Buckinghamshire BSCB Safeguarding Children Board

# Annual Report 2014-15

# Contents

# Foreword

*"Welcome to the Annual Report of the Buckinghamshire Safeguarding Children's Board for 2014/15. This report provides an account of the work undertaken by the Board and its multi-agency partners over the last year and the extent to which it is making a difference in terms of safeguarding children and young people and the effectiveness of front line services. Our vision is that every child and young person in Buckinghamshire grows up safe from abuse, neglect, exploitation and crime. We aim to build and sustain a strong safeguarding culture and arrangements where the focus is firmly on the experience of the child or young person and their journey to getting effective early help and support. The report also seeks to summarise the journey of the Board since the Ofsted Inspection in 2014 to become more effective and to better evidence its impact for children and young people.*

*I was delighted to start as the new Independent chair of BSCB in November 2014. One of my first actions was to stand down the previous Board and convene a new Board which had its first meeting in February 2015. This followed a learning and development session with all Board members held in January. I also met with many partners and Board members individually, to find out their views about how the impact and effectiveness of the Board could be improved and the key issues and challenges for them in safeguarding children in Buckinghamshire.*

*As a result of this, priorities have been reviewed, Board arrangements have been streamlined to accelerate the rate of progress and we have strengthened the information available to the Board on the quality and performance of local services in safeguarding children and to drive and inform the Board's priorities.*

*The past year has been a challenging one for the new Board in developing and delivering an improvement plan to meet the recommendation from the Ofsted Inspection, building more effective governance arrangements for the Board and its links with other partnerships, delivering regular reports to the Council wide improvement Board and embedding performance data and a quality audit programme for the Board.*

*Early Help and Child Sexual Exploitation have been standing items for the Board and significant progress has been made to drive new approaches across the partnership. Considerable work has also been focused on improving the BSCB website, updating multi-agency policy and procedures and strengthening the involvement of young people with the work of the Board. There is a shared view across the partnership about the work which remains to be completed. For example, in relation to Child Sexual Exploitation, Female Genital Mutilation and further strengthening the involvement of young people in the work of the Board. However, we are now in a very different place than we were nine months ago and I look forward to our progress being confirmed by Ofsted in due course.*

*Some of the highlights for me over the past nine months have included:*

- *The huge success of Chelsea's Choice, with almost 8,000 secondary schools pupils having participated.*
- *A pilot parents evening where parents could learn about child sexual exploitation and discuss their concerns. I look forward to this being established as a regular programme of events over the coming year.*
- *Work across education to strengthen the support to schools for example in relation to CSE and e-safety;*
- *Meeting with front line staff across the partnership at various events and hearing about how staff learning opportunities have changed their practice with individual children;*
- *Securing additional resources and capacity from Board partners, in particular the Local Authority, Thames Valley Police and Health to deliver the significant improvement which was needed to strengthen the impact of the Board;*
- *Seeing the significant increase in member contributions to Board and sub-group meetings and the higher level of challenge, support and creative thinking now evident.*

*I would like to thank and recognise the major contributions of Board members, the BSCB Team and Sub-Group Chairs and members who have played such a huge role in delivering the Board's priorities and in supporting and challenging agency practice."*

**Frances Gosling-Thomas**
**Independent Chair, Buckinghamshire Safeguarding Children Board**

Local Context

# 1 OUR COUNTY AND OUR CHILDREN

Buckinghamshire is a county of contrast, with a predominantly rural north and a more urban south. Just over half a million people live in the county, in approximately 200,000 households.[1] Approximately 117,900 children and young people under the age of 18 live in Buckinghamshire. This is 23% of the total population.

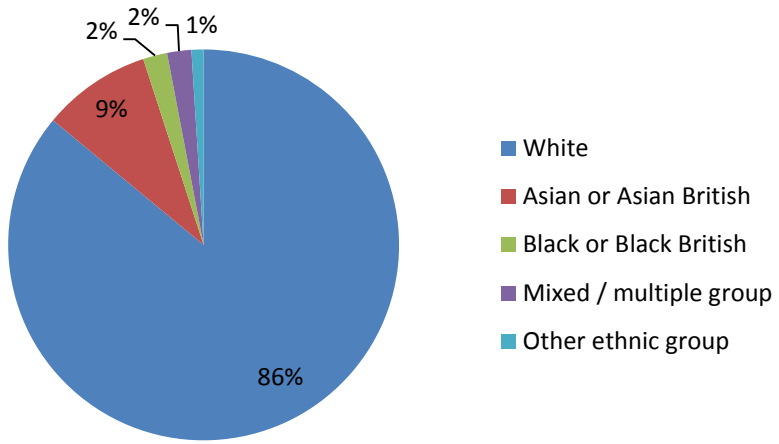
Each year around 6,000 babies are born. The current child population is:

| | |
|---|---|
| 0-4 years | 32,903 |
| 5-9 years | 33,779 |
| 10-14 years | 32,092 |
| 15-19 years | 30,478[2] |

The ethnic profile of Buckinghamshire is broadly similar to that of England and Wales, with the majority of the population of White ethnic origin (86% in 2011). Of these 5.3% are of non-British white origin.

The largest non-white ethnic group is Asian, accounting for 8.6% of the Buckinghamshire population (England & Wales 7.5%). Over 60% of the county's Muslim population is in Wycombe district area.

**Figure 1: Buckinghamshire Population by Ethnicity (2011 census)**




The age structure in the non-white population is very different, with a much younger population compared to the white population. Children from minority ethnic groups account for 20.9% of all children living in the area, compared with 21.5% for England as a whole.

In primary schools 16.1% of children and young people speak English as an additional language (national average: 19.4%). In secondary schools the figure is 14.5% (national average: 15%).[3]

[1] 2011 Census

[2] Buckinghamshire Population Projections Dec 2014: www.buckscc.gov.uk/community/research/current-population/

[3] 2015 data from Local Authority Interactive Tool. Available from: www.gov.uk/government/publications/local-authority-interactive-tool-lait

## Deprivation

Buckinghamshire is one of the most prosperous counties in England. It has much better educational attainment than the national average, a highly skilled workforce, and lower levels of poverty and unemployment. These and other favourable socio-economic circumstances contribute to the better health and wellbeing of the Buckinghamshire population compared to nationally. However, the high level of affluence and traditionally low unemployment rates across the county as a whole disguise elements of deprivation:

- There are pockets of deprivation in High Wycombe and Aylesbury, with 12 neighbourhoods in Buckinghamshire in the 30% most deprived areas across England. This accounts for 4% of the population (18,800 people).[4]
- Nearly 1 in 5 people (18% of the population) are classed as Hard Pressed or Moderate Means.[5] Only half of those live in Aylesbury and High Wycombe with over one third located in market towns, showing that the issue of deprivation is not just an urban problem.
- 15% of Buckinghamshire children under 16 are living in poverty (25% for the UK as a whole)[6].
- The proportion of children entitled to free school meals is 7.2% in primary schools (the national average is 18.1%) and 5.7% in secondary schools (the national average is 15.1%)

There is a strong link between levels of deprivation and the likelihood of children having contact with Children's Social Care. Local analysis[7] indicates that children in deprived areas are 2.5 times more likely to be on a child protection plan than the Buckinghamshire average.

The impacts of deprivation are felt from the earliest years and the proportion of low birthweight babies is 43% higher in the most deprived areas of the county, with babies born in these areas around three times more likely to die in infancy. By the time children reach the age of 5, 65% of children in Buckinghamshire have reached a 'good level of development' (measured by the Early Years Foundation Stage). However, only 49% of children from the most deprived areas reach this level, compared with 75% from the least deprived areas. Children and young people from the more disadvantaged areas also have higher levels of being overweight and obesity, higher admission rates to hospital for chest infections and asthma, injuries under the age of 14, self-harm aged 10-24 years and increased rates of substance misuse.[8]

[4] 2010 Indices of Multiple Deprivation. Available from: www.buckscc.gov.uk/community/research/deprivation/
[5] Based on ACORN 2010 data
[6] Child Poverty Map of the UK (October 2014). Available from: www.endchildpoverty.org.uk/images/ecp/Report_on_child_poverty_map_2014.pdf . Figures calculated after the deduction of housing costs.
[7] Customer Segmentation presentation (June 2014) Buckinghamshire County Council Research Team
[8] Buckinghamshire Director of Public Health Annual Report 2012-13. Available from: www.buckscc.gov.uk/media/1772312/Bucks-DPHAR-2012-13-Final.pdf

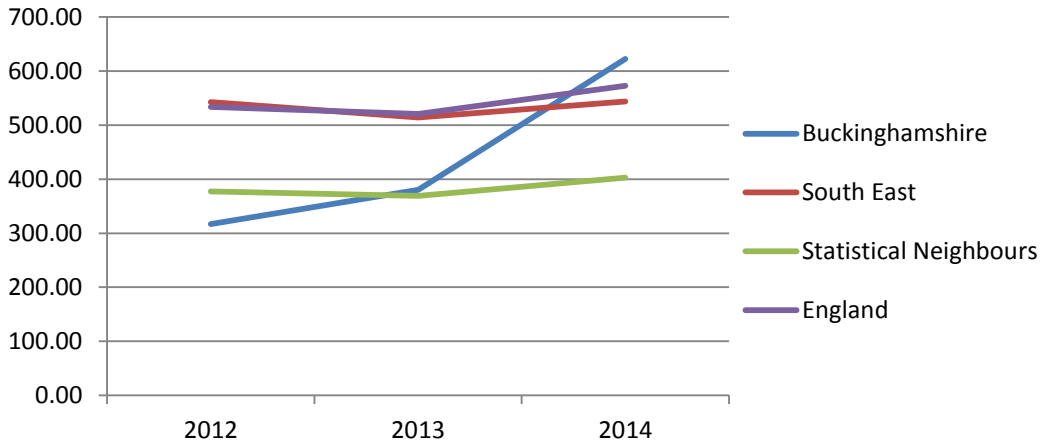
## The Journey through Children's Social Care

The First Response team provides the 'front door' or entry point to Children's Social Care. Reviewing the contacts that come into First Response, where they come from and what happens to them in terms of outcomes for the child gives a picture of service demand. The overall picture is of an increasing number of both contacts and referrals.[9] The triggers for this are multi-faceted, but over the last few years are likely to include national media coverage and the complex responses across agencies and the general public to events such as the 2010 report into the death of Peter Connelly (Baby P), the 2013 guilty verdicts in the Oxford child sexual exploitation trials and the findings of the serious case review into the death of Daniel Pelka also in 2013.[10]

Increasing contacts and referrals are also likely to highlight changes in local authority responsibilities and partnership relations.[11] Children's Services are now more involved in more cases than previously due to increasing external agency engagement. Changes in the notification of domestic violence incidents from the police have impacted significantly on the volume of Police referrals. Growth in Health across the landscape referrals coincides with structural changes of commissioning from Primary Care Trusts (PCTs) to Clinical Commissioning Groups (CCGs) as set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.

The referrals data for Buckinghamshire in figure 2 suggests a huge increase in referrals which is not reflected across statistical neighbours or nationally. However, the apparent spike in referrals reflects a temporary change in process where all contacts to Children's Social Care were progressed to referrals. Children's Social Care is now differentiating between contacts and referrals once more and although there are still some fluctuations in local referral rates, figure 3 shows that these are now steadier. They are also more in line with statistical neighbours. This timeframe reflects a challenging period for Children's Social Care and as work around referrals and thresholds continues it is expected that these figures will settle and remain in line with statistical neighbours.

**Figure 2: Rate of Referral to Children's Social Services (per 10,000 children under 18)**




[9] 'Contacts' are any contact that is made with First Response in relation to a concern about a child. Only those that meet the threshold for a statutory response or statutory intervention from Children's Social will become a 'referral'. Those that do not meet the threshold are signposted to other services or to information.
[10] Internal analysis by Children's Social Care (2014)
[11] Ibid

