

# Brighton & Hove Local Safeguarding Children Board Annual Report 2016-17

Safeguarding doesn't  
have a season



**We all have a role to play in protecting children & young people from abuse  
and neglect all the time**

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## Foreword by Independent Chairperson

This will be my final report as Independent Chair of Brighton & Hove Local Safeguarding Children Board. I have had the great privilege of chairing Brighton & Hove LSCB for four and a half years. I have greatly valued my involvement with the Local Safeguarding Children Board and I am enormously grateful to the dedicated staff across the partnership I have met, the children, young people and communities who have contributed to the work of the Board, the dedicated safeguarding professionals in the city, the Board and the committed staff in the LSCB Business Support Team. There is no more meaningful venture than working together to keep children safe.

I write this foreword days after the appalling Manchester bomb attack in which 22 people, some of whom were children, tragically lost their lives whilst simply enjoying a concert, and the BBC screening of a three-part drama based on the true stories of the child victims of grooming and sexual abuse in Rochdale. These incidents, amongst many, many others, highlight that the current environment within which children and young people's interests are safeguarded is possibly at its most challenging.

As discussed in [last year's annual report](#) the Board met for its development day in June 2015 and agreed the next three years strategic priorities. This report covers the first year of the [Board's Strategic Plan 2016 -19](#) and as you will read this year has been mainly concerned with making sure the plan is appropriately focused on the outcomes for children and young people, with milestones informed by the changes we want to see made. You will see that we have made steady progress. At points in the year it felt like we had made real achievements (see page 8) and then something else demonstrated that despite this progress we needed to do more (see page 21-22) to be assured that all the children and young people in the city were safe, happy and achieving their very best. It remains the Board's ambition to ensure the children of Brighton & Hove get the service they deserve.

This year we continue to see high numbers of children who need the support of a child protection plan, increased levels of stress in families and high demand for mental health services.

On 27 April 2017, the Children and Social Work Bill was enacted, formally abolishing the current arrangements for LSCBs and replacing them with new requirements on the Council, the Police Service and the NHS to take the lead in child protection issues. I am confident that partners in Brighton & Hove will ensure that there is effective continuity from the present arrangements.



A handwritten signature in black ink, appearing to read 'G. Bartlett'.

Graham Bartlett  
Independent Chair Person,  
Brighton & Hove LSCB

## Introduction

Each Local Safeguarding Children Board is required to produce and publish an Annual Report evaluating the effectiveness of safeguarding in the local area.

This Annual Report provides a transparent assessment of the performance and effectiveness of the partnership arrangements to safeguard and promote the wellbeing of children and young people in Brighton & Hove during 2016-17.

The report examines how the Brighton & Hove Local Safeguarding Children Board discharged its statutory role and functions as defined in national guidance Working Together to Safeguard Children (2015).

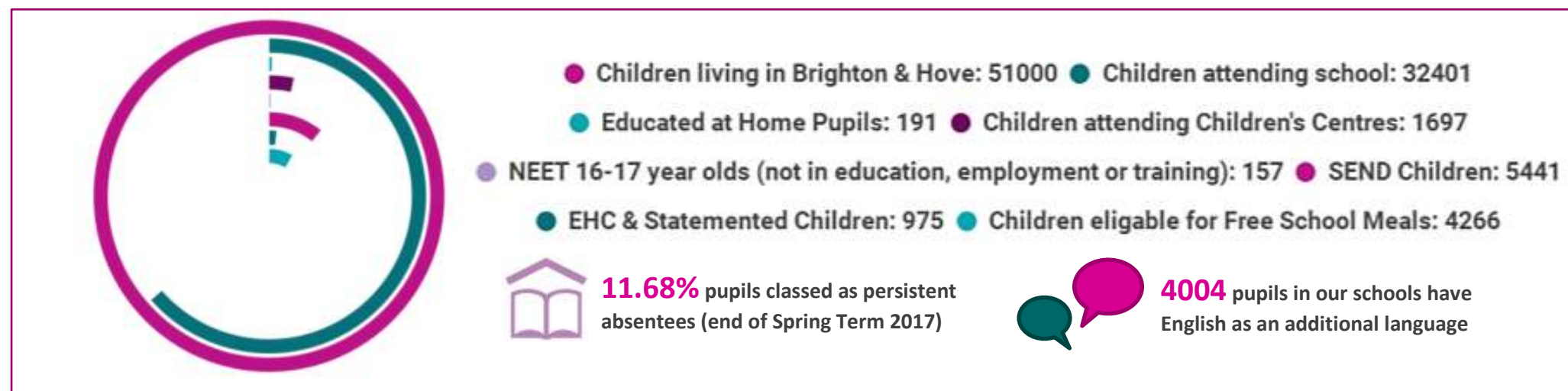
## Our Values

The following shared values underpin and guide the work of the LSCB and are promoted by all Board Members.

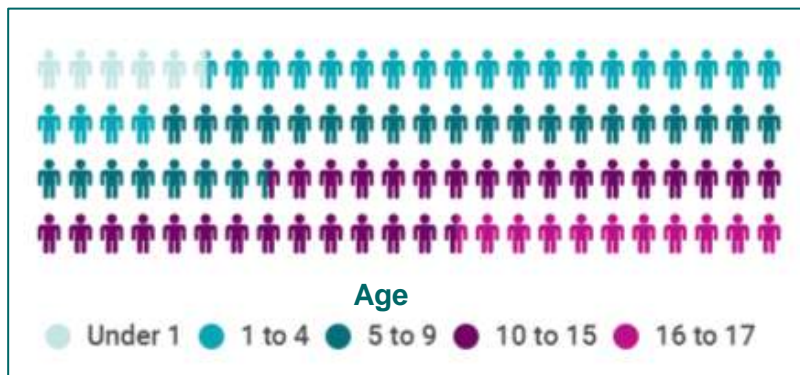
- All children should be safe from abuse and neglect
- We prioritise the safety of children over everything else we do
- We are committed to the changing needs of all children in Brighton & Hove, particularly those who are vulnerable to risk
- We collaborate with agencies and challenge them in a shared responsibility to safeguard children
- We are dedicated to early help
- We listen to children, young people, families, our practitioners and their managers – their involvement shapes what we do

## Brighton & Hove and Our Children 2016-17

Children aged 17 and under, make up nearly **a fifth** of the population of Brighton & Hove (18%), with **51,000 children** living in the city in 2016-17.







There were **151 children** allocated to the Children's Disability Team at 31 March 2017

**21%** of children in the city are Black, Asian or Minority Ethnic (BAME). At 31 March 2016 24.1% of children subject to a Child Protection Plan were recorded as not white British.

**18.1%** of our children are living in poverty. Brighton & Hove was ranked in the third most deprived authorities in England according to the 2015 Index of Deprivation. 10% of the city's neighbourhoods were within the tenth most deprived in England, with the most deprived being in the East of the city.

### Child Protection

There were **11,929 initial contacts** to the Multi Agency Safeguarding Hub (MASH) in the year ending 31 March 2017, (concerning 7120 children). This is lower than the 11,944 contacts during the previous 12 months.

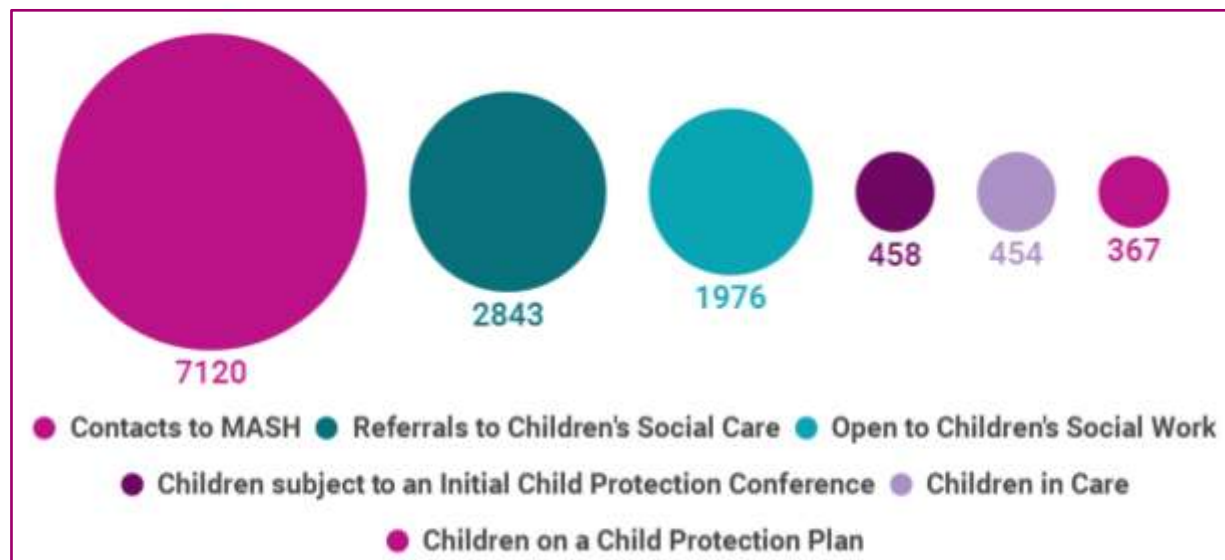
**27% of initial contacts to MASH became referrals to social care** (3198 referrals down from 3249 in 2015-16)

**23% of referrals were re-referrals** (referral within 12 months of a previous referral) above the 2015-16 England average of 22.3%. This is a slight increase from 21% the previous year.

There are **367 children subject of a child protection plan** as at 31 March 2017, down from 389 in 2016. The rate of children subject of a child protection plan per 10,000 children is 71.7, above the 2015-16 England average of 43.1

22% (90) of the **410 children who became subject of a child protection plan** during 2016-17, were on a plan for a second or subsequent time. This is down from 25% for the previous 12 month period but remains above the 2015-16 national average of 17.9%.

**433 children who ceased to be the subject of a child protection plan** during the year. 3.2% of these had been the subject of a child protection plan for two years or more when the plan ended. This percentage is down from a peak of 7.6% during 2015-16 and is now below the national average of 3.8%.



### Timescales

Of the **473 children subject of an Initial Child Protection Conference** during the year ending 31 March 2017, **65.3% took place within 15 days** of the strategy discussion. This is an improvement from 63.6% during the year ending March 16 but remains below the 2015-16 national average of 76.7%.

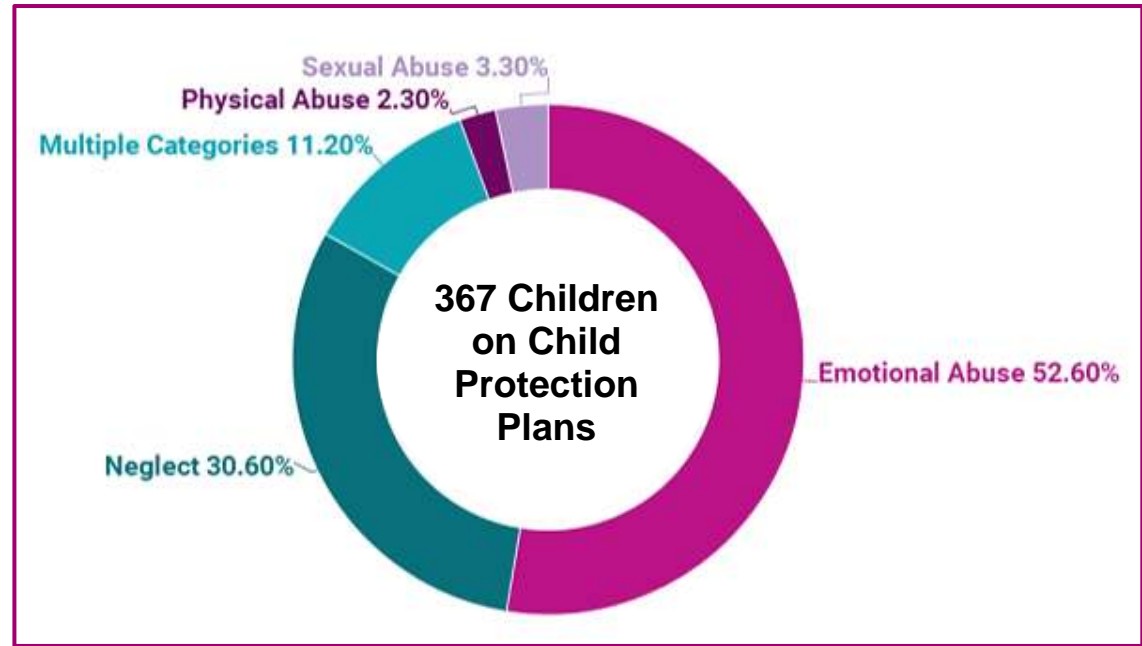
Of the **2912 single assessments** completed in the year ending 31 March 2017, **70% were completed within 45 working days**, an improvement from 49% for the year ending March 2016. However, performance remains below 2015-16 national average of 83.4%.

There were **454 children in care** at 31 March 2017, up from 438 in 2015-16. This includes 38 Unaccompanied Asylum Seeking Children, up from 34 at March 2016.



**37 First time entrants** to the Youth Justice System in the year ending 31 March 2017, down from 54 during 2015-16

**8 young people sentenced to custody** year ending March 2017, down from 9 during 2015-16



**448 admissions for unintentional & deliberate injuries in children** under 15 in 2015-16 (latest available data)

**11 Child Death Overview Panel Reviews** in 2016-17

**200 A&E attendance for Self-Harm** for children under 18 in 2016-17

2331 referrals were made to Child & Adolescent Mental Health Services (Tier 2/3)



There were **30 children** in quarter 4 2016-17 identified as at risk of **Child Sexual Exploitation** (MACSE Nominals). Multi-agency meetings are held regularly to review the level of risk that the child is currently exposed to (Red-Amber-Green), and a multi-agency plan is created to protect the child



**118 young people were in substance misuse treatment** in 2016-17

## Who we are and what we do

Brighton & Hove LSCB is made up of senior representatives from statutory and non-statutory agencies and organisations in Brighton & Hove with a responsibility for keeping children safe. We are a multi-agency partnership. We have a co-ordinating role and are responsible for ensuring that agencies work together to provide safe, effective, and efficient safeguarding arrangements for children living in our city.

We coordinate local work by:

- Delivering a multi-agency Business Plan, which outlines how we intend to tackle priority safeguarding issues together
- Developing robust policies and procedures
- Deliver multi agency training

We ensure the effectiveness of local work by:

- Monitoring and scrutinising what is done by our partner agencies to safeguard and promote the welfare of children
- Undertaking serious case reviews and other multi-agency learning reviews, audits and qualitative reviews and sharing learning opportunities
- Collecting and analysing information about child deaths
- Drawing evidence from the testimony of children, young people and frontline professionals
- Publishing this Annual Report on the effectiveness of local arrangements to safeguard and promote the welfare of children in the city



## Summary of achievements

- Through the work of the LSCB, the city better understands the prevalence of children in receipt of services for sexual abuse
- We are more informed than ever on the numbers of children who are victims of child sexual exploitation and the effectiveness of arrangements to respond to this crime.
- We have successfully embedded learning from serious case reviews and quality assurance work into our multi-agency learning offers.
- We have seen an 139% increase in professionals attending multi-agency training from this time last year.
- We have re-focused our commitment to ensuring that strategic and operational responses to abuse and neglect are informed by the views and experiences of children and young people.
- We have supported the Safeguarding and Review Service (SARs) proposal to incrementally embed a new model of Child Protection Conferences in the city (read more on page 22).
- Information about parent's substance misuse is now included on the child's record and parent and baby records (within Midwifery services) are now linked, as a result of our quality assurance activity.
- Our quality assurance activity has continued to go from strength to strength, with all actions from our previous audits on domestic violence and abuse, parents who misuse substances, network and core group meetings, and child sexual exploitation, being fully implemented.
- Following quality assurance activity a Multi-Agency Child Neglect Consultation Group has been developed to offer a safe reflective space to practitioners and their managers to bring complex and stuck cases where neglect of children is considered to be a primary issue
- As a consequence of a Learning Review arrangements for initiating and progressing legal interventions to remove children from their parent's care have been improved – ensuring a truly multi-agency approach and mitigating the risk of relevant information not being presented to the court which could delay or prevent the child being safeguarded.
- We have continued to work well with other boards in the city, such as the Health & Wellbeing Board and the Safeguarding Adults Board, to encourage wider organisations to recognise their responsibilities to safeguard children and ensure safeguarding is 'everybody's business'.

## Summary of challenges

- We still need to influence the implementation of Operation Encompass<sup>1</sup> and be assured that Early Help and support is offered to children following an incident of domestic violence.
- A Multi-Agency Child Sexual Abuse Strategy & Action Plan needs to be developed.
- A delayed start to the Neglect Strategy has meant this has not been completed within year 1 of the business planning cycle.
- It has not proved possible to track all the actions arising from the early help audit (see our 2014-15 Annual report) due to the recent changes in early help services.
- The ever changing landscape of public agencies makes mapping the early help offer very difficult.

<sup>1</sup>Operation Encompass aims to safeguard & support children who are involved in or affected by incidents involving domestic abuse. Witnessing domestic abuse is really distressing for a child, who can often see the abuse, hear it from another room, see a parent's injuries or distress afterwards, or be physically hurt trying to stop the abuse.

Following such an incident, children will often arrive at school upset and unprepared. Operation Encompass aims to ensure that appropriate school staff are made aware early enough to support children in the best way possible.



## Review of Finances

Board partners continue to contribute to the LSCB budget in addition to providing a variety of resources in kind. No uplifts in funds were requested by the Board this year.

