



BSCB
Annual
Report

2014-2015

2014-
2015

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1 Introduction from the Chair

Every child has the right to be safe, happy and to achieve their full potential. Bristol Safeguarding Children Board brings key organisations together to build an increasingly effective and joined up approach to support this vision. However, safeguarding children is everybody's business and we need the support of our citizens and communities in ensuring that children and young people in and of Bristol are protected and have an environment in which they can thrive.

Bristol is a dynamic, ever-changing city and it is critical that we deliver services based upon the best information and with a keen ear to the current experiences and perspective of young people. Our Children Safeguarding Board is extremely fortunate to have a Shadow Board made up of children and young people who help us in setting our priorities and advising on what is important to them. This report gives examples of their impact as well as recording the influential work of other groups representing young people such as Integrate Bristol and Empower Bristol. It is fundamental to our way of working that the children of Bristol are seen and heard. My own appointment as Independent Chair in August 2014 very appropriately included a panel made up of children and young people in the selection process.

In autumn 2014 the Children Safeguarding Board was subject to an Ofsted inspection yielding a number of recommendations assisting us in identifying areas that required improvement. The inspection also evidenced and reported where our strengths lay. The findings and our actions in response are fully set out in this report.

It is imperative that the Board, with our communities, maintain a focus on the whole range of risks and hazards that children face. Whilst we can never totally eliminate risk there is much to be done to reduce harm. This involves our keeping abreast of a complex range of circumstances. The more common causes of serious harm often come from sources that are less frequently or prominently reported in the media. Our attention to improved information and analysis is an important part of ensuring that our services have the greatest impact. A wide range of examples of knowledge gained and initiatives pursued are contained within this report. Safeguarding is not only about preventing harm: it is also about providing opportunity.

There will always remain much to be done to bring every child closer to realising their full potential. The Board fulfils a shared leadership role in this endeavour. It is a structure in which we can hold each other to account and measure our progress solely in terms of the public interest. The annual report gives an honest and transparent account of our

achievements and the work ongoing to deliver the continuous improvement that we and our communities expect.

It is unquestionably right that we nurture and protect the well-being of all our young people. My hope is that this report inspires every reader to consider what they can do to make this aspiration reality.

Sally Lewis OBE

Independent Chair

2 Executive summary

Children in Bristol

There has been a significant increase in the population of children aged 0-15yrs over the past 10 years. Between 2003 and 2013 the number of children aged 0-15yrs living in Bristol is estimated to have increased by 10,200 (14.2%). Bristol also has an increasingly diverse population with 91 languages spoken, 45 religions and 50 countries of birth reported.

Educational performance is generally improving and 2014 marked the first time that Bristol exceeded the national average of pupils receiving 5 A* to C grades at GCSE's. Bristol figure of these achieving these grades was 55.2% compared to the national average of 53.4%.

Approximately 5% of children in Bristol have a disabling condition and are more likely to face multiple barriers which make it more difficult to achieve equal outcomes to their peers.

24.9% of all children in Bristol live in poverty compared to the national rate of 20.1%. One quarter of children in Bristol are growing up in households unable to afford or have access to food to make up a healthy diet.

Achievements- activity and impact.

Early Help to Families.

From Jan 2015 there has been a significant increase in capacity within the Early Help service due to the remodelling of social work services in Bristol. At least 1,942 children received services from Early Help during 2014/15. Thresholds for intervention continue to be refined but the difference is now that families do not fall between services.

Bristol has been identified as a high performer in the Troubled Families Programme and the Ofsted inspection commented that the Early Help services were good.

Statutory Intervention to protect children.

The number of referrals received during 2014/15 is consistent with 2013/14. Between January and March 2015 there was a noticeable increase in contacts to First Response that required no further action. The Quality and Performance sub group undertook an audit of thresholds in 2015 in order to further analyse these findings to ensure partner agencies are referring appropriately and that the response from First Response was appropriate.

The number of children subject of a child protection plan has remained steady throughout 2014/15. Bristol's rate of children subject to a CP plan is above the average for England and

in the middle of core cities. The number of child protection plans that end within 2 years is in line with statistical neighbours but is above the national average. The Local Authority has been asked to present a report to the Board later in 2015 in order for the Board to be assured that plans for children are being implemented and risks addressed in a timely manner.

The length of care proceedings has now reduced consistently in order to comply with the legal requirement. The average length of proceedings in Bristol is now lower than the England average.

The Board continues to closely monitor the data and activity in relation to children at risk of sexual exploitation, those going missing from home and care and those that are in private foster care arrangements. Significant work has been undertaken to improve the data gathering on these areas of work and clear action plans have been established for 2015/16 that also reflect the feedback from the Ofsted inspection in October 2014.