**Figure 3: Referral rate to Children's Social Care (per 10,000 children under 18)**

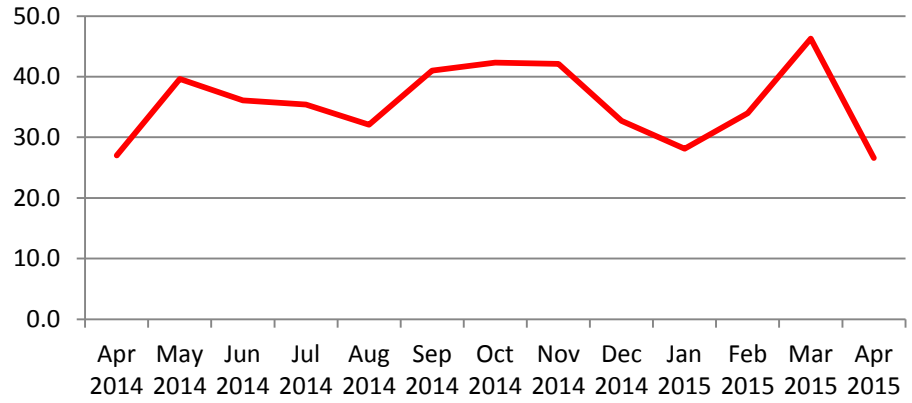



**Figure 4: Referral volumes by Source[12]**

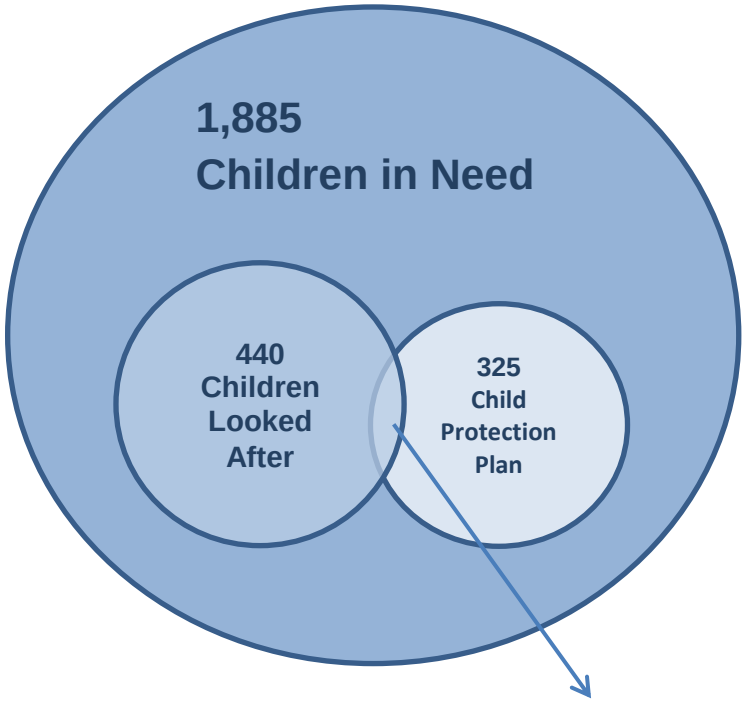
| Source | 2012 | 2013 | 2014 | 2014 vs. 2013 |
|---|---|---|---|---|
| *Police DV* | *591* | *766* | *1859* | *+143%* |
| *Health* | *591* | *585* | *1396* | *+139%* |
| *Individual- Family/relative/carer* | *260* | *320* | *677* | *+112%* |
| *Individual Other* | *267* | *324* | *550* | *+70%* |
| *LA Services - Other BCC* | *101* | *139* | *232* | *+67%* |
| *Legal* | *135* | *144* | *240* | *+67%* |
| *Other Agency* | *264* | *298* | *478* | *+60%* |
| *Schools/Education* | *705* | *984* | *1415* | *+44%* |
| *Police Other* | *470* | *347* | *439* | *+27%* |
| *Other Local Authority* | *141* | *281* | *247* | *-12%* |
| *LA services - BCC Social Care / Adults* | *230* | *295* | *142* | *-52%* |

[12] Ibid

Although referrals by agency have tended to rise (figure 4), the percentage mix of referrals by source is closely aligned to other Local Authorities within the South East.

There have been challenges in the quality of contacts. Auditing led by Children's Social Care found that for schools and GPs, contacts are appropriate in about 65% of cases. For other agencies this figure is as low as 14%. Targeted work is now being done to improve this.

**Figure 5: Children's Social Care in numbers 2014-15 (average of monthly totals from April 2014 – March 2015)**




**18 Children Looked After who are also on a Child Protection Plan**

**Figure 6: Children in Need (rate per 10,000 children under 18)[13]**

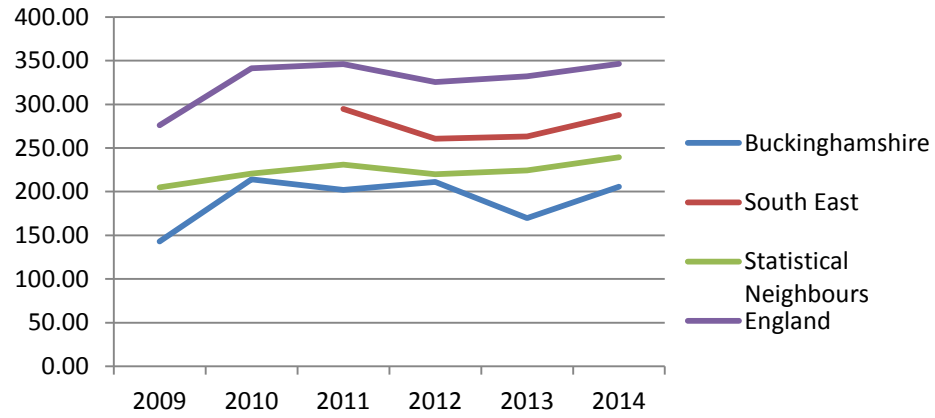
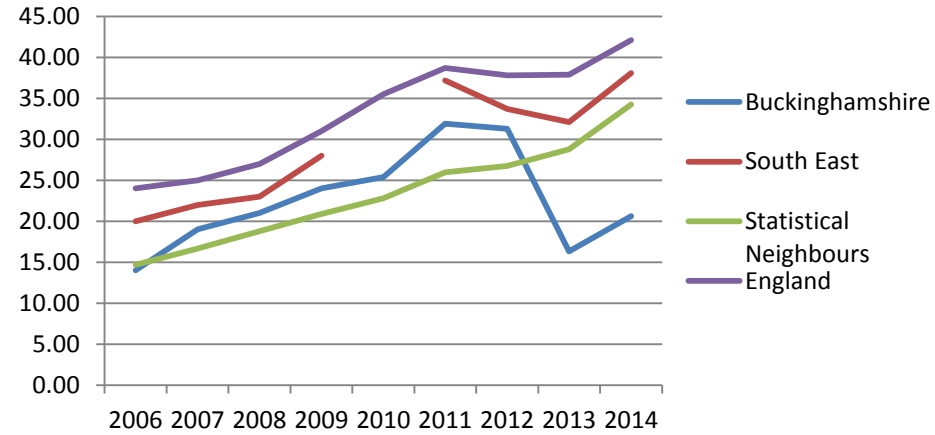



**Figure 7: Children subject of a Child Protection Plan (rate per 10,000 children under 18)[14]**




[13] Data from Local Authority Interactive Tool. Available from: www.gov.uk/government/publications/local-authority-interactive-tool-lait

[14] Ibid

**Figure 8: Children subject of a Child Protection Plan (rate per 10,000 children under 18)[15]**

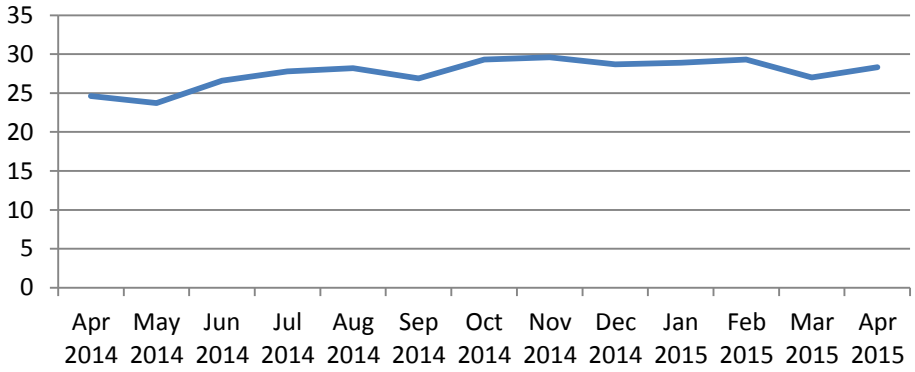
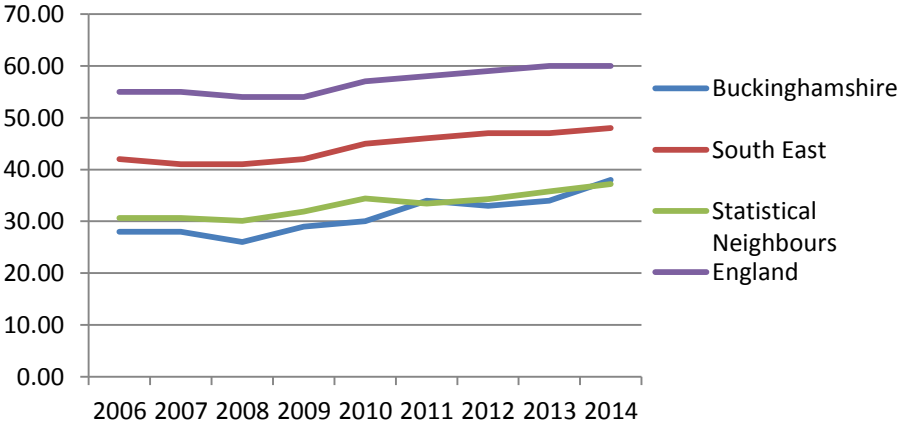



**Figure 9: Children looked after (rate per 10,000 children under 18)[16]**




[15] Ibid

[16] Ibid

Compared to both statistical neighbours and national, Buckinghamshire has lower rates of both children in need (figure 6) and children with a child protection plan (figure 7). Our rates of children looked after (figure 8) have become more comparable to our statistical neighbours over the last few years but remain lower than rates for the South East or national. Given the relative prosperity of Buckinghamshire compared to other areas, lower figures are to be expected.

Figure 7 shows a significant drop in the number of children on a Child Protection Plan from 2012-13. This is reflective of a challenging period for Children's Social Care. Continued adjustments to thresholds and scrutiny of all stages of the child's journey through Children's Social Care mean levels are now steady (figure 8) and more in line with statistical neighbours.

Buckinghamshire's rate of children looked after has increased at a greater rate than most other local authorities since 2006/7. Despite this, the number of children looked after per 10,000 is now very closely aligned to the rate of our closest comparators.

At 9 June 2014, 444 children were being looked after by the local authority (a rate of 38 per 10,000 children). This is an increase from 400 (34 per 10,000 children) at 31 March 2013. Of this number:

- 231 (or 52%) live outside the local authority area. This can potentially increase their vulnerability and makes contact with birth families more difficult.
- 68 live in residential children's homes, of whom 69% live out of the authority area. This figure is high compared to other areas and work is being done by Children's Social Care to reduce the number of children living in residential homes.
- 12 live in residential special schools, of whom 75% live out of the authority area.
- 330 live with foster families, of whom 52% live out of the authority area. The county needs to identify more foster families, but despite numerous recent recruitment campaigns this figure has not improved. Although 30 new foster carers were identified this year, 36 stopped being foster carers within the same timeframe.
- 6 live with parents, of whom 17% live out of the authority area.
- 13 children are unaccompanied asylum seekers.

In the last 12 months

- there have been 30 adoptions
- 14 children became subjects of special guardianship orders
- 130 children have ceased to be looked after, of whom 6% subsequently returned to be looked after[17]

The **Joint Strategic Needs Assessment** (JSNA) provides a comprehensive picture of the current and future health and wellbeing needs of the Buckinghamshire population. It is the starting point for strategy development and commissioning decisions that aim to improve health and wellbeing locally.

For more detailed information on our population, including profiles for children and young people, please visit the JSNA webpages: www.buckscc.gov.uk/community/knowing-bucks/joint-strategic-needs-assessment/

[17] Ofsted, 2014. *Buckinghamshire County Council, Inspection of services for children in need of help and protection, children looked after and care leavers, and Review of the effectiveness of the Local Safeguarding Children Board Ofsted*

Local Context

# 2 OUR BOARD

The Children Act 2004 requires all local authority areas to establish a Local Safeguarding Children Board (LSCB). LSCBs are multi-agency partnerships which are responsible for coordinating local arrangements to safeguarding and promote the welfare of children and ensuring that these arrangements are effective.

The Buckinghamshire Safeguarding Children Board (BSCB) has membership from across both the statutory and voluntary sector and a full list of members can be found at appendix 2. The main Board is supported by 9 Sub Groups which also draw their membership from across agencies in Buckinghamshire that work with children and families. A structure diagram for the BSCB, including all of the Sub Groups is included at appendix 1.

The BSCB is funded through contributions from each of the partner agencies. The contributions from each partner agency for the 2014/15 year can be found at appendix 3.

The BSCB meets every two months and focuses its attention on key areas of safeguarding challenge or concern and the implementation of the BSCB Improvement and Development Plan. It focuses on how agencies are working both individually and together to safeguard and promote the welfare of our children.

***The BSCB, other than the part-time presence of an Independent Chair and a small project team, has no existence other than as a collective unit. Strong multi-agency working from across our partners is therefore vital to achieving the BSCB priorities and ensuring that children in Buckinghamshire are effectively safeguarded.***

## Responsibilities

The BSCB is responsible for:

- Developing policies and procedures for safeguarding and promoting the welfare of children.
- Raising awareness within communities and organisations of their responsibility to safeguard and promote the welfare of children and supporting them to do this.

- Monitoring and evaluating the effectiveness of the Board and its partners both individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve.
- Participating in the planning of local services for children in Buckinghamshire.
- Undertaking reviews of serious cases and child deaths and advising the authority and their Board partners on lessons to be learned.
- Publishing an annual report on the effectiveness of child safeguarding and promoting the welfare of children in Buckinghamshire.
- Providing challenge to ensure that there is a comprehensive, effective and adequately resourced early intervention strategy for the provision of services to children and young people in Buckinghamshire.

## Business Planning and Priorities

Every year the BSCB holds an annual business planning day to consider progress made against the priorities set in the previous year and to determine new ones. Priorities are driven by developments and needs arising both nationally and locally. For 2014/15 the Business Planning day was held in April 2014 and 16 priorities were agreed.

In June 2014 the BSCB and local authority services for children in need of help and protection, children looked after and care leavers were inspected by Ofsted. The report was published in August 2014 and both the BSCB and the Local Authority received a rating of inadequate. After the inspection, work quickly re-focused on developing an improvement plan to respond to Ofsted's recommendations.

A new Independent Chair was appointed in November 2014 and Board membership was reviewed.
In January 2015 the Board developed a new Improvement and Development Plan for 2015-17. This includes a much smaller number of key priories covering both Ofsted's areas for improvement and the ongoing priorities identified by Board partners. Rather than dwelling on the 16 priorities identified at the start of 2014/15, this report seeks to reflect on the areas for development identified by Ofsted, and progress against the 5 new priorities that were identified in January 2015.