In 2016-17 the National Probation Service implemented a national model for the apportionment of LSCB funding contributions. From 1 April 2016 the total national NPS budget for LSCB contributions was set at 40% of the contributions previously made by the former probation trusts. Historically the LSCB received £5,572 from probation services. The new funding formula left a deficit of £1703.12.

An underspend, arising from receiving a financial contribution from the NSPCC of £19,080 to facilitate the LSCB participating in the Department for Education Innovation Programme, 'Learning into Practice Project'<sup>1</sup> was carried forward to this financial year to support the ongoing Serious Case Reviews.

### Expenditure

|                 |  |
|-----------------|--|
| <b>£26,899</b>  | SCRs and Learning Reviews              |
| <b>£132,191</b> | Salaries and on-costs                  |
| <b>£6,464</b>   | Multi-agency child protection training |
| <b>£5,347</b>   | LSCB communications.                   |

In 2016-17 the LSCB accrued an additional £5,000. £3,500 of this came from charges for non-attendance at LSCB training. The remaining £1,500 came from training delivered by the Learning & Development Officer in another Local Authority. This additional funding supplemented the SCR and Learning Review budget line.

The full financial breakdown, plus the budget forecast for 2017-18, can be read in Appendix 1

### Core Funding Contributions

|   |                |
|---|----------------|
| Brighton & Hove City Council                  | £ 143,100      |
| Brighton & Hove Clinical Commissioning Group  | £43,780        |
| Sussex Police                                 | £12,338        |
| CAFCASS                                       | £550           |
| National Probation Service                    | £1082          |
| Kent Surrey & Sussex Community Rehabilitation | £2786          |
| <b>Total</b>                                  | <b>£60,536</b> |

<sup>1</sup> This project developed and tested a number of ways to improve the quality of Serious Case Reviews (SCRs) and their impact on local and national child protection practice.

## Priority Area 1: Neglect & Emotional Harm

(Domestic Violence & Abuse, Parental Mental Health & Substance Misuse)

Child neglect is the most common and pervasive type of abuse in the UK today and requires a coordinated and rigorous professional response at all levels. To this end, Neglect and Emotional Harm is one of our key priorities for 2016-19. We believe that all children in our city should have trusted committed and able professionals who are able to swiftly identify and respond effectively to child neglect. To read more about the signs and symptoms of neglect visit our [website](#)

**Neglect**  
(Emotional Harm,  
Domestic Violence &  
Abuse, Parental  
Mental Health &  
Substance Misuse)

### Our Progress

- Undertaken an in-depth multi-agency audit of the effectiveness of arrangements to safeguard children who experience neglect (read more on page 20)
- Professionals from across the partnership have been trained to recognise and respond to child neglect.
- Commissioned a Learning Review to see how effectively our partner agencies are working with neglectful families (read more on page 22). 104 professionals attended a briefing session following this review.
- Professionals have been trained to understand the impact of domestic violence & abuse on children and young people.
- Professionals have been trained to understand the impact of parental substance misuse on children and young people.
- Refreshed the Sussex Pre-Birth Child Protection Procedures following LSCB audit activity, to clarify that pre-birth conferences should be held at least 3 months before the estimated delivery date to allow planning and support for the pregnancy and the birth of the baby to be put in place.
- Over the year the LSCB has been developing a multi-agency Neglect Strategy setting out Brighton & Hove's approach to tackling neglect.
- Improved our understanding of the numbers of children for whom neglect is a feature, the prevalence of parental factors and the effectiveness of the safeguarding system in reducing neglect.
- A new system of undertaking Child Protection Conferences was introduced in January 2017 (read more on page 22)
- Read more about what our agencies having been doing to tackle neglect from page 31.

### Still to do

- Review and promote the use of the Quality of Care tool to practitioners working with children and families. This tool helps professionals measure the quality of care being given to a child. It's an assessment tool that helps them to spot anything that's putting that child at risk of harm.
- Ensure actions from the Neglect Strategy Action Plan are progressed, including:
  - Reporting the impact of the Neglect Strategy in the 2017/18 annual report of the LSCB to the Health and Well-Being Board.
  - A review and refresh of LSCB web content and communication to promote professional and public awareness, understanding and recognition of neglect.
  - The Safe and Wellbeing School survey to investigate children and young people's understanding of neglect.
  - Children's Service to deliver a workshop with children and young people around neglect to gather the thoughts and feelings from those who might have experienced neglect.
- Ensure actions from quality assurance activity are fulfilled, including;
  - Embedding the use of genograms and multi-agency chronologies/significant events to analyse the impact of neglect on children,
  - Making use of Strengthening Family Plans to ensure that child focussed outcomes are clear with time scales, regularly updated and revised.

## Priority Area 2: Sexual Harm and Violence towards children

### (Child Sexual Abuse & Child Sexual Exploitation)

This year, like previous years, we have been working together to identify the extent of sexual harm and violence towards children. Conscious of the risks to children who are alone, we have this year paid particular attention to work across the partnership with those children who go missing from care, home and education.

Sexual harm and violence towards children has a devastating impact on children, young people and their families and the LSCB remains committed to making sure that we get it right and provide our children with the protection and support they may need. To read more about the signs and symptoms of sexual harm and violence towards children visit our [webpages](#)



### Our progress

- Undertaken a multi-agency audit of CSE to test the effectiveness of multi-agency working with children who are being sexually exploited, or at risk of being sexual exploited (page 20)
- Commissioned a Learning Seminar to improve cross border working between Children's Social Work and Sussex Police
- Our dataset now includes information on the numbers of children who have experienced sexual harm and violence (including historic abuse)
- Learning and development opportunities have been maximised to support staff awareness and understanding of the signs and symptoms of sexual abuse, how to respond to allegations of sexual abuse, and clarity on the sexual abuse medical pathway.
- Professionals have been trained to recognise and respond to child sexual abuse.
- Professionals from across the partnership have attended training to better respond to children and young people who display harmful sexual behaviours
- In January 2017 the Sussex Children's Sexual Assault Referral Centre (CSARC) undertook an audit and review of it's referrals, looking specifically at those where a child was not seen for a health assessment. This provided reassurance that CSARC is involved in decision making and highlighted the need for more support for families to uptake health assessments.
- Throughout 2016-17 the CSARC team have run regular training sessions (including through the LSCB). This includes open days to highlight CSA and show how their team can work with professionals to give the best service to children and families.
- Continued to challenge the commissioning of appropriate Return and Support Services to provide children who go missing with necessary and effective support and interventions.
- Multi-agency representation at the LSCB Vulnerable Children & Sexual Exploitation Strategic Group and CSE/CSA: Prevent, Protect and Early Identification subcommittee has increased, with attendance including CAMHS, Mankind, WiSE, Survivors Network, Sussex Police, Children's Services and others.
- YMCA, Mankind & Survivors Network joined forces to raise awareness of CSE in our schools.
- Supported efforts to address the under-identification of boys and young men as victims of CSE.
- Sussex Police and the Business Crime Reduction Partnership have worked together to deliver CSE training to hotel reception and door staff.
- Read more about what our agencies have been doing to tackle sexual harm and violence towards children from page 31.
- Worked with Sussex Police on a public awareness raising campaign which ran from 18 January – 3 May 2016. As a result of this campaign there was a 53% increase in contacts about CSE compared to the same period last year. An independent evaluation of the campaign found that 76% of those surveyed were able to recall the campaign unprompted, 90% thought the campaign was relevant.

## Progress against LSCB Business Plan 2016-17

A dedicated CSE analyst post funded by the Sussex Police & Crime Commissioner has supported the opportunity for Pan-Sussex analysis. As a result we have established that:

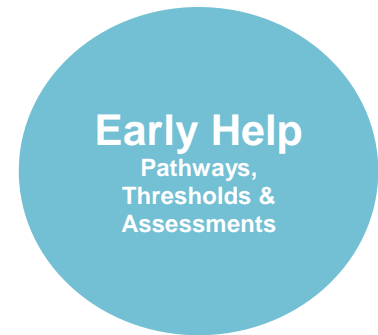
- trends in CSE identified in the South East Region involve the internet & social media; drugs and alcohol; and peer on peer abuse.
- the biggest practice threats to tackling CSE in the region are information sharing; partnership working; and professionals not seeing children as children.
- Individuals are recognised as the biggest threat in the South East region, which tallies with what we already know about the local offender profile

### Still to do

- Develop and implement a Multi-Agency CSA Strategy & Action Plan
- Ensure actions from quality assurance activity are fulfilled, read more on this on page 20.
- Finalising our 'CSE Promise' which outlines a set of standards young people can expect from us when disclosing CSE concerns.







## Priority Area 3: Early Help, Pathways, Thresholds and Assessments

Early Help is crucial. It means taking action to support a child, young person or their family early in the life of a problem, as soon as it emerges. It can be required at any stage in a child's life from pre-birth to adulthood, and applies to any problem or need that the family cannot deal with or meet on their own. It also applies to all children and young people, with any form of need.

It is vital that the LSCB has a clear understanding of our Early Help arrangements and that we focus significant effort on the prevention of abuse. Much of this year has been dedicated to applying our efforts, building on Ofsted's recommendation (2015), to have a better understanding of the effectiveness of early help assessments and interventions

### Our progress

- We have assumed the governance of early help arrangements, previously held by the Early Help Partnership Board.
- In recognition that the local authority has predominantly taken the leadership role in coordinating early help strategies, information and access points, the LSCB has established a new Early Help Subgroup to provide strategic direction around the multi-agency delivery of Early Help and to promote an integrated and effective multi-agency Early Help approach across the city.
- Continued to test whether professionals understand the threshold for social work intervention.
- Continued to assess whether the child's emerging needs are appropriately met elsewhere when the threshold for Social Work intervention is not met.
- Continued to assess what impact Early Help has had on outcomes for the child and family.
- Gained an improved understanding of the capacity at early help access points.
- Delivered training on Early Help systems and processes, with professionals guided through Early Help documents and paperwork, exploring the MASH processes, interpreting the Threshold document and examining the function and role of the Weekly Allocation Meeting.
- Throughout the year our agencies have taken positive steps to improve the delivery of early help (read from page 30)

### Still to do

- Ensure families and children's views and experiences of early help intervention and support influences service delivery.
- More clearly understand how agencies work together to better support the whole family (to ensure interventions are targeted to each member of the family) e.g. closer working with Brighton & Hove Safeguarding Adults Board.
- Explore opportunities for co-production and co-commissioning, pooling resources and efforts to do things differently. The commissioning of services (which support early help) needs to be evidenced based and must avoid duplication of resources, offers and efforts.

## Priority Area 4: Governance, Quality Assurance & LSCB Scrutiny



We want to remain a highly performing LSCB. To achieve this we embrace challenge and scrutiny and have this year continued to employ a variety of methods to do this including, peer review, lay members and collaboration with other LSCBs.

Over the year we, and our partners, have continued to challenge each other and to seek evidence of the effectiveness of all that we do to keep children and young people safe in Brighton & Hove.

### Our progress

- Our Management Information has been revamped and better directs our business planning cycle.
- Our multi-agency audit programme to assess safeguarding performance across the city continues to thrive. Read about the audits completed in 2016-17 on page 20
- Auditing and Management Information are now more closely aligned, supporting the delivery of LSCB priorities and highlighting deficit areas or weaknesses in existing systems and processes.
- We continue to have oversight and scrutiny of our partner's child protection and safeguarding quality assurance activity.
- We are confident that learning and improvement activity is robustly embedded within services, single and multi-agency, across the partnership.
- Via our established Section 11 scrutiny<sup>1</sup> we continue to have a clear understanding of the quality and timeliness of our partners contributions to safeguarding arrangements.
- We are assured that our safeguarding and child protection policies, procedures and expectations for working practices are up to date, visible and accessible for frontline professionals and managers.
- Our multi-agency training programme has continued to go from strength to strength, incorporating learning from reviews and audits into our training offers. Read more about our training on page 23
- We have tightened up protocols with the Corporate Parenting Board, Prevent Board, Safeguarding Adults Board and Health & Wellbeing Board to be better sighted on matters of mutual interest.
- The LSCB has been updated on outcomes from internal and external reviews and inspections that our partners have undergone and remain to be sited on the actions. Read more about this on page 17

<sup>1</sup>Section 11 – Working Together to Safeguard Children (2015) requires all LSCBs to gather this information to assess whether partners are meeting their statutory obligations as outlined in Section 11 of the Children's Act (2004). Every two years the LSCBs across Sussex ask each partner agency to look at their processes and to assess how good they are by completing a self-evaluation tool kit about their systems around their responsibilities towards children. This asks questions including; is the agency clear about how to keep children safe and promote their wellbeing, do staff have access to good training, are staff recruited safely, do agencies work well with other sharing information properly and quickly and are they able to recognise and respond to particularly risky situations. Agencies can rate themselves red, amber or green. They have to provide 'Evidence' for their rating, either by describing what they do or by attaching documents which support their judgement by showing what they do. For areas where they have said they are red or amber they are required to complete an 'Improvement Plan' to describe what they will do to improve, who will do it and when it will be done by. The LSCB's hold "Challenge Events" to bring together local partners and look at the S11 audits, sharing good practice and working together on areas that require improvement.

## Priority Area 5: Participation & Engagement

Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 provides that LSCBs are responsible for “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”.

The LSCB believes it is important that the work of the Board is effectively communicated across our target audiences so that they feel informed about work we do to improve safeguarding in Brighton & Hove.

The LSCB is very aware of the need to engage with children and young people in a meaningful way to understand and act on their views and concerns.

### Our progress

- The LSCB have, through the Section 11 process, sought assurance that senior leaders are playing a prominent role in making the voice of the child central to their services.
- We spoke to some year six children from primary schools in the city, to ask them to rate how important they think the LSCB priority areas of business are on a scale of 1-5. We wanted to do more meaningful consultation work with children and young people when setting the 2016-19 areas of focus, but due to a number of factors this was not fully realised. You can read their comments to the side.
- The LSCB has cascaded learning from reviews, child deaths and quality assurance activity to professionals to support their understanding of what is required to improve safeguarding and child protection systems.
- In January 2017 the LSCB joined forces with the Safeguarding Adult Board and successfully recruited an additional four new lay members. This allows greater capacity for Board arrangements to be further opened up to increased public scrutiny and the new lay members are continuing to support stronger public engagement in, and understanding of, children’s safeguarding issues
- The [LSCB Board Briefing](#) continues to be hosted on the LSCB website following our quarterly Board meetings to support parents, carers and members of the public to have an improved understanding of the values and statutory function of the LSCB partnership
- The LSCB have continued to share news and links about good safeguarding practice on twitter. As at 31 March 2017 we have 1566 followers. On average we gain 1 new follower per day. Throughout the year our tweets earned 280,000 impressions, with 969 re-tweets and 871 likes.

How else do you get better at things? You need to listen to know what the problems are and what help they need

Children should be involved as they have just as important views as adults, especially as it is concerning them.

It would change some’s life for the better if they got help

It must be really hard not to have parents that love and care for you and so you would need help from somewhere else

This is really important because kids need protecting. They need to be talked to about this so they know how to keep safe and make the right choices and decisions

## Progress against LSCB Business Plan 2016-17

### LSCB Communications



Throughout 2016-17 the LSCB has continued its work with Safety Net to produce the parent newsletter [Safety Rocks](#). Themes covered this year have included The Kindness Edition: focusing on the importance of kindness in preventing bullying, helping manage stressful times, and looking after ourselves and others; Child Safety Week and online safety; helping children deal with anxiety; the government campaign “Together we can Tackle Child Abuse” which encourages the public to recognise and report concerns; and how to talk to your children about serious incidents including the refugee crisis

From 6-12 June 2016 the LSCB promoted [Child Safety Week](#) to raise awareness across the city of the risks of child accidents and how they can be prevented.

During August 2016 the LSCB promoted the [Pride Buddy](#) initiative led by ru-ok? and the Youth Service. This offered a crew of helpers in the Pride park, outside the main event to reduce the risk of underage drinking and substance misuse amongst those young people attending the event.

On World Mental Health Day 2016 the LSCB promoted the [IAMWHOLE](#) campaign. This was a new anti-stigma youth mental health campaign developed by NHS Brighton & Hove CCG in partnership with Brighton & Hove City Council and YMCA Right Here, a local mental health project.

Also in January 2017 the Participation & Engagement Subcommittee developed a [Professional Curiosity Briefing](#) for staff working with children and families in the City. The briefing, spanning all four LSCB priority areas of business, supported raising an awareness of the need for respectful uncertainty. You can read the bulletin [here](#).

In February 2017 the LSCB joined the 'Be the change: Unite for a better internet' campaign as part of [Safer Internet Day](#).



**#IAMWHOLE**

#### Still to do

- Map agencies engagement with children and young people to have a comprehensive overview of the impact that children and young people’s views are having on the improvement and development of services.
- Realise our ambition to directly engage children and young people in designing the annual report.
- Take further opportunities to promote the profile of the LSCB in its role promoting safeguarding and supporting and challenging agencies to work together to improve outcomes for children.
- In 2017-18 the LSCB will be asking partners how the voice of the child is heard within their services. Specifically, the LSCB will be mapping mechanisms in place to receive feedback from children, young people and carers – in respect of safeguarding services/ interventions, hearing what that feedback is and understanding (and challenging where necessary) how changes to safeguarding services/ inventions have been made in response to feedback.





## External & Internal Inspections and Reviews

Whenever partners receive external safeguarding inspections, or carry out internal inspections or reviews, the Board receive an update on findings and remedial action. These reviews provide additional opportunities for the LSCB to understand practice across the whole system and support the identification of common themes and challenges.