Quality assurance and learning and improvement framework.

Over 2014/15 The Quality sub groups undertook audits with regard to children in (police) custody, children subject to “Power of Police Protection” and Early Help and repeat referrals. The audit tool has been revised to ensure consistency and that the voice of the child is clearly recorded.

During 2014/15 the Board has commissioned 3 Serious Case Reviews following the tragic deaths of 3 children. A further Serious Case Review has been commissioned following a complex police investigation in relation to child sexual exploitation. A Child Protection Incident Review is being undertaken in relation to 1 case.

During 2013/14 2 Serious Case Reviews were concluded. A key element of any Serious Case Review is to ensure that the learning is clearly communicated and impacts upon future practices. The Board annual conference in 2014 focussed on how we learn from Serious Case Reviews and there have been area briefing sessions for practitioners and managers from all partner agencies.

During 2014/15 31 children resident within Bristol who had died were notified to the Child Death Enquiry Office. Themes that have arisen out of the reviews of the child deaths during 2014/15 have been children that survive longer than expected, the communication challenges with non-English speaking families, the national shortage of paediatric pathologists to undertake post mortem examinations and the transition between children’s and adult health services.

Training and Workforce development.

During 2014/15 20 different training courses were offered by the Board training team. Of 1637 available places on courses, 1351 places were used. This represents improvements in course attendance from 70.9% in 2013/14 to 82.5% in 2014/15. Attendees are requested to complete a pre and post course validation and importantly 3-6 months following attendance on a course a request is made to complete an evaluation of the impact that the training has had on practice.

Policies, Procedures and Guidance

During 2014/15 procedures and guidance in relation to Children Missing from Home and Care were revised and reissued. A Child Sexual Exploitation Strategy has been developed and revised guidance will be published in 2015.

Voice of the Child

The Shadow Safeguarding Board has continued to meet over 2014/15 and has focused on Female Genital Mutilation, Bullying in schools and the balance between child and child focussed decision making. The Shadow Board were also involved in the planning of the BSCB Conference. During 2014 the Shadow Board established a young person to be the Chair and the Chair of the Shadow Board has attended BSCB meetings. The Shadow Board continue to influence the activity of the Board and the 2015/16 Business Plan.

A standing agenda item at each Board meeting is the Voice of the Child and partner agencies take it in turn to share how their agency is ensuring the voice of children is incorporated into the work of the agency and how improvements can be made. The Local Authority children's services, NHS Trusts, Barnardo's and YOT have all shared the work of their agencies over 2014/15.

Ongoing Challenges

During 2014/15 Ofsted undertook an inspection of services for child in need of help and protection, children looked after and care leavers and review of the effectiveness of the Local Safeguarding Children Board. The review took place between 30 September and 22 October 2014. The review of the effectiveness of the LSCB was the first review of the Board that had been undertaken by Ofsted as part of a new inspection regime. Ofsted found that the Board requires improvement.

In response to the review the Board has developed a comprehensive Business Plan for 2015/16. Each sub group of the Board has developed an action plan to deliver the Business Plan.

Role and Function of the Board

The Board has established close links with the Children and Families Board and Sally Lewis is a member of the Children and Families Board.

The Board continues to monitor and maintain oversight of the budget and the budget 2014/15 ended with a surplus of £37,021.

BSCB Sub Group and Task group progress

In 2014 the Child Sexual Exploitation Task and Finish Group became a standing BSCB sub group in recognition that CSE will remain a significant strategic challenge and continued threat of harm to young people in Bristol. The group has led on the development of the successful CSE Strategy and will develop the revised CSE Guidance. The group has developed an ambitious action plan for 2015/16 which focusses on prevention, protection and disruption of CSE. The group has continued to develop its membership and has welcomed representatives from Probation and Gypsy, Roma, Traveller Education.

The E Safety sub group has continued to evolve and expand to reflect the cross cutting issues with the Education sub group work and CSE and Missing groups.

The Education Sub group have had a comprehensive action plan and ensured a standing agenda item is feedback from the Shadow Board.

In January 2015 the a Communication and Community Engagement Task group was established following a self-assessment and Ofsted review which identified this as an area for improvement. The core objectives are raising awareness of safeguarding issues across the Bristol community as well as those working with children. We want to publish positive messages about how the Board influences practice and impacts on the lives of children living in Bristol.

The Female Genital Mutilation Delivery and Safeguarding group has continued to lead work on FGM across Bristol. The work in Bristol has strong links with the community development work of women from FGM affected communities and with young people who campaign to eradicate FGM in a generation.