**Priority 1 – Accessing the Right Support: Early Help and Thresholds**
**Priority 2 – Child Sexual Exploitation**
**Priority 3 – Child's Voice and Journey**
**Priority 4 – Neglect**
**Priority 5 – Increasing the Effectiveness and Impact of the LSCB**

## New Vision and Values – January 2015

### Our Vision

***"A strong and shared safeguarding culture across partners ensures every child and young person in Buckinghamshire grows up safe from maltreatment, neglect and harm. Children and their parents receive the right help and support when they need it, leading to better outcomes for children and young people."***

### Our Values

- ✓ We will be honest and clear about the difference we are making for children and young people
- ✓ We will respectfully challenge each other to ensure we are making a difference
- ✓ We will all take responsibility for helping each other to improve outcomes for children and young people
- ✓ We will value difference to help us to improve
- ✓ We will look to hold to account rather than to blame
- ✓ Everything we do will benefit children and young people in Buckinghamshire
- ✓ We will be courageous
- ✓ We are all in it together – as a Board we accept collective responsibility for our performance

Our Performance

# 3 OUR PRIORITIES

## PRIORITY 1: ACCESSING THE RIGHT SUPPORT – EARLY HELP AND THRESHOLDS

***What we want to achieve:*** *Partners are fully engaged in the delivery of the Early Help Strategy so that children and their families have timely access to appropriate early help and support.*

Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years.

Effective early help relies upon local agencies working together to:

- Identify children and families who would benefit from early help;
- Undertake an assessment of the need for early help; and
- Provide targeted early help services to address the assessed needs of a child and their family which focus on activity to significantly improve the outcomes for the child.

Our approach to Early Help in Buckinghamshire is family centred, consent-based and focused on working collaboratively with families to build their resilience.

The BSBC has a role in monitoring the effectiveness of Early Help across agencies. To facilitate this, a new Early Help Sub Group was set up in November 2014 and in January 2015 Early Help was made one of the key 5 priorities in the 2015-17 BSCB Improvement and Development Plan.

## Progress and Impact

The Sub Group has met monthly since November 2014 with membership commitment from across partners. The Sub Group has a clear work plan aimed at achieving the following 4 outcomes:

1. There is an up-to-date multi-agency Early Help Strategy for Buckinghamshire which is understood and implemented across partners.
2. There is a single front door for all referrals of children and young people requiring additional help
3. BSCB and partners are able to evidence the impact of the Early Help Strategy on outcomes for children, including the most vulnerable.
4. The multi-agency thresholds document is understood and implemented fully by all partners.

The Ofsted report for the Local Authority highlighted Early Help as an area for improvement. During 2014/15 it is clear that much of the groundwork for a robust Early Help offer has been laid including:

- Developing proposals for Early Help panels to coordinate support for families requiring complex multi-agency support (at level 3 of the Thresholds document).This will follow the Families First model that is already running successfully in Buckinghamshire to support a smaller number of families with complex needs.
- Developing a model for a 'single front door' – a single point of contact for those who have a concern about a child
- Developing a training plan to support the implementation of an Early Help model

The Sub Group has made valuable contributions to this work including:

- Agreeing the use of the Outcomes Star as the Early Help assessment tool for all agencies.
- Supporting the development of the Early Help Panels.
- Supporting work to improve the Buckinghamshire Family Information Service website.
- Ensure appropriate governance arrangements for Early Help.

During 2014/15 the BSCB has primarily focused on overseeing and supporting the development of the approaches described above. However, the focus going forward must be on how the Board will monitor and challenge the impact of these changes as they are rolled out. The Performance and Quality Assurance Sub Group conducted an audit into a small number of Early Help cases in January 2015 and plans to conduct a re-audit 6 months after the implementation of our Early Help panels to assess impact. Plans are also being made to develop a robust evaluation and quality assurance methodology for Early Help. The BSCB recognises the importance of continuing to support a robust Early Help training provision, including ensuring that the principles of Early Help are embedded in to all relevant single and multi-agency training. There is also significant work to do to support awareness raising around Early Help and to ensure the Thresholds document is understood and effectively used across all partner agencies.

## Assessing our Effectiveness: Multi-agency Early Help Audit

A random sample of children receiving Early Help were selected from the Social Care database. Representatives from Family Resilience, Social Care, Education, Thames Valley Police, Probation and Health participated in an audit day in January 2015.

**Areas of good practice**

- Professionals involved with each case are fully committed to improving the lives of children and their families.
- Professionals used innovative and creative solutions to address problems and issues faced by children and families. This has resulted in good progress being made by children and their families.
- Good level of management oversight.
- Joint visits between multi agency professionals were undertaken.

**Areas for Improvement**

- There was a noticeable gap where a 'warm handover' did not occur between professionals when it was stepped up.
- There wasn't always clarity about who the Lead professional was.
- Regular multi professional meetings were not always held.
- There was some confusion about thresholds.
- Some of the cases focused on the adults needs and the voice of the child was not heard.

**Recommendations**

- The transfer of cases needs to take place at the appropriate point. The policy and process for transferring cases must be reviewed to ensure it is a functional tool.
- Robust supervision and management oversight need to be in place to regularly review the journey of the child.
- Multi agency professionals meetings must be held on a regular basis.
- The thresholds document needs to be embedded further and include provision for 'step up' and 'step down' cases.

## Evidence of Impact: Early Help

A Children's Centre identified a single mother with two children aged under five, both with behavioural difficulties and developmental delay which mother was unable or unwilling to address. The mother had had four previous children removed by social care for neglect and this had led to her refusing to engage with many professionals or being very aggressive. There were also serious debt issues.

The worker engaged the mother through the Family Star and was able to show her through the Star how all of her problems were related, and were impacting on her children. The worker booked the mother onto an evidence based parenting programme and provided child care for the sessions. The mother was supported by the worker to put behaviour strategies in place and also to modify her own responses to the extent that she started to take her children to health appointments and follow advice given. Speech and Language therapists have reported that the children are now responding well and making progress.

The worker also arranged for debt counselling to reduce the reliance on short term loans as well as advice on benefits and career guidance. This has led to a longer term plan to help the mother to go back into education to gain basic skills to improve the family's life chances. Finally, very practical support was provided to clean up the home. Overall this has meant that the two children are remaining with their mother and are not coming into the local authority's care.

**Initial Family Star score average was 3.2. Final Family Star score average 6.8.**

## Evidence of Impact: Family Nurse Partnership

The Family Nurse Partnership is a voluntary home visiting programme for first time young mums, aged 19 or under (and dads). A specially trained family nurse visits the young mum regularly, from early in pregnancy until the child is two. The nurses use psycho-educational methods with well researched and creative programme materials and tools.

The programme aims are to work with young mums to:

- Have a healthy pregnancy
- Improve their child's health and development
- Plan their own futures and achieve their aspirations

The Family Nurse Partnership programme (FNP) is underpinned by an internationally recognised robust evidence base, which shows it can improve health, social and educational outcomes in the short, medium and long term, while also providing cost benefits. It is also known to prevent child abuse and neglect.

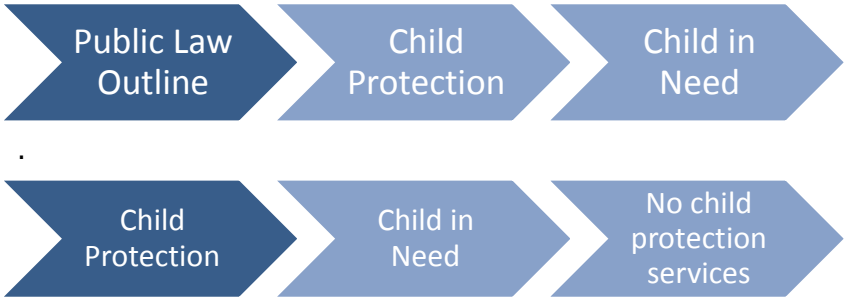
The Buckinghamshire FNP programme was launched in the Autumn of 2012. In the summer of 2014 the team expanded and by the end of this year will be able to offer the programme to between 140 – 150 young families at any time. This represents approximately 40% of the eligible population.

All our FNP clients present with strengths, yet can face a range of challenges and risks. For some of our clients, their circumstances both current and historic mean they find themselves struggling to provide good enough care for themselves and their babies. FNP is able to work with clients at a time in their life as they have their first baby, when they want to do their best. Every woman, whatever their circumstances, is motivated to do the right thing as they become a mother

40.2% of clients at entry to the programme in Pregnancy describe being abused by someone close to them and 36.8% have lived away from their parents for at least 3 months while under the age of 18. 18.4% of clients have a low mastery score at entry to the programme (a predictor of self-esteem / self-efficacy). At any one time approximately 25% of the FNP caseload will be subject to either child in need or child protection plans or legal proceedings. All the families with this level of intervention have either been abused or neglected themselves and had a long history of safeguarding interventions.

Despite this picture, there have been some wonderful success stories with young clients who have been through the care system or child protection system themselves, developing into sensitive, responsive care givers. Some of these families who may have been perceived as 'high risk', no longer need additional interventions outside of FNP and universal services.

We can demonstrate clear behaviour changes with families, including the following journeys:




*"Some young mums don't know about good care or have someone to ask for advice. I have noticed that sometimes their children aren't healthy or happy. I know so much more about caring for my child and she is so advanced. Although I sometimes feel tired or frustrated, I enjoy being a Mum and know I'm good at it and there is help if I need it like my Family Nurse, the Children's Centre and Library".*
**Jodie – Mum aged 17**

## Assessing our Effectiveness: Thresholds Consultation

*"I use it regularly in discussion with my team to identify whether a family they are working with is likely to meet threshold. I also use it when we are considering step downs to see if it meets level 3 criteria." (Family Resilience Service)*

The Thresholds document is designed to help those working with children and young people to identify when a child may need additional support. Effective use of thresholds will help ensure that children get the right support at the right time, and as such it is a key component of providing early help.

One of Ofsted's recommendations was that the BSCB should ensure multi-agency thresholds guidance is agreed and understood by all partners. In response to this the Thresholds document and guidance was re- launched in September 2014. In March 2015 the BSCB ran a consultation to try and understand how well understood and embedded the document was across partners. There were 241 responses from across partners and headline results can be found below.

**Figure 10: Were you aware of the Thresholds document before receiving this survey?**

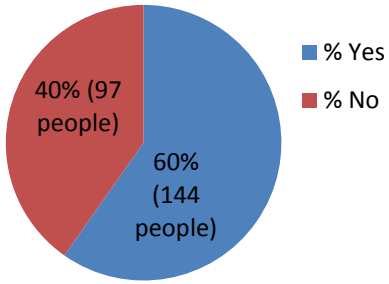



**Figure 11: Are you clear about where your service fits within the Threshold document?**

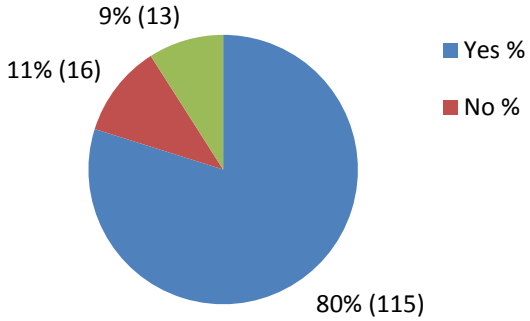
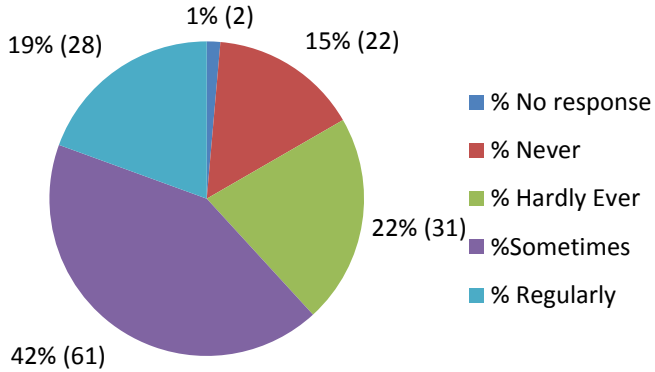



**Figure 12: Do you use the Thresholds document in your day to day work?**




The results indicate a varying degree of knowledge and use of the Thresholds document across partners. The document has already been embedded into all BSCB multi-agency training but in the year ahead work will need to focus more strongly on disseminating and embedding this document across all partners. Respondents also suggested some options for improving both the content and format of the Thresholds document. These will be reviewed before an updated version is signed off by the Board.

*"When I have received concerns about child welfare, I have looked at this to help me measure the risk and consider what course of action to take." (School Nursing)*

*"The document is on my notice board in front of my desk and has been shared with Heads of year at the school and with my Deputy Safeguarding Leads. As Designated Safeguarding Lead in a large secondary school, I use the document to help inform my decisions as to when to seek external support and advice regarding a student. I also use it to reassure myself that decisions I have taken are in line with guidance." (Secondary School)*

## Evidence of Impact: Improving Outcomes for Children and Families

A mum attended the centre looking upset. The Family Support Worker was able to approach the mum and ask if she was ok. Her partner had just lost his job with no notice and they were really struggling with no money coming in. They were in serious rent arrears and had a court summons with a threat of eviction. Mum was visibly upset and did not know where to turn. The Family Support Worker sat down with the mum and talked things through as she was completely overwhelmed with things such as letters and bills. The Family Support Worker was able to arrange a food parcel for the family as they had no food and are a family of 5. The Family Support Worker was also able to arrange an emergency Citizens Advice Bureau appointment for the mum to discuss her options. The CAB were able to support the family and helped them to fill out the necessary paper work ready to attend court and fight eviction. The mum now feels like she has the situation under control and the Family Support Worker will continue to support her through this tough time.
(Buckinghamshire Children's Centre)

## Evidence of Impact: Improving Outcomes for Children and Families

Risborough Children's Centre started working with a mum when she was transferred into temporary accommodation after finding herself and her 2 children homeless after spending 1 year in the refuge system. This accommodation was in an isolated area. The mum couldn't drive and had no family and few friends close by. The family relied on expensive public transport which stretched their low income. They owed significant debts to various companies and this, combined with storage and transport costs, impacted the families living expenses. The mum had expressed concerns about her daughter's speech and language development. She had raised this with the preschool but they have not acted on her concerns.