### Care Quality Commission Inspections (CQC)

The CQC undertake inspections of health providers and Clinical Commissioning Groups (CCGs), during 2016-2017 they carried out the following inspections in Brighton & Hove:

#### Brighton & Sussex University Hospitals Trust (BSUH)

In April 2016 BSUH were inspected by the CQC who judged the overall quality of care to be Inadequate. The Trust's CQC Improvement Programme has been reported to both the Trust Board and the Trust's Quality Board who both monitor the progress

In terms of safeguarding, inspectors found a comprehensive safeguarding policy and named professionals for safeguarding in place. The inspection identified that staff across the trust had a good awareness of safeguarding issues, processes of escalation and how to access safeguarding leads. In maternity and gynaecology this included risks associated with domestic violence and genital mutilation.

Safeguarding training for all staff groups was lower than the Trusts target.



#### South East Coast Ambulance Service NHS Foundation Trust (SECAMB)

In May 2016 SECAMB received an inspection from the CQC who rated them as Inadequate. Safeguarding arrangements within the trust were noted to be exceptionally weak. A lack of accountability, understanding and appropriate investigation was prevalent throughout the trust.

LSCBs and SABs in the South East Region are working together to oversee progress on SECAMBs improvement plan. They are working to strengthen their safeguarding & child protection arrangements, embed a culture of safeguarding across the trust, and ensure that all staff working with children, young people and/or their parents/carers receive an appropriate level of safeguarding training



#### Sussex Partnership NHS Foundation Trust (SPFT)

In September 2016 an inspection of child and adolescent mental health wards was carried out and the Trust was rated as Good.

In terms of safeguarding, inspectors noted that staff knew who the safeguarding lead was and demonstrated to inspectors their clear knowledge of safeguarding procedures. These procedures were easily accessible.

In September and again in December 2016 the CQC undertook inspections of specialist community mental health services for children and young people. The Trust was rated as Requires Improvement.

Inspectors found the safeguarding lead had links with the local safeguarding children board and was able to provide training and advice to staff. There was robust training around safeguarding, and processes were in place for staff to raise safeguarding alerts and to gain support in safeguarding young people from abuse



## Core LSCB Functions: Governance

### Internal Reviews

#### **Brighton & Sussex University Hospitals Trust (BSUH)**

In 2015 BSUH commissioned an independent review into the Trust's safeguarding arrangements for children and young people. The review saw evidence of good and outstanding practice as well as areas for improvement. Throughout the year the LSCB have been sighted on progress made against the 63 recommendations and used the Section 11 process to provide further support and challenge to the agency about its safeguarding arrangements. Scrutiny on progress is scheduled later in 2017.

#### **Sussex Partnership NHS Foundation Trust (SPFT)**

In 2016 the agency undertook a concise review into safeguarding arrangements at the Trust resulting in 30 recommendations. The Deputy Chief Nurse, SPFT and the Interim Chief Nurse, BUSH, have undertaken to explore recommendations from both internal reviews to consider any connected themes between the two providers.

### **LGA peer review: Brighton & Hove City Council's Families, Children & Learning Directorate**

In 2016 the Brighton & Hove City Council's Families, Children & Learning Directorate approached the Local Government Association to coordinate a safeguarding Peer Review. This took place in September 2016. The review explored vision, strategy and leadership within the Families, Children & Learning Directorate. In addition they were asked to give a view on whether outcomes, especially from the new social work model of practice, could be demonstrated, if the practice was purposeful and if the voice of the child was clear and having an impact. The LSCB asked the peer review to look for evidence for the voice of the child within our work.

#### **Key findings - Families Children & Learning Directorate**

- New Model of Practice found favour amongst staff and partners.
- POD structure valued by staff and partners - focused on long term engagement with children and families and on effective relationship building to promote sustainable outcomes.
- Some drift especially in Child In Need cases, caseloads/case closure, timeliness of minutes, recording of supervision/oversight, chronologies
- Review of case records provided some early/emerging evidence for improved outcomes for children and families
- Good partnership and joint working. The Health and Wellbeing Board in particular provides an effective forum for strategic planning
- Good operational partnership working in the MASH and with schools.
- Evidence of ongoing work to improve joint working with adult services
- Strong directorate strategic intent to improve outcomes for children and corporate and service plans are aligned.
- Need to simplify and communicate the strategic vision

#### **Key findings – LSCB**

- LSCB clearly understands the importance of listening to the voices of children and young people.
- LSCB clearly wishes to see the voice of the child as a golden thread throughout its work and across all subcommittees.
- The Chair, Business Manager and selected board members are clearly committed to making the voice of the child central to the work of the Board.
- Lay members of the Board clearly provided consistent challenge on this.
- LSCB actively makes use of existing opportunities for feedback.
- Evidence that participation and engagement is happening in some respects and there are plans to improve this further.

## Partner Compliance with Safeguarding

Every two years our partners undertake a self-assessment to determine how well they are safeguarding children and young people and promoting their welfare. This is part of their responsibilities under Section 11 of the Children Act 2004.

The Section 11 audit provides a benchmark of current performance to enable agencies to monitor progress and quantify improvement in safeguarding practice over time. Agencies self-assessments were subject to additional scrutiny and challenge at Pan Sussex Peer Event in June 2016, and a Local Peer Event in October 2016.

This year saw a positive uptake of the audit from a number of Community & Voluntary organisations with Safety Net, Survivors Network, Amaze, Rise and YMCS Downlink Group completing the full Section 11 audit, and several others completing an online survey circulated by Community Works.

For the most part self-assessments were well substantiated. Where challengers felt grades were not accurately awarded due to the position of the work these were challenged.

The audit found good evidence of:

- senior management commitment to safeguarding
- clear on responsibilities towards children
- clear lines of accountability
- improvements to service development being informed by the views of children and families
- effective inter-agency working
- responses to the challenges of recognition and response to child sexual exploitation

Key areas identified as a challenge included:

- Sussex Police, Probation Providers and IC24 were not able to demonstrate compliance with Private Fostering criteria.
- No gaps or significant issues regarding engagement in multi-agency work were identified but how resilient and capable agencies who span large geographical areas are when needing to engage multi-agency forums was raised.
- Recognising and responding to radicalisation is a developing area for agencies.

The Board requires each statutory partner to submit an annual report. All agencies have provided an annual report. The reports, which can be read from pages 31, demonstrate their own commitments to advancing safeguarding improvements as well as their progress and commitment to taking forward the LSCB's priority areas of business.

## Our Activity: Monitoring & Evaluation

Under Working Together to Safeguard Children (2015) LSCBs must quality assure practice, including through joint audits of case files involving practitioners, to identify lessons to be learned. This year we have undertaken the following two audits.

### Child Sexual Exploitation Audit

#### The audit tested:

- identification and initial responses to CSE
- assessment, planning and intervention;
- the impact of the work undertaken by agencies in protecting and meeting the needs of children who are or have experienced CSE;
- involvement of children in decision making.

#### What we learnt:

- CSE was identified appropriately in all cases, and as early as possible in most cases
- in most cases, the response to CSE was effective and there was good evidence that agencies were working well together to reduce risk
- in most cases there was a focus on the child, including their involvement in decisions made in respect of them with evidence that their voice was being heard
- in the majority of cases, the risks for the young person had reduced, and their physical, emotional and educational needs were being met more consistently

#### What we've done:

- ensured there are effective communication channels in place when young people are placed outside the city
- Red Op Kite (MACSE) co-ordination, oversight and effectiveness are now recorded on Carefirst/child's file in Children's Social Work

#### Still to do

- LSCB to challenge our partners to improve responses to young people who do not engage with services.

### Neglect Audit

#### The audit tested:

- identification and initial responses to neglect;
- assessment, planning and intervention;
- the impact of the work undertaken by agencies in protecting and meeting the needs of children who are or have experienced neglect.

#### What we learnt:

- overall, there was clear evidence in the MASH decision making that the previous history and the child's ongoing & current experiences had been considered.
- in all cases, the assessment (social work) took sufficient account of the family history and addressed the cumulative impact of neglect on the child and the parents' capacity and motivation to change. The assessments completed by the Family Nurse Partnership were judged to be very good.
- the majority of plans explicitly identified how neglect would be addressed with a focus on both the parents' and child's needs. A range of evidence based interventions were being used to reduce the risk of/prevent neglect.
- there was evidence of effective joint working in most (67%) cases, which had led to positive outcomes for the child/ren.

#### What we've done:

- Professionals have been reminded to use genograms & chronologies to inform assessments and plans as a routine part of safeguarding practice for all agencies

#### Still to do

- review and promote the use of the Quality of Care tool to practitioners via the internal intranet (all relevant agencies) and LSCB website and evaluate the use of the tool.
- early help plans and strengthening families plans need to be clearer in relation to the outcomes sought for the children and timescales.
- LSCB to be assured there is robust management oversight of neglect cases so that drift and delay are identified and appropriate remedial action is taken.



## Our Activity: **Serious Case Reviews**

One Serious Case Review was published in 2016-17 and one Learning Review concluded within the year. Two Serious Case Reviews have been initiated and findings are pending as at 31 March 2017.

### **Child E**

E was a 17 year old boy, approaching his 18<sup>th</sup> birthday, when he died. The coroner returned an open verdict.

As a result of this review, delegated authority arrangements are now reviewed at every Looked After Child and Pathway Plan Review by Independent Reviewing Officers. The Family & Friends Carers policy and procedures have also been reviewed to ensure they incorporate learning from this review.

The LSCB have been assured as to the training offer to Friends and Family Carers, take up of the offer and scrutiny of non-engagement.

The LSCB has also been assured as to how Life Story work has been better maintained for children in care and how parenting capacity in relation to the changing needs of the child has been more robustly assessed.

In 2016-17 the LSCB requested Children's Social Work assure themselves that activity as a result of this review had led to improved practice. A subsequent single-agency audit on quality of Pathway Plan Reviews was undertaken and the findings are pending at the time of publication.

This review has influenced activity across the city in supporting the emotional health and wellbeing of children and young people. This includes:

- Having Primary Mental Health Workers within schools and colleges
- Improving the mental health pathway for looked after children
- The promotion of training for front line staff working with children and young people to improve knowledge and understanding of mental health
- The enhancement of a more consistent outreach model for delivering tier 3 Child and Adolescent Mental Health Services
- The development of a Sussex-wide response to children and young people in crisis.

**You can read the full report, the Board response and a short summary of the findings [here](#).**

## Core LSCB Functions: Serious Case Reviews

### Our Activity: Learning Reviews

In Brighton & Hove, Learning Reviews take place when, after an initial review of the case, it is decided that there are lessons to be learnt but the threshold for a SCR is not met. The Learning Review consists of professionals from each agency involved with the child or family meeting together to share information, identify good practice and missed opportunities. Learning which might help to prevent similar events in the future is identified.

#### Themed Learning Review on Neglect

This review concerned a family with five children where there were child welfare concerns over a period of over ten years.

The review highlighted that recording of Child Protection Conferences needed to be clearer to ensure effective case planning. The LSCB heard at its September 2016 meeting about the new Relationship-Based model of child protection conferences. This is a model that uses the principles from the Strengthening Families<sup>3</sup> approach to encourage greater parental involvement and create better quality multi-agency plans with strengthened safety for children. The new child protection conference model is now in place with new streamlined paperwork introduced which is much more succinct with a focus on action planning and risk assessment.

Since this review the allocation of complex cases is now more flexible to support cases being worked more effectively. The LSCB have also been assured that interpreters are suitably trained in the complexities of safeguarding and legal procedures. Practice Guidance for children left unsupervised is currently being refreshed.

Learning Review reports are not published, but you can read more about the recommendations [here](#).



<sup>3</sup>Strengthening Families™ is a research-informed approach to increase family strengths, enhance child development and reduce the likelihood of child abuse and neglect. It is based on engaging families, programs and communities in building five protective factors:

- Parental resilience
- Social connections
- Knowledge of parenting and child development
- Concrete support in times of need
- Social and emotional competence of children

## Core LSCB Functions: Learning & Development

### Our Activity: Learning & Development

It has been another incredibly busy twelve months with the Learning & Development subcommittee continuing to monitor and evaluate the training delivery in line with the [LSCB Training & Development Strategy](#). The Learning & Development Officer has enhanced the comprehensive training programme, making additions to the courses available in line with local need and requirements. Learning from recent case reviews has been considered and learning points incorporated into the training material. There has also been a large amount of work around liaison with other area Boards and training streams to avoid unnecessary duplication of offers.

#### The Training Programme

The training programme continues to offer both the core Working Together to Safeguard Children three days, for professionals new to role in any of the partner agencies. It also provides a wide range of specialised safeguarding training, and this year has seen new additions, such as Safeguarding in a Digital World, presented by colleagues from Safety Net as well as a session, Safeguarding Adolescents. Imkaan, a UK-based, black feminist organisation dedicated to addressing violence against women and girls, were commissioned earlier this year to provide presentations in relation to Harmful Practices, including Female Genital Mutilation, Honour Based Violence and Forced Marriage.

#### The Child's Voice

Following the Local Government Association Peer Review (see page 17), the LSCB have revisited the training offers to better incorporate the importance of listening to the voice of the child and their experiences in multi-agency training.

#### Multi-Agency Training Attendance

Between 1 April 2016 and 31 March 2017 the LSCB multi-agency training was attended by 1,042 practitioners – an 139% increase from the year before.

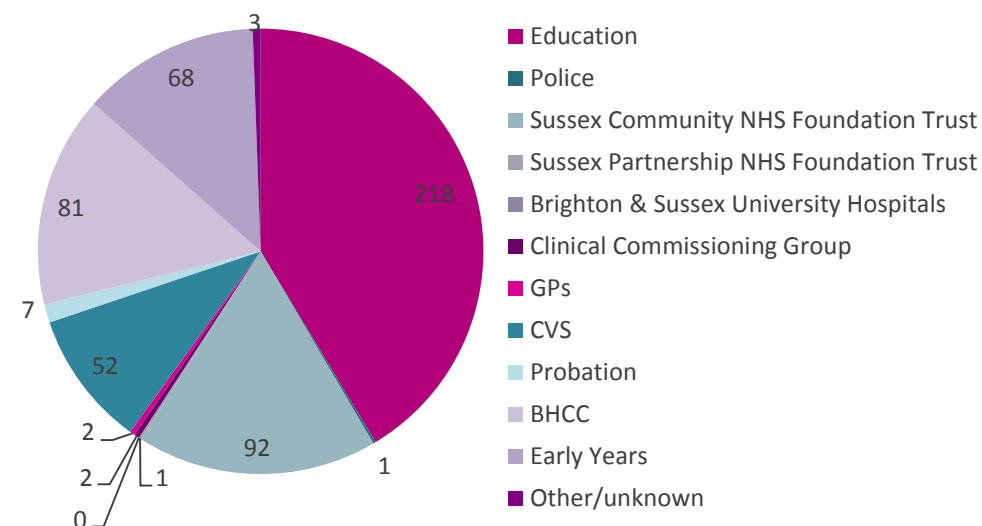
| Core Working Together Sessions             | Number of sessions                           | Attendance |
|--|--|------------|
| Developing a Core Understanding            | 6  | 139        |
| Assessment, Referral & Investigation       | 6  | 135        |
| Child Protection Conferences & Core Groups | 4 full day sessions plus 3 briefing sessions | 277        |

Sussex Police have been challenged by the Board for not attending the core multi-agency training, and it has been proposed that we will trial a training programme for officers moving into the Safeguarding Investigation Unit from other departments.

The LSCB Learning & Development Officer is also involved with rejuvenating the Joint Investigations training that has historically been held with Police & Social Care staff to improve partnership working. There is also an ongoing piece of work, looking at "best practice" to equip practitioners with the skills to carry out Achieving Best Evidence (ABE) interviews

Brighton & Sussex University Hospitals find it difficult to release staff for full day external training, but the Board has been given assurance that relevant staff are given appropriate safeguarding training internally, and we have held additional Briefing sessions at the Royal Sussex to share learning from Case Reviews with hospital staff

Attendance by agency at core training 2016/17



## Core LSCB Functions: Learning & Development

| Specialist Child Protection Courses  | Sessions  | Attendance |
|--|-----------|------------|
| Domestic Abuse & Violence: The Impact on Children & Young People   | 4         | 46         |
| Child Sexual Exploitation - day 1: Prevention and Disruption   | 2         | 25         |
| Child Sexual Exploitation - day 2: Working with Young People at Risk   | 2         | 23         |
| MAPPA – Multi Agency Public Protection Arrangements  | 1         | 17         |
| Safeguarding Children with Disabilities  | 1         | 18         |
| Impact of Parental Substance Misuse  | 2         | 39         |
| Child Neglect Training   | 3         | 28         |
| Hidden Children – Working with Invisible Families (Private fostering, Home education, Travellers and Migrants) | 2         | 24         |
| Children & Young People Who Display Harmful Sexual Behaviours  | 2         | 28         |
| Dealing with Child Sexual Abuse  | 1         | 17         |
| Working with Parents who have a Learning Disability  | 2         | 28         |
| Mental Health & Children’s Services: Working Together with Families  | 1         | 19         |
| Harmful Practices Workshop: FGM  | 1         | 41         |
| Enabling & Supporting Compliance: Working with Disguised Compliance & Forceful Counter Argument                | 2         | 34         |
| Learning from Serious Case Reviews – Briefing Sessions   | 3         | 104        |
| <b>Total Specialist Child Protection Sessions &amp; Briefings</b>  | <b>29</b> | <b>491</b> |

### Practice Points

Practice Point briefing sheets are a new addition to the LSCB training offer. These are short written briefings for managers and team leaders to use within their team meetings, group supervision sessions or team building days. They contain a theme, a brief scenario around that theme, some questions and suggested links to access further advice and guidance. Having completed these basic briefings, it naturally leads the way into attending a full training presentation from the selection held in the training programme. There are currently 24 Practice Points, including topics such as Fabricated Illness, Parental Mental Health, Neglect and Child Sexual Abuse. You can read these [here](#).