Fiona Tudge,

Service Manager Safeguarding and Quality Assurance

3 Children in Bristol

Key Statistics for Bristol Children (0-15)

- Population 81,800
- Increase in under 5 population 2001 – 2012 – 7,100
- One in four children live in poverty (UK avg. is one in five)

Increasingly diverse population

- 45 religions
- At least 50 countries of birth
- 91 main languages spoken.

Population

Overall, there are more children aged 0-15 living in Bristol than people aged 65 and over. Between 2003 and 2013 the number of children (aged 0-15) living in Bristol is estimated to have increased by 10,200 (14.2%). This increase has been amongst the 0-9 year old bracket (an increase of 25%), and in particular among the 0-5 year olds, increasing by more than a thousand children in each single year of age. The 36% growth in the number of under 5s in the last decade is one of the highest in the country (E&W 19%). These trends reflect the substantial increase in numbers of births in Bristol in recent years.

The increase in the number of births is partly due to the increase in the number of women of child-bearing age. As nationally, Bristol has seen a large increase in the number of births, rising from 4,600 births per annum in 2001/2 to 6,900 births per annum in 2011/12.

Population growth trends: 2012-2037¹

| Age | 2012 | 2017 | 2022 | 2027 | 2032 | 2037 | 2012-37 growth | |
|-------|--------|--------|--------|--------|--------|--------|----------------|------|
| | | | | | | | Number | % |
| 0-15 | 80,700 | 86,700 | 93,100 | 95,900 | 97,200 | 98,100 | 17,400 | 21.6 |
| 16-24 | 66,800 | 67,900 | 66,200 | 71,500 | 77,400 | 79,100 | 12,300 | 18.4 |

Population data Statistical neighbours

| | Total Population | Population aged 0-17 | % Population aged 0-17 |
|------------------|------------------|----------------------|------------------------|
| Bristol, City of | 437,492 | 90,541 | 20.7 |
| Portsmouth | 207,460 | 42,800 | 20.6 |
| Reading | 159,247 | 36,872 | 23.2 |
| Southampton | 242,141 | 47,887 | 19.8 |
| Sheffield | 560,085 | 114,654 | 20.5 |

¹ Source: 2012-based Sub-national Population Projections, ONS

| | Total Population | Population aged 0-17 | % Population aged 0-17 |
|-------------------|-------------------|----------------------|------------------------|
| Brighton and Hove | 278,112 | 50,661 | 18.2 |
| Derby | 251,423 | 57,835 | 23.0 |
| Bournemouth | 188,733 | 35,578 | 18.9 |
| Coventry | 329,810 | 73,177 | 22.2 |
| Plymouth | 259,175 | 51,298 | 19.8 |
| Leeds | 761,481 | 158,573 | 20.8 |
| England | 53,865,817 | 11,506,451 | 21.4 |

Education

Educational performance is generally improving. At Key Stage 2, in 2014 76% of pupils achieved the combined grade in Reading, Writing and Maths which remains static against 2013. However, there is a wider gap against Key Stage 4 national results which rose sharply in 2014. At Key Stage 4, in 2014 55.2% of pupils achieved 5 A* to C grades in subjects including English and Maths (5ACEM), compared to 51% in 2013. This is the first time Bristol's figure has exceeded the national average of 53.4%. Nine Bristol schools exceeded this figure in 2014.

From 2009 to 2014 there has been an ongoing improvement of Looked After Children achieving² level 4 (Key Stage 2) or better in English and Maths combined. At Key Stage 4, 15.3% of Bristol Looked After Children achieved 5ACEM in 2014, which is above the national figure of 12.0%. The gap between Looked After Children and their peers is closing, but remains significant, which is a priority for Bristol's Virtual School³, The Hope, to address. The Rising Stars and Aim High programmes are two ways that progress in this area will be delivered and monitored. We have set ambitious targets for this year, for example 27% for Key Stage 4, reflecting our commitment to improvement in this important area.

The pupil premium is additional funding given to publicly funded schools in England to raise the attainment of disadvantaged pupils and close the gap with their peers. Eligibility for free school meals is used as the main measure of deprivation at pupil level. In Bristol 34.0% of disadvantaged pupils attain 5ACEM, compared to 67.1% of their peers.

² Looked After Children refers to children who are in the care of the local authority either in Foster Care or residential care homes

³ <http://www.bristol.gov.uk/page/children-and-young-people/children-care-education>

Health

Infant mortality

According to Public Health England the infant mortality (deaths of infants under 1 year old) rate for 2011-2013 (3 years pooled) for Bristol was 3.3 deaths for 1,000 live births. Whilst this does indicate an increase against the period 2009-2011 (2.7 per 1000 live births), the rate remains below the average for England of 4.0 per 1,000 live births.

