter set out the need for organisations, working together, to take a coordinated approach to ensure effective safeguarding arrangements. This is supported by the duty on local authorities under section 10 of the Children Act 2004 to make arrangements to promote cooperation to improve the wellbeing of all children in the authority's area.
2. In addition, a range of individual organisations and professionals working with children and families have specific statutory duties to promote the welfare of children and ensure they are protected from harm.

### Section 11 of the Children Act 2004

**Section 11 of the Children Act 2004** places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

Various other statutory duties apply to other specific organisations working with children and families and are set out in this chapter.

3. Section 11 places a duty on:
  - local authorities and district councils that provide children's and other types of services, including children's and adult social care services, public health, housing, sport, culture and leisure services, licensing authorities and youth services;
  - NHS organisations, including the NHS Commissioning Board and clinical commissioning groups, NHS Trusts and NHS Foundation Trusts;
  - the police, including police and crime commissioners and the chief officer of each police force in England and the Mayor's Office for Policing and Crime in London;
  - the British Transport Police;
  - the Probation Service;
  - Governors/Directors of Prisons and Young Offender Institutions;
  - Directors of Secure Training Centres; and
  - Youth Offending Teams/Services.
4. These organisations should have in place arrangements that reflect the importance of safeguarding and promoting the welfare of children, including:
  - a clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children;
  - a senior board level lead to take leadership responsibility for the organisation's safeguarding arrangements;

- a culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services;
- arrangements which set out clearly the processes for sharing information, with other professionals and with the Local Safeguarding Children Board (LSCB);
- a designated professional lead (or, for health provider organisations, named professionals) for safeguarding. Their role is to support other professionals in their agencies to recognise the needs of children, including rescue from possible abuse or neglect. Designated professional roles should always be explicitly defined in job descriptions. Professionals should be given sufficient time, funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively;
- safe recruitment practices for individuals whom the organisation will permit to work regularly with children, including policies on when to obtain a criminal record check;
- appropriate supervision and support for staff, including undertaking safeguarding training:
  - employers are responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role;
  - staff should be given a mandatory induction, which includes familiarisation with child protection responsibilities and procedures to be followed if anyone has any concerns about a child's safety or welfare; and
  - all professionals should have regular reviews of their own practice to ensure they improve over time.
- clear policies in line with those from the LSCB for dealing with allegations against people who work with children. An allegation may relate to a person who works with children who has:
  - behaved in a way that has harmed a child, or may have harmed a child;
  - possibly committed a criminal offence against or related to a child; or
  - behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

In addition:

- county level and unitary local authorities should have a Local Authority Designated Officer (LADO) to be involved in the management and oversight of individual cases. The LADO should provide advice and guidance to employers and voluntary organisations, liaising with the police and other

agencies and monitoring the progress of cases to ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process;

- any allegation should be reported immediately to a senior manager within the organisation. The LADO should also be informed within one working day of all allegations that come to an employer's attention or that are made directly to the police; and
- if an organisation removes an individual (paid worker or unpaid volunteer) from work such as looking after children (or would have, had the person not left first) because the person poses a risk of harm to children, the organisation must make a referral to the Disclosure and Barring Service. It is an offence to fail to make a referral without good reason.

## Individual organisational responsibilities

5. In addition to these section 11 duties, which apply to a number of named organisations, further safeguarding duties are also placed on individual organisations through other statutes. The key duties that fall on each individual organisation are set out below.

## Schools and colleges

6. Section 175 of the Education Act 2002 places a duty on local authorities (in relation to their education functions and governing bodies of maintained schools and further education institutions, which include sixth-form colleges) to exercise their functions with a view to safeguarding and promoting the welfare of children who are pupils at a school, or who are students under 18 years of age attending further education institutions. The same duty applies to independent schools (which include Academies and free schools) by virtue of regulations made under section 157 of the same Act.
7. In order to fulfil their duty under sections 157 and 175 of the Education Act 2002, all educational settings to whom the duty applies should have in place the arrangements set out in paragraph 4 of this chapter. In addition schools should have regard to specific guidance given by the Secretary of State under sections 157 and 175 of the Education Act 2002 namely, *Safeguarding Children and Safer Recruitment in Education and Dealing with allegations of abuse against teachers and other staff*.<sup>11,12</sup>

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<sup>11</sup> DfE [Safeguarding Children and Safer Recruitment in Education](#).

<sup>12</sup> DfE [Dealing with allegations of abuse against teachers and other staff](#).

## Early Years and Childcare

8. Early years providers have a duty under section 40 of the Childcare Act 2006 to comply with the welfare requirements of the Early Years Foundation Stage.<sup>13</sup> Early years providers should ensure that:
- staff complete safeguarding training that enables them to recognise signs of potential abuse and neglect; and
  - they have a practitioner who is designated to take lead responsibility for safeguarding children within each early years setting and who should liaise with local statutory children's services agencies as appropriate. This lead should also complete child protection training.

## Health Services

9. NHS organisations are subject to the section 11 duties set out in paragraph 4 of this chapter. Health professionals are in a strong position to identify welfare needs or safeguarding concerns regarding individual children and, where appropriate, provide support. This includes understanding risk factors, communicating effectively with children and families, liaising with other agencies, assessing needs and capacity, responding to those needs and contributing to multi-agency assessments and reviews.
10. A wide range of health professionals have a critical role to play in safeguarding and promoting the welfare of children including: GPs, primary care professionals, paediatricians, nurses, health visitors, midwives, school nurses, those working in maternity, child and adolescent mental health, adult mental health, alcohol and drug services, unscheduled and emergency care settings and secondary and tertiary care.
11. All staff working in healthcare settings - including those who predominantly treat adults - should receive training to ensure they attain the competences appropriate to their role and follow the relevant professional guidance.<sup>14,15,16</sup>
12. Within the NHS:<sup>17</sup>
- the **NHS Commissioning Board** will be responsible for ensuring that the health commissioning system as a whole is working effectively to safeguard and promote the welfare of children. It will also be

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<sup>13</sup> DfE guidance on [the welfare requirements of the Early Years Foundation Stage](#).

<sup>14</sup> Safeguarding Children and Young People: roles and competences for health care staff, RCPCH (2010).

<sup>15</sup> Looked after children: Knowledge, skills and competences of health care staff, RCN and RCPCH, (2012).

<sup>16</sup> For example, Protecting children and young people: the responsibilities of all doctors, GMC (2012).

<sup>17</sup> Further guidance on accountabilities for safeguarding children in the NHS is available in the NHS Commissioning Board document <http://www.commissioningboard.nhs.uk>



accountable for the services it directly commissions. The NHS Commissioning Board will also lead and define improvement in safeguarding practice and outcomes and should also ensure that there are effective mechanisms for LSCBs and health and wellbeing boards to raise concerns about the engagement and leadership of the local NHS;

- **clinical commissioning groups (CCGs)** will be the major commissioners of local health services and will be responsible for safeguarding quality assurance through contractual arrangements with all provider organisations. CCGs should employ, or have in place, a contractual agreement to secure the expertise of designated professionals, i.e. designated doctors and nurses for safeguarding children and for looked after children (and designated paediatricians for unexpected deaths in childhood). In some areas there will be more than one CCG per local authority and LSCB area, and CCGs may want to consider developing 'lead' or 'hosting' arrangements for their designated professional team, or a clinical network arrangement. Designated professionals, as clinical experts and strategic leaders, are a vital source of advice to the CCG, the NHS Commissioning Board, the local authority and the LSCB, and of advice and support to other health professionals; and
- all **providers of NHS funded health services** including NHS Trusts, NHS Foundation Trusts and public, voluntary sector, independent sector and social enterprises should identify a named doctor and a named nurse (and a named midwife if the organisation provides maternity services) for safeguarding. In the case of NHS Direct, ambulance trusts and independent providers, this should be a named professional. GP practices should have a lead and deputy lead for safeguarding, who should work closely with named GPs. Named professionals have a key role in promoting good professional practice within their organisation, providing advice and expertise for fellow professionals, and ensuring safeguarding training is in place. They should work closely with their organisation's safeguarding lead, designated professionals and the LSCB.<sup>18</sup>

## Police

13. The police are subject to the section 11 duties set out in paragraph 4 of this chapter. Under section 1(8)(h) of the Police Reform and Social Responsibility Act 2011 the police and crime commissioner must hold the Chief Constable to

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<sup>18</sup>Model job descriptions for designated and named professional roles can be found in the intercollegiate document [Safeguarding Children and Young People: roles and competences for health care staff](#).

account for the exercise of the latter's duties in relation to safeguarding children under sections 10 and 11 of the Children Act 2004.

14. All police officers, and other police employees such as Police Community Support Officers, are well placed to identify early when a child's welfare is at risk and when a child may need protection from harm. Children have the right to the full protection offered by the criminal law. In addition to identifying when a child may be a victim of a crime, police officers should be aware of the effect of other incidents which might pose safeguarding risks to children and where officers should pay particular attention. For example, an officer attending a domestic abuse incident should be aware of the effect of such behaviour on any children in the household. Children who are encountered as offenders, or alleged offenders, are entitled to the same safeguards and protection as any other child and due regard should be given to their welfare at all times.
15. The police can hold important information about children who may be suffering, or likely to suffer, significant harm, as well as those who cause such harm. They should always share this information with other organisations where this is necessary to protect children. Similarly, they can expect other organisations to share information to enable the police to carry out their duties. Offences committed against children can be particularly sensitive and usually require the police to work with other organisations such as local authority children's social care. All police forces should have officers trained in child abuse investigation.
16. The police have emergency powers under section 46 of the Children Act 1989 to enter premises and remove a child to ensure their immediate protection. This power can be used if the police have reasonable cause to believe a child is suffering or is likely to suffer significant harm. Police emergency powers can help in emergency situations but should be used only when necessary. Wherever possible, the decision to remove a child from a parent or carer should be made by a court.

## **Adult social care services**

17. Local authorities provide services to adults who are responsible for children who may be in need. These services are subject to the section 11 duties set out in paragraph 4 of this chapter. When staff are providing services to adults they should ask whether there are children in the family and consider whether the children need help or protection from harm. Children may be at greater risk of harm or be in need of additional help in families where the adults have mental health problems, misuse substances or alcohol, are in a violent relationship or have complex needs or have learning difficulties.
18. Adults with parental responsibilities for disabled children have a right to a separate carer's assessment under the Carers (Recognition and Services) Act

1995 and the Carers and Disabled Children Act 2000. The results of this assessment should be taken into account when deciding what services, if any, will be provided under the Children Act 1989.

## Housing authorities

19. Housing and homelessness services in local authorities and others at the front line such as environmental health organisations are subject to the section 11 duties set out in paragraph 4 of this chapter. Professionals working in these services may become aware of conditions that could have an adverse impact on children. Under Part 1 of the Housing Act 2004, authorities must take account of the impact of health and safety hazards in housing on vulnerable occupants, including children, when deciding on the action to be taken by landlords to improve conditions. Housing authorities also have an important role to play in safeguarding vulnerable young people, including young people who are pregnant or leaving care.