### Looking ahead

In 2017-18 the LSCB will commission a course specifically on listening to children and young people. Advertised as “The Child’s World” this training will concentrate on how the voice of the child and young person is heard within the safeguarding process.

Next year the LSCB will re-commission the delivery of an external “Train the Trainers” course. This will add an additional 11 staff, from various agencies, to the existing training pool. This enables the LSCB to maintain a recognised level of training qualification for those providing multi-agency training.

Also in 2017-18 the Learning & Development Officer, in conjunction with trainers from the training pool, will be instigating peer observations of multi-agency training sessions. This is to support newer trainers to develop their skills both by observing and being observed by an experienced colleague. Observations will also form part of new learning & development quality assurance processes.



## Core LSCB Functions: Learning & Development

### Learning Together to Safeguard the City 2016

Following on from the success of last year's Learning Together to Safeguard the City, this year, once again the LSCB, in partnership with the Safeguarding Adults Board and the Safe in the City Partnership Board, as well as Brighton & Hove City Council and other statutory partners and a range of charities and community groups came together to offer a week long series of awareness raising events for professionals working with individuals, their families and the wider community.

458 professionals attended events during the week, and sessions on offer included:

- Working with Young Survivors of Sexual Violence and Abuse
- Learning together to safeguard victims of sexual violence & rape
- How do we support people who self-neglect?
- Understanding How Child Sexual Exploitation Affects Boys and Young Men in Sussex
- Child Sexual Abuse – Basic Awareness
- Supporting Adult Survivors of Childhood Sexual Abuse
- Safeguarding Adults Conference
- Children & Young People Who Display Harmful Sexual Behaviours
- Coercive Control Conference
- Workshop to Raise Awareness of Prevent (WRAP)



**Safe in the city**  
Brighton & Hove Community Safety Partnership



#### Comments from attendees:

*This session really reinforced the commitment that Sussex Police (along with other criminal justice agencies) have made to developing best practice around supporting victims through investigations, as well as doing the best they can to pursue a report of a crime. It also helped back up my confidence in pushing for things, like certain special measures for clients when originally met with some kind of resistance around this.*

*(Historical Allegations – how do we investigate?)*

*The session was really engaging. And great to be delivered by three members of staff who identify as Trans; it gave far more insight into the safeguarding issues involving Trans people.*  
(Safeguarding the Trans Community)

*Recognising the amount of issues and thought processes that goes on outside of the interview room*  
(Introduction to the Safeguarding Investigation Unit)

## Additional Functions of the LSCB: Private Fostering

### Private Fostering

#### Arrangements to raise awareness about Private Fostering

A private fostering arrangement is one that is made privately (without the involvement of a local authority) for the care of a child under the age of 16 years (under 18 if disabled), by someone other than a parent or close relative, in their own home, with the intention that it should last for 28 days or more.

Given concerns about the level of 'hidden' private fostering, local authorities are required to raise public awareness of the requirement to notify the local authority of private fostering arrangements and therefore to reduce the number of 'unknown' private fostering arrangements.

In 2016-17 a number of initiatives were undertaken to highlight the notification arrangements to existing and potential private foster carers, voluntary and statutory agencies, and members of the public as follows:

- The Annual Safeguarding Audit Tool completed by Brighton & Hove schools was updated in 2016 to include questions about Private Fostering Arrangements.
- The network for school based Designated Safeguarding Leads has continued to meet once every term.
- Private fostering training, as part of the LSCB Session on "Hidden Children", was delivered in June 2016 and February 2017.
- Information about Private Fostering has been shared by the LSCB with professionals and members of the public via social media as part of Private Fostering Awareness Week (4-11 July 2016). Information about private fostering has been included in the primary and secondary school admissions booklets 2016-17. Posters and leaflets were sent to Sussex Fire Service who also attended the Private Fostering training in February 2017.
- Brighton & Hove City Council continue to raise awareness about private fostering with Language Schools and Guardianship Agencies.
- A dedicated Private Fostering Social Worker post was created in 2016 and an appointment was made in Dec 2016.

#### Monitoring Compliance with Duties and Functions

Private Fostering activity has decreased from 43 in 2015-16 to 33 in 2016-17<sup>4</sup>

At the start of the year (1 April 2016) there were 16 children reported as living in private fostering arrangements. During the year, 17 new notifications were received and 17 were confirmed as being private fostering within the definition.

All new notifications received an initial visit, with 100% taking place within 7 working days.

The percentage of cases where visits to children were carried out within the timescales required by Regulation 8 of the Private Fostering legislation (which is at least 6 weekly in the first year) is 63% which is slightly lower than the previous year. This has since been addressed following the appointment of a dedicated private fostering social worker in Dec 2016.

In 2016-17 of the seventeen new private fostering arrangements, sixteen of the children are aged 10-16 and one child is aged 5-9. All of the children were born overseas.

Twenty two arrangements ended during the year, leaving a total of eleven children living in Private Fostering arrangements at 31 March 2017.

<sup>4</sup>Note: Each year, the majority of the private fostering arrangements in Brighton & Hove are children from overseas who attend Bellerby's College. This year the college informed the Private Fostering Monitor that the number of students enrolling at the college was less than the previous year. In addition, more students opted to stay in the college residence in 2016. This will explain the reduction in the number of private fostering arrangements for 2016-17.

| Reason why the Arrangement Ended:<br>(Using data fields proposed by Ofsted, Jan 14) | Number    |
|---|-----------|
| Overseas child returned voluntarily to country of origin                            | 6         |
| Overseas child returned to country of origin via Home Office intervention           | 0         |
| UK born returned to parents   | 0         |
| Became 'looked after child'   | 1         |
| Educational/sporting/vocational opportunity ended                                   | 0         |
| Child turned 16 (or 18 if disabled)   | 10        |
| Moved to another private fosterer   | 1         |
| Other   | 4         |
| <b>Total</b>  | <b>22</b> |

## Additional Functions of the LSCB: Local Authority Designated Officer

### LADO

There were **311 referrals to the LADO** in 2016-17, which is 51 more than in the previous year. This increase is over twice as much as the previous year's increase of 21, and similar to referrals to LADO's across the South East Network.

**Schools** remain the highest employment sector to make referrals and the proportion of allegations remains relatively consistent at **46.4%**

The number of allegations regarding **Local Authority foster carers** has significantly decreased from 16 to 4. The LADO continues to be consulted about Standard of Care and complaints raised and there is no indication that this decrease raises any specific issues with reporting.

In the past year the LADO has started to raise the profile within the **voluntary sector**. The worrying trend in the steady decline of referrals regarding this sector over the past few years appears to have halted. The LADO considers the percentage still to be disproportionate given it is such a large employment sector, so this work is ongoing.

There has been a continued increase in cases regarding **transport and taxi drivers**, which is likely due to the closer working relationship between the LADO and the Hackney Carriage Service. The LADO has attended Court on two occasions in the past year to support the licensing team to successfully defend their decisions against appeals by taxi drivers who have either not had their licence renewed, or have had them revoked due to safeguarding concerns

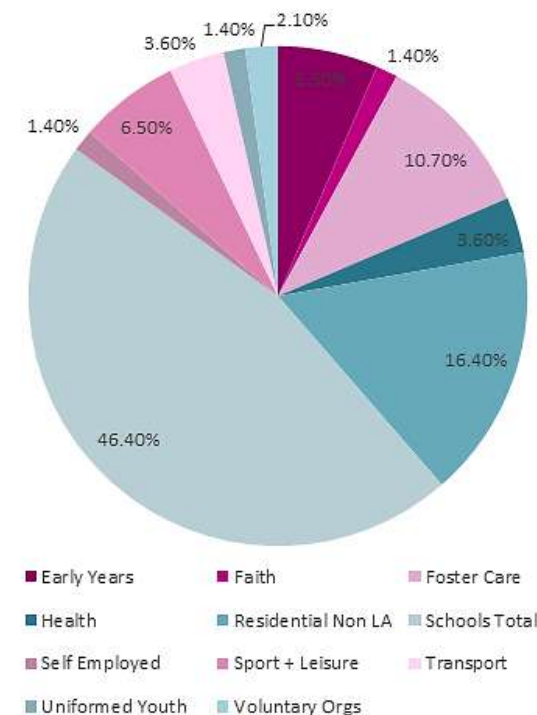
The significant increase in referrals regarding **Sport and Leisure** organisations in respect of sexual abuse, cover a number of different settings and activities. 4 of these are historic allegations and 2 involve Indecent Images of Children. The recent high profile cases of sexual abuse in sport, and police Operation Hydrant, will have had an impact upon reporting and there was an increase in referrals during Q4.

The most significant increase in referrals was in **non Local Authority children's homes** (Residential Non LA). This arose in July 2016 when a children's home was inspected by Ofsted and deemed Inadequate. The inspection raised concerns that the management of allegations was poor and not in accordance with procedures. A significant incident had not been referred to the LADO and concerns raised that 'physical restraint is not always the last resort'.

The number of referrals from this unit immediately increased following the Ofsted inspection. Referrals to the MASH also increased during this period, with the organisation probably acting over cautiously in response to the Ofsted inspection. Not all of these referrals were appropriate (e.g. disclosure by a young person about an historic incident in their home authority) and a meeting was held with the organisation to address these issues. In January 2017, another non Local Authority children's home was rated as Inadequate and this appears to correlate with the increase in referrals during Q4.

The Local Authority Designated Officer (LADO) has overall responsibility for the management of allegations of Abuse against Adults who work with Children. The LADO provides advice and guidance, liaises with the Police, Social Care Teams, regulatory bodies such as Ofsted, and other organisations as needed to ensure a fair and thorough process for both child and adult. Their aim is to provide a more consistent and appropriate scrutiny across diverse workforces and voluntary bodies, to contribute to a greater level of safeguarding for children, and natural justice to staff; and to enable appropriate referrals being made for barring decisions, and to build a safer workforce by removing practitioners who are likely to present a risk. The structure of the process was designed to bring independent advice to decision making.

Allegations by Sector



## Additional Functions of the LSCB: Local Authority Designated Officer

### Use of Restraint

The number of allegations regarding use of restraint in maintained schools saw a slight decrease from the previous year, and allegations were spread across a number of schools, with no identifying pattern. However, allegations against staff and teachers in non-maintained schools saw a significant increase this year. This is directly associated to the increase in referrals regarding non Local Authority children's residential setting as highlighted above as there is a school directly linked to this organisation. Of the 20 referrals received, 11 were directly associated with this non-maintained school. 5 of the 20 referrals were deemed substantiated, 4 of which were associated with the non-maintained school, all which lead to disciplinary procedures. Of the 5 substantiated allegations, 4 resulted in individual learning and one a formal warning. The remainder were deemed to be 1 unsubstantiated, 1 false, 1 malicious and 12 unfounded.

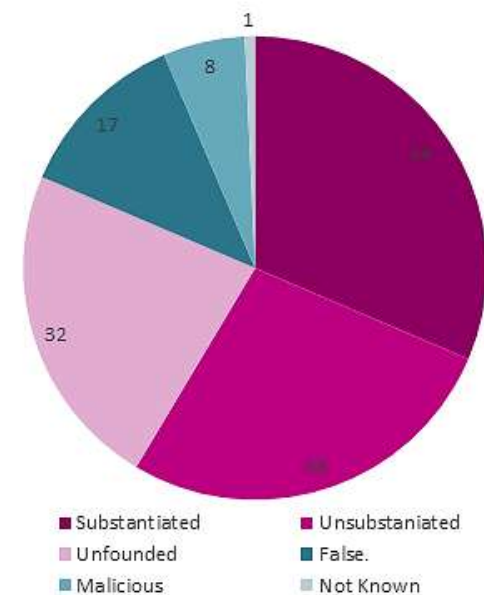
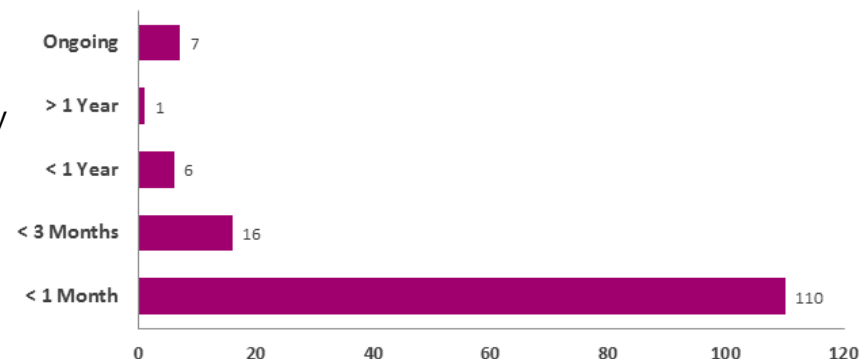
### Timescales & Outcomes

The 80% target of resolving cases within 1 month has nearly been met (78.6%) and the 90% target of resolving issues within 3 months has been achieved. The ongoing cases reflect lengthy police investigations, court cases and disciplinary procedures. These cases are likely to take over a year before they are resolved.

Of the 140 allegations in 2016-17, there were 87 internal investigations by the employer. There were 27 Strategy Discussions resulting in 12 child protection investigations (s.47) by Children's Social Work (10 jointly with Police). There were 40 Police investigations, 12 being historical. There is a higher ratio of police investigations than child protection investigations as there may be no named child(ren) warranting a Strategy Discussion, or the employee does not have children in their close family. Single agency, police led investigations, for example may involve internet sharing of Indecent Images of Children. In 2016-17 there were 6 charges resulting in 2 Cautions and 2 convictions, with one court case about to commence at the time of publication and another ongoing.

The LADO notes the significant increase in matters relating to Indecent Images of Children. Last year there were two cases, this year there have been 7, of which 2 led to convictions, the remaining 5 being outstanding cases. Timescales can be hampered by the vast amount of forensic examination being undertaken and the impact of this needs to be monitored.

Last year the LADO highlighted that those police cases taking more than 3 months to complete had risen from previous year, and raised concerns that this was potentially an impact following the implementation of the Safeguarding Investigations Unit. This year the evidence reassuringly shows that only 20% of police cases have taken a year or more to complete with 70% being completed in less than 3 months.





## Additional Functions of the LSCB: Child Death Overview Panel

### Child Death Overview Panel (CDOP)

The Child Death Overview Panel (CDOP) is the inter-agency forum that meets every two months to review the deaths of all children normally resident in Brighton & Hove.

The purpose of the review is to determine whether the death was deemed preventable, that is one in which there are identified modifiable factors which may have contributed to the death. These are factors defined as those, where, if actions could be taken through national or local interventions, the risk of future child deaths could be reduced. If this is this case the Panel must decide what, if any, actions could be taken to prevent such deaths in future.

Between April 2016 and March 2017 the CDOP was notified of 11 deaths of children who were resident in Brighton & Hove which is a decrease in numbers of deaths since last year.

The CDOP met 5 times during the year to discuss child deaths in Brighton & Hove and a further 2 times for the neonatal panels. The CDOP has reviewed 11 cases from Brighton & Hove during this period, (there will always be a delay between the date of a child's death and the CDOP review being held). Of the reviews completed in 2016/17, 6 (56%) were completed within six months.

#### Age profile of deaths notified to CDOP

Over the 9-year period April 2008 – March 2017 CDOP were notified of 144 deaths.

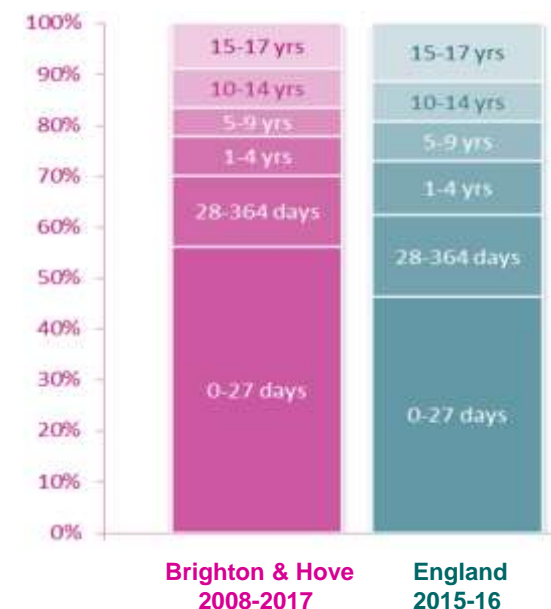
On average, 16 deaths per year are notified to CDOP for Brighton & Hove. Brighton & Hove had a significantly lower rate of deaths in babies aged 28-364 days, compared to the 2015/16 England rate however there is no statistical difference when the confidence interval is taken into account. There are no significant differences in the rates of deaths for the other age groups

#### Local Developments, Challenges and Achievements

An area of development work agreed in 2016 for the panel was suicide prevention as there had been a number of such deaths across both LSCBs, some of which have required serious case reviews. There has been co-ordination of findings across Brighton & Hove and East Sussex and it is hoped that this will extend to West Sussex in the near future.

Recent work regarding suicide prevention in Brighton & Hove has included:

- 'Talking about suicide' a young people's guide,
- suicide prevention training across a whole school system,
- protective behaviours work supporting transitions to Year 7 in secondary school,
- parent workshops aimed at parents whose children or young people have been involved in self-harm,
- art activities for young people. 1 April 2008 to 31 March 2016



## Additional Functions of the LSCB: Child Death Overview Panel

### CDOP Recommendations to Brighton & Hove LSCB 2016-17

There were no recommendations made to the LSCBs regarding the need for a serious case review and there were no other recommendations to the Brighton & Hove LSCB.