Teenage Pregnancy

In Bristol there has been a reduction in teenage pregnancies from a rate of 26.7 per 1000 population in Q1 of 2013 to 22.9 in Q1 of 2014. The rates continue to decline, but many young women who get pregnant are amongst the most complex and vulnerable young people that have support services in place.

Child safety and injuries

In Bristol each year, 15,425⁴ children under 16 (42 every day) attend Emergency Departments for treatment of an injury. Poor housing, social isolation, poverty and exhausted parents increase the risk of childhood injury. In 2013 around a third of all children in Lawrence Weston, Southmead and Lockleaze attended A&E due to an injury. Falls involving playground equipment of which 20% are equipment located at home, are the single biggest cause of the most serious injuries.

Disabled children

Approximately 5% of children & young people in Bristol have a disabling condition, and are likely to face multiple barriers which make it more difficult to achieve equal outcomes to their peers. 1,750 children in Bristol are estimated to have a learning difficulty *of some level*.

Autism

Approximately 4,300 people in Bristol (adults and children) are estimated to have Autistic Spectrum Disorders of some level. Many will also be assessed as having Learning Difficulties or Mental Health issues.

Poverty indicators

24.9% of all children in Bristol live in poverty, compared to the national rate of 20.1%.

Food poverty

This is the inability to afford, or to have access to, food to make up a healthy diet. It is about the *quality* of food as well as *quantity*.

⁴ 2013 Injury Data, BCC Public Health

Between 2007 and 2011 the price of healthy food rose and nutrition got worse. **One quarter** of children in Bristol are growing up in households unable to afford, or have access to, food to make up a healthy diet.

People in Bristol are making greater use of emergency support from food banks, mainly due to low income and benefit issues. Figures for the first quarter of 2013/14 indicate that this year could see as many as 13,000 people supported by local food banks .

4 Achievements – activity and impact

Early Help to families

Strategic Priority 4

Influence resources: ensure scrutiny and effectiveness of early help.

1 - Early Help Implement scrutiny of Early Help provision and challenge areas where provision is not meeting expectations, highlighting areas where practice is exceeding expectations (Yr 2)

An outline of Early Help / Troubled Family support within Bristol

The Early Help service has been created by a wide range of professionals working within and alongside local authority children services. They receive all referrals for help for families that require coordinated, multi-agency intervention. After enquiries, it may still be possible that someone from the agency the child is most closely involved with would complete the single assessment and pull together a “Team Around the Family” Action Plan. If necessary, that agency would be supported by the Early Help team; recognising that some professionals may be less familiar with assessing whole families.

Early Help have internal resources of family support workers as well as commissioned services, including:

- Parenting practitioners
- Targeted youth workers
- Family support workers
- Supporting Families Service, which supports children, young people, and families to engage with the single assessment and identify the steps needed to achieve improved outcomes in an action plan. Unlike other services, they will typically work with a family for an average of six months
- Early Help social workers, who support families with children who are, or would otherwise be, Children in Need
- Family Intervention Team, which provides intensive support to families with complex and multiple needs (Troubled Families)
- Police Community Support officers
- Independent Domestic Abuse advisors
- Employment Advisors
- Anti-Social Behaviour coordinator
- Primary mental health specialist (Child Adolescent Mental Health Service).

The Early Help Coordinator identifies the level of need of each family. The assessment and resulting Family Support Plan is produced by the lead professionals and the local partners who will become the Team around the Family (TAF), and the family. Progress is reviewed

approximately every six weeks either in meetings or by email. Meetings will always seek to involve families.

Key achievements during 2014-2015

- The local remodelling of social work that was implemented in January 2015 was the most radical reorganisation of the way children's services are delivered to Bristol families in a generation. There was a large increase in resources in Early Help, involving significant movement of staff and work at a higher level of need than was previously the case.
- Bristol was identified as a high performer early in the Troubled Families Programme, gaining a good reputation for the approach to service transformation, the model of working and the effectiveness of the family intervention teams. Bristol was the first in the country to complete the programme and quoted as one of three high performers on the Prime Minister's website. The 100% claims under the payment by results mechanism brought an additional £2.8 million into the City. Locally the programme has become a critical element to the delivery of the early intervention strategy.
- The Ofsted inspection said that Early Help services are good (Nov 2014).

Outcomes and evidence of impact

- At least 1,942 children received help in 2014/15.
- Liquid Logic Early Help module⁵ is due to go live in July 2015, which will more robustly enhance the understanding of how many families need Early Help and how many receive a service. Currently data is collected manually and is prone to under-reporting and error.
- Evidence showing impact is reported in qualitative case studies and through the quality assurance framework.