## British Transport Police

20. The British Transport Police (BTP) is subject to the section 11 duties set out in paragraph 4 of this chapter. In its role as the national police for the railways, the BTP can play an important role in safeguarding and promoting the welfare of children, especially in identifying and supporting children who have run away or who are truanting from school.

21. The BTP should carry out its duties in accordance with its legislative powers. This includes removing a child to a suitable place using their police protection powers under the Children Act 1989 and the protection of children who are truanting from school using powers under the Crime and Disorder Act 1998. This involves, for example, the appointment of a designated independent officer in the instance of a child taken into police protection.

## Prison Service

22. The Prison Service is subject to the section 11 duties set out in paragraph 4 of this chapter. It also has a responsibility to identify prisoners who pose a risk of harm to children.<sup>19</sup> Where an individual has been identified as presenting a risk of harm to children, the relevant prison establishment:

- should inform the local authority children's social care services of the offender's reception to prison and subsequent transfers and of the release address of the offender;

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<sup>19</sup> HMP Public Protection Manual <http://www.justice.gov.uk/offenders/public-protection-manual>.

- should notify the relevant Probation Trust in the case of offenders who have been sentenced to twelve months or more. The police should also be notified of the release address; and<sup>20</sup>
  - may prevent or restrict a prisoner's contact with children. Decisions on the level of contact, if any, should be based on a multi-agency risk assessment. The assessment should draw on relevant information held by police, probation, prison and local authority children's social care.<sup>21</sup>
23. A prison is also able to monitor an individual's communication (including letters and telephone calls) to protect children where proportionate and necessary to the risk presented.
24. Governors/Directors of women's establishments which have Mother and Baby Units should ensure that:
- there is at all times a member of staff on duty in the unit who is proficient in child protection, health and safety and first aid/child resuscitation; and
  - each baby has a child care plan setting out how the best interests of the child will be maintained and promoted during the child's residence in the unit.

## Probation Service

25. Probation Trusts are subject to the section 11 duties set out in paragraph 4 of this chapter. They are primarily responsible for providing reports for courts and working with adult offenders both in the community and in the transition from custody to community to reduce their reoffending. They are, therefore, well placed to identify offenders who pose a risk of harm to children as well as children who may be at heightened risk of involvement in (or exposure to) criminal or anti-social behaviour and of other poor outcomes due to the offending behaviour of their parent/carer(s).
26. Where an adult offender is assessed as presenting a risk of serious harm to children, the offender manager should develop a risk management plan and supervision plan that contains a specific objective to manage and reduce the risk of harm to children.
27. In preparing a sentence plan, offender managers should consider how planned interventions might bear on parental responsibilities and whether the planned interventions could contribute to improved outcomes for children known to be in an existing relationship with the offender.

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<sup>20</sup> The management of an individual who presents a risk of harm to children will often be through a multi-disciplinary Interdepartmental Risk Management Team (IRMT).

<sup>21</sup> Ministry of Justice [Chapter 2, Section 2 of HM Prison Service Public Protection Manual](#).

## The secure estate for children

28. Governors, managers and directors of the following secure establishments are subject to the section 11 duties set out in paragraph 4 of this chapter :

- a secure training centre;
- a young offender institution;
- accommodation provided by or on behalf of a local authority for the purpose of restricting the liberty of children and young people;
- accommodation provided for that purpose under subsection (5) of section 82 of the Children Act 1989; and
- such other accommodation or descriptions of accommodation as the Secretary of State may by order specify.

29. Each centre holding those aged under 18 should have in place an annually reviewed safeguarding children policy. The policy is designed to promote and safeguard the welfare of children and should cover issues such as child protection, risk of harm, restraint, recruitment and information sharing. A safeguarding children manager should be appointed and will be responsible for implementation of this policy.<sup>22</sup>

## Youth Offending Teams

30. Youth Offending Teams (YOTs) are subject to the section 11 duties set out in paragraph 4 of this chapter. YOTs are multi-agency teams responsible for the supervision of children and young people subject to pre-court interventions and statutory court disposals.<sup>23</sup> They are therefore well placed to identify children known to relevant organisations as being most at risk of offending and to undertake work to prevent them offending. YOTs should have a lead officer responsible for ensuring safeguarding is at the forefront of their business.

31. Under section 38 of the Crime and Disorder Act 1998, local authorities must, within the delivery of youth justice services, ensure the 'provision of persons to act as appropriate adults to safeguard the interests of children and young persons detained or questioned by police officers'.

## The United Kingdom Border Agency

32. Section 55 of the Borders, Citizenship and Immigration Act 2009 places upon the United Kingdom Border Agency (UKBA) a duty to take account of the need

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<sup>22</sup> Detailed guidance on the safeguarding children policy, the roles of the safeguarding children manager and the safeguarding children committee, and the role of the establishment in relation to the LSCB can be found in Prison Service Instruction (PSI) 08/2012 'Care and Management of Young People'.

<sup>23</sup> The statutory membership of YOTs is set out in section 39 (5) of the Crime and Disorder Act 1998.

to safeguard and promote the welfare of children in discharging its functions. Statutory guidance *Arrangements to Safeguard and Promote Children's Welfare in the United Kingdom* Border Agency sets out the agency's responsibilities.<sup>24</sup>

## Children and Family Court Advisory and Support Service

33. The responsibility of the Children and Family Court Advisory and Support Service (Cafcass), as set out in the Children Act 1989, is to safeguard and promote the welfare of individual children who are the subject of family court proceedings. It achieves this by providing independent social work advice to the court.
34. A Cafcass officer has a statutory right in public law cases to access local authority records relating to the child concerned and any application under the Children Act 1989. That power also extends to other records that relate to the child and the wider functions of the local authority, or records held by an authorised body that relate to that child.
35. Where a Cafcass officer has been appointed by the court as a child's guardian and the matter before the court relates to specified proceedings, they should be invited to all formal planning meetings convened by the local authority in respect of the child. This includes statutory reviews of children who are accommodated or looked after, child protection conferences and relevant Adoption Panel meetings.

## Armed Services

36. Local authorities have the statutory responsibility for safeguarding and promoting the welfare of the children of service families in the UK.<sup>25</sup> In discharging these responsibilities:
  - local authorities should ensure that the Soldiers, Sailors, Airmen, and Families Association Forces Help, the British Forces Social Work Service or the Naval Personal and Family Service is made aware of any service child who is the subject of a child protection plan and whose family is about to move overseas; and<sup>26</sup>
  - each local authority with a United States base in its area should establish liaison arrangements with the base commander and relevant staff. The requirements of English child welfare legislation should be

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<sup>24</sup> UK Border Agency [Arrangements to Safeguard and Promote Children's Welfare in the United Kingdom Border Agency](#).

<sup>25</sup> When service families or civilians working with the armed forces are based overseas the responsibility for safeguarding and promoting the welfare of their children is vested in the Ministry of Defence.

<sup>26</sup> A single point of contact for British Forces Social Work Service will be introduced in late 2013.

explained clearly to the US authorities, so that the local authority can fulfil its statutory duties.

## **Voluntary and private sectors**

37. Voluntary organisations and private sector providers play an important role in delivering services to children. They should have the arrangements described in paragraph 4 of this chapter in place in the same way as organisations in the public sector, and need to work effectively with the LSCB. Paid and volunteer staff need to be aware of their responsibilities for safeguarding and promoting the welfare of children, how they should respond to child protection concerns and make a referral to local authority children's social care or the police if necessary.

## **Faith Organisations**

38. Churches, other places of worship and faith-based organisations provide a wide range of activities for children and have an important role in safeguarding children and supporting families. Like other organisations who work with children they need to have appropriate arrangements in place to safeguard and promote the welfare of children, as described in paragraph 4 of this chapter.

## Chapter 3: Local Safeguarding Children Boards

**Section 13 of the Children Act 2004** requires each local authority to establish a Local Safeguarding Children Board (LSCB) for their area and specifies the organisations and individuals (other than the local authority) that should be represented on LSCBs.

### Statutory objectives and functions of LSCBs

1. An LSCB must be established for every local authority area. The LSCB has a range of roles and statutory functions including developing local safeguarding policy and procedures and scrutinising local arrangements. The statutory objectives and functions of the LSCB are described in the two boxes below/over.

#### Statutory objectives and functions of LSCBs

**Section 14 of the Children Act 2004** sets out the objectives of LSCBs, which are:

- (a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
- (b) to ensure the effectiveness of what is done by each such person or body for those purposes.



**Regulation 5 of the Local Safeguarding Children Boards Regulations 2006** sets out that the functions of the LSCB, in relation to the above objectives under section 14 of the Children Act 2004, are as follows:

1(a) developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:

(i) the action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention;

(ii) training of persons who work with children or in services affecting the safety and welfare of children;

(iii) recruitment and supervision of persons who work with children;

(iv) investigation of allegations concerning persons who work with children;

(v) safety and welfare of children who are privately fostered;

(vi) cooperation with neighbouring children's services authorities and their Board partners;

(b) communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so;

(c) monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve;

(d) participating in the planning of services for children in the area of the authority; and

(e) undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.

Regulation 5 (2) which relates to the LSCB Serious Case Reviews function and regulation 6 which relates to the LSCB Child Death functions are covered in chapter 4 of this guidance.

Regulation 5 (3) provides that an LSCB may also engage in any other activity that facilitates, or is conducive to, the achievement of its objectives.

2. In order to fulfil its statutory function under regulation 5 an LSCB should use data and, as a minimum, should:
  - assess the effectiveness of the help being provided to children and families, including early help;
  - assess whether LSCB partners are fulfilling their statutory obligations set out in chapter 2 of this guidance;
  - quality assure practice, including through joint audits of case files involving practitioners and identifying lessons to be learned; and
  - monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children.<sup>27,28</sup>
3. LSCBs do not commission or deliver direct frontline services though they may provide training. While LSCBs do not have the power to direct other organisations they do have a role in making clear where improvement is needed. Each Board partner retains their own existing line of accountability for safeguarding.

## LSCB membership

4. LSCB membership is set out in the box on page 61.

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<sup>27</sup> The Children's Safeguarding Performance Information Framework provides a mechanism to help do this by setting out some of the questions a LSCB should consider. [Download the framework](#) from DfE.

<sup>28</sup> Research has shown that multi-agency training in particular is useful and valued by professionals in developing a shared understanding of child protection and decision making. Carpenter et al (2009). *The Organisation, Outcomes and Costs of Inter-agency Training to safeguard and promote the welfare of children*. London: Department for Children, Schools and Families.

## Statutory Board partners and relevant persons and bodies

**Section 13 of the Children Act 2004**, as amended, sets out that an LSCB must include at least one representative of the local authority and each of the other Board partners set out below (although two or more Board partners may be represented by the same person). Board partners who must be included in the LSCB are:

- district councils in local government areas which have them;
- the chief officer of police;
- the Local Probation Trust;
- the Youth Offending Team;
- the NHS Commissioning Board and clinical commissioning groups;
- NHS Trusts and NHS Foundation Trusts all or most of whose hospitals, establishments and facilities are situated in the local authority area;
- Cafcass;
- the governor or director of any secure training centre in the area of the authority; and
- the governor or director of any prison in the area of the authority which ordinarily detains children.