At the centre mum was able to speak to a Speech and Language therapist who was doing a drop-in clinic. The Speech and Language therapist sat with the child and was able to carry out an initial assessment. This has resulted in a formal referral being made for Speech and Language Therapy. Through the centre mum has also accessed the Citizens Advice Bureau who have started supporting her with managing her debts. Mum said: *'I am pleased I have been able to get help with my daughter's speech. I knew there was something wrong but preschool were not helping me. The children's centre have helped me access support for my daughter'.*
(Buckinghamshire Children's Centre)

## PRIORITY 2: CHILD SEXUAL EXPLOITATION (CSE)

***What we want to achieve:*** *Children in Buckinghamshire are effectively protected from Child Sexual Exploitation.*

The BSCB set up a working group on CSE in June 2013 with a focus on awareness raising activity. Last year this was made into a permanent Sub Group with good multi-agency representation. In January 2015 CSE became one of the key priorities for the Board.

Over the last 12 months the BSCB has broadened its initial focus on awareness raising to develop a more strategic approach. This recognises the emergence of CSE as a significant issue both locally and nationally. We are now focused on ensuring:

- There is a common understanding of the nature and prevalence of CSE across Buckinghamshire
- The needs of children who have been or may be sexually exploited and their families are considered when planning and commissioning local services
- There is good awareness amongst frontline professionals
- Early identification and coordinated intervention by professionals is protecting young people from CSE
- There is good awareness amongst local communities of the signs of CSE and people know how to report their concerns

### Progress and Impact

The Sub Group has supported the development of the local 'R U Wise 2 It?' awareness raising campaign and this is now well established. There has also been significant activity around training and improving guidance for professionals.

- A CSE launch event was held in July 2014 to promote the new R U Wise 2 It? campaign and to deliver the Chelsea's Choice workshop. Over 100 professionals and members of community groups attended.
- Leaflets are available for children, including a small wallet sized card explaining how to get help.
- For parents and carers leaflets have been produced and promoted and an e-Learning course has been made available on the BSCB website. A pilot parents evening was held in Chesham with attendance from about 30 parents. Their feedback will be used to plan further events.
- Over 7800 year 8 and 9 pupils in 33 schools participated in Chelsea's Choice. This programme has been so successful it will run again from October 2015 with funding secured to ensure it remains free for schools to access.
- New multi-agency CSE awareness raising training was rolled out by the BSCB after pilots last year. Due to the popularity of this course we have opened it up to a wider

audience by removing it from the training pathway, and will increase the number of courses from 3 to 6 for the coming year.

- Board partners participated in a CSE National Awareness day on 18th March including social media postings, press releases, email footers, articles sent to councillors, schools and partners and encouraging people to share pledges to stop CSE / raise awareness.
- Public Health has worked closely with the sexual health services to ensure they have access to specialist information, the CSE screening tool and training. They have also developed their own Facebook campaign 'What's your pulling playlist?'
- The Sub Group has developed CSE Practice Guidance for professionals. This is accompanied by an Aide Memoire which aims to support professionals in recognising the indicators of CSE.

Looking forward it will be important to ensure progress continues and we recognise that there is still work to do. In particular over the coming months we will need to:

- Continue to work collaboratively with the Health and Wellbeing Board, Safeguarding Adults Board and Safer and Stronger Bucks Partnership Board to agree the strategic governance for CSE.
- Agree a CSE Strategy for Buckinghamshire
- Widen the training and development opportunities that are available across a range of audience groups.
- Increase work with black and minority ethnic communities to raise awareness of CSE.
- Define a clearer methodology for measuring the extent of CSE in Buckinghamshire.
- Work in partnership with the Safeguarding Adults Board and Adult Services to ensure there is appropriate support for adults who have disclosed past experience of CSE.

## Assessing our Effectiveness: CSE

The review into CSE in Rotherham brought much attention to work around CSE, but the learning provided an opportunity for the Sub Group to assess our performance and make plans for future work. An exceptional meeting of the CSE Sub Group was held to discuss the Rotherham CSE Report and to look at our own performance in relation to the 15 recommendations contained in the report. Overall the Sub Group assessed our performance as good. The Chair held challenge meetings with senior members of staff within the County Council to resolve some queries. Areas for improvement are now embedded into the Sub Group's work plan.

## CSE in Buckinghamshire: What we know

Whilst we are still creating a clear dataset to help us understand and monitor the extent of CSE in Buckinghamshire, during 2014/15 some key agencies conducted a joint audit of their data to define current levels. Each of the three agencies ran a report from their systems for April 2014 – March 2015 for all cases where a child or young person was known to be a victim of CSE and / or was known to be at risk of becoming a victim.

- **Thames Valley Police** had an indication that **87** children and young people were potentially the victim of CSE in Buckinghamshire. The youngest child was 10 and the peak ages were 14 - 16. 8% were males
- **Children's Social Care found** that **37** children were recorded with CSE as the primary reason for being known to social care. The 'snap shot' audit showed that teams are currently working with **80** children known to be subject to or at risk of CSE. 25% of those currently being worked with are male. (NB Children's Social Care does not currently distinguish in their recording between children at risk and subject to CSE. The figure also includes all children over 10 in a household where one child is known to be subject to or at risk of CSE to ensure preventative support services are provided.)
- **Barnardos** worked with **206** children between 1st April 2014 and 5th May 2015. These children were either at risk or being sexually exploited. The youngest child they support was 10, the peak ages are 14 and 15 and the oldest was 18. 15-16% were males.

Of the 80 children being worked by social care, 26 are also on the TVP list. Of the 206 children that Barnardos worked with, 38 are also on the TVP list.

### Evidence of Impact: Multi-agency CSE Training

The BSCB multi-agency CSE training for professionals has been well received with good evidence that it continues to improve knowledge and awareness. Over the 3 courses we ran during the year participants' confidence and knowledge around CSE increased from 57% to 76% on average.

*"This course has been very valuable in regards to my job/role, particularly helpful was recognizing indicating factors and networking with other professionals. Good to refresh knowledge"*
*(CSE Course attendant)*

*"Very effective, awareness of the victims' feelings, why they may not disclose." (CSE Course attendant)*

## Evidence of Impact: Chelsea's Choice

Evaluations of Chelsea's Choice show that it successfully increased awareness and knowledge of CSE.

- 73% of pupils said the performance changed their attitude / opinion towards these issues
- 75% only knew a little about CSE before watching the performance
- 94% said they had learned something new from watching the performance
- 57% said they had talked to someone about the performance or the issues it raised since watching it

*"I now have private settings on Facebook" (School student)*

*"I have become aware that it could happen to anyone, no matter age or gender. It made me think about where my data on the internet goes." (School student)*

*"It showed me that it isn't the victim's fault that they have been caught because the "prey" can be very sneaky sometimes and if you see that something wrong is happening with your friend, then you should try to talk to them or to someone else about it." (School student)*

## PRIORITY 3: CHILD'S VOICE AND JOURNEY

***What we want to achieve:*** *The BSCB can demonstrate the link between its challenges and service improvements for children and young people.*

The Ofsted inspection report identified that incorporating the voice of the child is an area for improvement.

Throughout this report we give examples of how we have included the voice of the child in our work over the last 12 months and what influence this has had. However, we recognise that there is more work to do. The voice and journey of the child has therefore been made one of the 5 key priorities for the BSCB for 2015-17 and a comprehensive work plan has been developed that will include routine involvement of young people in the work of the Board.

### Progress and Impact

Key progress against this priority to date includes:

- Voice of the child is now being included in all multi-agency audits and has been incorporated into the multi-agency dataset.
- The Board is now closely involved in the Youth Voice Steering Group, which will facilitate some of the planned engagement with young people.
- All BSCB multi-agency training includes appropriate reference to the voice of the child.
- Our E-Safety and CSE Sub Groups are involving children and young people collaboratively to influence their work.

### Evidence of Impact: The Voice of the Child:

Together with the Safeguarding Adult Board, the BSCB commissioned an audit into the efficiency of the Buckinghamshire Transitions Protocol.

The audit process included two interviews with families of children receiving services, and an observation of a consultation event with 5 young people which was devised, facilitated and led by two specialist practitioners. The views of both children and families are very strong in the final report including direct quotes from those involved, and there is a clear link between the views that are expressed and the final recommendations.

The audit findings are available on the BSCB website: www.bucks-lscb.org.uk/about-the-bscb/bscb-newsletters/

## Evidence of Impact: Youth Voice Steering Group

During the year the Board has become more closely involved with the Youth Voice Steering Group, which has been set up to facilitate a more coordinated approach to consultation with children and young people. At the first meeting in February 2015, young people explored their priorities, and identified the following concerns in relation to staying safe:

- Keeping safe when on the streets
- Indications of domestic violence
- Balance between monitoring and freedom on line and keeping safe online
- Drugs and dealing with peer pressure –teenagers unsure of how to say no
- Need certain teacher(s) for safeguarding in each school and making them known. "Advertised" so people know who to talk to.
- Safety for people with disabilities.
- Staying safe – there must be a free phone number for anyone in danger that they would use on a mobile
- Schools getting involved with people who have "bad" home lives. Children can get abused at home but it is complicated – students need to be aware of how the school can help.

The BSCB will continue to work with the Youth Voice Steering Group over the coming year. The thoughts from this session, and the ongoing work, will inform updates to the children and young people's pages on the BSCB website and our forward communications plan.

## Evidence of Impact: Voluntary Sector

A young person who has autism and challenging behaviour has now started accessing boarding provisions 4 nights a week. Since this began staff have been working closely with the young person to help him understand and express his emotions, which has improved greatly. This has had a big impact on family life when he is at home. His parents feel that home life is alot less stressed and they can spend more quality time with their eldest child. The young person when at home is expressing his emotions in a more positive way and therefore there have been much fewer incidents of aggression towards other family members. The young person is more tolerant of visitors to the family home especially those with other children or young people as well.
(Action 4 Youth)

## The Voice of the Child: R U Wise 2 It?

Children and young people have been involved in the design of the R U Wise 2 It? publicity material, right through from the concept and design stage to the finished article. Even though the campaign is now well-established, this engagement continues to highlight impact and potential areas of improvement. The most recent consultation took place in January 2015 with clients from Barnardos R U Safe (a services for children who are at risk of or who have suffered CSE). This was an opportunity for clients to discuss the impact of Chelsea's Choice, suggest some ways to improve the R U Wise 2 It? publicity material and recommend some ways to improve dissemination of that material.

## Assessing our Effectiveness: Voice of the Child

Information from Children's Social Care shows an increase in the number of children seen according to plan, and during assessment, over the past few months. Monthly case file audits are now being completed within Children's Social Care and the voice of the child is scrutinised as part of these. These audits are showing an improvement in the number of case files graded as good or outstanding for voice of the child. This is an area that the Board will continue to monitor over the coming months.

**Figure 13: Percentage of Children Seen According to Plan**

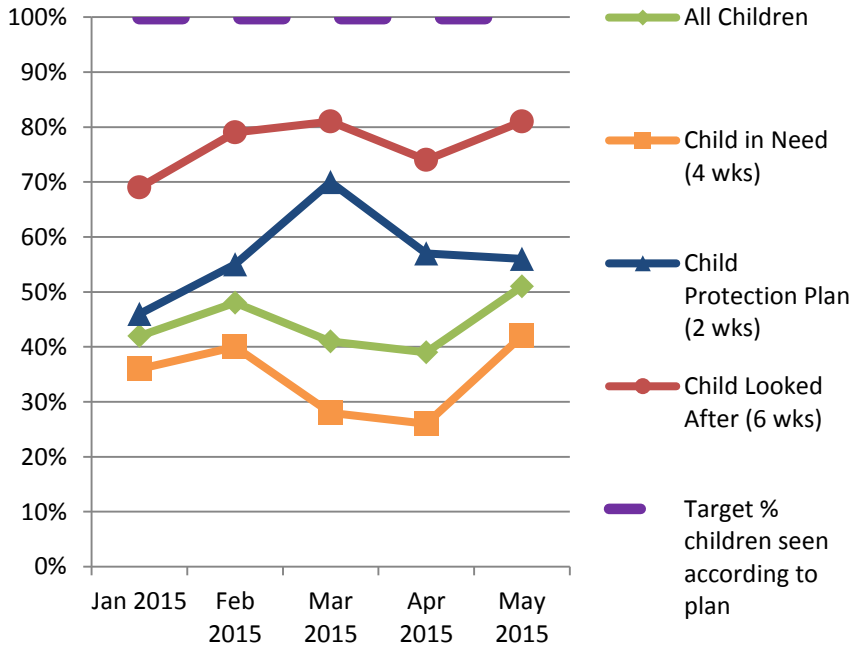
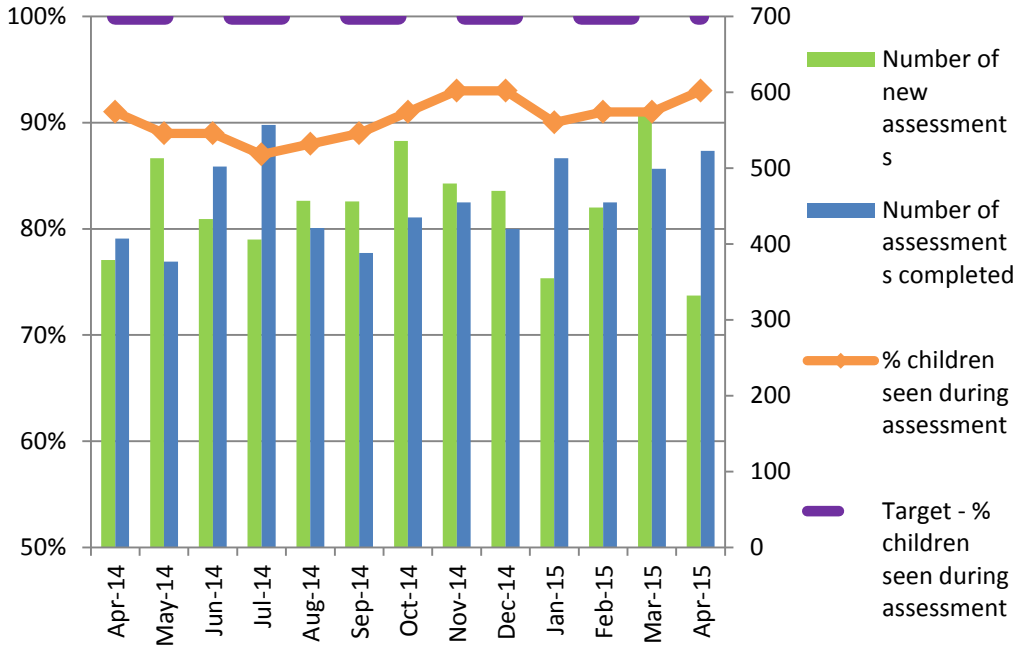



**Figure 14: Percentage of Children Seen During Assessment**




| Measure | Jan-15 | Feb-15 | Mar-15 | Apr-15 |
|---|---|---|---|---|
| Number of Children's Social Care case audits completed | 87 | 87 | 97 | 72 |
| % of case audits with a good or outstanding rating for the voice of the child | 64% | 72% | 72% | 74% |

## PRIORITY 4: NEGLECT

***What we want to achieve:***

- *Early Help is available to support children and their families where there is evidence of neglect*
- *Positive action is taken to ensure that children's development, emotional and wellbeing needs are met and they are able to meet their full potential.*

Significant work is underway to develop our Early Help offer as described under Priority 1. As part of this work the Board has formally agreed that the Graded Care Profile will be used as the assessment tool of choice for cases of neglect. Further work now needs to focus on embedding this through training and awareness raising activity.