Challenges

- Social work remodelling created a challenge as work that traditionally went into social care is now being directed to Early Help. There was a necessity for a cultural shift, and staff have had to quickly upskill.
- Whilst thresholds for intervention are still being refined, families no longer fall between services.
- It is imperative not to be deterred when previous interventions with families with entrenched and complex intergenerational issues have failed to make lasting and prolonged change.

⁵ This is the Children's Services Case Recording System.

- Early Help relies on partner agencies working in a joined up approach to meet the needs of a family, which is difficult with fewer resources where agencies feel ill-equipped to provide the role of Lead Professional.

Plan for the year ahead

- In June 2013, the Government announced a further five year (2015-2020) extension of the Troubled Families programme to reach an additional 400,000 families. As a high performing, area Bristol was identified as an early starter and began delivery from September 2014 working with more families. Bristol has been asked to engage 4,200 families during this phase.
- The expanded programme will retain the current focus on families with multiple high cost problems⁶. It will also reach out to families with a broader range of problems including those affected by domestic violence and abuse, younger children who need help and those with a range of physical and mental health problems. Bristol's approach is 'Think Family': encouraging services to deal with families as a whole, rather than responding to each problem, or person, separately.
- In the first phase Bristol identified families who met the criteria, and once sufficient families were identified the process was stopped. On reflection, this was self-limiting. In the expanded phase, Bristol has taken the approach of analysing all families in the city to establish those that are demonstrating the criteria. Whilst this means identifying far more families than necessary it does mean that a strategic picture of families' needs across the city has been created. The collection of 27 data sets which has now been achieved is probably the best set of data of family social issues we have had. This facilitates significantly improved analysis, aligning needs to resource deployment and the development of future services.
- The advantage of having such significant data in one place is already paying dividends. Analysis of the 6 criteria and the 27 data sets which they support has enabled us to identify a range of families to prioritise. As a consequence, pathways have been developed into our Early Help arrangements to ensure work is undertaken.
- Significant analysis has been conducted in recent months to predict the vulnerability of domestic violence and abuse victims, young people at risk of being involved in street conflict, and vulnerable Anti-Social Behaviour victims. Analysis of the Troubled Family cohort has taken place, including costs and demand of families to individual agencies. This has already proved invaluable in proactively identifying families to be worked with.
- The new Liquid Logic Database will be deployed between July and December with the in house teams going live first, followed by commissioned providers, and then other agencies. Systemising coherent intervention is the primary benefit, and there

⁶ poor school attendance, youth crime, anti-social behaviour and unemployment

is added ability to robustly gain reliable data. Data security is an obstacle to be overcome in how widely the database can be used by other agencies; a significant change in recording practice needs to be embedded.

- Schools' Forum has identified £2.9M to invest in the Early Help structure to increase capacity for targeted family support. This is time limited to two years, and subject to large scale recruitment.

What will we do?

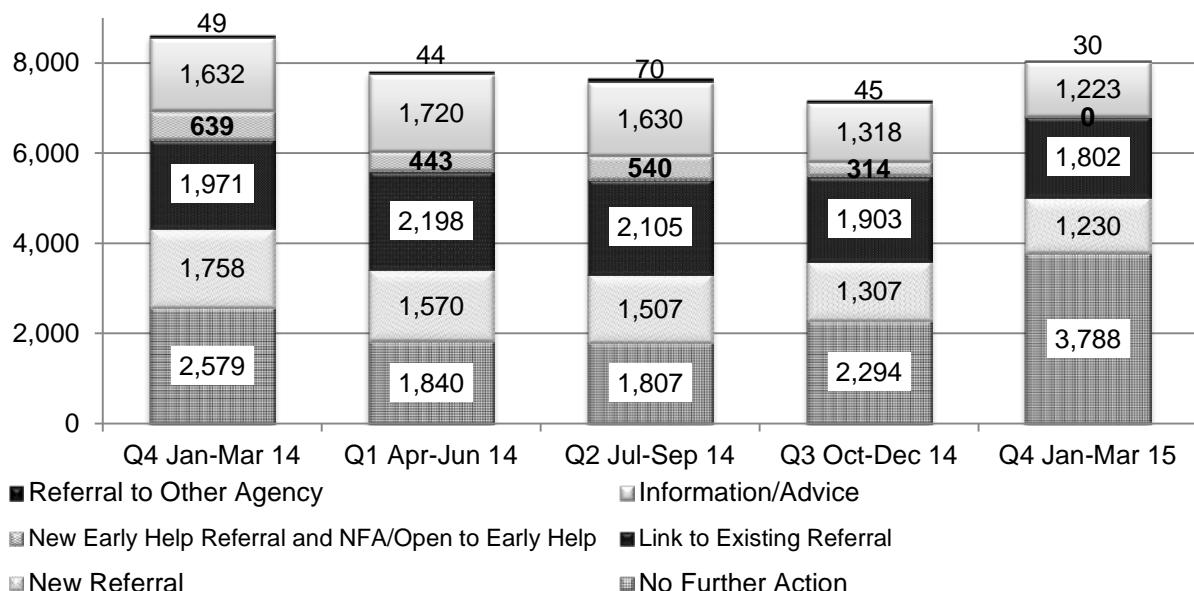
The Board will continue to monitor the effectiveness of Early Help and agree shared actions where required. The Board Quality and Performance Sub group examined and challenged the low number of completed Single Assessment Framework assessments undertaken within Early Help, and this attention has resulted in improvement..