**The Apprenticeships, Skills, Children and Learning Act 2009** amended sections 13 and 14 of the Children Act 2004 and provided that the local authority must take reasonable steps to ensure that the LSCB includes two lay members representing the local community.

**Section 13(4) of the Children Act 2004**, as amended, provides that the local authority must take reasonable steps to ensure the LSCB includes representatives of relevant persons and bodies of such descriptions as may be prescribed. Regulation 3A of the LSCB Regulations prescribes the following persons and bodies:

- the governing body of a maintained school;
- the proprietor of a non-maintained special school;
- the proprietor of a city technology college, a city college for the technology of the arts or an Academy; and
- the governing body of a further education institution the main site of which is situated in the authority's area.

5. All schools (including independent schools, Academies and free schools) have duties in relation to safeguarding children and promoting their welfare and these are covered in chapter 2. Local authorities should take reasonable steps to ensure that the LSCB includes representatives from of all types of school in their area. A system of representation should be identified to enable all schools to receive information and feed back comments to their representatives on the LSCB.
6. The LSCB should work with the Local Family Justice Board. They should also work with the health and wellbeing board, informing and drawing on the Joint Strategic Needs Assessment.
7. In exceptional circumstances an LSCB can cover more than one local authority. Where boundaries between LSCBs and their partner organisations are not coterminous, such as with health organisations and police authorities, LSCBs should collaborate as necessary on establishing common policies and procedures and joint ways of working.
8. Members of an LSCB should be people with a strategic role in relation to safeguarding and promoting the welfare of children within their organisation. They should be able to:
  - speak for their organisation with authority;
  - commit their organisation on policy and practice matters; and
  - hold their own organisation to account and hold others to account.
9. The LSCB should either include on its Board, or be able to draw on appropriate expertise and advice from, frontline professionals from all the relevant sectors. This includes a designated doctor and nurse, the Director of Public Health, Principal Child and Family Social Worker and the voluntary and community sector.
10. Lay members will operate as full members of the LSCB, participating as appropriate on the Board itself and on relevant committees. Lay members should help to make links between the LSCB and community groups, support stronger public engagement in local child safety issues and an improved public understanding of the LSCB's child protection work. A local authority may pay lay members.
11. The Lead Member for Children should be a participating observer of the LSCB. In practice this means routinely attending meetings as an observer and receiving all its written reports.

## LSCB Chair, accountability and resourcing

12. In order to provide effective scrutiny, the LSCB should be independent. It should not be subordinate to, nor subsumed within, other local structures.
13. Every LSCB should have an independent chair who can hold all agencies to account.
14. It is the responsibility of the Chief Executive (Head of Paid Service) to appoint or remove the LSCB chair with the agreement of a panel including LSCB partners and lay members. The Chief Executive, drawing on other LSCB partners and, where appropriate, the Lead Member will hold the Chair to account for the effective working of the LSCB.
15. The LSCB Chair should work closely with all LSCB partners and particularly with the Director of Children's Services. The Director of Children's Services has the responsibility within the local authority, under section 18 of the Children Act 2004, for improving outcomes for children, local authority children's social care functions and local cooperation arrangements for children's services.<sup>29</sup>
16. The Chair must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area.<sup>30</sup> The annual report should be published in relation to the preceding financial year and should fit with local agencies' planning, commissioning and budget cycles. The report should be submitted to the Chief Executive, Leader of the Council, the local police and crime commissioner and the Chair of the health and wellbeing board.
17. The report should provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action. The report should include lessons from reviews undertaken within the reporting period (see chapters 4 and 5).
18. The report should also list the contributions made to the LSCB by partner agencies and details of what the LSCB has spent, including on Child Death Reviews, Serious Case Reviews and other specific expenditure such as learning events or training. All LSCB member organisations have an obligation to provide LSCBs with reliable resources (including finance) that enable the LSCB to be strong and effective. Members should share the financial responsibility for the LSCB in such a way that a disproportionate burden does not fall on a small number of partner agencies.

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<sup>29</sup> Department for Education statutory guidance on [The roles and responsibilities of the Director of Children's Services and Lead Member for Children's Services](#) which expands on this role.

<sup>30</sup> This is a statutory requirement under section 14A of the Children Act 2004

19. All LSCB Chairs should have access to training and development opportunities, including peer networking. They should also have an LSCB business manager and other discrete support as is necessary for them, and the LSCB, to perform effectively.

## Information sharing

20. Chapter 1 sets out how effective sharing of information between professionals and local agencies is essential for effective service provision. Every LSCB should play a strong role in supporting information sharing between and within organisations and addressing any barriers to information sharing. This should include ensuring that a culture of information sharing is developed and supported as necessary by multi-agency training.
21. In addition, the LSCB can require a person or body to comply with a request for information.<sup>31</sup> This can only take place where the information is essential to carrying out LSCB statutory functions. Any request for information about individuals must be 'necessary' and 'proportionate' to the reasons for the request. LSCBs should be mindful of the burden of requests and should explain why the information is needed.

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<sup>31</sup> Section 14A of the Children Act 2004 which was inserted by section 8 of the Children, Schools and Families Act 2010.

## Chapter 4: Learning and improvement framework

1. Professionals and organisations protecting children need to reflect on the quality of their services and learn from their own practice and that of others. Good practice should be shared so that there is a growing understanding of what works well. Conversely, when things go wrong there needs to be a rigorous, objective analysis of what happened and why, so that important lessons can be learnt and services improved to reduce the risk of future harm to children.
2. These processes should be transparent, with findings of reviews shared publicly. The findings are not only important for the professionals involved locally in cases. Everyone across the country has an interest in understanding both what works well and also why things can go wrong.
3. Local Safeguarding Children Boards (LSCBs) should maintain a local learning and improvement framework which is shared across local organisations who work with children and families. This framework should enable organisations to be clear about their responsibilities, to learn from experience and improve services as a result.
4. Each local framework should support the work of the LSCB and their partners so that:
  - reviews are conducted regularly, not only on cases which meet statutory criteria, but also on other cases which can provide useful insights into the way organisations are working together to safeguard and protect the welfare of children;
  - reviews look at what happened in a case, and why, and what action will be taken to learn from the review findings;
  - action results in lasting improvements to services which safeguard and promote the welfare of children and help protect them from harm; and
  - there is transparency about the issues arising from individual cases and the actions which organisations are taking in response to them, including sharing the final reports of Serious Case Reviews (SCRs) with the public.
5. The local framework should cover the full range of reviews and audits which are aimed at driving improvements to safeguard and promote the welfare of children. Some of these reviews (i.e. SCRs and child death reviews) are required under legislation. It is important that LSCBs understand the criteria for determining whether a statutory review is required and always conduct those reviews when necessary.
6. LSCBs should also conduct reviews of cases which do not meet the criteria for an SCR, but which can provide valuable lessons about how organisations are working together to safeguard and promote the welfare of children. Although not required by statute these reviews are important for highlighting good

practice as well as identifying improvements which need to be made to local services. Such reviews may be conducted either by a single organisation or by a number of organisations working together. LSCBs should follow the principles in this guidance when conducting these reviews.

7. Reviews are not ends in themselves. The purpose of these reviews is to identify improvements which are needed and to consolidate good practice. LSCBs and their partner organisations should translate the findings from reviews into programmes of action which lead to sustainable improvements and the prevention of death, serious injury or harm to children.
8. The different types of review include:
  - Serious Case Review (see page 69): for every case where abuse or neglect is known or suspected and **either**:
    - a child dies; or
    - a child is seriously harmed and there are concerns about how organisations or professionals worked together to safeguard the child;
  - child death review (see Chapter 5): a review of all child deaths up to the age of 18;
  - review of a child protection incident which falls below the threshold for an SCR; and
  - review or audit of practice in one or more agencies.

## Principles for learning and improvement

9. The following principles should be applied by LSCBs and their partner organisations to all reviews:
  - there should be a culture of continuous **learning and improvement** across the organisations that work together to safeguard and promote the welfare of children, identifying opportunities to draw on what works and promote good practice;
  - the approach taken to reviews should be **proportionate** according to the scale and level of complexity of the issues being examined;
  - reviews of serious cases should be led by individuals who are **independent** of the case under review and of the organisations whose actions are being reviewed;
  - professionals must be involved fully in reviews and invited to contribute their perspectives without fear of being blamed for actions they took in good faith;
  - families, including surviving children, should be invited to contribute to reviews. They should understand how they are going to be involved and their expectations should be managed appropriately and sensitively.



This is important for ensuring that the child is at the centre of the process;<sup>32</sup>

- final reports of SCRs **must be published**, including the LSCB's response to the review findings, in order to achieve **transparency**. The impact of SCRs and other reviews on improving services to children and families and on reducing the incidence of deaths or serious harm to children must also be described in LSCB annual reports and will inform inspections; and
- improvement must be sustained through regular monitoring and follow up so that the findings from these reviews make a real impact on improving outcomes for children.

10. SCRs and other case reviews should be conducted in a way which:

- recognises the complex circumstances in which professionals work together to safeguard children;
- seeks to understand precisely who did what and the underlying reasons that led individuals and organisations to act as they did;
- seeks to understand practice from the viewpoint of the individuals and organisations involved at the time rather than using hindsight;
- is transparent about the way data is collected and analysed; and
- makes use of relevant research and case evidence to inform the findings.

11. LSCBs may use any learning model which is consistent with the principles in this guidance, including the systems methodology recommended by Professor Munro.<sup>33</sup>

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<sup>32</sup> British Association for the Study and Prevention of Child Abuse and Neglect in Family involvement in case reviews, BASPCAN, [further information on involving families in reviews](#)

<sup>33</sup> Department for Education [The Munro Review of Child Protection: Final Report: A Child Centred System, Cm 8062, May 2011](#)

## Serious Case Reviews

Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 sets out the functions of LSCBs. This includes the requirement for LSCBs to undertake reviews of serious cases in specified circumstances. Regulation 5(1) (e) and (2) set out an LSCB's function in relation to serious case reviews, namely:

5 (1) (e) undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.

(2) For the purposes of paragraph (1) (e) a serious case is one where:

(a) abuse or neglect of a child is known or suspected; and

(b) either — (i) the child has died; or (ii) the child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child.