### Progress on Recommendations from 2015-16

| Recommendation  | Progress   |
|---|--|
| The LSCB asks agencies to review the guidance that is given to parents and young people about ensuring personal safety if taking drugs or alcohol. In particular, whether the risks of physical harm are identified and whether advice is given about ensuring that a friend who has not taken drugs is present and can provide support. This review to include looking at the guidance on "talk to Frank". | Public Health have contacted local providers to alert them to this recommendation and requested a review of their own guidance. A number of local agencies have adapted their guidance, particularly around personal safety and "looking after your friends", but more work is needed on physical safety and this is currently being progressed b the relevant partners. |
| The LSCB should ask BSUHT and the CCG (NHS England) to consider how to share the learning from this case about how to improve communication between agencies around end of life care planning for children with life limiting conditions where there is a Do Not Attempt Resuscitation (DNAR) agreement in place  | <p>NHS England have shared this learning about poor communication with Designated Professionals and Named GPs across the South East region.</p> <p>Instructions have been issued by Brighton &amp; Sussex University Hospitals to clinicians to discuss with the GP when discharging children with Do Not Attempt Resuscitation agreements in place</p>                  |

## LSCB Partner Agency Safeguarding Reports

Over the next pages we present the reports from all agencies in the safeguarding partnership. They have provided updates on their work over 2016-17 on the priority areas of the Board as requested:

- How has the agency worked to promote the welfare of children who are neglected, including work to prevent emotional harm and support families where domestic violence & abuse, parental mental health, and substance misuse is a factor.
- What has the agency done to prevent sexual harm and violence to children, including child sexual exploitation, and how have they supported victims.
- What Early Help the agency provides, what pathways are in place, and how do they contribute to assessments.
- How the agency has ensured children, their families, the community (including different sections of the community) and staff at all levels have opportunities for their views and opinions to be heard in respect of their experiences of hearing about, receiving and providing safeguarding services and how these have contributed to learning and best practice

They have also commented more generally on their work to safeguard children in Brighton & Hove, reflecting on how well they have done this, and what difference it has made.

## Brighton & Hove City Council: Families, Children & Learning Directorate

### Neglect

(Emotional Harm,  
Domestic Violence  
& Abuse, Parental  
Mental Health &  
Substance Misuse)

- Continued robust social work response to reports that children are at risk of or subject to neglect – including escalation into child protection procedures as necessary.
- Participation in LSCB's multi-agency Learning Review into Neglect, and implementation of the action plan.
- Engagement with Neglect Complex Case forum
- Guidance issued to council nurseries and children's settings on responding to drug and alcohol related incidents.
- Neglect awareness raising and completion of safeguarding audits in early years settings.

### Sexual Harm

& Violence towards  
children (Child  
Sexual Abuse &  
Exploitation)

- Continued robust social work response to reports that children are at risk of or subject to sexual abuse – including escalation into child protection procedures as necessary.
- Co-chairing and participation in Multi-Agency CSE risk management meeting (Red Op Kite)
- Weekly Missing meeting with Sussex Police and Missing People, (who are commissioned to provide Return Home Interviews), to information share and devise safety plans on children regularly absent or missing.
- Secured funding from Police & Crime Commissioner to deliver Chelsea's Choice to all Year 8 students in Brighton & Hove schools
- Co-led on the LSCB's CSE multi-agency audit and implementation of action plan.
- Involvement in See Me Hear Me evaluation project commissioned by Office of Children's Commissioner.
- Family Coaches received training on Child Sexual Abuse and CSE.

### Early Help

Pathways,  
Thresholds &  
Assessments

- Family Coaching intervention provided to 358 families to reduce risks and avoid escalation into social work services.
- 37 Triple P groups; 11 of these specifically targeting Early Years parents and 27 Triple P workshops took place.
- Early Help Hub and Weekly Allocation Meeting providing triage of support needs of families.
- Children Centre's interventions reviewed to include clear guidance and outcomes – 20 interventions available in the home for time limited support, including low level neglect.
- Special schools providing outreach support and therapeutic counselling services available for children and young people with social, emotional and mental health issues.
- Development of interventions for families living with food poverty in partnership with Brighton & Hove Food Partnership and Public Health.
- High take up (85%) of funded child care places for 2 year olds.
- Provision of Social Work input into Housing Trailblazer project to develop innovative approaches to preventing homelessness

## LSCB Partners: Brighton & Hove City Council



### Participation & Engagement

- Young Ambassadors service supports young people to participate in recruitment and selection processes.
- Children in Care Council e.g. group work with Children In Care who wrote a letter about their experiences as part of the Corporate Parenting Strategy 2016-19
- Feedback from service users regarding Children in Care Reviews and Child Protection Conferences
- Partnership and Reform Officer working with schools and Brighton Met College to gather young people's views about the local offer for children and young people with SEND
- Evaluations from Children Centre's service users re-designed and collected termly. Data from this will be used to plan services for the next year.
- Families in receipt of a Family Coaching intervention provide anonymous feedback – this is collated and results in changes/improvements in practice.
- Interviews with care leavers regarding their experiences whilst looked after – feedback fed into corporate parenting response.

## Safeguarding Children: What have we done?

- Embedded the relationship based model of social work practice
- Established a social work teaching partnership with Universities of Sussex & Brighton and East Sussex County.
- Invited a Local Government Association (LGA) Peer Review (Sept 16) to assess our progress since the May 2015 Single Inspection Framework, in particular how the model of relationship based practice was being embedded.
- Formed the Brighton & Hove Inclusion Support Service to support families to understand and reduce the challenges they face living with issues of mental wellbeing and additional needs.
- Partnership of schools working with Brighton & Hove City Council has developed lessons and guidance related to teaching about FGM to Year 7 students – this has been disseminated to all schools.
- Workshop to Raise Awareness of Prevent training and Prevent/Channel e-learning promoted to all schools.
- Feeling Good, Feeling Safe protective behaviours resource developed in partnership with Safety Net, disseminated to all primary schools and supported by training in 77% of these schools.
- Development of daily Missing and Youth in Custody briefings distributed across children's social care services and weekly missing meeting.
- Establishment and chairing of multi-agency group on youth exploitation and knife and drug crime.
- Development of Missing Protocol with Sussex Police implemented on a pan Sussex basis with professionals, parents, foster carers and residential care providers.
- Parents' event held for those concerned about responses to substance misuse by young people in public spaces and places.
- Deployment of Pride Buddies to support young people attending Pride and affected by alcohol and/or substances.
- Schools are provided with an annual safeguarding audit to compete, which is updated to reflect best practice and local and national priorities.
- The school based Designated Safeguarding Lead Network remains dynamic, with three meetings a year.
- A network for school governors, with oversight of safeguarding, is being developed
- Individual schools have been provided with bespoke support around specific issues: this has included whole school safeguarding reviews and inspections of site security



## LSCB Partners: Brighton & Hove City Council

### How well did we do it?

- Evaluation of SW model of practice completed Summer 2017 - performance has improved against key indicators including number of children with a child protection plan or in care and families open to social work as well as the number of complaints
- LGA Peer Review 2016 concluded “social workers and support staff at every level are impressive” they have “confidence in the management team” and “the new model of social work practice is beginning to make a difference to children and families”.
- Evaluation of Chelsea’s Choice and FGM lesson to be completed September 2017
- Feeling Good, Feeling Safe evaluation planned for Autumn 2017
- Multi-agency youth exploitation meeting linked into police operation (Op Rattle) around youth exploitation into drug crime/criminality) – good multi-agency attendance at meetings and effective communication line established.
- Deployment of Pride Biddies very well received by young people
- Positive feedback about child centred approach and vision in Corporate Parenting Strategy
- Schools continue to engage well with the audit process, with a 100% return rate.
- Feedback from delegates at network meetings is positive: the agenda of meetings is seen to contribute towards Continuing Professional Development.
- There have been two initial meetings for safeguarding governors, which were relatively well attended and identified a definite interest for further meetings in the new school year, following a similar format to the meetings for teachers

### What difference did it make?

- Evaluation of SW Model of Practice completed Summer 2017 and feedback from LGA peer Review – families experience has generally improved, practitioners generally feel supported and proxy indicators suggest that we are supporting safe and stable family lives in Brighton & Hove
- Youth exploitation meeting supported police strategy of vulnerable victims and vulnerable suspects, thereby reducing the criminalisation of young people who have been exploited into criminality.
- Deployment of Pride Buddies provided a support and safety net for most vulnerable (in terms of intoxication) children attending Pride.
- The audit allows schools to be confident with their practice and to make robust action plans around any areas identified in need of development.
- The shared learning and collegiality fostered through the Designated Teachers network meetings contributes towards consistent approaches from schools.
- The network for governors will need to be evaluated next year, but the aim is to upskill governance of the school around safeguarding so that more robust oversight and challenge can be provided.



## Brighton & Hove City Council: Community Safety

### Neglect

(Emotional Harm,  
Domestic Violence  
& Abuse, Parental  
Mental Health &  
Substance Misuse)

- Casework interventions provide early assessment and support for families with substance misuse, domestic abuse and emotional harm being addressed.
  - Make referrals to MASH/Sussex Police where concerns arise on duty service or during casework
  - Utilise learning & development opportunities via BHCC/LCSB
  - Supported development of multi-agency pan-Sussex Interim Process to safely provide victim-initiated Restorative Justice to victims of Domestic Violence & Abuse
  - Encouraged the local community to see child protection as a community concern and explained reporting guidance to community members.
- 

### Sexual Harm

& Violence towards  
children (Child  
Sexual Abuse &  
Exploitation)

- Attend Op Kite meetings
  - Attend the LSCB's CSA/CSE Protect, Pursue and Early Identification Subcommittee
  - Supported development of multi-agency pan-Sussex Interim Process to safely provide victim-initiated Restorative Justice to victims of Sexual Violence
  - Utilise learning & development opportunities via BHCC/LCSB
- 

### Early Help

Pathways,  
Thresholds &  
Assessments

- Casework interventions provide early assessment and support for families with substance misuse, domestic abuse and emotional harm being addressed.
  - Encouraged the local community to see child protection as a community concern and explained reporting guidance to community members.
  - Utilise learning & development opportunities via BHCC/LCSB
- 

### Participation & Engagement

- Used restorative practice to enable families to speak about how they have been harmed by prejudice based incidents.
- Enabled a family to understand & tell social workers about their communication needs when working through a child protection plan
- Increasing Trust & Confidence project has provided training opportunities to disabled people, their families & carers to identify & report anti-social behaviour and hate crime; whilst providing support to those affected to repair the harm caused by it
- Increasing Trust & Confidence project has led to consultation with Trans & Non-Binary people about how to access support if harmed by anti-social behaviour and hate incidents. This consultation has provided T&NB people information about how and where to access help when needed; and informed casework practice to be a more inclusive service for T&NB people
- Caseworkers regularly attend community meetings and provide a duty service to provide information, advice and guidance to anyone (including professionals) concerned about anti-social behaviour and hate incidents which can include safeguarding concerns
- Part of the duty service triage process involves a Hate & Anti-social behaviour Risk Assessment (HARA) and any identified safeguarding concerns would be referred to MASH/Sussex Police where concerns arise

## Health Providers: Brighton & Sussex University Hospitals Trust

### Neglect

(Emotional Harm, Domestic Violence & Abuse, Parental Mental Health & Substance Misuse)

- Neglect is part of the mandatory safeguarding children training for all staff reminding them that early recognition and referral of neglect and robust interventions is vitally important.
- Specific safeguarding training is given to departments who care directly for children, maternity, and A&E. This includes neglect but also other aspects which make families vulnerable and highlights the impact of parental issues on children.
- There have been numerous references to Neglect within the monthly newsletter to all staff.
- The Named Professionals were part of the LSCB Neglect Learning Review, and the LSCB held a feedback session at the hospital specifically to allow staff to share these findings
- There is an Independent Domestic Abuse Advisor working with A&E, maternity and sexual health department, who also gives advice and support to staff across BSUH.
- There are mental health liaison services who review all children with self-harming behaviour, improving support and communication.
- In the children's emergency department there is a safeguarding screening tool and also a neglect prompt tool which is being piloted to guide staff on presenting features and how to respond effectively.
- The safeguarding liaison is effective in promoting good communication between agencies.
- The hospital flags all children with a child protection plan in order to enhance care and communication and are ready to use the CP-IS (Child Protection Information Service) when local systems are in place.
- Links with local substance misuse services (RUOK?), mental health and domestic abuse services continue.

### Sexual Harm

& Violence towards children (Child Sexual Abuse & Exploitation)

- Staff have had raising awareness sessions as part of the mandatory safeguarding training.
- The sexual health services have a screening tool which is very effective.
- The children's emergency department use a safeguarding screening tool for all aspects of safeguarding
- The safeguarding liaison is effective in promoting good communication between agencies.
- BSUH has linked with the Operation Kite meetings and have updated medical records accordingly.
- There is a close link between the hospital and the SARC
- The Named professional is linked with the Operation Kite meetings and shares information as required.

### Early Help

Pathways, Thresholds & Assessments

- The safeguarding liaison is effective in promoting good communication between agencies, so that professionals who are in contact with the families are aware of hospital attendances and issues recognised during their stay.
- Both Children and Adult hospital services are encouraged to alert the safeguarding children services when a parent presents with issues which may affect their ability to care for their children safely or who may need support.
- Staff are aware of the early help services which can be used for support.

## LSCB Partners: Health Providers

### Participation & Engagement

- BSUH have standards which demand all staff treat patients with dignity and respect.
- All children admitted to the hospital are asked how they would like to individualise their care to ensure their voice is heard.
- BSUH has been part of all the audits the local LSCB has undertaken which takes this into account.
- The paediatric team has governance and quality meeting which discuss all complaints, Patient Advice & Liaison Service and feedback.
- The Royal Alexandra Children's Hospital (RACH) have worked with the local Parent Carer Council and AMAZE responded to their feedback from parents.
- RACH have done scoping exercise with parents and young people about the facilities and services in the Alex and Trevor Mann Baby Unit to help from the clinical strategy work.

### Safeguarding Children: What have we done?

- The safeguarding team give support and advice to all hospital staff about all aspects of safeguarding issues including neglect.
- The hospital is responsible for undertaking all child protection medicals which have a physical aspect to them. (94 in 2016 & 62 up to June 2017)
- In 2016 258 children attended Children's emergency department who had a Child Protection Plan.
- Midwives were involved with recognition and referrals for vulnerable women and participated in 130 prebirth assessments in 2016 for women in Brighton & Hove, this is in addition to those for East and West Sussex.
- The hospital staff work closely with the mental health liaison team to improve services for young people who self harm.
- The Named Professionals have raised the issue of neglect at appropriate strategic levels within BSUH.
- The named professionals ensure learning from case reviews is disseminated across the Trust and changes made accordingly.
- Training opportunities within the Trust have included raising awareness sessions on a variety of different topics and the LSCB has given feedback on 2 of the local reviews.
- The 'top ten tips' information has been updated to ensure staff are easily aware of their responsibilities.
- The BSUH intranet has been updated to include more information and links about safeguarding children.
- A leaflet to help staff understand the nuances of parental responsibility has been introduced.
- Various short term information guidance & links about on line safety, pokemon go, and parental on line supervision was produced and will be repeated throughout the year.

### How well did we do it?

- Daily safeguarding ward visits continue at RACH enabling improved case discussion & safeguarding planning for nurses & doctors on approximately 400 children pa, which contributed to better oversight and communication for these vulnerable young people.
- Approximately 500-600 children were seen in the Children's emergency department per week.
- Midwives were involved with recognition and referrals for vulnerable women and participated in 130 prebirth B&H assessments in 2016, this is in addition to those for East and West Sussex.
- Single agency Audits of referral documentation and identification of risk show that it is of a good quality.



## LSCB Partners: Health Providers

### What difference did it make?

- The CQC have rated the children’s hospital in Brighton as ‘outstanding’ indicating that care and safety of children attending the Royal Alexandra Children’s Hospital is efficient and effective and responsive to children’s needs of all kinds.
- The Section 11 audit has provided reassurance that Brighton & Sussex University Hospitals Trust continues to be able to demonstrate a safe service.
- The information leaflet on parental responsibility was created to improve understanding of that aspect of safeguarding processes within the hospital.
- There have been changes to practice brought about by working with the multi-agency partners including flagging of children with a CP plan being changed to the CP-IS system; the risk assessment form in children’s emergency department being updated; the pathway for children who self harm; and improved information gathering related to fathers.

## Health Providers: Sussex Community NHS Foundation Trust

- Development of a bi-monthly Multi-agency Neglect Consultation group to support Practitioners with “stuck” cases
- Consultation on the Neglect Strategy
- Promotion of the Quality of Care Tool
- Co- facilitation of LSCB Neglect Training
- Named Nurse on review group for LSCB’s Neglect learning review and clinicians were part of the case group
- Learning from Neglect Case review assimilated into practice via training and Staff meetings
- SCFT fully participates in the MARAC (Multi-Agency Risk Assessment Conference) by researching and sharing relevant health information on cases.
- MASH Specialist Nurses disseminate SCARFs (Single Combined Assessment of Risk forms) from Police to Health Visitors and School Nurses via email in order to protect the welfare of the children and ensure safety for the family.
- Specialist Nurse is domestic abuse champion & attends VAGW forum
- Health Visitors routinely enquire about Domestic Violence with families as an integral part of their practice and interventions
- Health Visitors and School Nurses offer an enhanced service of care where neglect, domestic abuse or parental mental health or substance misuse is an issue where appropriate.