Quarterly performance monitoring and safeguarding data

Contacts

This data reflects all contacts coming into First Response. Quarter 4 of 2013/14 (Jan-Mar) showing results across the whole city for the first time after First Response went live in December 2013.

Outcomes of First Response contacts



Quarter 4 (Jan-Mar 15) shows a marked increase in First Response contacts that required no further action (i.e. calls which are for information only or do not meet the threshold for a referral). All other contacts have seen a steady reduction throughout the year.

What will we do?

The Performance and Quality Sub group undertook a Threshold audit in 2015 in order to understand and analyse the increase in referrals leading to no further action. The audit

focussed on the quality of referrals received by First Response to ensure partner agencies are referring appropriately and that the response from First Response to referrals was appropriate. Learning from this audit was fed back to agencies via the Board.

Strategic Priority 2

Effective interagency partnerships in the context of organisational change and shrinking resources.

1 - Clear thresholds – clear agreed thresholds understood by all services working with children and young people, including Early Help

Audit of partner agencies against recognition and use of new Threshold Guidance to ensure it is embedded in practice

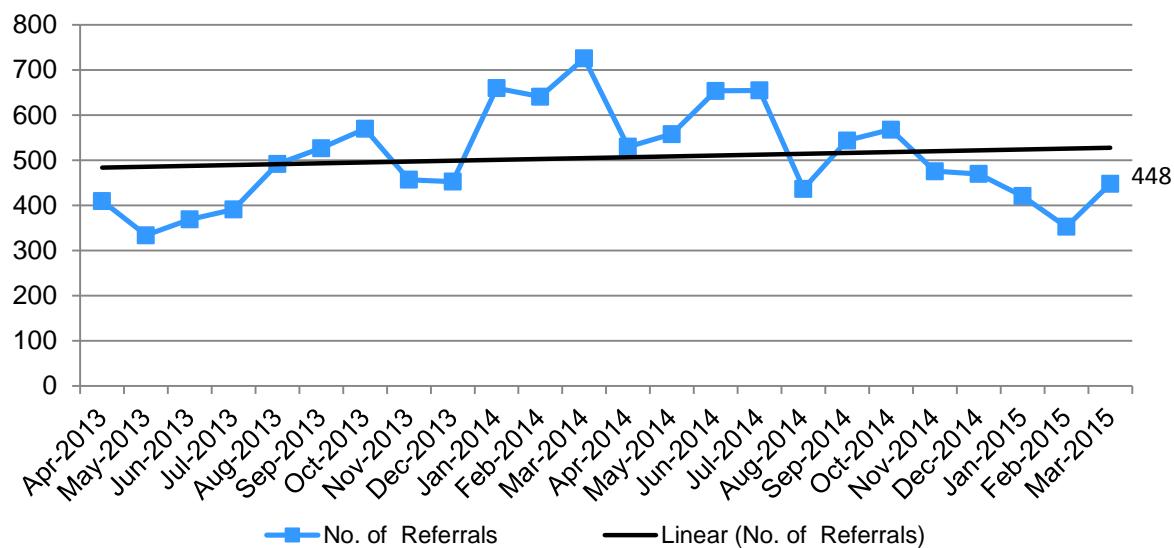
Comparison with statistical neighbours

Number and rate of referrals during the year ending 31 March

| | 2009-10 | 2010-11 | 2011-12 | 2012-13 | 2013-14 |
|---------------------------|---------|---------|---------|---------|---------|
| Bristol, City of (number) | 7,810 | 5,713 | 5,673 | 6,415 | 5,954 |
| Stat Neighbour (number) | 3,856 | 4,529 | 4,697 | 4,250 | 4,795 |
| England (number) | 603,700 | 615,000 | 605,100 | 593,500 | 657,800 |
| Bristol, City of (rate) | 971.4 | 701.4 | 647.2 | 730.9 | 659.1 |
| Stat Neighbour (rate) | 629.4 | 710.1 | 727.1 | 628.2 | 684.5 |
| England (rate) | 548.2 | 556.8 | 533.5 | 520.7 | 573.0 |