12. Cases which meet one of these criteria (i.e. regulation 5(2)(a) and (b)(i) or 5(2)(a) and (b)(ii) above) **must always** trigger an SCR. In addition, an SCR **should always** be carried out when a child dies in custody, in police custody, on remand or following sentencing, in a Young Offender Institution, in a secure training centre or a secure children's home, or where the child was detained under the Mental Health Act 2005. Regulation 5(2)(b)(i) includes cases where a child died by suspected suicide.
13. Where a case is being considered under regulation 5(2)(b)(ii), unless it is clear that there are no concerns about inter-agency working, the LSCB **must** commission an SCR. The final decision on whether to conduct the SCR rests with the LSCB Chair. If an SCR is not required because the criteria in regulation 5(2) are not met, the LSCB may still decide to commission an SCR or they may choose to commission an alternative form of case review.
14. LSCBs should consider conducting reviews on cases which do not meet the SCR criteria. They will also want to review instances of good practice and consider how these can be shared and embedded. LSCBs are free to decide how best to conduct these reviews. The LSCB should oversee implementation of actions resulting from these reviews and reflect on progress in its annual report.

## National panel of independent experts on Serious Case Reviews

15. From 2013 there will be a national panel of independent experts to advise LSCBs about the initiation and publication of SCRs. The role of the panel will be to support LSCBs in ensuring that appropriate action is taken to learn from serious incidents in all cases where the statutory SCR criteria are met and to ensure that those lessons are shared through publication of final SCR reports. The panel will also report to the Government their views of how the SCR system is working.
16. The panel's remit will include advising LSCBs about:
  - application of the SCR criteria;
  - appointment of reviewers; and
  - publication of SCR reports.
17. LSCBs should have regard to the panel's advice when deciding whether or not to initiate an SCR, when appointing reviewers and when considering publication of SCR reports. LSCB Chairs and LSCB members should comply with requests from the panel as far as possible, including requests for information such as copies of SCR reports and invitations to attend meetings.<sup>34</sup>
18. The text which follows provides a checklist for LSCBs on how to manage the SCR process.

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<sup>34</sup> In doing so LSCBs will be exercising their powers under Regulation 5(3) of the Local Safeguarding Children Board Regulations 2006 which states that 'an LSCB may also engage in any other activity that facilitates, or is conducive to, the achievement of its objective'.

## Serious Case Review checklist

### Decisions whether to initiate an SCR

The LSCB for the area in which the child is normally resident should decide whether an incident notified to them meets the criteria for an SCR. This decision should normally be made within one month of notification of the incident. The final decision rests with the Chair of the LSCB. The Chair may seek peer challenge from another LSCB Chair when considering this decision and also at other stages in the SCR process.

The LSCB must let Ofsted and the national panel of independent experts know their decision.

If the LSCB decides not to initiate an SCR, their decision may be subject to scrutiny by the national panel. The LSCB should provide information to the panel on request to inform its deliberations and the LSCB Chair should be prepared to attend in person to give evidence to the panel.

### Appointing reviewers

The LSCB must appoint one or more suitable individuals to lead the SCR who have demonstrated that they are qualified to conduct reviews using the approach set out in this guidance. The lead reviewer should be independent of the LSCB and the organisations involved in the case. The LSCB should provide the national panel of independent experts with the name(s) of the individual(s) they appoint to conduct the SCR. The LSCB should consider carefully any advice from the independent expert panel about appointment of reviewers.

### Engagement of organisations

The LSCB should ensure that there is appropriate representation in the review process of professionals and organisations who were involved with the child and family. The priority should be to engage organisations in a way which will ensure that important factors in the case can be identified and appropriate action taken to make improvements. The LSCB may decide as part of the SCR to ask each relevant organisation to provide information in writing about its involvement with the child who is the subject of the review.

### **Timescale for SCR completion**

The LSCB should aim for completion of an SCR within six months of initiating it. If this is not possible (for example, because of potential prejudice to related court proceedings), every effort should be made while the SCR is in progress to: (i) capture points from the case about improvements needed; and (ii) take corrective action.

### **Agreeing improvement action**

The LSCB should oversee the process of agreeing with partners what action they need to take in light of the SCR findings.

### **Publication of reports**

All reviews of cases meeting the SCR criteria should result in a report which is published and readily accessible on the LSCB's website for a minimum of 12 months. Thereafter the report should be made available on request. This is important to support national sharing of lessons learnt and good practice in writing and publishing SCRs. From the very start of the SCR the fact that the report will be published should be taken into consideration. SCR reports should be written in such a way that publication will not be likely to harm the welfare of any children or vulnerable adults involved in the case.

Final SCR reports should:

- provide a sound analysis of what happened in the case, and why, and what needs to happen in order to reduce the risk of recurrence;
- be written in plain English and in a way that can be easily understood by professionals and the public alike; and
- be suitable for publication without needing to be amended or redacted.

LSCBs should publish, either as part of the SCR report or in a separate document, information about: actions which have already been taken in response to the review findings; the impact these actions have had on improving services; and what more will be done.

When compiling and preparing to publish reports, LSCBs should consider carefully how best to manage the impact of publication on children, family members and others affected by the case. LSCBs must comply with the Data Protection Act 1998 in relation to SCRs, including when compiling or publishing the report, and must comply also with any other restrictions on publication of information, such as court orders.

LSCBs should send copies of all SCR reports to the national panel of independent experts at least one week before publication. If an LSCB considers that an SCR report should not be published, it should inform the panel which will provide advice to the LSCB. The LSCB should provide all relevant information to the panel on request, to inform its deliberations.

## Chapter 5: Child death reviews

### The Regulations relating to child death reviews

The Local Safeguarding Children Board (LSCB) functions in relation to child deaths are set out in Regulation 6 of the Local Safeguarding Children Boards Regulations 2006, made under section 14(2) of the Children Act 2004. The LSCB is responsible for:

- a) *collecting and analysing information about each death with a view to identifying—*
- (i) any case giving rise to the need for a review mentioned in regulation 5(1)(e);*
  - (ii) any matters of concern affecting the safety and welfare of children in the area of the authority;*
  - (iii) any wider public health or safety concerns arising from a particular death or from a pattern of deaths in that area; and*
- b) *putting in place procedures for ensuring that there is a coordinated response by the authority, their Board partners and other relevant persons to an unexpected death.*

1. Each death of a child is a tragedy and enquiries should keep an appropriate balance between forensic and medical requirements and supporting the family at a difficult time. Professionals supporting parents and family members should assure them that the objective of the child death review process is not to allocate blame, but to learn lessons. The Review will help to prevent further such child deaths.<sup>35</sup>
2. The responsibility for determining the cause of death rests with the coroner or the doctor who signs the medical certificate of the cause of death (and therefore is not the responsibility of the Child Death Overview Panel (CDOP)).

### Responsibilities of Local Safeguarding Children Boards (LSCBs)

3. The LSCB is responsible for ensuring that a review of each death of a child normally resident in the LSCB's area is undertaken by a Child Death Overview Panel (CDOP). The Panel will have a fixed core membership drawn from organisations represented on the LSCB with flexibility to co-opt other relevant professionals to discuss certain types of death as and when appropriate. The Panel should include a professional from public health as well as child health. It

<sup>35</sup> Department for Education [leaflet that can be given to parents, carers and family members to explain the child death review process.](#)

should be chaired by the LSCB Chair's representative. That individual should not be involved directly in providing services to children and families in the area. One or more LSCBs can choose to share a CDOP. CDOPs responsible for reviewing deaths from larger populations are better able to identify significant recurrent contributory factors.

4. LSCBs should be informed of the deaths of all children normally resident in their geographical area. The LSCB Chair should decide who will be the designated person to whom the death notification and other data on each death should be sent.<sup>36</sup> LSCBs should use sources available, such as professional contacts or the media, to find out about cases when a child who is normally resident in their area dies abroad. The LSCB should inform the CDOP of such cases so that the deaths of these children can be reviewed.
5. In cases where organisations in more than one LSCB area have known about or have had contact with the child, lead responsibility should sit with the LSCB for the area in which the child was normally resident at the time of death. Other LSCBs or local organisations which have had involvement in the case should cooperate in jointly planning and undertaking the child death review. In the case of a looked after child, the LSCB for the area of the local authority looking after the child should exercise lead responsibility for conducting the child death review, involving other LSCBs with an interest or whose lead agencies have had involvement as appropriate.

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<sup>36</sup> Department for Education: [list of people designated by the CDOP to receive notifications of child death information](#).



### Specific responsibilities of relevant bodies in relation to child deaths

<p>Registrars of Births and Deaths (Children &amp; Young Persons Act 2008)</p>	<p>Requirement to supply the LSCB with information which they have about the death of persons under 18 they have registered or re-registered.</p> <p>Notify LSCBs if they issue a <i>Certificate of No Liability to Register</i> where it appears that the deceased was or may have been under the age of 18 at the time of death.</p> <p>Requirement to send the information to the appropriate LSCB (the one which covers the sub-district in which the register is kept) no later than seven days from the date of registration.</p>
<p>Coroners (Coroners Rules 1984 (as amended by the Coroners (Amendment) Rules 2008)</p>	<p>Duty to inquire and may require evidence.</p> <p>Duty to inform the LSCB for the area in which the child died within three working days of the fact of an inquest or post mortem.</p> <p>Powers to share information with LSCBs for the purposes of carrying out their functions, including reviewing child deaths and undertaking SCRs.</p>
<p>Registrar General (section 32 of the Children and Young Persons Act 2008)</p>	<p>Power to share child death information with the Secretary of State, including about children who die abroad.</p>

<p>Medical Examiners (Coroners and Justice Act 2009)</p>	<p>It is anticipated that from 2014 Medical Examiners will be required to share information with LSCBs about child deaths that are not investigated by a coroner.</p>
<p>Clinical Commissioning Groups (Health and Social Care Act 2012)</p>	<p>Employ, or have arrangements in place to secure the expertise of, consultant paediatricians whose designated responsibilities are to provide advice on:</p> <ul style="list-style-type: none"> <li>▪ commissioning paediatric services from paediatricians with expertise in undertaking enquiries into unexpected deaths in childhood, and from medical investigative services; and</li> <li>▪ the organisation of such services.</li> </ul>

6. A summary of the child death processes to be followed when reviewing all child deaths is set out in Flowchart 6 on page 83.. The processes for undertaking a rapid response when a child dies unexpectedly are set out in Flowchart 7 on page 84.