### Neglect

(Emotional Harm,  
Domestic Violence  
& Abuse, Parental  
Mental Health &  
Substance Misuse)

LSCB Partners: Health Providers

**Sexual Harm**  
& Violence towards children (Child Sexual Abuse & Exploitation)

- Named Doctor is Sussex Children’s Sexual Assault referral Centre ( CSARC) operational clinical lead and the CSARC Specialist Nurse manages the Nurse rotas. Referrals have increased by 60% over the past year
- Open days have been set up to raise awareness of the service and CSA training has been undertaken to multi-agency audiences .
- SCFT Named professionals and Specialist Nurses give advice and support to practitioners working with child sexual abuse cases
- SCFT Named Professionals involved in the strategic multi-agency sexual exploitation groups.
- Clinical Staff from the Child in Care team and Contraceptive and Sexual health team attend the operational multiagency groups to share relevant information and co-ordinate care plans .
- All children and young people who are identified as being at risk of child sexual exploitation by Op Kite are flagged on SCFT health record system.
- Awareness of Child Sexual exploitation has been incorporated into all SCFT safeguarding children training programs.

**Early Help**  
Pathways, Thresholds & Assessments

- The Healthy Child Program 0-19 years is delivered by Health Visitors and school Nurses offering a Universal, Universal Plus, and Universal Partnership Plus service to children and their families. All families are offered 5 contacts: antenatal; new birth; 6-8 weeks; 12 months; and 27 months.
- Family Nurse Partnership service has now been decommissioned and teenage parents have been referred to health visitor teams
- School Nurses have open access referrals from children/young people and other professionals.
- Chat health, a confidential health and advice text service aimed at 11-19 years run by School Nurses.
- Drop In’s in all secondary schools
- Lead Professional for early Help Plans



**Participation & Engagement**

- All children/clients/patients are invited to complete a Friend and Family Test and feedback is collated and sent back to service .
- Meaningful feedback has been gathered from all the children who attended the Sussex CSARC and some of the professionals. The feedback has been positive and highlighted the importance of the holistic role of CSARC.
- Feedback is routinely requested from young people who access Chathealth .
- Children in Care team request feedback from children and young people via a questionnaire to improve their service
- The Looked after Children (LAC) team participates in the NHS Wide FFT feedback initiative and has accessible child friendly feedback forms. These are being reviewed during 2017-18 to ensure further accessibility

## LSCB Partners: Health Providers

### Safeguarding Children: What have we done?

- This year SCFT has continued to strive to improve systems such as training, supervision and governance arrangements in order to support practitioners to safeguard children whilst also developing initiatives such as Health practitioner in Multi-Agency Safeguarding Hub (MASH) and Children's Sexual Assault referral Centre (CSARC).
- The Annual Safeguarding Children Report, which provides assurance and evidence to the Board that the Trust is fulfilling its statutory responsibilities to safeguard children, summarising achievements & challenges has been approved by the Safeguarding Steering Group
- The SCFT Section 11 Audit Action plan was revised in February 2017 and all actions were reviewed as green.
- SCFT has been represented on the LSCB Board by the Head of Safeguarding. In addition the Named Nurse and Doctor have continued to play an active role in the LSCB by attending the Board meeting as professional advisors and being involved in a number of the subcommittees and short term working groups including Monitoring & Evaluation, Learning & Development, Child Sexual Exploitation and the Child Protection Liaison Group.
- Named Professionals were part of review groups for Serious Case Reviews / Learning Reviews and SCFT practitioners were part of the case groups. Relevant findings to SCFT have been actioned and the learning from the review has been shared across Trust by incorporating relevant findings in training and discussion at team meetings.

### What difference did it make?

- An increasing number of 11-19 year olds have accessed Chat health which has offered them a confidential text service to explore their health issues and receive advice.
- More staff have received good quality safeguarding children training and supervision enabling them to safeguard children confidently at an earlier stage
- Specialist Nurse in MASH has improved sharing of information between health & social care ensuring decisions are based on a fuller picture about children and their families

### How well have we done it?

- This year there has continued to be a strong focus on improving the training delivery, focusing both on compliance figures and also quality of the sessions. There has been an improvement in provision for staff to undertake safeguarding children training enabling compliance rates to increase to 97% for level 2 and 88% for level 3
- The delivery of regular safeguarding children supervision also continues to be a priority. As a consequence 98% Health Visitors & School Nurses, and 100% of Managers received supervision in the appropriate timeframe which demonstrates a sound commitment to supervision delivery and uptake by practitioners.
- An audit of school nurse supervision demonstrated that supervision was being undertaken on a regular basis, at the appropriate level and most importantly that there was clear evidence that appropriate analysis of harm was undertaken, ensuring robust standards of care. Areas of development were evidencing reflective practice and use of challenge.
- Funding from the four main health providers was successfully secured to support the health input into the MASH. SCFT continues to host, manage, and develop the MASH Specialist Nurse and Administrator posts. Health gathered information 40% of the referrals into the MASH in 2016-17, which will have improved the quality of information to make an assessment
- The sharing of SCARFs from Police to Health Practitioner has dramatically increased since the MASH Specialist Nurse has been in post, These are shared with health visitors and school nurses ensuring that practitioners can prioritise the welfare of the child and the safety of their families.
- The Sussex Children's SARC has increased its referral rate by a third.

LSCB Partners: Health Providers

## Health Providers: Sussex Children's Sexual Abuse Referral Centre

**Neglect**  
(Emotional Harm, Domestic Violence & Abuse, Parental Mental Health & Substance Misuse)

- Our team of doctors take part in every Strategy discussion the CSARC is invited to. Through these meetings we offer advice on all aspects of child safeguarding.

**Sexual Harm**  
& Violence towards children (Child Sexual Abuse & Exploitation)

- The CSARC team runs regular training sessions (including through the LSCB). We have open days to highlight CSA and show how our team can work with professionals to give the best service to children and families.

**Early Help**  
Pathways, Thresholds & Assessments

- Our nursing team work closely with social workers. They liaise and support children and families through the CSARC health assessment process. Through these discussions we may highlight potential CSE and HSB (Harmful Sexual Behaviours) and advise about services available, including counselling.

**Participation & Engagement**

The CSARC has recently completed feedback from the children, carers, social workers and police attending the service. It has been overwhelmingly positive.

**Child responses** included: *"They were really nice and kind"* *"It didn't hurt"*

**Parent / carer responses** included: *"Thank you for being so lovely"* *"Service was perfect for such a sad reason for being here"*

*"Staff explained in a way my 13-year-old daughter understood everything"*

*"The medical assessment was very gentle"*

**Social worker / police responses** included: *"Very child friendly and sensitive to child and parent"*

*"All professionals observed to be very calm, kind and reassuring"*

*"Given the circumstances, the situation was made better by professional way in which the doctors and the nurses spoke to everyone (particularly their discussions with the family)"*

*"Centre is amazing. It is great that it is so private. The young person is able to attend without judgement from other members of the public"*

### Safeguarding Children: What have we done?

- The Sussex Children's SARC has now been open for 2 years and received 52 referrals from Brighton & Hove this year.
- Where there is a concern of child sexual abuse in a child under the age of 14 (for those with significant learning disability under 19) the nurses and doctors are available daily to offer advice, join Strategy Discussions and see the children.
- There is a purpose built, discrete, child friendly unit to allow holistic child centred assessments. We have regular open days and run training for professionals.

### How well have we done it?

From our feedback we asked the following:

Would you recommend our service to family and friends?

100% professionals, 87% of parents/carers and 60% of the children answered this positively. It should be noted that it is not a service that people wish to be in a position to need.

Was your overall experience of the appointment positive?

100% professionals, 96% of parents/carers and 67% of the children answered this positively

### What difference has it made?

For every child we are informed about we ensure contribute to safeguarding discussions.

Our aim is to ensure the child is listened to and receives the holistic health assessment required, including consideration of sexual transmitted infections and pregnancy screening.

The feedback from the Clermont team and those counselling children who have experienced sexual abuse is that we provide an excellent and essential service to the children and families.



## Health Providers: Sussex Partnership NHS Foundation Trust

### Neglect

(Emotional Harm, Domestic Violence & Abuse, Parental Mental Health & Substance Misuse)

- Improvement of internal networks and increasing resources.
- Participation in a multi-agency JTAI themed around neglect.
- SCR learning has also been shared across the service via the digest and through level 3 training, as well as promoting a 'Think Family' approach which is now included in our electronic patient risk assessments for both Adults and Children
- Deputy named nurse currently attends FII meetings.
- Trialling and sampling eLearning by safeguarding leads to refresh our approach once new resources are operational is underway
- We have revised our Child visiting policy to reflect best practice

### Sexual Harm

& Violence towards children

- CSE and FGM policies are in draft format. We have added FGM to our reporting databases
- Joining our neighbouring LSCBs with participation in Safeguarding awareness week. Local Trust events are planned. Information packs are being prepared including publications about CSE from NHS England.

### Early Help

Pathways, Thresholds & Assessments

- Dissemination of information about Early Help services, and referral routes, sent to all teams.
- The Early Help offer is embedded in practice and referrals are screened by local leads. This requires further resource and recruitment has been completed to increase capacity

### Participation & Engagement

- Learning from practise, including local SCRs, featured in the safeguarding digest.
- There is a regular Trust Wide 'Report & Learn' event to bring learning together across the whole of Sussex as well as in the localities.
- All services within the Trust use the friends and family test to ascertain feedback with regard to the standard and quality of services.
- Feedback boxes in waiting room areas with paperwork available about the feedback arrangements are available for both those using services and their parents and carers.

### Safeguarding Children: What have we done?

SPFT conducted an internal review of safeguarding provision. This is scheduled to be shared with the Brighton LCSB in September 2017. We identified needs from the internal review, made changes to our model of practise and are currently implementing these. The internal review has meant the implementation of:

- Single assurance framework
- Audit schedule measuring effectiveness of safeguarding referrals
- Growth in staffing of safeguarding team.
- Increase in awareness of the safeguarding department and the resources it provides.



## Health Providers: South East Coast Ambulance Service NHS Foundation Trust

### Neglect (Emotional Harm, Domestic Abuse, Mental Health & Substance Misuse)

All areas of neglect outlined within

Trust-wide training materials

Recruitment of a specialist Mental Health Consultant Nurse to improve MH responses

### Sexual Harm & Violence towards children

Inclusion of CSE and sexual abuse within Trust-wide training materials

### Early Help

Due to the nature of service provision, the Trust is not in a position to offer ongoing support to children & families.

Trust staff are aware of their responsibilities to refer children and families in need of support, which may include those requiring early help interventions.

### Participation & Engagement

Due to the nature of service provision it is extremely challenging to gather the opinion of patients/carers.

Regular bulletin articles and feedback provided to staff (when received, following a referral) gives staff the opportunity to give their views and opinions with regard to safeguarding.

Safeguarding Sub-group has representation from different staff-groups and specialist areas across the Trust to gather information pertaining to service, with a particular focus on learning from review and how to share that across all groups.

## Safeguarding Children: What have we done?

- Review of policy and procedures pertaining to safeguarding to ensure that areas such as Child Sexual Exploitation, Female Genital Mutilation and Looked After Children were explicitly included.
- Development of pocket book inserts for all staff to use as a quick reference guide for safeguarding, including areas outlined above.
- Safeguarding children training (L2) for frontline staff completed by over 90% of staff.
- Development of a safeguarding children L3 training programme, piloted in Q4, for delivery to all frontline staff from April 2017.

## How well did we do it?

- Full review of all safeguarding policy and procedures (including consent, capacity, managing allegations against staff and child death) means that staff have more robust guidelines in place to ensure they are confident in identifying and reporting incidents of child safeguarding. The review also included stakeholder input, including designated professionals and patient representation.
- Feedback from training indicates a high level of satisfaction with the delivery and an increase in confidence and knowledge regarding safeguarding children.

## What difference did it make?

- Measurement of the changes made is difficult to quantify at present. Over the coming year, however, the changes should become increasingly apparent, with an increase in referral rates being a key measurable outcome indicating the changes have made a difference to practice.

## Health Commissioners: Brighton & Hove Clinical Commissioning Group

### Neglect

(Emotional Harm, Domestic Violence & Abuse, Parental Mental Health & Substance Misuse)

- The designated nurse led on the recent LSCB multi-agency neglect audit
- Designates have participated in the development of the multi-agency neglect strategy
- The CCG supported the dissemination of learning from the Neglect Learning Review via the Learning & Development subgroup
- Neglect training is included in Level 1 and 2 training within CCG and in bespoke training to safeguarding leads in primary care
- Designates attend and contribute to the sharing of information on behalf of primary care at MARAC. The CCG funds the HIDVA service based at the RACH

### Sexual Harm

& Violence towards children (Child Sexual Abuse & Exploitation)

- CSA/E training is Included in Level 1 and 2 CCG training and in bespoke training to safeguarding leads in primary care.
- Designates have participated in the multi-agency CSE audit and the dissemination of learning.
- The CCG sit on the Pan Sussex Strategic Board. The Designated Doctor is the board lead for CSA and sits on the Sussex SARC Board.
- The CSA therapeutic support service based at Clermont unit for under 14 year olds is commissioned by the CCG.

### Early Help

Pathways, Thresholds & Assessments

- CCG Executive and designated and named professionals support the work of the LSCB by chairing the Case Review, Learning & Development and Child Sexual Exploitation subcommittees and in addition sit on numerous sub committees providing clinical expertise, substantial training and advice to practitioners.
- The designated nurse attends the multi-agency Chanel Panel to discuss cases of children where there is possible risk of radicalisation.

### Participation & Engagement

- Brighton & Hove CCG has worked with children, young people, their families and key stakeholders to redesign the provision of the new all age Wellbeing Service launched June 2017. The CCG has used feedback to commission, with our partners in Public Health and Families, Children & Learning Services in the Local Authority, a new pathway that ensures people can find out information and seek help early, can refer in to one place and get the right response and level of support as soon as possible.

## LSCB Partners: Health Commissioners

### Safeguarding Children: What have we done?

- CCG staff work closely with local authority, public health and CCG commissioners to ensure learning from case reviews influences strategic commissioning plans and the monitoring of existing provider contracts.
- The Designated Nurse and Doctor provide supervision for all named professionals across the Brighton & Hove NHS providers, including independent providers, and chair the bi-monthly Health Advisor Group (HAG).
- All organisations including the CCG were required by the LSCB to undertake a Section 11 audit in 2016 to provide assurance that safeguarding arrangements are in place. This was followed up by a multiagency 'challenge' event.
- The CCG continues to contribute to funding of a health specialist and admin for the Multi-Agency Safeguarding Hub alongside SPFT/SCFT/BSUH.
- The CCG commissions mental health services to support staff with children and young people who attend BSUH with mental health issues.
- The designated Doctor supports Named Professionals and provider clinicians in perplexing and medically-unexplained cases and provides Children's Social Care with advice in cases of fabricated and induced illness.
- With the commencement of co-commissioning for primary care in April 2017 the designates have reviewed the safeguarding assurance tool with plans to roll out to primary care over the next year.

### How well did we do it?

- The designated nurse has contributed to the review of the NHS Pan Sussex assurance tool for monitoring provider compliance against safeguarding matrix. The designates have undertaken assurance visits to all the independent providers.

### What difference did it make?

- There is Strategic leadership in place for named professionals, and safeguarding leads of independent health providers.
- The Front Door for Families has the support of dedicated healthcare professional in early decision making.
- Learning from LSCB cases has influenced the CCG commissioning of services for children and young people in a review of the CAMHS services.



## Health Commissioners: Public Health

### Neglect

(Emotional Harm, Domestic Violence & Abuse, Parental Mental Health & Substance Misuse)

- Public Health delivered the Public Health Schools programme with all schools to improve health outcomes. This included Commissioning Educational Psychologists to provide group work attached to domestic violence work in primary schools.
- Work with the CCG, FC&L, Third Sector partners and the Charlie Waller Foundation Trust in primary and secondary schools to improve mental health and emotional wellbeing through the development of a whole school approach in secondary schools and a workforce development programme in primary schools.
- In addition to recovery programmes, Pavilions (the Public Health Commissioned Adult Substance Misuse Recovery Service) has revised their promotional materials which includes 'keeping children safe' when living with parental substance misuse and 'safer drinking tips' aimed at 18 – 25 years olds which includes personal safety

### Sexual Harm

& Violence towards children (Child Sexual Abuse & Exploitation)

- Public health has a critical role in commissioning services aimed at early identification and prevention through the public health schools programmes, the Public Health Community Nurses contract and commissioning of services for young people who misuse substances or are at risk of teenage pregnancy. These services aim to build children and young people's health and wellbeing, they provide direct support or refer to appropriate services, and as a result they support and encourage disclosure, which help those affected by exploitation at the earliest possible opportunity.

### Early Help

Pathways, Thresholds & Assessments

- The Acting Director of Public Health has helped to establish the LSCB's Early Help Group which aims to gain a multi-agency perspective on the key factors that put children and young people at the highest level of need and the early help offer around these factors. This will aid identification of gaps which will allow the LSCB to take a view of current offers and make commissioning recommendations

### Participation & Engagement

- The newly commissioned Public Health Community Nursing Service has been established to provide four levels of services for children and young people aged 0 – 19 across the city. Support is available to all families to give children and young people the foundations for good health and identify those who need extra support early.
- The voice of children, young people, parents / carers and staff are included across the Public Health portfolio in a number of ways. For example, consultation was completed with young people for the service redesign of Public Health Community Nursing service 0-19 years and young people, parents / carers and staff are in the process of completing a consultation exercise that will shape the future offer to young people who are involved with or at risk of substance misuse /teenage pregnancy.