Neglect guidance has been produced for staff, but over the coming months there is a need to create a Neglect Strategy to define a clearer partnership vision and approach. Neglect data has also been incorporated into our new multi-agency dataset.

As part of this priority work has also been done to ensure we have an effective Escalation Policy which is known and embedded across partners. The escalation process is now embedded into all BSCB multi-agency training, and specific training sessions on escalation are also available. This is recognised as a priority area with further work underway to review current use of the procedure and to raise awareness.

### Assessing our Effectiveness: Neglect Audit

During the year the BSCB commissioned an audit to look at whether neglect can mask sexual abuse. Potential factors which increased the likelihood of sexual abuse being missed by Children's Social Care in neglect cases were explored.

**Good practice**

- Out of ten case files investigated for this audit, there were three cases including incidents of child sexual abuse, known to Social Care.
- Professionals are committed to developing their skills and knowledge, especially relating to child sexual abuse. They presented as enthusiastic to receive more training to manage any potential gaps.
- The front-line practitioners appeared to combat desensitization caused by the frequency of dealing with child abuse cases in a daily basis.
- Professionals in Health services appeared very satisfied with the quality of supervision received and the time they had for reflection.

**Areas of learning**

- The change between allocated Social Workers in 4 out of 10 cases may have caused gaps in support until the case was allocated to the next professional, which may have escalated the risk of harm.
- Staff shortages may lead to poorer assessments when there are time constraints that do not let practitioners have enough time with children.
- Staff suggested there are limitations in communication and multi-agency practices due to the different IT systems, heavy workload, limited multi-agency training and lack of guidance to suggest the kind of information that should be shared.
- Personal values, beliefs and views may affect the practitioner's perceptions of the risk of harm.
- Supervisors should ensure social workers have access to multi-agency training on child sexual abuse.

**Key recommendations**

- The launch of a MASH could minimise some of the difficulties that professionals experience related to their practice and promote better, earlier information-sharing. This could also help early identification and early intervention that would decrease the possibilities of hidden child sexual abuse.
- Increased staffing levels in Social Care Services may help prevent the escalating of risk of harm, or abuse, in families where priority has not been given.
- Supervisors should ensure that practitioners have a balanced approach to using both the intuitive and analytical approach to avoid what Munro (2008) calls biased feedback during assessment procedures. They should also ensure that practitioners have enough time available for children, as well as getting reflection during supervision.

**Figure 15: Referrals to Children's Social Care by Category of Need**

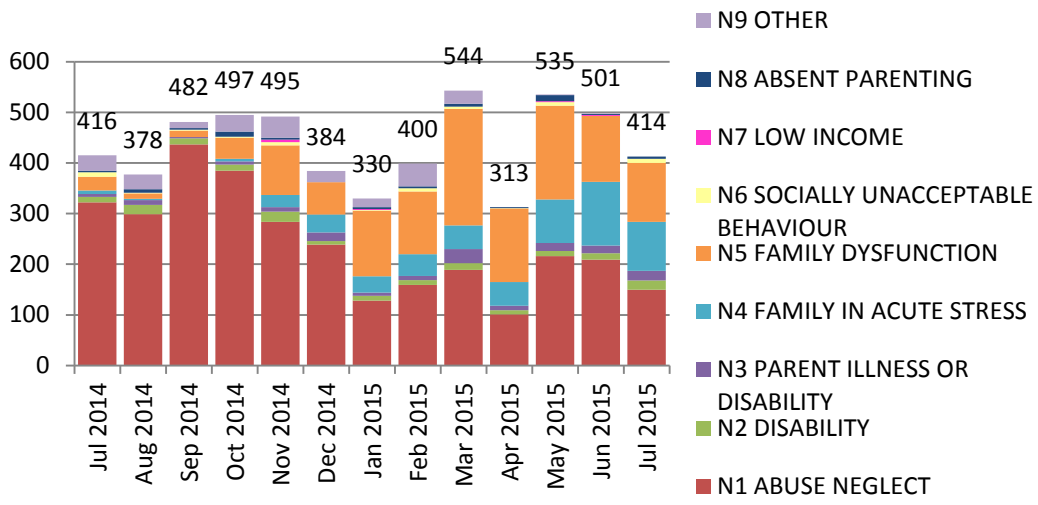



**Figure 16: Children becoming the subject of a Child Protection Plan for neglect (rate per 10,000 children under 18)**

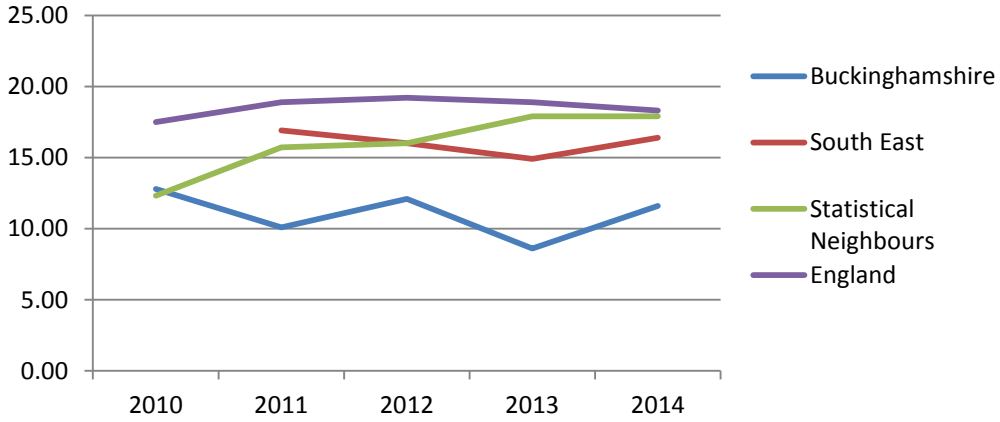
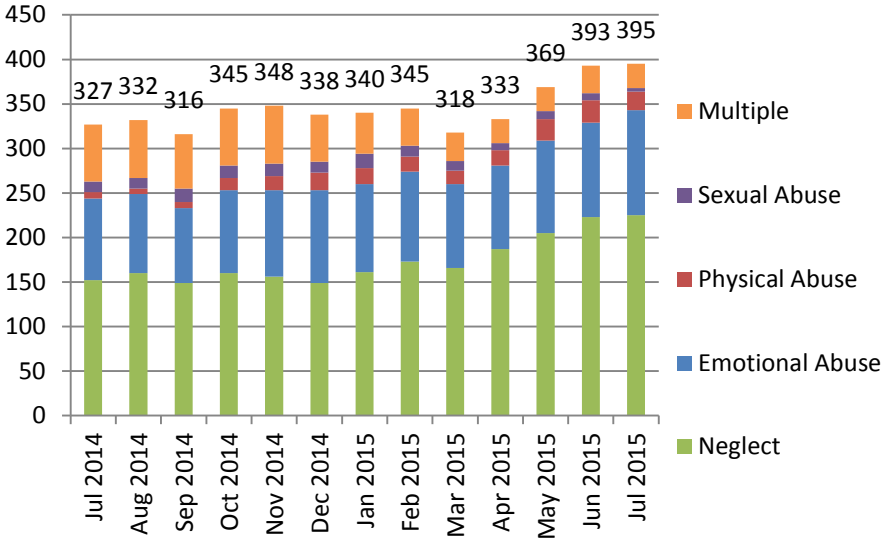



**Figure 17: Child Protection Plans by Category of Abuse**




## Neglect in Buckinghamshire: What we know

Buckinghamshire has consistently lower rates of children becoming subject to a child protection plan for neglect compared to both statistical neighbours and nationally (figure 16). This is to be expected given the prosperity and demographic of the county. More work needs to be done over the coming year to ensure we can draw a more detailed picture of neglect through our multi-agency dataset and gain a clearer understanding about how well the thresholds for neglect are understood across agencies working with children and young people.

## PRIORITY 5: INCREASING THE EFFECTIVENESS AND IMPACT OF THE BOARD

***What we want to achieve:***

*There is real collective ownership of the BSCB which is well regarded by partners and the community because of the positive difference it makes to outcomes for children and young people.*

In June 2014 the BSCB was inspected by Ofsted. Ofsted's overall judgement of the Board was inadequate. This priority addresses many of the specific concerns outlined by Ofsted along with some other key areas of business for the Board.

### Strengths Identified by Ofsted

Ofsted recognised strengths around the following areas which are discussed in more detail throughout this report.

- CSE awareness raising activity
- The work of the E-Safety Sub Group to engage with young people
- The conduct of SCRs in line with statutory guidance
- The provision of well evaluated multi-agency training

### Areas of Concern Identified bv Ofsted

**Ofsted recommendation: Ensure that the leadership role of the BSCB in safeguarding is clearly established, and that governance arrangements within the Board and with other key strategic bodies are effective in identifying and prioritising work to meet the needs of children, young people and their families.**

**BSCB response:** Key areas of progress against this include:

- Board membership has been reviewed to create a smaller Board with membership at an appropriate level of seniority.
- A Member Compact has been agreed which sets out the roles and responsibilities of board members.
- A new BSCB Vice Chair has been elected.

- The BSCB and Sub Group terms of reference have been refreshed and new work plans developed for the Sub Groups to ensure good alignment with the Improvement and Development Plan. Attendance at Sub Group meetings is monitored and clear expectations have been set regarding regular attendance at meetings.
- A Governance Protocol has been drafted to set out arrangements for partnership working between the BSCB and a number of other key partnerships including the Buckinghamshire Safeguarding Adults Board, Safer and Stronger Bucks Partnership Board and the Health and Wellbeing Board.
- Improvements have started to the BSCB website to ensure it is more easily accessible to a range of audiences.

**Ofsted recommendation: Ensure a funding formula is developed, agreed and implemented to provide sufficient resources for the Board to undertake its core business.**

**BSCB response:** The BSCB Chair benchmarked partner contributions against similar BSCBs and suggested a revised funding formula which was agreed by all partners for 2015/16.

There continue to be significant pressures on the BSCB budget, for example as a result of the rapid improvement that is taking place post-Ofsted and the pressures of conducting an increased number of serious case reviews in the past year. However, as a result of increased partnership contributions the BSCB base budget will increase by 52% for 2015/16 compared to 2014/15, or by 14% when the one off contributions from 2014/15 are taken into account.

**Ofsted recommendation: Ensure that the Board evaluates its effectiveness and provides challenge where necessary**

**BSCB response:** The BSCB has developed a risks and concerns log to document any areas of concern and the action and challenge which results from these. Board and Sub Group members have been reminded of the importance of effective challenge and minutes now show greater evidence of challenge.

Our ability to assess the overall effectiveness of the Board is also being driven by the work of the Performance and Quality Assurance Sub Group which is outlined in more detail in section 6.

**Ofsted recommendation: Ensure that more privately fostered children and young people are identified and supported by promoting awareness of private fostering.**

**BSCB response:** The number of privately fostered children remains low (3 as of April 2015). Numbers are now being monitored through the Performance and Quality Assurance Sub Group and clear actions around private fostering are now embedded into the Improvement and Development Plan. This will be an area of focus for the year ahead.

## A Safe Children's Workforce: The Employment Sub Group

The BSCB has an Employment Sub Group whose remit is to ensure:

- People working with adults and children, on either a paid or voluntary basis, are safe to carry out that role.
- Safeguarding allegations against members of staff or volunteers are thoroughly and proportionately investigated and that all appropriate lessons are learned.

During 2014/15 the Employment Sub Group for the BSCB and the Buckinghamshire Safeguarding Adults Board were merged, helping to streamline outputs and investment of time on overlapping activities.