## Providing information to the Department for Education

7. Every LSCB is required to supply anonymised information on child deaths to the Department for Education. This is so that the Department can commission research and publish nationally comparable analyses of these deaths.<sup>37</sup>

<sup>37</sup>Department for Education [detailed guidance on how to supply the information on child deaths](#)

<b>Specific responsibilities of relevant professionals - When responding rapidly to the unexpected death of a child</b>	
Designated Paediatrician for unexpected deaths in childhood  (designated paediatrician)	<p>Ensure that relevant professionals (i.e. coroner, police and local authority social care) are informed of the death; coordinate the team of professionals (involved before and/or after the death) which is convened when a child who dies unexpectedly (accessing professionals from specialist agencies as necessary to support the core team).</p> <p>Convene multi-agency discussions after the initial and final initial post mortem results are available.</p>

## Responsibilities of Child Death Overview Panels

8. The functions of the CDOP include:
  - reviewing all child deaths up to the age of 18, excluding those babies who are stillborn and planned terminations of pregnancy carried out within the law;
  - collecting and collating information on each child and seeking relevant information from professionals and, where appropriate, family members;
  - discussing each child's case, and providing relevant information or any specific actions related to individual families to those professionals who are involved directly with the family so that they, in turn, can convey this information in a sensitive manner to the family;
  - determining whether the death was deemed preventable, that is, those deaths in which modifiable factors may have contributed to the death and decide what, if any, actions could be taken to prevent future such deaths;
  - making recommendations to the LSCB or other relevant bodies promptly so that action can be taken to prevent future such deaths where possible;
  - identifying patterns or trends in local data and reporting these to the LSCB;
  - where a suspicion arises that neglect or abuse may have been a factor in the child's death, referring a case back to the LSCB Chair for consideration of whether an SCR is required;
  - agreeing local procedures for responding to unexpected deaths of children; and
  - cooperating with regional and national initiatives – for example, with the National Clinical Outcome Review Programme – to identify lessons on the prevention of child deaths.
9. The aggregated findings from all child deaths should inform local strategic planning, including the local Joint Strategic Needs Assessment, on how to best safeguard and promote the welfare of children in the area. Each CDOP should prepare an annual report of relevant information for the LSCB. This information should in turn inform the LSCB annual report.

## Definition of preventable child deaths

10. For the purpose of producing aggregate national data, this guidance defines preventable child deaths as those in which modifiable factors may have contributed to the death. These factors are defined as those which, by means of nationally or locally achievable interventions, could be modified to reduce the risk of future child deaths.

11. In reviewing the death of each child, the CDOP should consider modifiable factors, for example in the family and environment, parenting capacity or service provision, and consider what action could be taken locally and what action could be taken at a regional or national level.

## Action by professionals when a child dies unexpectedly

### Definition of an unexpected death of a child

12. In this guidance an unexpected death is defined as the death of an infant or child (less than 18 years old) which was not anticipated as a significant possibility for example, 24 hours before the death; or where there was a similarly unexpected collapse or incident leading to or precipitating the events which lead to the death.
13. The designated paediatrician responsible for unexpected deaths in childhood should be consulted where professionals are uncertain about whether the death is unexpected. If in doubt, the processes for unexpected child deaths should be followed until the available evidence enables a different decision to be made.
14. As set out the Local Safeguarding Children Boards Regulations 2006, LSCBs are responsible for putting in place procedures for ensuring that there is a coordinated response by the authority, their Board partners and other relevant persons to an unexpected death.
15. When a child dies suddenly and unexpectedly, the consultant clinician (in a hospital setting) or the professional confirming the fact of death (if the child is not taken immediately to an Accident and Emergency Department) should inform the local designated paediatrician with responsibility for unexpected child deaths at the same time as informing the coroner and police. The police will begin an investigation into the sudden or unexpected death on behalf of the coroner. A paediatrician should initiate an immediate information sharing and planning discussion between the lead agencies (i.e. health, police and local authority children's social care) to decide what should happen next and who will do it. The joint responsibilities of the professionals involved with the child include:
  - responding quickly to the child's death in accordance with the locally agreed procedures;
  - maintaining a rapid response protocol with all agencies, consistent with the Kennedy principles and current investigative practice from the Association of Chief Police Officers;<sup>38</sup>

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<sup>38</sup> P.J. Fleming, P.S. Blair, C. Bacon, and P.J. Berry (2000) Sudden Unexpected Death In Infancy. The CESDI SUDI Studies 1993-1996. The Stationery Office. London. ISBN 0 11 3222 9988; Royal College of

- making immediate enquiries into and evaluating the reasons for and circumstances of the death, in agreement with the coroner;
- liaising with the coroner and the pathologist;
- undertaking the types of enquiries/investigations that relate to the current responsibilities of their respective organisations;
- collecting information about the death;<sup>39</sup>
- providing support to the bereaved family, referring to specialist bereavement services where necessary and keeping them up to date with information about the child's death; and
- gaining consent early from the family for the examination of their medical notes.

16. If the child dies suddenly or unexpectedly at home or in the community, the child should normally be taken to an Emergency Department rather than a mortuary. In some cases when a child dies at home or in the community, the police may decide that it is not appropriate to immediately move the child's body, for example because forensic examinations are needed.
17. As soon as possible after arrival at a hospital, the child should be examined by a consultant paediatrician and a detailed history should be taken from the parents or carers. The purpose of obtaining this information is to understand the cause of death and identify anything suspicious about it. In all cases when a child dies in hospital, or is taken to hospital after dying, the hospital should allocate a member of staff to remain with the parents and support them through the process.
18. If the child has died at home or in the community, the lead police investigator and senior health care professional should decide whether there should be a visit to the place where the child died, how soon (ideally within 24 hours) and who should attend. This should almost always take place for cases of sudden infant death.<sup>40</sup> After this visit the senior investigator, visiting health care professional, GP, health visitor or school nurse and local authority children's social care representative should consider whether there is any information to raise concerns that neglect or abuse contributed to the child's death.
19. Where a child dies unexpectedly, all registered providers of healthcare services must notify the Care Quality Commission of the death of a service user – **but NHS providers may discharge this duty by notifying the National Health Service Commissioning Board.**<sup>41</sup> Where a young person dies at work, the

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Pathologists and the Royal College of Paediatrics and Child Health (2004) Sudden unexpected death in infancy. A multi-agency protocol for care and investigation. The Report of a working group convened by the Royal College of Pathologists and the Royal College of Paediatrics and Child Health. Royal College of Pathologists and the Royal College of Paediatrics and Child Health, London. [www.rcpath.org](http://www.rcpath.org)

<sup>39</sup> See Footnote 32.

<sup>40</sup> See footnote 33.

<sup>41</sup> Regulation 16 of the Care Quality Commission (Registration) Regulations 2009

Health and Safety Executive should be informed. Youth Offending Teams' reviews of safeguarding and public protection incidents (including the deaths of children under their supervision) should also feed into the CDOP child death processes.

20. If there is a criminal investigation, the team of professionals must consult the lead police investigator and the Crown Prosecution Service to ensure that their enquiries do not prejudice any criminal proceedings. If the child dies in custody, there will be an investigation by the Prisons and Probation Ombudsman (or by the Independent Police Complaints Commission in the case of police custody). Organisations who worked with the child will be required to cooperate with that investigation.

## **Involvement of the coroner and pathologist**

21. If a doctor is not able to issue a medical certificate of the cause of death, the lead professional or investigator must report the child's death to the coroner in accordance with a protocol agreed with the local coronial service. The coroner must investigate violent or unnatural death, or death of no known cause, and all deaths where a person is in custody at the time of death. The coroner will then have jurisdiction over the child's body at all times. Unless the death is natural a public inquest will be held.<sup>42</sup>
22. The coroner will order a post mortem examination to be carried out as soon as possible by the most appropriate pathologist available (this may be a paediatric pathologist, forensic pathologist or both) who will perform the examination according to the guidelines and protocols laid down by the Royal College of Pathologists. The designated paediatrician will collate and share information about the circumstances of the child's death with the pathologist in order to inform this process.
23. If the death is unnatural or the cause of death cannot be confirmed, the coroner will hold an inquest. Professionals and organisations who are involved in the child death review process must cooperate with the coroner and provide him/her with a joint report about the circumstances of the child's death. This report should include a review of all medical, local authority social care and educational records on the child. The report should be delivered to the coroner within 28 days of the death unless crucial information is not yet available.

## **Action after the post mortem**

24. Although the results of the post mortem belong to the coroner, it should be possible for the paediatrician, pathologist, and the lead police investigator to

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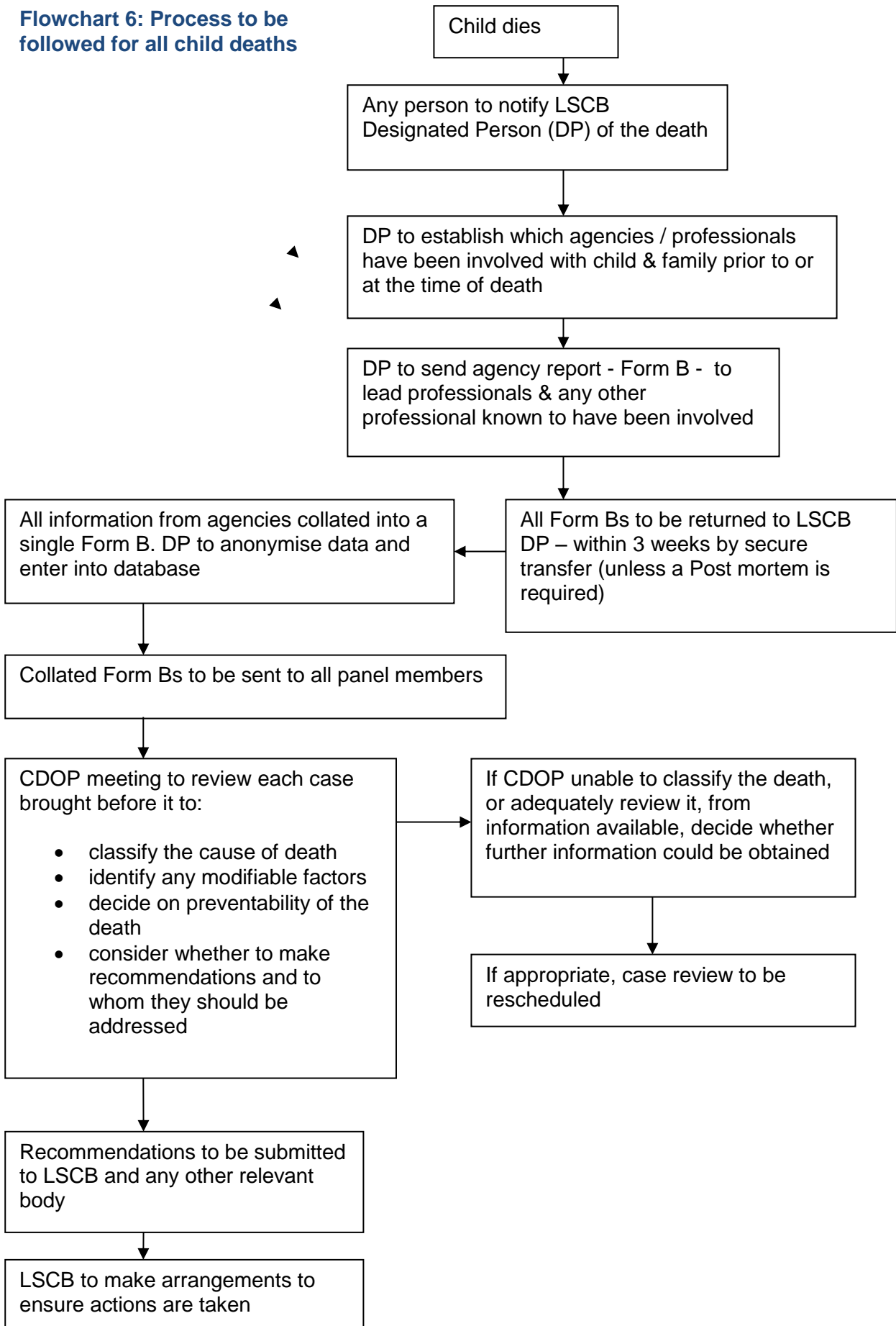
<sup>42</sup> Ministry of Justice [guidance for coroners and Local Safeguarding Children Boards on the supply of information concerning the death of children](#).

discuss the findings as soon as possible, and the coroner should be informed immediately of the initial results. If these results suggest evidence of abuse or neglect as a possible cause of death, the paediatrician should inform the police and local authority children's social care immediately. He or she should also inform the LSCB Chair so that they can consider whether the criteria are met for initiating an SCR.