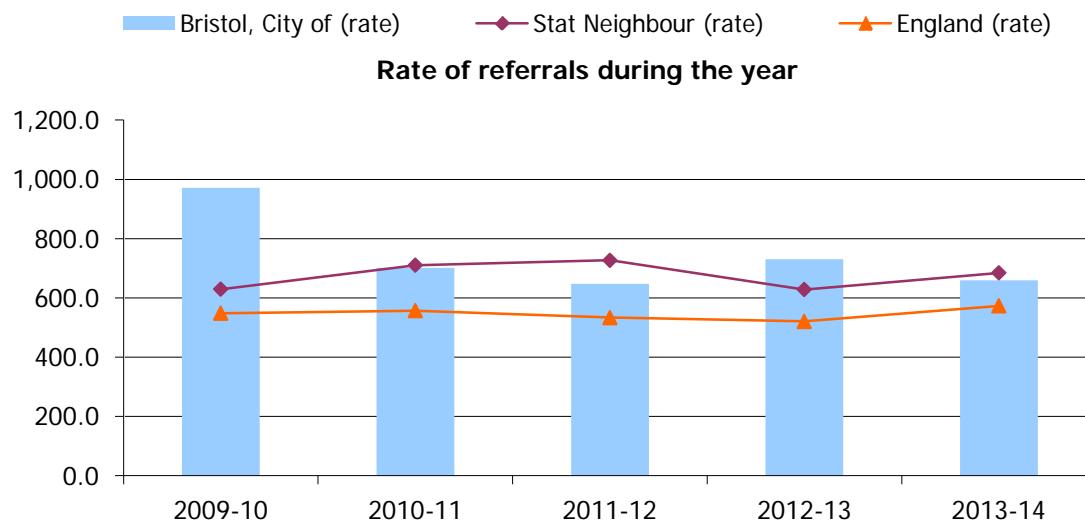
Referrals

Number of Referrals received by month

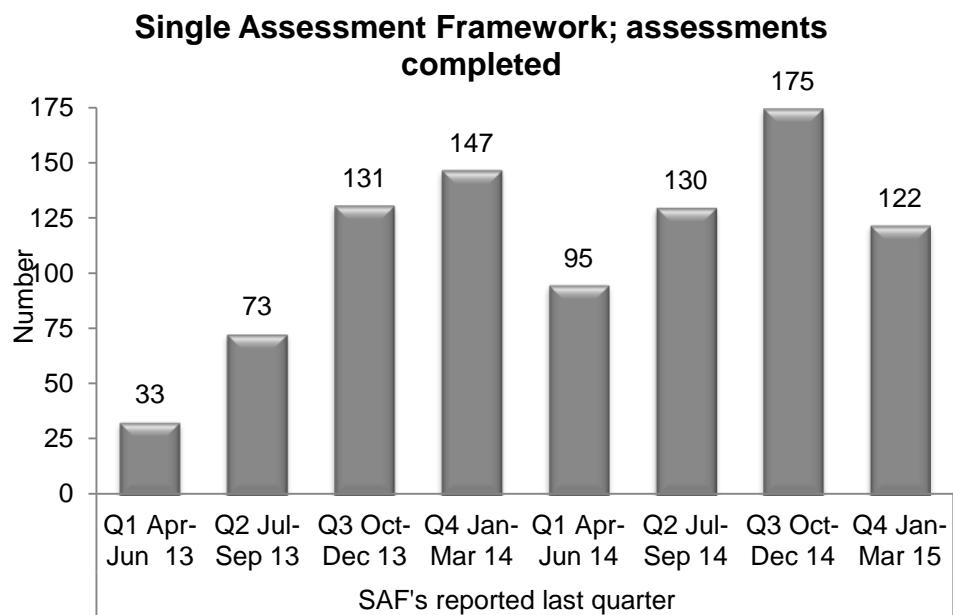


The number of referrals received during 2014/15 is consistent with 2013/14 (i.e. 6,114 compared to 6,030 last year). However, the trend this year (2014/15) has been a decreasing one (i.e. 1,742 in Q1 to 1,222 in Q4) compared to the rising trend of last year (2013/14).

Rate of referrals compared to England average and statistical neighbours.