The Sub Group has completed some key pieces of work to ensure our workforce is safe including:

- Reviewing and updating the Safer Recruitment Training materials and best practice standards for people in positions of trust across children's and adult's workforces – including volunteers.
- Producing a joint adult and children Safer Recruitment Toolkit and online guidance materials.
- Participation and attendance at Early Years training workshops for safe employment awareness-raising.
- Guidance for early years settings impacted by Childcare (Disqualification) requirements under the Childcare Act (2006).
- Developmental work undertaken in partnership with education providers and ESAS, to support design and delivery of a Section 11 audit for schools.

The Sub Group has also offered support and challenge around pieces of work carried out within single agencies:

- The Sub Group considered the impact of the Saville Inquiry in relation to employment, including examining the response within local hospital settings to ensure better management of risks. During the coming year the Sub Group will need to look again at the recommendations from this

inquiry, including offering appropriate challenge around the outcomes that have been achieved.

- Buckinghamshire County Council completed a client transport audit that raised some issues around how safeguarding incidents and allegations are dealt with as part of the contract management process. The Sub Group has made suggestions to help improve practice and will continue to oversee progress against the recommendations. A task and finish group for vulnerable passengers has been set up which will build on the recommendations from the audit, improve the recruitment and training of drivers and passenger assistants and improve understanding of the commissioning implications of these issues.
- The Employment Sub Group pushed for a robust allegations recording system within Children's Services to help facilitate the provision of standardised and robust allegations data. This was also an area of concern identified by Ofsted, and will be put in place in the first half of 2015/16. Together with an agreed format for allegations data across both children's and adult services this will improve the ability of the Sub Group to effectively scrutinise data and identify any areas for action.

### Evidence of Impact: Safer Employment

Safer Recruitment training for schools is commissioned and funded by the Governor Support Team within the Buckinghamshire Learning Trust. The ability to provide this is based on the high level of buyback from schools and academies of the Governor Training and Development Programme. There is evidence from training evaluation that this is improving knowledge.

*"Really well prepared day with good pace and time for reflection and discussion. The mock interviews in the afternoon were particularly helpful." (course delegate)*

*"A very worthwhile, informative and enjoyable course, thank you" (course delegate)*

## A Safe Children's Workforce: Allegations Against Staff

Each LSCB area is required to have a nominated officer (LADO) to coordinate responses and action where an allegation is made that someone who works or volunteers with children may have:

- Behaved in a way that has harmed, or may have harmed a child
- Possibly committed a criminal offence against or related to a child; or
- Behaved towards a child in a way that indicates s/he may pose a risk of harm if they worked regularly and closely with children.

The LADO is a member of the Employment Sub Group and provides regular allegations data for consideration.

During 2014-15, there were 525 contacts to the LADO service, of which 320 were judged to have met the threshold for intervention for an allegation against a person in a position of trust. This level of contact is very similar to the previous year. The 320 allegations included concerns about staff from the following settings:

| Setting | Allegations |
|---|---|
| **Educational establishments (not including boarding)** | 106 |
| **Boarding schools (including independent special schools)** | 16 |
| **Residential children's homes** | 20 |
| **Inpatient hospital** | 7 |
| **Foster carers** | 19 |
| **Early Years settings (Child minders, Preschools, Nurseries)** | 36 |
| **Transport (taxi drivers, PAs, bus drivers)** | 45 |

Other referrals relate to a wide range of services for children, including, faith settings, youth clubs, sports groups etc. There continue to be very few referrals relating to workers in health settings, other than those referred for possible transfer of risk from incidents in their private lives.

Of the groups with the highest number of referrals, the referrals from transport settings stand out as being a significant increase from previous years although some are historical. New management in Amey Client Transport has raised the awareness in that service of safeguarding concerns, and the LADOs are working closely with them both to deal effectively with individuals who are unsafe to transport children, and also to plan how to address underlying training and recruitment issues.

A continuing problem for the LADO service is receiving outcomes to individual cases, and a lot of time is spent sending repeat email requests to employers. Of the 320 cases referred, the LADO has currently been informed of 274 outcomes. 29 workers have been dismissed (or the employer has ceased to use their services) and 8 have resigned: there have been 2 criminal convictions. 11 workers have received a formal written warning and the remainder have either been given additional training or no further action is taken. Of the remaining cases, 16 (of which 9 are historical) are subject to continuing police investigations.

*Working Together 2015* contains revised guidance about the management of allegations against people in a position of trust. This includes leaving both the title of the officer(s) designated to be involved in the management and oversight of such cases, and the referral arrangements to be determined locally.

The Employment Sub Group appointed a Task and Finish group to consider the advantages and risks of possible new arrangements. This Task and Finish group identified a number of risks associated with changing current practice and therefore recommended that we should:

- Retain the title LADO for those officers designated to manage and oversee allegations.
- Maintain current arrangements, whereby employers / referrers are advised first to contact the LADO when an allegation against a person in a position of trust has been made.

## Supporting Schools

Support around safeguarding is provided to schools via the local authority's Education Safeguarding Advisory Service (ESAS). This team was rebranded during the year and has reconnected well with education providers in both the maintained and independent sectors. ESAS has undertaken a considerable amount of work during the year to ensure schools are effectively supported in relation to safeguarding, including:

- An audit training programme for Designated Safeguarding Leads (DSLs) and Safeguarding Governors was rolled out. 9 sessions were delivered with participation from 184 schools.
- 'Patch' working was established by linking ESAS Safeguarding Officers with schools within district boundaries. This has strengthened relationships with schools and enabled Safeguarding Officers to have greater oversight of the schools in their patch. This was further supported by the development of an annual "Health Check" undertaken by the Safeguarding Officer and DSL to evidence the schools delivery on their safeguarding responsibilities
- Termly DSL forums have been established in each district. 9 sessions have been delivered averaging 35 DSLs at each session. The forums are an opportunity to update DSLs, share good practice and provide the opportunity for peer to peer supervision. 4 additional forums have been held for Safeguarding Governors to support their safeguarding role within the school.
- A new school training programme has been developed to reflect the changing safeguarding landscape and local priorities. This includes training on CSE, female genital mutilation and radicalization.
- ESAS has continued to support the delivery of multi-agency training offered by the BSCB and has supported Safeguarding Governors by responding to specific requests for training.
- The learning pathway for DSLs has been redesigned, including a new refresher course.
- ESAS has started to develop closer working relationships with faith settings and the team has now delivered a training session in a mosque.

Staff capacity has been a significant and ongoing issue for ESAS during the year. Capacity within the team has reduced at the same time as the remit of the team has widened. This will need to be addressed if the excellent level of support provided to schools from this team is able to continue.

The ability of the team to evidence the impact of their services is limited by their current data collection system which is in need of urgent review.

Priorities for the coming year are focused around:

- Continuing to roll out the new DSL training.
- Targeted work on record keeping and supporting schools to self-audit.
- The new 2 day DSL training package will roll out from September. Delivery will be bi monthly. This will dovetail with DSL refresher training
- Partnership working will be developed further to strengthen support for schools.

## E-Safety

The E-Safety Sub Group has continued to raise the awareness of children and young people, parents/carers and professionals of the risks of being online and how to protect themselves. Key areas of activity and challenge include:

- Recruitment of a new Children's Centre representative, in recognition of the increased need to inform new parents so they are better informed and prepared around how to safeguard their children.
- A regular reporting process has been put in place to monitor awareness raising initiatives. This is also providing information about potential gaps and areas to target for the future.
- The Sub Group has identified the need to develop updated web content and has begun work on an advice, information and guidance brochure which will provide new web content later this year.
- An audit was conducted of the 41 schools not signed up the County Councils filtering website support to establish what systems they had in place to block content and protect children and young people. 33 of the state schools and 15 of the independent schools have replied to date and all have appropriate systems in place.
- The County libraries were contacted about the processes they have in place with their public internet access and they confirmed that blocks and procedures are in place to minimise any risks.
- The Sub Group has contributed to and supported the County Council Select committee enquiry in internet safety.
- The Sub Group continues to map the range of interventions that agencies are delivering to schools, youth organisations and professionals over the last year. Since this mapping started in 2013, partners have delivered awareness raising events to 23,159 people. There has been an increase in demands for support around E-safety, particularly from schools. Whilst this emphasises the importance of these issues, it has also placed high demands on Sub Group members. Moving forward greater emphasis will be on supporting agencies to deliver awareness raising themselves.

Our Performance

# 4 COMPLIANCE WITH STATUTORY FUNCTIONS

## A Policies and Procedures

The BSCB is responsible for developing multi-agency policies and procedures for safeguarding and promoting the welfare of children in Buckinghamshire. This work is led through the Policies and Procedures Sub Group.

During 2014-15 a new schedule was created to ensure that all policies, procedures and guidance documents are updated every three years, or sooner if required due to changes in local practice or national legislation.

During the year 8 policies, procedures or guidance documents were updated, and a further 6 were in the process of being updated at the end of the year.

The Sub Group also provides guidance for external organisations on writing a child protection policy, and offers to review policies to ensure they are compliant with legislation. During 2014-15 the Sub Group received 22 external policies. 11 have been endorsed, 2 were rejected as unsatisfactory and the remaining 9 were still being reviewed at the end of the year. In the past the Sub Group has received an average of 7 or 8 policies to review each year, so this year there has been a huge increase in requests. Although not all external agencies will submit their policies for review, this function provides some reassurance around the quality of child protection policies within those agencies working with children and young people.

## B Learning and Development

The BSCB aims to ensure that the Children and Young People's workforce has the right skills to ensure children receive the right help and support at the right time.

The BSCB has a Training Manager to support the development and delivery of a high-quality multi-agency training programme. The Board also has a Learning and Development Sub Group which seeks to support a culture of continuous learning and improvement.

## Multi-Agency Training

The BSCB runs a well-attended multi-agency training programme, including training across all BSCB priority areas. During 2014-15 a total of 43 full training days were run (compared to 39 last year) and 31 other BSCB training sessions were provided (compared to 28 last year). Attendance from partner agencies increased by 13.5% compared to last year with a total of 634 people attending. Courses included basic safeguarding awareness training through to more specialist course such as CSE, domestic violence, mentally ill parents and their children and understanding child sexual abuse.

*"It was really good that we discussed the signs of domestic violence in different age groups of children. Keep up the good work these courses are very practical and boost confidence when working with families" (Domestic Violence and Child Protection course)*

In addition to the regular training programme some additional training events were also run, including bespoke sessions that were requested by single agencies. For example a CSE session was run for the local authority Exclusion and Reintegration Team and a basic safeguarding awareness session was delivered to Early Years providers. In total an additional 148 people attended these sessions.

All provision is regularly reviewed and updated to ensure it is in line with local procedures, learning from serious case reviews, changing local priorities and national legislation. The programme is also adapted in response to delegate feedback and needs.

*"Wow, this has been an informative and engaging day which made me reflect and challenge myself" (Working with Conflict and Challenge course)*

The BSCB seeks to use as many local trainers as possible through running a 'train the trainer' programme and maintaining a local training pool. There is good evidence from courses that delegates value multi-agency training and that the real life stories provided by local trainers help them to see child protection from a variety of perspectives. However maintaining sufficient capacity within the training pool has been a significant challenge. This resulted in the Training Manager delivering approximately 50% of training during 2014-15 and in the Board having to commission a number of external trainers. Moving forward some new strategies are planned for increasing training pool capacity, but there remains a risk that the Board will have to continue commissioning more external trainers and this is likely to increase the cost of training for those attending.

The BSCB has started to look at alternative learning and development formats to broaden the opportunities that partners have to learn. Over the year we have added free e-learning courses on FGM and CSE to our website and over the coming year we will continue to develop new learning formats.

*"Very effective and will have an immediate impact on my confidence" (Working Together course)*

*"This course was incredibly effective and will have significant impact on my practice. I found it challenging, through provoking, frustrating and tiring, everything good professional development should* be*." (Emotional Abuse and Child Neglect course)*

## Evidence of Impact: Multi-agency Training

All BSCB courses are well-evaluated and there is good evidence that training is increasing confidence and knowledge.

| Course Title | Confidence and Knowledge at start* | Confidence and knowledge and end* |
|---|---|---|
| **Everyone's Responsibility** | 66% | 79% |
| **Working Together** | 62% | 76% |
| **Physical Abuse** | 54% | 76% |
| **Working with Challenging Families** | 59% | 80% |
| **Mentally Ill Parents and their Children** | 58% | 72% |
| **Working with Conflict and Challenge** | 69% | 78% |
| **Child Sexual Exploitation** | 57% | 76% |
| **Domestic Violence and Child Protection** | 64% | 74% |
| **Emotional Abuse and Child Neglect** | 59% | 76% |

* average self-assessment across all courses delivered during 2014-15

*"Makes me feel empowered to reflect on my practice and strive to do my very best for the families I visit" (Domestic Violence and Child Protection course)*

### Learning and Development Sub Group

This previous Training Sub Group has faced some challenges during the year including patchy attendance. However, towards the end of 2014 the Sub Group rebranded itself. The change in name to Learning and Development Sub Group reflects the desire to consider a broader range of learning opportunities and how these impact on our workforce. Attendance is now good and a revised work programme for the coming year has highlighted a number of areas for improvement including:

- Gaining a better understanding of the safeguarding training bring provided across partners and challenging where there are gaps in knowledge.
- Strengthening BSCB involvement in Early Help training.
- Developing a quality assurance framework for single agency training, including around training related issues identified in local serious case reviews.

## C Section 11

Working Together 2013 identifies as a key function of LSCBs that they must monitor and evaluate what is done by board partners to safeguard and promote the welfare of children and advise them on ways to improve. The Board's Section 11 process seeks to clarify how agencies are meeting their safeguarding duties as set out in section 11 of the Children Act (2004).

Section 11 returns were received from all partner agencies during 2014. Challenge sessions were held and the previous Chair of the Board wrote to partners outlining recommendations for improvement.

Due to the changes in Board personnel that took place towards the end of 2014 there was considerable delay in completing the Section 11 process. Two agencies did not receive their challenge letter and the usual 3 month follow up on progress against recommendations was not completed. This is now being rectified, with all agencies being asked to report on the progress they have made since their challenge session.