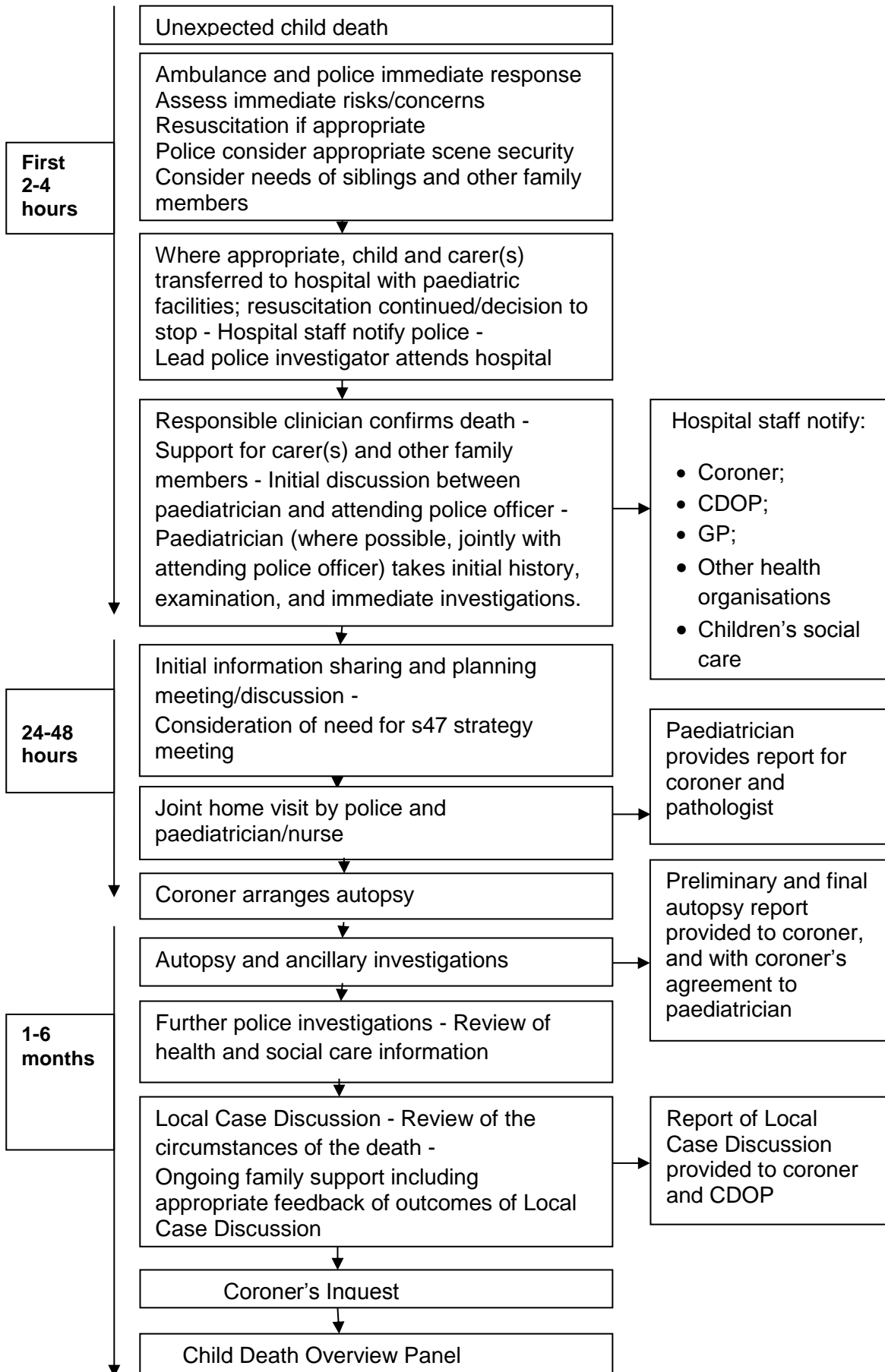
25. Shortly after the initial post mortem results become available, the designated paediatrician for unexpected child deaths should convene a multi-agency case discussion, including all those who knew the family and were involved in investigating the child's death. The professionals should review any further available information, including any that may raise concerns about safeguarding issues. A further multi-agency case discussion should be convened by the designated paediatrician, or a paediatrician acting as their deputy, as soon as the final post mortem result is available. This is in order to share information about the cause of death or factors that may have contributed to the death and to plan future care of the family. The designated paediatrician should arrange for a record of the discussion to be sent to the coroner, to inform the inquest and cause of death, and to the relevant CDOP, to inform the child death review. At the case discussion, it should be agreed how detailed information about the cause of the child's death will be shared, and by whom, with the parents, and who will offer the parents on-going support.



**Flowchart 6: Process to be followed for all child deaths**



**Flowchart 7: Process for rapid response to the unexpected death of a child**



## Appendix A: Glossary

Children	Anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection.
Safeguarding and promoting the welfare of children	<p>Defined for the purposes of this guidance as:</p> <ul style="list-style-type: none"> <li>▪ protecting children from maltreatment;</li> <li>▪ preventing impairment of children's health or development;</li> <li>▪ ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and</li> <li>▪ taking action to enable all children to have the best life chances.</li> </ul>
Child protection	Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.
Abuse	A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.
Physical abuse	A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.
Emotional abuse	The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is

	involved in all types of maltreatment of a child, though it may occur alone.
Sexual abuse	Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.
Neglect	<p>The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:</p> <ul style="list-style-type: none"> <li>▪ provide adequate food, clothing and shelter (including exclusion from home or abandonment);</li> <li>▪ protect a child from physical and emotional harm or danger;</li> <li>▪ ensure adequate supervision (including the use of inadequate care-givers); or</li> <li>▪ ensure access to appropriate medical care or treatment.</li> </ul> <p>It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.</p>
Young carers	Are children and young people who assume important caring responsibilities for parents or siblings, who are disabled, have physical or mental ill health problems, or misuse drugs or alcohol.

## Appendix B: Statutory framework

The legislation relevant to safeguarding and promoting the welfare of children is set out below.

### Children Act 2004

Section 10 requires each local authority to make arrangements to promote cooperation between the authority, each of the authority's relevant partners (see Table A) and such other persons or bodies working with children in the local authority's area as the authority considers appropriate. The arrangements are to be made with a view to improving the wellbeing of children in the authority's area – which includes protection from harm or neglect alongside other outcomes.

Section 11 places duties on a range of organisations and individuals (see Table A) to ensure their functions, and any services that they contract out to others, are discharged with regard to the need to safeguard and promote the welfare of children.

Section 13 requires each local authority to establish a Local Safeguarding Children Board (LSCB) for their area and specifies the organisations and individuals (other than the local authority) that the Secretary of State may prescribe in regulations that should be represented on LSCBs.

Section 14 sets out the objectives of LSCBs, which are:

- (a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area of the local authority, *and*
- (b) to ensure the effectiveness of what is done by each such person or body for the purposes of safeguarding and promoting the welfare of children.

The LSCB Regulations 2006<sup>43</sup> made under section 13 set out the functions of LSCBs, which include undertaking reviews of the deaths of all children in their areas and undertaking Serious Case Reviews in certain circumstances.

Under section 55 of the Borders, Citizenship and Immigration Act 2009, the Secretary of State (in practice, the UK Border Agency or 'UKBA') has a duty to ensure that functions relating to immigration and customs are discharged with regard to the need to safeguard and promote the welfare of children. Section 55 is intended to have the same effect as section 11 of the Children Act 2004.

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<sup>43</sup> [Local Safeguarding Children Boards Regulations 2006](#)

## Education Act 2002

Section 175 places a duty on local authorities in relation to their education functions, the governing bodies of maintained schools and the governing bodies of further education institutions (which include sixth-form colleges) to exercise their functions with a view to safeguarding and promoting the welfare of children who are either pupils at a school or who are students under 18 years of age attending further education institutions.

The same duty applies to independent schools (which include Academies/free schools) by virtue of regulations made under section 157 of this Act.

## Children Act 1989

The Children Act 1989 places a duty on local authorities to promote and safeguard the welfare of children in need in their area.

Section 17(1) of the Children Act 1989 states that it shall be the general duty of every local authority:

*(a) to safeguard and promote the welfare of children within their area who are in need; and*

*(b) so far as is consistent with that duty, to promote the upbringing of such children by their families.*

by providing a range and level of services appropriate to those children's needs.

Section 17(5) enables the local authority to make arrangements with others to provide services on their behalf and states that every local authority:

*(a) shall facilitate the provision by others (including in particular voluntary organisations) of services which it is a function of the authority to provide by virtue of this section, or section 18, 20, 22A to 22C, 23B to 23D, 24A or 24B; and*

*(b) may make such arrangements as they see fit for any person to act on their behalf in the provision of any such service.*

Section 17(10) states that a child shall be taken to be in need if:

*(a) the child is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority under Part III of the Children Act 1989;*

*(b) the child's health or development is likely to be significantly impaired, or further impaired, without the provision of such services; or*

*(c) the child is disabled.*

Under section 17, local authorities have responsibility for determining what services should be provided to a child in need. This does not necessarily require local authorities themselves to be the provider of such services.

Section 27 of the Children Act 1989 imposes a duty on other local authorities, local authority housing services and health bodies to cooperate with a local authority in the exercise of that authority's duties under Part 3 of the Act which relate to local authority support for children and families. Where it appears to a local authority that any authority or body mentioned in section 27(3) could, by taking any specified action, help in the exercise of any of their functions under this Part, they may request the help of that other authority or body, specifying the action in question. An authority or body whose help is so requested shall comply with the request if it is compatible with their own statutory or other duties and obligations and does not unduly prejudice the discharge of any of their functions. The authorities are:

- (a) any local authority;*
- (b) any local housing authority;*
- (c) any Local Health Board, Special Health Authority, Primary Care Trust, (National Health Service Trust or NHS Foundation Trust; and*
- d) any person authorised by the Secretary of State for the purpose of section 27.*

Section 47(1) of the Children Act 1989 states that:

Where a local authority:

- (a) are informed that a child who lives, or is found, in their area (i) is the subject of a emergency protection order, or (ii) is in police protection; and*
- (b) have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm:*

the authority shall make, or cause to be made, such enquires as they consider necessary to enable them to decide whether they should take any action to safeguard and promote the child's welfare.