## LSCB Partners: Health Commissioners

### Safeguarding Children: What have we done?

The Public Health commissioners:

- Ensured all new and existing commissioning arrangements complied with the Sussex Wide Children's and Adults Safeguarding procedures.
- Reviewed and made improvements to the way in which safeguarding is reported at each contract review meetings and joined up with the CCG clinical audit process.

As a member of the Child Death Overview Panel, Public Health contributes to the process to monitor and review all child deaths on behalf of the LSCB. Reviewing child deaths includes collecting information about the circumstances of the child's death and family background, with the overall purpose to understand how and why children die, make recommendations to protect other children, and prevent future deaths. Any key learning from these deaths that affect public health is then actioned.

### How well did the agency do it?

Quotes from some of the work in schools:

*"So helpful to be able to reflect on a difficult CP case and how best to support the student with different strategies" – Teacher*

*"You were an amazing comfort to my daughter and me....we both felt so comfortable with you....I hope CAMHS realise what a special lady you are" – Parent*

*"I can't remember feeling as happy as I do now..... you've changed my life around" – young person*

### What difference did it make?

- More schools are reporting they are able to respond differently and more effectively to young people who have mental health and emotional/wellbeing concerns.
- Public Health continued to invest in services that provide early help and prevention. These services have direct contact with children and young people who have increased risk of CSE or CSA, neglect or safeguarding.

## Health Commissioners: NHS England South East

In broad terms the NHSE South East Safeguarding deliver the following functions as their “model of safeguarding” mindful of responsibilities wider than direct CCG safeguarding oversight and internal NHSE safeguarding support; such as support to Health & Justice and Armed Forces Commissioning. The function of the NHSE in relation to safeguarding is to provide:

- Expert safeguarding advice and support to the internal area team and Directorates – e.g. Around Complaints management, safeguarding issues that arise in Primary Care, Medical Directorate, Health & Justice, Specialised Commissioning.
- Visible safeguarding leadership which is central to improving patient experience.
- Links to CCG designated nurses/safeguarding adult managers/named GPs. Providing direction, supervision mentoring & support with training.
- Responses to local and national safeguarding consultation processes on behalf of NHSE South Central Region.
- Support and action regarding primary care safeguarding issues such as production of reports, attendance at Domestic Homicide Reviews or Serious Case reviews, supporting Dental and Primary Care safeguarding forums.
- Effective processes to communicate and cascade national and regional NHSE safeguarding directives, requirements and alerts into the local area system.
- Attendance at LSCB/LSAB’s on an “as required & informed risk” basis.
- Safeguarding support and oversight to NHSE directly commissioned services (Health & Justice and Armed Forces). Monitoring effectiveness and gaining safeguarding assurance.
- A coordinated approach to drive the PREVENT agenda forward in the south Central region by setting up a quarterly reporting system with CCG’s and facilitating educational events for health staff.
- Representation at regional and national safeguarding meetings and liaison with regional and national leads.
- Monthly safeguarding report to directors.
- Monitoring of safeguarding issues on NHSE South Central risk register and develop action plans to militate against the risk. For example, setting up a local process to manage the dissemination of national alerts in the absence of a national protocol.
- Representation for NHSE at Serious Incident closure meetings as required and provide safeguarding expertise.

NHS England South East facilitates safeguarding network designated safeguarding professionals from CCGs across the region. The networks are well attended by health professionals. The forum’s focus is on:

- Sharing strategic safeguarding concerns.
- Identifying common themes, trends and early warnings.
- Identifying safeguarding concerns that may need to be escalated.
- Identifying areas of work that could benefit from regional or national input.
- Providing a forum where professionals can share good practice, developments and experiences.
- Sharing lessons learnt from Serious Incidents, Serious Case Reviews, DHR’s, Independent and Multi-Agency Investigations.
- Providing up to date information and guidance from a national and regional perspective.
- Promoting clearer partnership working and strengthen safeguarding networks across the Region.
- Supporting localities across the region to achieve the key standards and embed new NHS policies and government guidance.

## LSCB Partners: Health Commissioners

NHS England commissioned a leadership course for Designate Professionals to enhance their abilities in leadership and as a result safeguarding both within the health economy and with partners. This is an ongoing course but feedback has been very positive both in terms of individual leadership skills but also developing communities of Designated professionals across the SE, who are working together to share knowledge and experience.

- The safeguarding allocation money in 2016/17 has been used to appoint an Assistant Director for Safeguarding and Quality.
- Regional events and training opportunities for designated professionals supporting delivery of CSE, FGM and PREVENT.
- Establishing strong safeguarding networks across the South East for designated professionals.
- Procurement of bespoke training for performance team.
- Support CCGs with national funding to identify detailed safeguarding needs based on their specific populations and needs.
- Established a “task and finish group” of designated and named GP professionals to consider and develop solutions to meet the challenges of safeguarding in primary care.



## National Probation Service

### Neglect

(Emotional Harm, Domestic Violence & Abuse, Parental Mental Health & Substance Misuse)

- Our main concern in regard to Neglect is working with offenders who have substance misuse issues and or mental health difficulties.
  - Alongside our one to one work with offenders we commission other services from a range of providers to address service user needs with regard to substance misuse, mental health difficulties, housing and other areas that can impact negatively on the well being and safety of children
- 

### Sexual Harm

& Violence towards children

- Our staff have undertaken training in CSE and we continue to develop the knowledge and skills base of our front line practitioners in identifying and managing risk of sexual harm. We continue to update our knowledge and understanding of the exploitation of young people along “county lines”, working closely with our partner agencies and with our staff seconded into Youth Offending Services.
  - With our key partners we continue to strengthen Multi Agency Public Protection arrangements in the oversight of sexual and violent offenders who target children.
  - We have commenced a significant development programme regarding the quality of our risk management plans in relation to sexual and violent offenders.
  - We continue to enforce Licence conditions of convicted serious and violent offenders to protect the public and work with our co-located Police colleagues to oversee and monitor compliance with SOPO’s and SHOPO’s.
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### Early Help

Pathways, Thresholds & Assessments

- Over the business year we have made good progress in establishing our links with MASH and access to Children’s Services data systems to support good communication and appropriate referrals at the earliest stage.
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### Participation & Engagement

- The NPS does not work directly with children. We commission an independent service to provide feedback to NPS from offenders that use our service, many of whom are parents. We hold an annual independently organised survey of offenders under our supervision in the community as well as a similar independent survey of our staff, that includes feedback on the quality of training and supervision.
- In Sussex the senior managers hold regular staff engagement meetings with front line staff to hear their views directly on our organisation, working practices, training and development and how we can improve.

## LSCB Partners: Probation Services

### Safeguarding Children: What have we done?

During 2016 /17 all new employees undertake mandatory Safeguarding training. All staff have completed Civil Service Learning provided through our comprehensive E-learning safeguarding and domestic abuse courses during the last two years and our policy is for these to be updated at least every two years thereafter.

Training and Development is consolidated with the use supervision in management one to one meetings with staff as well as reviews of safeguarding performance in quarterly appraisals. An appraisal objective for every operational member of staff is to attend at least one safeguarding training event a year. The culture of our organisation is to create a working environment where staff feel confident in raising and discussing any safeguarding concerns with colleagues and managers.

As in previous years, we continue to prioritise NPS staff attendance at Child Protection Conferences and reviews and fully participate as required in Child Protection Plan core groups and professionals meetings.

As noted in last year's report, nationally NPS have reduced the involvement of our middle managers with regard to engagement in MARAC. NPS Sussex however have continued our commitments to arrangements in Brighton to assist in reducing the potential of harm to children as a result of domestic violence and abuse.

We continue to significantly invest resources in supporting the work of partner agencies in the Prevent strategy to safeguard children from harm and abuse from exposure to extremist views.

### How well did we do it?

Partnership arrangements become further embedded at all levels of our work in relation to Safeguarding.

Our Child Safeguarding policy has been refreshed and updated to reflect the changing environment of protecting children from harm.

All frontline staff have all been trained in Safeguarding.

We continue to work hard in creating an organisation that encourages learning and the development of first class practice.

### What difference did it make?

The NPS is only in its fourth year since its creation following the significant changes in delivery of probation services. Our progress in Safeguarding practice has helped to improve over 2016 / 17 continuity and consistency in our service delivery in relation to Safeguarding and improving communication and practice sharing with our key partner agencies.



## Kent Surrey & Sussex Community Rehabilitation Company

### Neglect

(Emotional Harm, Domestic Violence & Abuse, Parental Mental Health & Substance Misuse)

- KSS CRC have revised its safeguarding policies so that they now include definitions and the types of abuse and neglect.
- All front facing staff are required to complete substance misuse & domestic abuse training within the first 6 months of their employment
- This year KSS CRC have rolled out the online Educare mental health awareness to all staff. This is in addition to the mandatory mental health training events that all Responsible Officers are required to attend.

### Sexual Harm

& Violence towards children (Child Sexual Abuse & Exploitation)

- KSS CRC will escalate all cases within 24 hours where there is an identified imminent risk of sexual and/or violence towards children to the National Probation Service who work with offenders at high risk of serious harm.
- KSS CRC continues to have a CSE lead who attends relevant meetings and disseminates information across the organisation.
- All front facing staff are encouraged to attend specialist training events that target a variety of safeguarding concerns. All Responsible Officers must attend at least one safeguarding event every two years. As highlighted above definitions and types of abuse have been included within the safeguarding policies.

### Early Help

Pathways, Thresholds & Assessments

- Whilst KSS CRC work only with young people (18+) and adult service users, best practice requires holistic service user assessment being made which includes their relationships and wider family networks.
- Responsible Officers utilise a variety of voluntary and charity organisations in their work with service users and their families. This includes Prison and Family organisations, Youth Advice Centre to support young adults, and also working with the Wise Project where there may be concerns around child sexual exploitation.
- Responsible Officers work with the local charity RISE to support women and LGBT victims and their families who are experiencing domestic abuse. Officers also utilise the online Respect provision when working with perpetrators, male victims and young people. This includes making use of tool kits when working with perpetrators of abuse in same sex relationships and young perpetrators.
- Where local children's services' thresholds are met, Officers need to seek advice around presenting risks to children, they will contact the MASH as appropriate

### Participation & Engagement

- KSS CRC has an established Service User Council (SUC) which was developed in conjunction with the organisation User Voice. The council represents service users, provides a channel for obtaining direct feedback and are involved in the development of new policies and initiatives. A SUC representative holds a surgery in each office at least once a month. Service Users are able to raise any issues of concern and those that cannot be dealt with locally are escalated to the SUC which meets bi-monthly. A proposal made by the SUC has resulted in the recruitment of two ex-service users as case support workers to improve service user engagement.

- At a senior level safeguarding is discussed at Senior Management Operational Meetings by the Strategic Safeguarding Lead regarding Her Majesty's Probation Inspectorate, Joint targeted Area Inspections, and internal audit results. This is to ensure that strategic learning, and actions required, are identified and agreed across the whole of the organisation.
  - Safeguarding is discussed also at team level when new policies are introduced or revised and relevant legislation comes into force. It is also encouraged that guest speakers from associated safeguarding specialist agencies attend to broaden front line practitioners' knowledge in this area.
  - One to one supervision is provided to all front line staff by their line manager. Within this framework holistic assessments of the service user are discussed. It is the role of the manager to ensure their member of staff has the skills and knowledge to identify and manage safeguarding concerns effectively.
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### Safeguarding Children: What have we done?

- KSS CRC facilitated an internal safeguarding awareness week at the end of 2016 to increase staff awareness and knowledge of safeguarding issues. In addition we have included safeguarding articles in staff and partnership magazines and posted daily safeguarding 'top tips' on our internal intranet service, placed relevant posters around the offices highlighting specific areas connected to safeguarding practice.
- Focus over the last year has been on embedding the revised safeguarding policies and encouraging all staff to attend training relevant to this area by utilising Local Safeguarding Boards training events.
- The safeguarding section of our internal intranet has been fully revised to store all safeguarding documents and other relevant reports in a manner that facilitates easy staff access.
- KSS CRC has included its commitment to the Government Prevent Strategy within its Children Safeguarding Policy. KSS CRC sees no difference between safeguarding children, young people and adults from radicalisation than from other forms of harm. To continue to develop staff knowledge and competence within this complex area, we have facilitated a number of educational articles on Prevent which include highlighting some of the vulnerable factors that may lead to exploitation.

### How well did we do it?

- KSS CRC can confirm that 100% of the CRC workforce received safeguarding training in the last two years; the majority of front facing staff attended 3-4 events during this period. Over this period staff attended 73 different types of safeguarding training, including Child Sexual Exploitation; Domestic Violence & abuse; Female Genital Mutilation and WRAP 3 (Prevent)

### What difference did it make?

- The importance and awareness of the wide spectrum of safeguarding concerns has increased over the last year which is evidenced by the number of different types of training courses staff attended. However, it is recognised that embedding our safeguarding policies and procedures into practice, and developing staff confidence in the identification of the wide spectrum of safeguarding, needs to be continued over the coming year.



## LSCB Partners: Sussex Police

# Sussex Police

**Neglect**  
(Emotional Harm, Domestic Abuse, Mental Health & Substance Misuse)

- Police activity during the year has continued to focus on the development of the Safeguarding Investigation Units (SIU)
- Following the uplift of staff to the SIUs, a review of the capability of staff to attend multi-agency meetings has commenced. A capability assessment is provided to the Home Office. Professional development also forms part of an individual's performance development review.
- Training for new staff joining the SIUs has continued, and the nationally accredited Specialist Child Abuse Investigator's Development Programme has been prioritised.

**Sexual Harm**  
& Violence towards children

- The Safeguarding Investigation Unit continues to provide a specialist investigative response to all reports of child sexual abuse and child sexual exploitation involving contact offences.
- Operation Kite is now fully embedded, providing a multi-agency response to tackling CSE & CSA. This year, our approach has broadened and now caters for all forms of youth exploitation; Operation Rattle is our operational response to this drawing on resources from across the Division
- At a strategic level, Sussex Police have continued to support the work of the LSCB, including chairing the CSA/CSE Prevent, Protect and Early Identification subcommittee and the joint LSCB and SAB Participation & Engagement sub-group.

**Early Help**

- Sussex Police continue to have a team of officers embedded within the MASH, (nor the Front Door for Families), ensuring that all child to notice referrals generated by officers are routed through our specialist team for a multi-agency response as appropriate. The police team has been enhanced over the last year and now deals with referrals for vulnerable adults as well as children coming to notice – vulnerability often affects whole families, so this provides a more joined-up approach for the police referral process.
- Over the course of next year, the MASH/Front Door for Families will move to new accommodation in Brighton Police Station which will help foster even closer working between police officers and colleagues in other agencies.

**Participation & Engagement**

- This is an area of business that we are continuing to work on. Over the last year, the DCI from the Safeguarding Investigation Unit has taken on Chairing responsibility for the newly formed joint LSCB/SAB Participation & Engagement sub-group.
- The group draws together colleagues from a range of agencies to share good practice and seek opportunities to promote information about safeguarding, the LSCB, and the SAB as well as sharing feedback from agencies about their work with young people and service users.

## Safeguarding Children: What have we done?

Audit measures have now been agreed and are in the process of final refinement and testing by the Public Protection Strategy and Compliance Team. The measures will be in use during the last quarter of 2017, and will then form part of a routine annual audit process. This will also contribute to the internal Public Protection Departmental Performance monitoring process

## How Well Did we do it?

The implementation of these measures will enable a continuous assessment of the quality of the police contribution to safeguarding and protecting children from abuse and neglect



## East Sussex Fire & Rescue Service

### Neglect

(Emotional Harm, Domestic Violence & Abuse, Parental Mental Health & Substance Misuse)

- With regards to Domestic abuse, we receive actions from the Brighton & Hove MARAC to carry out enhanced Home Safety Visits for victims of domestic abuse in the city and we also receive referrals from RISE and the police.
- **Keywording** – working with social workers to support families to improve their living environment. Worked with a family where the sole parent had mental health difficulties that impaired her ability to care for her children. She was additionally diagnosed as a hoarder which led the home being cluttered and unsafe.
- We have run teambuilding and confidence-building sessions at our fire stations to improve intra-family communication and develop self-esteem in parents and children.
- Any concerns are reported using a Coming To Notice form

### Sexual Harm

& Violence towards children (Child Sexual Abuse & Exploitation)

- CSE training is included within the Safeguarding training package that staff receive
- Although we have not had any cases recently in Brighton & Hove, there are sometimes occasions where firesetter behaviour was as result of abuse. In these cases we would report any concerns using a CTN form.

### Early Help

Pathways, Thresholds & Assessments

- **Firewise** - through the Firewise scheme we have supported a number of children and young people who have referred to us because of concerns around their fascination and/or behaviour around fire.



## CAFCASS

Cafcass (the Children and Family Court Advisory and Support Service) is a non-departmental public body sponsored by the Ministry of Justice. Cafcass represents children in family court cases, ensuring that children's voices are heard and decisions are taken in their best interests.

The demand on Cafcass services grew once again in 2016-17, by around 13% in public law (involving the local authority) and 9% in private law (involving arrangements for children following parental separation). Demand is now approximately 30% higher in public law, and 20% higher in private law, than it was three years ago, putting the family justice system under considerable pressure. Nonetheless, each of Cafcass' Key Performance Indicators has been met.