During the coming year our Performance and Quality Assurance Sub Group will be reviewing our Section 11 process to ensure it is robust and focuses on Board priorities.

Overall agencies were assessed to be compliant with their Section 11 duties. Each agency received some specific development points to address. Common issues related to:

- The need to embed the Thresholds document
- The need to submit the results from internal safeguarding reviews and audits to the Performance and Quality Assurance Sub Group.

Both of these issues are now being addressed through work outlined in the Improvement and Development Plan.

A number of areas of good practice were also highlighted, including:

- Following the LGA conference on Licencing and Safeguarding, the Chiltern and South Bucks District Council Licensing Manger reviewed the Councils' taxi and private hire policies to identify any gaps identified in the Rotherham cases. Policies were found to be robust, but the Manager is working with county and district colleagues to strengthen existing controls in relation to taxis. There are plans for awareness sessions amongst licenced drivers to enable them to become the 'eyes and ears of the community' and to enable them to report matters relating to crime and disorder to the authorities.
- An information-sharing protocol covering the sharing of Live Birth Data has been agreed which will ensure that every new mother is contacted by her local children's centre to be offered their services. There is also work taking place to make sure that children's centres can work in partnership with children's social care to support families known to both.
- Buckinghamshire County Council Children's Services have now embedded the section 11 process into their commissioning arrangements and

added additional clauses relating to safeguarding into the contract terms and conditions template. Providers are asked how they will meet safeguarding requirements when bidding for the tenders and in most tenders those that do not meet safeguarding requirements are automatically disqualified. Every provider is required to carry out a section 11 self-audit once a year. This is reviewed by the commissioner and the provider is expected to action plan any amber/red areas. The section 11 audits are monitored at quarterly contract monitoring meetings with the provider or more frequently if actions require immediate attention. Safeguarding issues and complaints are a standing item on monitoring meeting agendas and safeguarding policy and implementation are checked at the annual spot check carried out by the commissioner.

- Within the Buckinghamshire Clinical Commissioning Groups, the development of the Practice Safeguarding Leads Network has helped to increase awareness of the GP role in safeguarding, demonstrated by good attendance at the 6 monthly training and feedback from the practices on the implementation of learning from serious case reviews. The aim is to improve outcomes for children through earlier recognition of the need to involve partner agencies and increased use of the safeguarding team to ask for advice when staff are unsure of what action to take.

## Safeguarding Audit for Schools

During 2014 a strengthened safeguarding audit for schools was developed, based on the BSCB section 11 audit process. A comprehensive audit tool and accompanying guidance allows schools to self-assess their compliance with Section 11 of the Children Act (2004) and Sections 157 and 175 of the Education Act (2002). This process was developed and piloted collaboratively with schools and has now been rolled out across the first cohort of 75 schools, with two further cohorts to follow. A consultation will be carried with cohort 1 schools to ensure the process is robust but also proportionate and that schools agree it is helping them to improve practice.

### Evidence of Impact: Safeguarding Audit for Schools

- 100% of schools in Buckinghamshire have a Child Protection Policy which has been reviewed within the last year. However a particular area of challenge is that staff turnover has left a number of schools without a trained Designated Safeguarding Lead. Identified gaps have been addressed with interim plans and priority places have been allocated to these schools on training.
- One school cited the Section 11 Audit and the work undertaken with their link Safeguarding Officer from ESAS, as being instrumental in pulling them out of special measures after they failed specifically on their safeguarding arrangements.

- One of the Grammar schools, rated outstanding by Ofsted, said that as a result of completing the Section 11 audit they developed a nine point plan, targeting areas of potential weakness for them to address. This is particularly pertinent in the light of the new inspection framework which is due to be rolled out by Ofsted in September 2015, and which has Safeguarding as one of its 3 priority areas for inspection
- Tighter and more robust standards are now in place in relation to safer working practices in schools. This has been evident in the annual meetings ESAS have with designated safeguarding leads. This has supported a more evidence based understanding of practices within a range of schools and the individual challenges they face.
- Information collated from the Section 11 Audit have supported ESAS to identify a number of themes arising from the returns, these form key drivers in ESAS business plan for 2015-16.

*"I found completion [of the new section 11 audit tool] helpful and it has improved our practice" (School Designated Safeguarding Lead)*

## D Serious Case Reviews

LSCBs are required to undertake a serious case review (SCR) in cases where
a) abuse or neglect of a child is known or suspected; and
b) either i) the child has died; or ii) the child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child.[1]

The BSCB has a Strategic and Serious Case Review Sub Group which ensures that the Board can meets its statutory duties around SCRs. In 2014/15 the Sub Group has overseen the progress of 4 SCRs.

- Young Person J involved a case of child sexual exploitation (published April 2014)
- Baby K and Baby L involve young babies who tragically died (ongoing at the end of 2014/15)
- Baby M involves a young baby who suffered serious harm (ongoing at the end of 2014/15)

The Ofsted report found that SCRs are being conducted in line with statutory guidance and that events to disseminate learning from SCRs have been effective in raising awareness around a number of key issues.

As the year has progressed the Sub Group has challenged the methods that the BSCB has traditionally used for conducting SCRs. The SCR for Baby L is focusing less on extensive paper based analysis of events and instead focused more on bringing frontline professions involved in the case together to actively reflect on events and develop learning points together. This format was received positively and through the coming year the Sub Group will

focus on ensuring that for each future SCR thought is given to the model of review that will secure the best outcomes.

During the year the Sub Group extended its remit to include serious incidents that occur within a single agency and which gave rise to serious safeguarding concerns. In the future this will allow the Sub Group to monitor issues of concern outside the definition of a serious case review. It is hoped that this will lead to the identification of themes within single agencies and allow relevant challenge to be made to improve practice and outcomes for children.

The Sub Group has worked with Thames Valley Police to address some of their concerns about running an SCR alongside a criminal investigation including challenging their reluctance to allow frontline officers to take part in a practitioner learning event. This resulted in a successful learning event for Baby L which took place with excellent engagement from Thames Valley Police. The voice of the police alongside the other agencies provided an additional perspective that aided learning and will enhance the quality of the final report. Although it is important to protect the integrity of police enquires, it is also vital that SCRs are conducted in a timely manner to allow learning to be effectively disseminated. The Sub Group is now confident that for future reviews it will be possible to work together with Thames Valley Police to ensure that SCRs can continue alongside investigations without any disruption to either process.

The Sub Group is responsible for monitoring the completion of all recommendations arising from SCRs and the impact these are having. Challenges remain for the coming year about evidencing the difference that completing SCR actions is having on outcomes for children. However there is evidence of some excellent work over the last year which has resulted in positive changes to practice.

At the end of April 2015 there were 23 outstanding SCR actions, the oldest dating back to April 2013. Over the coming 12 months there will be an increased emphasis on quicker escalation of incomplete actions and Board partners have been formally asked to ensure these are resolved.

### Incorporating the Voice of the Child: Young Person J

The views of young person J was incorporated extensively into this SCR and is a powerful presence in the report. Young person J was kept informed of the progress of this review through until publication and influenced the format of the final report.

Throughout the year there has been a greater willingness to engage families in the SCR process to help the author to gain a stronger insight into the needs of the child. Through 2015/16 the Sub Group will aim to ensure that wherever possible the family is involved in a meaningful way and that the voice of the family and child are even stronger in final SCR reports.

### Evidence of Impact: SCR for Young Person J

The SCR for young person J identified a number of recommendations across partner agencies. One of the key areas for improvement was the need to review the content of training that is delivered to the whole school to include self-harm and CSE in more detail. As a result of this recommendation the play Chelsea's Choice was provided free of charge to 31 Buckinghamshire secondary schools targeting years 8 and 9. Feedback from evaluation showed raised awareness amongst young people of CSE and what they should do if they are concerned about themselves or others. This format has been so successful that a second roll out of the play for secondary schools will take place during 2015/16.

Designated Safeguarding Lead Forums have also been set up to facilitate the sharing and discussion of safeguarding issues. Termly meetings are now being held in each district and have been well received.

## E Child Death Overview Panel (CDOP)

The death of a child is always tragic, and leaves families with a sense of shock, devastation and loss. However, it is important that we review child deaths to see whether we can learn any lessons to improve the health, safety and wellbeing of other children, or to improve the support for bereaved families. As set out by Working Together, the BSCB has a Child Death Overview Panel (CDOP) which fulfils this function.

CDOPs are required to prepare an annual report of information relevant to the LSCB and it is expected that this should inform the annual report. Key findings from CDOP are presented below and the full CDOP Annual Report 2014-15 is available on the BSCB website.

During 2014-15 CDOP has faced some significant challenges, in particular a large back-log in cases. Towards the start of 2015 the Board was delighted to secure a new Chair from Public Health who is working hard with the Panel to reduce this backlog. In the last few months a number of improvements have already started to take place in order to improve the efficiency and effectiveness of the panel:

- Some CDOP meetings are now dedicated 'neonatal' meetings with attendance from a representative from obstetrics/maternity as it was felt that the panel would benefit from additional expertise from specialists in obstetrics/maternity care.
- Regular communication has taken place between CDOP members Board partner agencies to improve data recording and data submission to the panel. A lack of documentation and the quality of the information received by the panel continues to be an issue but is an areas where the Panel would like to see improvement over the next 12 months.
- Timely access to Coroner's reports has been an issue during 2014-15, but effective communication with the Coroner has now been established meaning this issue has been resolved.

For 2015-16 the key priorities for CDOP are to:

1. Improve the review time and aim to reduce the proportion of reviews that take more than 1 year from 64% to less than 50%.
2. Work with Primary and Secondary Care and other partners to improve quality of data reported to CDOP.
3. Use this improved data to monitor epidemiological trends annually and build up more accurate statistical analysis over time.
4. Implement a database to make data analysis quicker and easier
5. Increase the capacity of CDOP through the recruitment of a dedicated CDOP Coordinator.

## Key Findings from Child Deaths Reviewed in 2014-15

- While the number of deaths is small and fluctuates year on year, the overall trend in child deaths in all age groups shows a downward trend.
- Child mortality rates in Buckinghamshire are similar to the England average. However, there is a large disparity between the most and least deprived populations in Buckinghamshire. The evidence suggests that adverse birth outcomes for infants are closely linked to measures of social disadvantage. In Buckinghamshire, the incidence of low birth weight, congenital anomalies and infant deaths are higher in socially deprived communities.[1]
- In 2014/15 CDOP was notified of 27 deaths of children aged 0-17 in Buckinghamshire and reviewed a total of 39 cases.

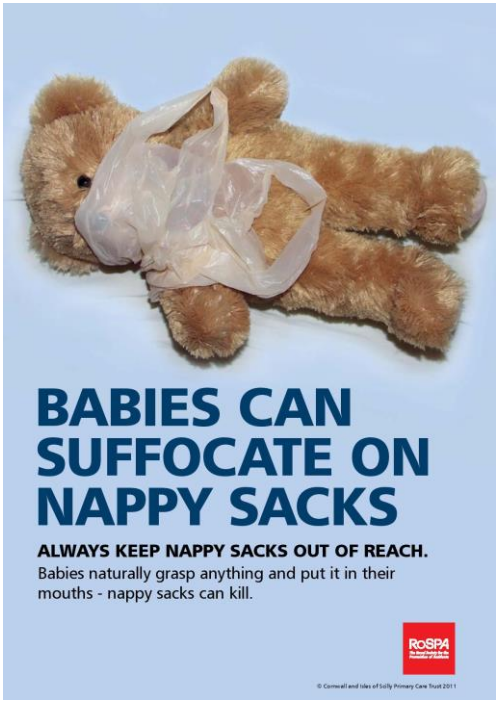
Of the 39 cases reviewed:

- 14 cases (36%) were reviewed within 12 months of the notification compared with 70% nationally. 25 cases (64%) took longer than a year to review compared with 30% nationally. These figures should improve as the backlog of cases currently being managed by the Panel is reduced.
- 24 deaths (62%) were in children aged 0-1year old compared with 64% nationally. 5 deaths (13%) were in 1-5 year olds which is similar to the national average. 10 deaths (26%) were in 5-17 year olds compared with 23% nationally.
- 23 deaths (59%) were in males and 15 deaths (38%) were in females. Nationally, boys' deaths have consistently accounted for over half of deaths reviewed since the year ending 31 March 2011.
- 18 deaths (46%) were in children of white ethnic background compared with 63% nationally. 9 deaths (23%) were in children of Asian Pakistani background. Evidence suggests that child mortality is more strongly linked to measures of social disadvantage than to ethnicity.
- Chromosomal / congenital abnormalities are the top category of death in Buckinghamshire (36% compared with 25% nationally) followed by perinatal / neonatal deaths[1] (28% compared with 33% nationally).
- In 16 cases (41%) the cause of deaths was determined as 'known life limiting conditions' compared with 28% nationally. 15 cases (38%) were classified as neonatal deaths compared with 39% nationally.
- Modifiable factors were identified in 3 cases (8%) compared with 20% of cases in the South East and 24% nationally (2015). Analysis of historic data by the Public Health Team in 2013 has shown a downward trend in "unexpected" deaths of children in Buckinghamshire[1].

### Issues Identified and actions taken as a result of reviews by CDOP

One of the strengths of the CDOP process is to understand the reasons why children die and to put in place interventions to help improve child safety and welfare and to prevent future avoidable deaths. Below are some of the service improvements that have been made following both service provider and CDOP reviews.