Section 53 of the Children Act 2004 amends both section 17 and section 47 of the Children Act 1989, to require in each case that before determining what services to provide or what action to take, the local authority shall, so far as is reasonably practicable and consistent with the child's welfare:

- (a) ascertain the child's wishes and feelings regarding the provision of those services or the action to be taken; and*
- (b) give due consideration (with regard to the child's age and understanding) to such wishes and feelings of the child as they have been able to ascertain.*

## Emergency protection powers

The court may make an emergency protection order under section 44 of the Children Act 1989, if it is satisfied that there is reasonable cause to believe that a child is likely to suffer significant harm if the child:

- is not removed to different accommodation; or
- does not remain in the place in which the child is then being accommodated.

An emergency protection order may also be made if enquires (for example, made under section 47) are being frustrated by access to the child being unreasonably refused to a person authorised to seek access, and the applicant has reasonable cause to believe that access is needed as a matter of urgency.

An emergency protection order gives authority to remove a child, and place the child under the protection of the applicant.

## Exclusion requirement

The court may include an exclusion requirement in an interim care order or emergency protection order (section 38A and 44A of the Children Act 1989). This allows a perpetrator to be removed from the home instead of having to remove the child. The court must be satisfied that:

- there is reasonable cause to believe that if the person is excluded from the home in which the child lives, the child will cease to suffer, or cease to be likely to suffer, significant harm, or that enquires will cease to be frustrated; and
- another person living in the home is able and willing to give the child the care that it would be reasonable to expect a parent to give, and consents to the exclusion requirement.

## Police protection powers

Under section 46 of the Children Act 1989, where a police officer has reasonable cause to believe that a child could otherwise be likely to suffer significant harm, the officer may:

- remove the child to suitable accommodation; or
- take reasonable steps to ensure that the child's removal from any hospital, or other place in which the child is then being accommodated is prevented.

No child may be kept in police protection for more than 72 hours.



## **Police Reform and Social Responsibility Act 2011**

Section 1 (8)(h) requires the police and crime commissioner to hold the chief constable to account for the exercise of the latter's duties in relation to safeguarding children under section 10 and 11 of the Children Act 2004.

## **Childcare Act 2006**

Section 40 requires early years providers to comply with the welfare requirements of the Early Years Foundation Stage.

## **Crime and Disorder Act 1998**

Section 38 requires local authorities, within the delivery of youth justice services, to ensure the provision of persons to act as appropriate adults to safeguard the interests of children and young persons detained or questioned by police officers.

## **Housing Act 1996**

Section 213A of the Housing Act 1996 (inserted by section 12 of the Homelessness Act 2002), housing authorities are required to refer to adult social care services homeless persons with dependent children who are ineligible for homelessness assistance, or are intentionally homeless, as long as the person consents. If homelessness persists, any child in the family could be in need. In such cases, if social services decide the child's needs would be best met by helping the family to obtain accommodation, they can ask the housing authority for reasonable advice and assistance in this, and the housing authority must give reasonable advice and assistance.

**Table A: Bodies and individuals covered by key duties**

Body	CA 2004 Section 10 - duty to cooperate	CA 2004 Section 11 - duty to safeguard & promote welfare	Ed Act 2002 Section 175 - duty to safeguard & promote welfare and regulations	CA 2004 Section 13 - statutory partners in LSCBs	CA 1989 Section 27 - help with children in need	CA 1989 Section 47 - help with enquiries about significant harm
Local Authorities and District councils	X	X	In relation to their education functions.	X	X	X
Local policing body	X	X				X
Chief officer of police	X	X		X		X
Local probation board	X	X		X		
SoS re probation services' functions under s2 and 3 of the Offender Management Act (OMA) 2007	X	X		X		
Providers of probation services required under s3(2) OMA 2007 to act as relevant partner of a local authority	X	X		X		
British Transport Police		X				
United Kingdom Border Agency		X under section 55 of the Borders, Citizenship and Immigration Act 2009				
Prison or secure training centre		X		X (which ordinarily detains children)		

Youth offending services	X	X		X		
NHS Commissioning Board	X	X		X	X	X
Clinical commissioning groups	X	X		X	X	X
NHS Trusts and NHS Foundation Trusts		X		X	X	X
Cafcass				X		
Maintained schools	X (includes non-maintained special schools)		X			
FE colleges	X		X			
Independent schools	X		X Via regulations made under section 157 of the Education Act 2002			
Academies and Free Schools	X		X Via regulations made under section 157 of the Education Act 2002			
Contracted services including those provided by voluntary organisations		X				

## Appendix C: Further sources of information

### Supplementary guidance on particular safeguarding issues

#### Department for Education guidance

[Safeguarding children who may have been trafficked](#)

[Safeguarding children and young people who may have been affected by gang activity](#)

[Safeguarding children from female genital mutilation](#)

[Forced marriage](#)

[Safeguarding children from abuse linked to faith or belief](#)

[Use of reasonable force](#)

[Safeguarding children and young people from sexual exploitation](#)

[Safeguarding Children in whom illness is fabricated or induced](#)

[Preventing and tackling bullying](#)

[Safeguarding children and safer recruitment in education](#)

[Information sharing](#)

[Recruiting safely: Safer recruitment guidance helping to keep children and young people safe](#)

[Safeguarding Disabled Children: Practice guidance](#)

[Department of Health / Department for Education: National Service Framework for Children, Young People and Maternity Services](#)

[DfE: What to do if you're worried a child is being abused](#)

[Department of Health: The Framework for the Assessment of Children in Need and their Families 2000](#)

#### Guidance issued by other government departments and agencies

[Foreign and Commonwealth Office / Home Office: Forced marriage](#)

[Ministry of Justice: Guidance on forced marriage](#)

[Home Office: What is domestic violence?](#)

[Department of Health: Responding to domestic abuse: A handbook for health professionals](#)

[NHS National Treatment Agency: Guidance on development of Local Protocols between](#)

[drug and Alcohol Treatment Services and Local Safeguarding and Family Services](#)

[Home Office: Guidance on teenage relationship abuse](#)

[Youth Justice Board: Guidance on people who present a risk to children](#)

[Department of Health: Violence against Women and Children](#)

[UK Border Agency: Arrangements to Safeguard and Promote Children's Welfare in UKBA](#)

[Department of Health: Good practice guidance on working with parents with a learning disability](#)

[Home Office: Circular 16/2005 - Guidance on offences against children](#)

[Home Office: Disclosure and Barring Services](#)

[Child protection and the Dental Team – an introduction to safeguarding children in dental practice](#)

[Ministry of Justice: Multi Agency Public Protection Arrangements guidance](#)

[Ministry of Justice: HM Prison Service Public Protection Manual](#)

[Ministry of Justice: Probation service guidance on conducting serious further offence reviews Framework.](#)

[Missing Children and Adults - a cross Government strategy](#)

[Department of Health: Recognised, valued and supported: next steps for the Carers Strategy](#)

[Department of Health: Mental Health Act 1983 Code of Practice: Guidance on the visiting of psychiatric patients by children](#)

### **Guidance issued by external organisations**

[BAAF: Private fostering](#)

[Royal College of Paediatrics and Child Health: Safeguarding Children and Young people: roles and competencies for health care staff - Intercollegiate document, September 2010](#)

[General Medical Council: Protecting children and young people - The responsibilities of all doctors](#)

[Royal College of Nursing: Looked after children - Knowledge, skills and competences of health care staff \(Intercollegiate role framework\)](#)

[NICE: Guidance on when to suspect child maltreatment](#)

## **Supplementary guidance to support assessing the needs of children**

[DfE: What to do if you're worried a child is being abused](#)

[DfE: Childhood neglect - Improving outcomes for children](#)

[NICE: When to suspect child maltreatment](#)

## **Supplementary guidance to support the Learning and Improvement Framework**

[DfE: Training in relation to the child death review processes and Serious Case Reviews](#)

[NPIA / ACPO: Guidance on Investigating Child Abuse and Safeguarding Children](#)

[Prison and Probation Ombudsman's fatal incidents investigation](#)

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<b>Subject:</b>	<b>Update on Apprenticeships within Brighton &amp; Hove City Council</b>		
<b>Date of Meeting:</b>	<b>13th January 2014</b>		
<b>Report of:</b>	<b>Pinaki Ghoshal, Executive Director of Children's Services</b>		
<b>Contact Officer:</b>	<b>Name:</b>	<b>Lance Richard</b>	<b>Tel: 29- 5925</b>
	<b>Email:</b>	<b>lance.richard@brighton-hove.gov.uk</b>	
<b>Ward(s) affected:</b>	<b>All</b>		

**FOR GENERAL RELEASE****1. PURPOSE OF REPORT AND POLICY CONTEXT**

- 1.1 The purpose of this report is to update members on the progress of creating apprenticeships for young people across the council. And the success in recruiting young people to these apprenticeships.

**2. RECOMMENDATIONS:**

- 2.1 That the committee notes the progress of the city council in recruiting young people to council apprenticeships.

**3. CONTEXT/BACKGROUND INFORMATION**

- 3.1 The council continues to work in partnership with Jobcentre Plus and the Leaving Care teams in supporting young people into work placements and apprenticeships. Presentations have been undertaken to engage young unemployed people in the apprenticeship opportunities through the council's programme. The National Apprenticeship Service continues to be a partner in sourcing training providers for our apprenticeships.
- 3.2 Work has also been undertaken to attract applicants from across communities within Brighton and Hove. The apprentice scheme has been promoted in a variety of ways including meeting with the BMECP and sending information through their communication channels including vacancies when they occur.
- 3.3 The strategy's original objective was to establish 70 apprenticeships within the council in 18 months from November 2012. A full list of apprenticeships can be found in Annex 1 of this report.
- 3.3.1 We currently have 23 apprenticeship opportunities in place across the council. Recent recruitment includes apprenticeships in the following departments: Human Resources x 2 (Level 5), Finance x 2 (Level 2) and Communication x 1 (Level 3).

3.3.2 We have commissioned a further 4 youth work apprentices through the commissioning of services for children. These apprentices currently sit with our contractors Impact Initiatives.

3.3.3 One young person has recently completed a work placement within Housing and moved onto an apprenticeship within the service.

3.3.4 We are recruiting to a further 13 apprenticeships, areas include:

Registrars, Procurement, Adult Social Care (Assessment Services)  
Building Surveying, and Electrician.

3.3.5 We continue to identify opportunities for stand-alone work placements. Previous placements have included Human Resources, Parks and Gardens and Road Safety. We have successfully recruited two individuals who had work placements in HR to our 'admin all areas' casual pool and are undertaking assignments within the council.

3.4 We are half way to achieving our target of 70 apprentices but we are two thirds of the way through the programme and therefore need to accelerate the pace.

#### **4. ACTIVITY TO SUPPORT APPRENTICESHIPS IN THE COUNCIL**

4.1 The Apprenticeship Coordinator has attended management team meetings to inform them about the council's apprenticeship programme and highlight the benefits of funding apprentice posts, including creating a positive career pathway into employment in the council. At these meetings managers have been asked to identify opportunities for apprenticeships within their service area.