Cafcass' main priorities in 2016-17 were to continue to improve the quality of our work, and to support family justice reform. These are a few examples of how we have done this:

- Production of the **Domestic Abuse Practice Pathway** which provides a structured framework for assessing cases where domestic abuse is a feature, and ten new evidence-based assessment tools.
- A revised **Quality Assurance and Impact Framework**, together with mechanisms to establish, and raise, the quality of our work including thematic audits, Area Quality Reviews, and the work of the National Improvement Service.
- Provision of continuous **Learning and Development** opportunities for staff including: e-learning; Research in Practice resources, the Cafcass library and the dissemination of internal research.
- Contributions to **innovations** and **family justice reform**, designed to improve children's outcomes and make family justice more efficient. These are formed in private law by projects trialling pre-court or out-of-court ways of resolving disputes; and in public law projects aimed at helping local authorities and parents to 'find common ground', thus diverting cases from or expediting cases within, care proceedings.
- Support to our **child exploitation** and **diversity** ambassadors/champions who collate learning from inside and outside the organisation on these subjects and promote it to colleagues.
- The Cafcass **research programme** which supports the work of external researchers, such as the ground-breaking work of Professor Karen Broadhurst and her team into repeat removals from mothers in care proceedings; and undertakes four small-scale internal research projects each year. This year we have undertaken, for example, studies into: domestic abuse in spend-time-with (contact) applications (this has been in collaboration with Women's Aid); trafficking and radicalisation cases known to us; and high conflict (rule 16.4) cases.



## Community & Voluntary Sector

Brighton & Hove has a vibrant, active and diverse Community & Voluntary Sector (CVS). The last Taking Account Survey 2014 by Community Works showed that there are at least 2,300 CVS organisations and groups in the city of which 11% (253) define their main activity as working with children & young people.

These groups are often engaging and supporting the most vulnerable, marginalised 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. CVS organisations being based in communities are often well placed to offer early help to prevent the escalation of problems. The sector also provides specialist support in relation to families affected by domestic violence, bullying, emotional well-being and mental health, substance misuse, sexual abuse and exploitation.

Brighton & Hove has a well-established CVS infrastructure organisation – Community Works, which provides a mechanism for bringing together the voice and concerns of the Third sector, including the Children and Young People’s Network of organisations. Safety Net also provides a range of safeguarding training and support to the sector; 263 workers and volunteers from 29 different community and voluntary sector organisations attended introduction to Safeguarding and Child Protection course

**Neglect**  
(Emotional Harm,  
Domestic  
Violence &  
Abuse, Parental  
Mental Health &  
Substance

CVS organisations and groups report that they address neglect in a variety of ways from training and awareness raising for staff in the voluntary and statutory sectors, workshops and groups for parents/carers to individual support, developing personal safety plans and signposting for children and young people and referral on to statutory and specialist agencies.

**RISE** is a Brighton & Hove based charity founded to help those affected by domestic violence and abuse. They have developed a number of workshops and groups to help develop parent’s knowledge and understanding of how domestic violence and abuse has had an impact on their children and their relationship with them. This includes the Parent Child Game, Triple P, Nurture Group and the Women’s and Children’s Recovery Tool Kit. RISE also provides training for professionals. Children also have the opportunity to engage in one to one work with a children’s therapist or family worker to support their experience of neglect and domestic abuse.

*We have had several young people discuss domestic abuse (emotional) from parents, one has been referred onto RISE LGBT worker and also referred to adult social services (Allsorts Youth Project)*

Last year **YMCA Downslink** made 61 safeguarding alerts at the highest risk level in relation to issues of emotional abuse & suicidal ideation through their school counselling service

**YMCA Downslink Youth Advice Centre (YAC)** is a multi-agency centre and a single point of access for homeless young people which provides a one stop shop for young people seeking advice, information and support. The most frequent safeguarding risk identified in this service is suicidal ideation, domestic and emotional abuse. Young people using YAC frequently have repeated trauma histories as children which frequently continue into their adulthood.

**Brighton Oasis Project (BOP)** has provided a targeted programme for parents (men and women) whose children are open to social work as a result of parental substance misuse. 66 men and women have accessed this programme through 2016-17. BOP also provides childcare for children in their Ofsted registered crèche for children who have a parent with substance misuse issues – half of these children were cases open to children’s social work. BOP has also provided therapeutic 1-2-1 sessions to 85 children and young people aged 5-15 years affected by familial substance misuse and early disadvantage.

## LSCB Partners: Community & Voluntary Sector

### Sexual Harm

& Violence towards children (Child Sexual Abuse & Exploitation)

CVS organisations working with particularly vulnerable groups of young people, (including those with learning disabilities; difficult/abusive family relationships, those disengaged and missing from education; and homeless young people), report that risk of sexual exploitation is a key safeguarding concern. Organisations are tackling this through a variety of means: undertaking sexual exploitation awareness work with young people, supporting victims and families, and liaising with statutory and specialist agencies. **RISE** is lead and accountable body for the domestic violence and abuse, and sexual violence and abuse, contract for Brighton & Hove and East Sussex.

**YMCA DLG's WiSE Project** works closely with social work and the police to ensure that victims and families receive support to reduce harm, encourage victims to exit abusive relationships, and where appropriate prosecute perpetrators. The project stopped taking referrals in Jan 2017 due to loss of funding, however the service continues with a Schools and Community Education Programme and a Boys and Young Men's Caseworker.

**BOP's** Mellow Parenting program explores body boundaries as a subject & upskills parents to talk about these issues with their children to keep them safe.

**Safety Net** has worked in partnership with BHCC Partnership Advisor for Health and Wellbeing to support primary schools in delivering the 'Feeling Good, Feeling Safe' curriculum pack, and whole school approach, which delivers key learning and messages about naming body parts, children's rights to control their own body and who touches them, and telling a trusted adult about anything which feels unsafe for them.

**Survivors Network** has worked with secondary schools in the city, in partnership with WiSE and Mankind, to deliver a range of consent based workshops. They have also provided an Independent Sexual Violence Advisor (ISVA) service, offering practical information and support to children and their families aged who are engaged in the criminal justice system following experiences of sexual abuse or exploitation. Over 200 children were supported in this year.. They have also delivered training, through the LSCB, on the impact of CSA to staff from across statutory and voluntary agencies in Brighton & Hove.

### Case study: Young People's Centre (part of Impact Initiatives) Group work

During the weekly young women's group, a 17 year old disclosed that on a number of occasions she was chatting to men on social networking apps and often arranging to meet them in public spaces such as Brighton beach. The YPC youth workers made a number of interventions to inform her of the risks and give harm reduction strategies e.g. informing friends/youth workers of the time and location of meeting up.

On one occasion, the young woman disclosed that she had arranged to meet a man who picked her up in a car. She got into the car and drove around for a short time until a friend - who was aware of their meeting due to the harm reduction advice/intervention - threatened to call police if she didn't get out of the car. Fortunately, the driver stopped and she walked away unharmed.

At this point, feeling that the interventions provided were not working, we contacted the young person's social worker who met with her at the YPC and provided a further intervention around risk and danger – this was effective and the risky behaviours stopped.

Following from this incident, YPC provided a number of preventative workshops, educational and information sessions at the YPC and to other groups of young people across Brighton - including the young people at Self-managed Learning Collage and National Citizenship Service (NCS). The focus was on better awareness around internet safety, consent, healthy relationships and sexual health. We used resources such as the 'Kayleigh's Love Story' film (produced by Leicestershire Police), with the aim of empowering young people to make informed decisions with their lives and reducing risk.



Preventative and early help interventions are a particular strength of the CVS sector who are well placed at grassroots level to spot problems at an early stage to prevent escalation. These organisations provide a range of advice, information, signposting and support services to children, young people and families in school and community settings.

**Safety Net**, a local children’s charity runs the SNAP Project which offers 1:1 and small group support to children aged 7 – 14. These children may be referred for extra support due to a range of issues including bullying; low self-esteem and poor resilience; poor emotional regulation which can lead to them being at risk of school exclusion; isolation from their peers; and sexual exploitation. Last year 132 children accessed support with 70% showing improvement in their well-being scores after the intervention. Following the individual work children can also access a funded holiday activity programme to further build their confidence and networks.

**Allsorts** - Provide 'Talk It Out' one-to-one and group work support for LGBTU children and young people as first point of contact, reducing isolation and encouraging communication peer support, and exploring issues such as consent and healthy relationships. Families are supported through a parents peer support group for parents with trans and gender questioning young people.

**YPC** – Offer ‘early help’ support to young people not only through the Council’s Early Help pathways (directly referred into our service) but also as an accessible service for young people to either self-refer or be referred to by parents and carers. Examples of ‘issues’ have included providing life coaching and one to one support to young people around reducing anxiety and suicidal and self-harming thoughts and behaviour. All young people who showed an initial score for the question; ‘I’ve thought of hurting myself’ reported a reduced score on completion of the intervention.

**YMCA** schools counselling service is in approximately 35 schools/colleges in Brighton & Hove serving both Primary, Secondary and Sixth form in state and independent sectors.

Counsellors work very closely with the school Child Protection Officer, Pastoral and Leadership Teams to ensure that all safeguarding risk is appropriately shared.

**RISE** together with Safety Net, Oasis and YMCA worked with Stronger Families and Stronger Communities over a 1 year pilot to provide family coaching. RISE’s Children in Need funded worker has provide Rising Stars, a healthy relationship programme, to children of adults affected by Domestic violence and abuse.

*An indicator of poverty that is on the increase and one we feel comes under our early help / preventative work is that we are now signposting more and more families to the food bank in Turner Children’s centre.*  
**(Early Childhood Project)**

**BOP** provides the Mellow Parenting programme to women who have drug/alcohol problems. This is an intensive attachment-based programme which focuses on improving parent/child bonds, and improving parental wellbeing. The programme also explores directly the issues of neglect, domestic abuse and substance misuse with parents to increase their understanding and awareness of the terms and its impact on children.

## LSCB Partners: Community & Voluntary Sector

### Participation & Engagement

Organisations report a variety of methods for including and promoting the views and opinions of children, families, the community and staff. This includes awareness questionnaires which feed in to policy and practice, resident meetings, feedback after support planning meetings, review of safeguarding policies annually with user, staff and stakeholder views invited as part of the process.

**Right Here** is youth-led children & young people's mental health awareness and participation project, it isn't a support service as such but many of our young people do have lived experience of mental health difficulties, our safeguarding alerts relate to suicidal ideation and this is frequently an indication that our volunteers are becoming unwell. Our Right Here staff are very skilled at ensuring that the young volunteers are able to recognise this and re-connect back in to their mental health support.

**BOP** conducted focus groups with children and adults to evaluate the service. Young Oasis therapists regularly attend Family Group Conferences, core group meetings and submit reports advocating for the needs of children to social services. There is a service user questionnaire for all children and young people and parent/carers to attain regular feedback

Safety Rocks is a newsletter produced by Brighton & Hove LSCB and **Safety Net**, a local children's charity. The newsletter is distributed to local primary and secondary schools across the city with the aim of increasing awareness of child safety, well-being and protection issues and where to go for advice and help. The newsletter has a parent and lay member led editorial team and receives articles and questions from children, parents and carers via a dedicated newsletter email address.



*In the community our service users have the Voices Group, where ex or current service users keep the service user's voice at central to the work we do."*  
**(RISE)**

*The college operates as a democratic personalised community, students decide for themselves, what, how, when and why they learn. There is no imposed curriculum, no classrooms, students write their own timetables, with help from our team of learning advisors. The views of children are not just heard but acted on as a core value of the college*  
**(Self- Learning College)**



## Appendix 1: LSCB Budget 2016-17

### Expenditure:

| Detail                          | Original Budget | Actual          | Forecast 2017-18 |
|---------------------------------|-----------------|-----------------|------------------|
| Business Manager                | £51,600         | £52,944         | £51,700          |
| Learning & Development Officer  | £31,300         | £36,766         | £31,300          |
| Admin Officer                   | £24,600         | £25,558         | £24,400          |
| Independent Chair               | £20,000         | £16,922         | £20,000          |
| Employee Costs to be allocated  | £16,700         | £0              | £17,500          |
| <b>Total Staffing</b>           | <b>£144,200</b> | <b>£132,191</b> | <b>£144,200</b>  |
| Serious Case & Learning Reviews | £42,600         | £26,899         | £43,500          |
| Child Death Overview Panel      | £10,000         | £10,000         | £10,000          |
| Training Expenses               | £900            | £6,464          | £15,400          |
| Transport                       | £200            | £986            | £200             |
| Venue Hire                      | £1000           | £0              | £1000            |
| Insurance                       | £100            | £100            | £100             |
| Monitoring & Evaluation Chair   | £2,600          | £3,825          | £2,900           |
| Printing & Stationary           | £2,100          | £2,766          | £2100            |
| Hospitality                     | £200            | £277            | £200             |
| Conferences                     | £1000           | £233            | £1000            |
| Communications                  | £2,000          | £2,582          | £2,000           |
| Computer costs                  | £200            | £1260           | £200             |
| Telephony                       | £200            | £386            | £200             |
| Miscellaneous                   | £0              | £279            | £0               |
| <b>Total other costs</b>        | <b>£63,100</b>  | <b>£56,057</b>  | <b>£78,800</b>   |
| Support Service Charges         | £30,800         | £28,000         | £29,400          |

### Income:

| Funded by:  |  |                 |  |
|---|--|-----------------|--|
| Brighton & Hove City Council                          |  | £143,100        |  |
| Brighton & Hove CCG                                   |  | £43,780         |  |
| Sussex Police   |  | £12,338         |  |
| Kent Surrey & Sussex Community Rehabilitation Company |  | £2,786          |  |
| National Probation Service                            |  | £1,083          |  |
| CAFCASS   |  | £550            |  |
| <b>Total partner contributions</b>                    |  | <b>£203,637</b> |  |
| NSPCC LIPP Project                                    |  | £19,080         |  |
| CSA Conference (2015-16)                              |  | £2,195          |  |
| Training income                                       |  | £1,500          |  |
| Training cancellations charges                        |  | £3,500          |  |
| <b>Total other income streams</b>                     |  | <b>£26,275</b>  |  |
|   |  |                 | <b>Total LSCB income</b> £229,912      |
|   |  |                 | <b>Total LSCB expenditure</b> £216,248 |
|   |  |                 | <b>Final Underspend</b> <b>£13,664</b> |



## Appendix 2: LSCB Membership 2016-17

### Statutory Members:

Graham Bartlett, Independent Chair of Brighton & Hove LSCB

#### Brighton & Hove City Council (BHCC):

Pinaki Ghoshal, Director of Families, Children & Learning  
Helen Gulvin, Assistant Director: Children's Safeguarding & Care  
Jo Lyons (Dr), Assistant Director: Education & Skills  
Peter Castleton, Head of Community Safety

#### Sussex Police

Jason Tingley (Detective Superintendent)

#### National Probation Trust

Andrea Saunders, Director of Public Protection

#### Kent Surrey & Sussex Community Rehabilitation Company

Debbie Piggott, Resettlement Director

#### Youth Offending Service

Anna Gianfrancesco, Head of Service

#### CAFCASS

Nigel Nash, Service Manager

#### East Sussex Fire & Rescue Service

David Kemp, Head of Community Safety

#### Domestic Violence Forum

Gail Gray, Chair, Brighton & Hove Domestic Violence Forum

#### Community & Voluntary Sector

Terri Fletcher, Director, Safety Net

#### Schools

Richard Chamberlin, Roedean School  
Elizabeth Cody, Brighton College  
Tracy Bowers, Hertford Infant School  
Ruth King, Blatchington Mill School

#### NHS England South (South East)

Dominca Basini, Assistant Director for Safeguarding and Quality,

#### Brighton & Hove Clinical Commissioning Group (CCG):

Soline Jerram, Director of Clinical Quality and Primary Care  
Jamie Carter (Dr), Designated Doctor  
Jo Tomlinson, Designated Nurse  
Mary Flynn (Dr), Named Doctor (GP representative)

#### NHS Trusts

Helen O'Dell, Chief Nurse, Brighton & Sussex University Hospitals (BSUH)  
Susan Marshall, Chief Nurse, Sussex Community Foundation Trust (SCFT)  
Diane Hull, Chief Nurse, Sussex Partnership Foundation Trust (SPFT)  
Sara Songhurst, South East Coast Ambulance Service

#### Lay Members

Christine Lewis  
Ella Richardson  
Signe Gosman  
Stephen Terry (Rev).  
Vera Jakimovska

### Advisors:

Mia Brown, Brighton & Hove LSCB Business Manager  
Helen Davies, Chair LSCB Monitoring & Evaluation Subcommittee  
Ann White (Dr), Named Doctor, SCFT  
David Feakes, Head of Safeguarding, SCFT  
Yvette Queffurus, Named Nurse, SCFT  
Debi Fillery, Named Nurse BSUH  
Leonie Perera (Dr), Named Doctor, BSUH  
Mark Melling, Named Nurse, SPFT  
Jayne Bruce, Deputy Director of Nursing Standards and Safety, SPFT  
Rebecca Conroy, Principal, City College

Dan Chapman (Cllr), Lead Member, BHCC Children's Services  
Deb Austin, Head of Safeguarding, BHCC  
Natasha Watson, Managing Principal Lawyer, BHCC  
Tracy John, Head of Housing, BHCC  
Dr Peter Wilkinson, Acting Director of Public Health  
Kerry Clarke, Children, Young People and Public Health Schools Commissioner  
Eddie Hick, Child Protection and Safeguarding Manager, Sussex Police  
Jane Mitchell, South East Coast Ambulance Service

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