- The quality of handover in maternity service has been improved.
- Procedures for the monitoring of twin pregnancies have been amended.
- Police procedures have been clarified so that 17-18 years old fatalities are now taken to A&E instead of to mortuaries to improve the rapid response process.
- The use of language interpreters in maternity services has been promoted.
- Recommendations have been made that advice regarding the risk of smoking and overcrowding to new born babies should be communicated to parents.
- As the majority of deaths reviewed are due to chromosomal / genetic and congenital anomalies, the Panel felt that access to genetic counselling was important and the Designated Doctor for CDOP is working with other consultants to ensure that families are given adequate advice and support in this area.
- Some examples of good practice from neighbouring CDOPs have been shared with relevant agencies and health professionals, e.g. Information regarding the dangers of suffocation by nappy sacks has been disseminated to relevant partners.




## F Performance and Quality Assurance

The BSCB Ofsted report outlined two specific areas for improvement in relation to the Boards Performance and Quality Assurance function.

- Ensure that operational staff are included in a programme of multi-agency audits of frontline practice to provide rigorous scrutiny of work.
- Ensure that the BSCB undertakes effective monitoring and quality assurance of multi-agency safeguarding practice. This should include robust analysis of safeguarding data from all key partner agencies.

During the year our Monitoring and Evaluation Sub Group was rebranded as a Performance and Quality Assurance Sub Group and a refreshed work plan was produced. Since the Ofsted inspection a new multi-agency dataset and accompanying dashboard have been produced. Whereas previously the Sub Group had focused on a limited amount of data predominantly from Children's Social Care, the new data-set is allowing the Sub Group to scrutinise and challenge data from across Board partners. Performance and Quality Assurance is now a standing item on BSCB agendas.

During the year the Sub Group received multi-agency audits on neglect and transitions, and there are robust processes in place to ensure recommendations are completed.

A new forward plan for multi-agency audits has been developed which clearly links to Board priorities. The first audit on this schedule was Early Help, which was completed in February 2015 (see p 16).

All audits on this new schedule will include the voice of the child, consider whether there was an appropriate use of Thresholds and where relevant will include agency representation from those working with adults as well as children.

Whilst good progress has been made since the Ofsted inspection there is further work to be done. Work during the coming year will focus on:

- Further improving and embedding the dashboard and multi-agency dataset so that all partners have a clear understanding of the journey of the child through the system
- Establishing a fuller programme of multi-agency audits
- Establishing a programme of single agency audits
- Revising the Performance and Quality Assurance Framework

Our Performance

# 5 LAY MEMBER PERSPECTIVE

Working Together requires all LSCBs to have at least two Lay Members on their Board, and the BSCB currently has two, both of whom play an active part in the Board. One of our Lay Members also makes an important contribution to our E-Safety Sub Group. Our Lay Members do not represent any agency and can bring an independent voice to the Board. They also bring with them their own knowledge and experience to help challenge and inform the Board.

One of our lay members has provided his personal reflections on the current challenges facing services and the Board.

- There are increasingly complex threats to children from new technologies and radicalisation and it is difficult to keep pace with the new threats.
- Everyone must recognise the responsibility they have for safeguarding children rather than blaming others or expecting others to provide solutions for them. It is important that we work with the community so that everyone understands that they can be part of the solution. In particular there is a greater need for us to engage with parents rather than take responsibility away from them.
- As there are dwindling resources from central government, we must ensure that locally all agencies give sufficient priority and resources to safeguarding our children and young people.

**We would like to thank our Lay Members for the contribution they make to the Board, and over the coming year we will work with them to strengthen our relationship and the links that they can help us build with wider communities.**

Our Performance

# 6 CONCLUSIONS

This report provides a number of examples of good practice across Board partners. However, it also outlines a number of areas for continued improvement particularly for the Board itself. One of the improvements we need to make is to ensure that as a Board we are better at evidencing the difference we are making to the lives of children and young people, both individually and as a partnership and this will be a stronger feature in next year's annual report.

This has been a challenging year for the Board, but we are confident that we have made significant progress since the Ofsted inspection during summer 2014 and that with strong leadership and commitment from across Board partners, this progress will continue through the year ahead.

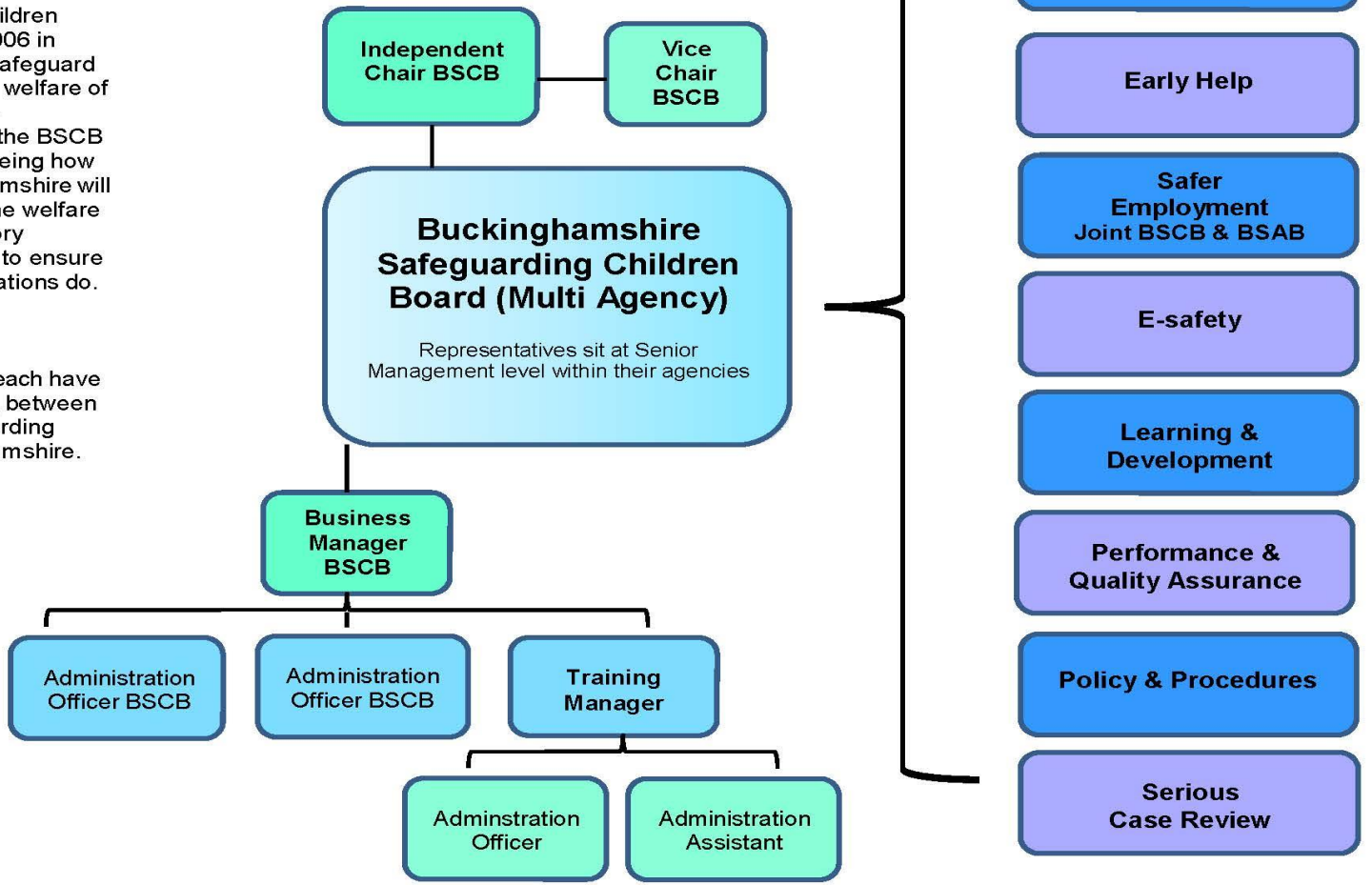
## Appendix 1: BSCB Structure Chart

Buckinghamshire BSCB Safeguarding Children Board

# Board and Sub Group structure chart

The Buckinghamshire Safeguarding Children Board (BSCB) was set up in January 2006 in accordance with Working Together to Safeguard Children, to safeguard and promote the welfare of children in Buckinghamshire. Under the requirements of the Children Act 2004, the BSCB is the key statutory mechanism for agreeing how the relevant organisations in Buckinghamshire will co-operate to safeguard and promote the welfare of children in its area. Under this statutory requirement, the BSCB is also required to ensure the effectiveness of what these organisations do.

The BSCB has nine sub groups which each have their own work plan and function which, between them, consider a wide range of safeguarding issues relevant to children in Buckinghamshire.

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## Appendix 2: Board Membership and Attendance Chart

| Organisation | No of meetings attended (out of 7) |
|---|---|
| Aylesbury Vale / Chiltern CCG | 7 |
| BCC - Adults Services | 5 |
| BCC – Cabinet Member for Children's Services | 3 |
| BCC – Children & Families | 6 |
| BCC – Legal team | 5 |
| BCC – Strategic Director C&YP | 7 |
| Buckinghamshire CCGs | 7 |
| Bucks Healthcare NHS Trust | 3 |
| CAFCASS | 2 |
| District Councils | 7 |
| Independent School | 1* |
| Lay Member | 3 |
| Lay Member | 4 |
| NHS England Thames Valley Area Team | 7 |
| Oxford Health Foundation Trust | 7 |
| Primary School | 1* |
| Secondary School | 1* |
| Thames Valley Police | 7 |
| Thames Valley Probation (CRC and NPS) | 7 |
| Voluntary Sector | 6 |
| Youth Offending Service | 7 |

* Only joined the Board in January 2015

**Board Members – as at 31.03.2015**

| First Name | Surname | Organisation | Role |
|---|---|---|---|
| Ros | Alstead | Oxford Health NHS Foundation Trust | |
| Tania | Atcheson | Buckinghamshire CCGs | Safeguarding Lead |
| Matthew | Band | Action4Youth | Chief Executive |
| Alison | Bulman | Buckinghamshire County Council | Service Director |
| Pauline | Camilleri | Youth Offending Service | Head of Service |
| Stephanie | Clifford | Maltman's Green School | Deputy Head Pastoral |
| Catherine | Davies | The Chalfonts Community College | Headteacher |
| Alex | Doig | | Lay Representative |
| Carol | Douch | Children & Family Service - BCC | Service Director |
| Alison | Foster | Buckinghamshire CCGs | |
| Phil | Goodall | Thames Valley Probation CRC | Senior Probation Officer |
| Frances | Gosling-Thomas | BSCB | Independent Chair of Board |
| Martin | Holt | Chiltern and South Bucks District Council | Head of Health and Housing |
| Elayne | Hughes | | Lay Representative |
| Sheila | Jenkins | NHS England Thames Valley Area Team | |
| David | Johnston | Children's Services - BCC | Strategic Director |
| Sarah | Leighton | Hughenden Primary School | (Primary Schls representative) |
| Jon | McGinty | Aylesbury Vale District Council | Deputy Chief Executive |
| Ed | McLean | Thames Valley Police | Superintendent |
| Carolyn | Morrice | Buckinghamshire Healthcare Trust | Chief Nurse, |
| Richard | North | Thames Valley Police | Detective Chief Inspector |
| Jane | O'Grady | Public Health | Director |
| Rosan | Rowland | Bucks Healthcare Trust | |
| Dal | Sahota | Chiltern CCG | |
| Pauline | Scully | Oxford Health NHS Foundation Trust | Service Director C&YP |

| First Name | Surname | Organisation | Role |
|---|---|---|---|
| Juliet | Sutton | Aylesbury Vale CCG | Doctor |
| Sally | Thomas | CAFCASS | Service Manager (Oxford & MK) |
| Vacancy | Vacancy | | Designated Doctor for Child Protection |
| Charlie | Walls | National Probation Service | |
| Ian | Westgate | Wycombe District Council | Corporate Director |

**Advisors to the Board – as at 31.03.2015**

| | | | |
|---|---|---|---|
| Lin | Hazell | Buckinghamshire County Council | Cabinet Member for Children's Services |
| Ann | McKenzie | BSCB | Training Manager |
| Matilda | Moss | BSCB | Business Manager |
| Hayley | Norman-Thorpe | Buckinghamshire County Council | Group Solicitor, Childcare |

**Appendix 3: BSCB Budget**

| Agency | 2014-15 Contributions (BASE BUDGET) | Additional in-year contributions | Total for 2014-15 | | Agreed contribution for 2015-16 | Change from 14/15 base budget contribution | Change from 14/15 overall contribution (including one off payments) |
|---|---|---|---|---|---|---|---|
| BCC | 94,820 | 40,000 | **134,820** | | 172,260 | **83%⇧** | **28% ⇧** |
| Thames Valley Police | 15,000 | | **15,000** | | 31,000 | **106% ⇧** | **106% ⇧** |
| Aylesbury Vale CCG | 12,069 | 6000 | **18,069** | | 70,180 | **70% ⇧** | **2% ⇩** |
| Chiltern CCG | 19,692 | 9000 | **28,692** | | | | |
| Bucks Healthcare Trust | | 25000 | **25,000** | | | | |
| Probation Service | 3,470 | | **3,470** | | 3,470 | **0% ⇔** | **0% ⇔** |
| Wycombe District Council | 7,566 | | **7,566** | | 10,633 | **43%⇧** | **43%⇧** |
| Aylesbury Vale District Council | 7,566 | | **7,566** | | 10,633 | **43%⇧** | **43%⇧** |
| South Bucks District Council | 3,784 | | **3,784** | | 5,317 | **67%⇧** | **67%⇧** |
| Chiltern District Council | 3,784 | | **3,784** | | 5,317 | **67%⇧** | **67%⇧** |
| Cafcass | 550 | | **550** | | 550 | **0% ⇔** | **0% ⇔** |
| Oxford Health (CAMHS) | n/a | | | | **8,000** | **NEW ⇧** | **NEW ⇧** |
| **TOTAL BASE BUDGET** | **168,301** | **Base budget + one-off payments** | **248,301** | | **317,360** | **52% ⇧** | **14% ⇧** |