4.2 Managers see the apprenticeship strategy as an opportunity to plan for the future and invest in young people but are finding it a challenge to funding to meet the y costs for apprenticeships.,

4.3 Regular updates on numbers of apprentices will be made available to management teams, to ensure the development of opportunities is kept regularly under review.

#### **5. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS**

5.1 No alternative options were considered.

#### **6. COMMUNITY ENGAGEMENT & CONSULTATION**

6.1 We have provided information, advice and support to young people to develop their confidence, skills, knowledge and ability to move onto an apprenticeship. We have delivered this by holding a number of engagement sessions at the Brighton and Hove Job Centre 'Loft' to inform job seekers and care leavers of apprenticeship opportunities. Recruitment Managers deliver a presentation on

their service area which gives interested applicants a better understanding of the role and the council. The engagement sessions are advertised to the Youth Employability Service, Leaving Care and Youth Offending Service Teams. Through our partnership with Job Centre Plus further advice and guidance is available to those that express an interest and are offered a 1½ hours appointment with a Job Centre adviser to help them apply. The apprenticeship scheme has been promoted to the Black Minority and Ethnic Community Partnership (BMECP) who communicate the opportunities through their channels.

## 7. CONCLUSION

- 7.1 A recent review has led to ELT endorsing the following additional support of the apprentice scheme:
- 7.1.1 The Apprenticeship Co-ordinator reflects the value of the apprenticeship and work placement programme by displaying the experiences of apprentices and managers on the Wave.
- 7.1.2 ELT support HR working with apprentices nearing completion of their apprenticeship with coaching on application and interview skills development
- 7.1.3 HR and Finance work to support Directorate Management Teams identify further opportunities to establish apprenticeships within service areas.

## 8. FINANCIAL & OTHER IMPLICATIONS:

### Financial Implications:

- 8.1 There are no financial implications for Children's services as a direct result of the recommendation of this report.

Two rates of pay are adopted by the council for apprentices working for the council.

- Intermediate Level 2 - £5.03ph (£9,704pa)
- Advanced and Higher Level 3+ - £6.31ph (£12,174pa)

The government offers financial support towards the training costs of employing an apprentice. The amount of funding available is dependant on the age of the apprentice being employed.

- 16 -18 - Training costs 100% fully funded.
- 19 -23 - Training costs of between 25-50%
- Training costs for age 24+ are not government funded

*Finance Officer Consulted: Name David Ellis*

*Date: 06/12/13*

### Legal Implications:

8.2 There are no legal implications.

*Lawyer Consulted:*

*Name Ian Yonge*

*Date: 10/12/13*

Equalities Implications:

8.3 Children Leaving Care are given priority

Sustainability Implications:

8.4 Consideration needs to be given as to how sustainable funding for apprentices across all council departments is embedded at this time of considerable budget challenge.

Any Other Significant Implications:

8.5 Not applicable

## **SUPPORTING DOCUMENTATION**

### **Appendices:**

1. Current Apprentices within BHCC
2. Apprenticeship examples

### **Documents in Members' Rooms**

1. None

### **Background Documents**

1. None

Crime & Disorder Implications:

- 1.1 None

Risk and Opportunity Management Implications:

- 1.2 None

Public Health Implications:

- 1.3 None

Corporate / Citywide Implications:

- 1.4 This report supports the BHCC strategy to establish 70 apprenticeships within the council in 18 months from November 2012.



DIRECTORATE	TEAM	FRAMEWORK	LEVEL
Assistant Chief Executive	Royal Pavilion & Museums Learning	Customer Services Apprentice	Level 2
Assistant Chief Executive	Royal Pavilion & Museums Digital & Marketing	Digital Media	Level 2
Children's Services	Children's Health Safeguarding & Care Youth Advocacy Project	Business & Administration Apprentice	Level 2
Children's Services	Roundabout Nursery	Children and Young Peoples Workforce	Level 3
Children's Services	Roundabout Nursery	Children and Young Peoples Workforce	Level 3
Children's Services	Jumpstart Nursery	Children and Young Peoples Workforce	Level 3
Children's Services	Jumpstart Nursery	Children and Young Peoples Workforce	Level 3
Children's Services	Cherry Tree Nursery	Children and Young Peoples Workforce	Level 3
Children's Services	Families in Multiple Deprivation Employability Team	Youth Work	Level 2
Environment Development & Housing	City Infrastructure Parks Vehicle Management	Mechanical	Level 2
Finance & Resources	Finance Corporate Financial Services	AAT	Level 2
Finance & Resources	Finance Corporate Financial Services	AAT	Level 2
Finance & Resources	Finance Integrated Financial Management & Planning	AAT	Level 3
Finance & Resources	Human Resources & Organisational Development	CIPD Management	Level 5
Finance & Resources	Human Resources & Organisational Development	CIPD Management	Level 5
Schools	Tarnerland Neighbourhood Nursery (Non-Teaching Staff)	Children and Young Peoples Workforce	Level 3
Schools	Blatchington Mill School (Non-Teaching Staff)	ICT	Level 2
Schools	Longhill School (Non-Teaching Staff)	Leisure	Level 2
Schools	Longhill School (Non-Teaching Staff)	Leisure	Level 2
Schools	Longhill School (Non-Teaching Staff)	Business & Administration Apprentice	Level 2
Schools	Patcham High School	ICT	Level 2
Assistant Chief Executive	Communications	Journalism	Level 3
Environment Development & Housing	Housing	Housing	Level 2
<b>IN PROGRESS</b>			
Environment Development & Housing	Housing	Housing	Level 2
Adult Services	ASC Providers Services Learning Disability Accommodation Services	Health and Social Care	Level 2
Finance & Resources	Procurement	Business Administration	Level 2
Finance & Resources	Registrar	Customer Services	Level 2
Adult Services	ASC Assessment Services	Health and Social Care	Level 3
Adult Services	ASC Assessment Services	Health and Social Care	Level 3
Adult Services	ASC Assessment Services	Health and Social Care	Level 3
Finance & Resources	Democratic Services	Business Administration	Level 2
Children's Services	Integrated Child Development & Disability Service Seaside View Child Development Centre	Business Administration	Level 2
Children's Services	Roundabout Nursery	Children and Young Peoples Workforce	Level 3
Finance & Resources	ICT	ICT	TBC
Finance & Resources	ICT	ICT	TBC
Finance & Resources	ICT	ICT	TBC
Finance & Resources	ICT	ICT	TBC
Finance & Resources	ICT	ICT	TBC
Finance & Resources	ICT	ICT	TBC
Finance & Resources	ICT	ICT	TBC
Schools	Hove Park	ICT	Level 2
Finance & Resources	Building Surveying & Maintenance Team	Building Surveying	Level 3
Finance & Resources	Facilities & Building Services	Electrician	Level 3
<b>OTHERS</b>			
<b>Staff Development</b>			
Finance & Resources	Finance	AAT	Level 4
Children's Services	Roundabout & Deans Children's Centre	Children and Young Peoples Workforce	Level 3
Environment Development & Housing	Enforcement	Management	Level 4
Schools	Tarnerland Neighbourhood Nursery	Children and Young Peoples Workforce	Level 3
<b>Children Services Commissioning</b>			
Youth Work Apprentices	Impact Initiatives	Youth Work	Level 2
Youth Work Apprentices	Impact Initiatives	Youth Work	Level 2
Youth Work Apprentices	Impact Initiatives	Youth Work	Level 2
Youth Work Apprentices	Impact Initiatives	Youth Work	Level 2

<i>Code</i>	<i>Narrative</i>	01/04/2013
LAL2	Local Apprenticeship Level 2	£9,607.85
LAL3	Local Apprenticeship Level 3+	£11,942.28



	01/10/13	
£4.98	£9,704.31	5.03
£6.19	£12,173.80	£6.31



## The Apprenticeship Scheme

### Finance Apprentice

Apprentice Jordin Corbin,

“Personally, I think that the apprenticeship scheme run by the council is extremely good. The way that it is set up and geared towards helping us settle in a working environment while still helping us learn more, AAT for example, is very commendable. In terms of work, I feel that I have settled in well and have been accepted into my team with open arms and I feel like a valuable member of the team. As well as this, the support I have received from all my managers has made settling into work a lot easier than I might have been. I also believe that the work hours are very good because if I was made to work a rigorous 9-5 I may have found adapting to work life trickier. Also, the pay offered by the council also makes you feel like you are a valued employee. The minimum pay offered for apprentices is £2.65 where as the council offers nearly double that, which for me personally made me feel as though the council actually values apprentices.

Overall, I think that the Apprenticeship scheme is very good. It has meant that my transition from full time education to full time employment has been very smooth. “

Manager Martin Strange

“We have worked with apprentices for many years in Financial Services. Apprentices are employed initially for one year, and progress to a second or third year subject to satisfactory progress both in the workplace and at college (where they study for a professional – Association of Accounting Technicians – qualification). The majority of our apprentices have gone on to secure employment with us.

We believe the success of our apprentices is down to their hard work and the support they receive from both us and City College. We recognise that for many of our apprentices, this is their first experience of full time work, and we take this into account during the first few months of their employment, giving them a little more support than a “regular” new employee. As we have a number of teams providing a range of services, we rotate our apprentices around the teams so that they have experience of different types of finance work. This supports their college work and allows them to develop different skills with us.

As well as support from their line manager, we have a central point of contact for our apprentices who is involved with the recruitment, liaises with the college and provides additional support where required.

Why bother? We currently have eight valuable and successful members of staff who originally started with us as apprentices.”

## Communications Apprentice

It's a steep learning curve coming to the council's communications team. They help all 800 council services promote their great work and our new apprentice, Ellie Bacon, is learning fast!

Media releases, web pages, social media and making short films and audio for broadcasters are all part of the workload which is supported by the team.

Ellie says: "Having this apprenticeship is such an amazing opportunity. I am not only gaining a great amount of work experience, but a qualification too. It has helped me get into the industry and gain as much knowledge and experience as possible."

Ellie is studying towards the NCTJ Advanced Level 3 Diploma in Journalism. This is the first NCTJ Apprenticeship Framework in the country being piloted, at Lambeth College; other cohorts include apprentices from the BBC, Radio 4 and Independent.

## Housing

This is the first time Housing has been able to offer apprenticeships. We manage over 12,000 council homes and have teams involved from the point of homelessness through to managing tenancies. This is an opportunity for the apprentice to learn about housing and understand the varied career opportunities available within the sector.

Jack Weallans joined us on a work placement before embarking on the apprenticeship course. Here's what he has to say about his experience so far:

"I think the Apprenticeship is an amazing opportunity. It has introduced me to a field that I previously knew nothing about, and developed within me a passion and interest that will stay with me forever. I have gained in depth knowledge, and have felt like a valued member of the team throughout.

I am now certain that I want to pursue a career in housing, and with the hands on experience I am currently gaining, along with the qualification I will receive; I feel this goal is well within reach."