Single Assessment Framework Assessments (SAFs)

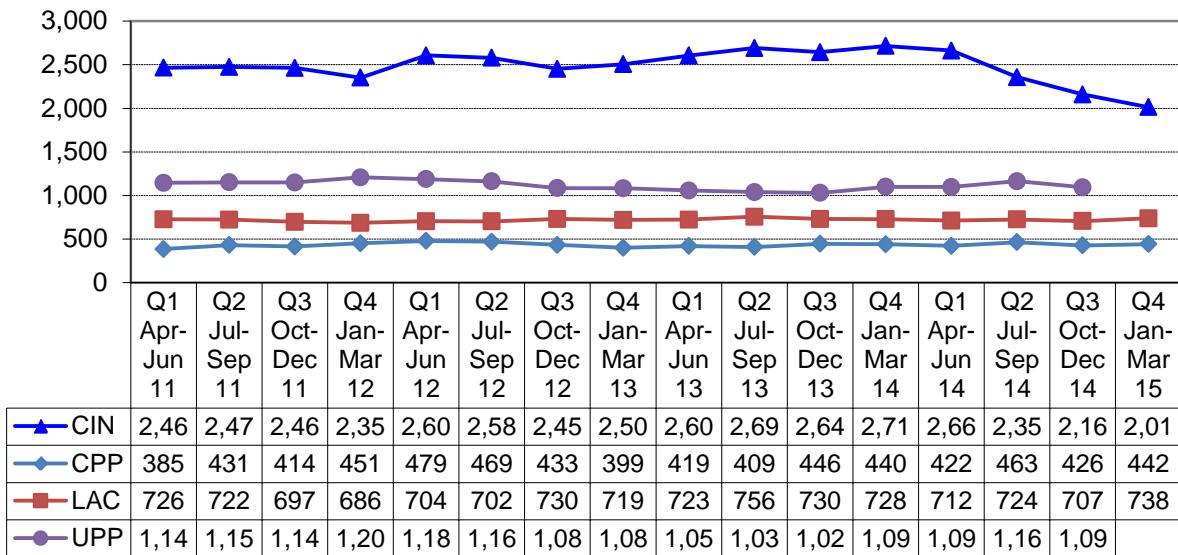


During 2014/15, the total SAFs recorded as completed was 522 (384 during 2013/14). However, records for 2014/15, are likely to change slightly due to retrospective updating.

Prior to 2014/2015, assessments were either an Initial Assessment or a Core Assessment. Alongside most Local Authorities BCC have moved to a continuous assessment process, therefore more meaningful comparative data will be available from next year.

Children in Need

The number of Children in Need fell each quarter of 2014/15, helped in part by re-modelling of social work leading to increased closure of historic cases. Looked After Children and those with a Child Protection Plan remain fairly stable, following annual trends from previous years. The full impact of Early Help intervention has yet to be fully explored.

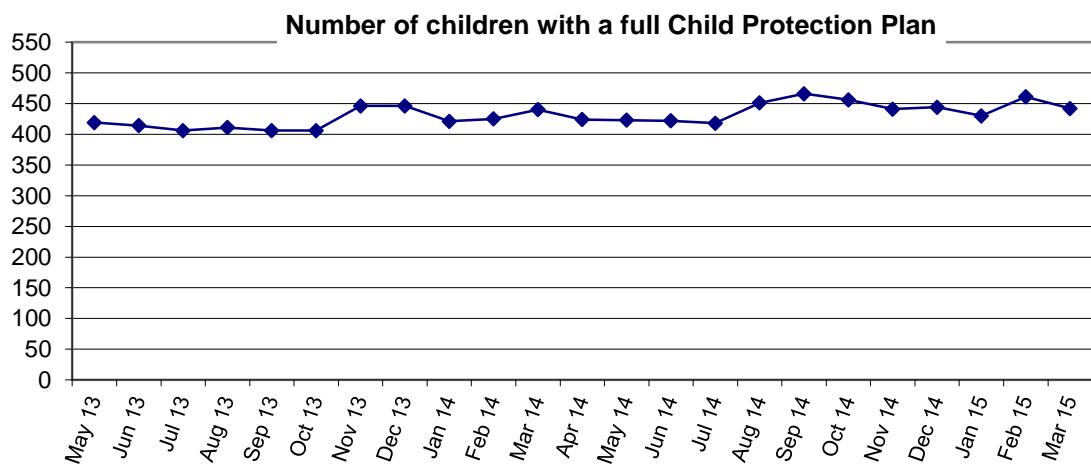


Numbers of Children in Need (CIN), Children with a Child Protection Plan (CPP), Looked After Children (LAC), or children receiving a Universal Partnership Plus⁷ (UPP) service from school nurses or Health Visitors

Universal Partnership Plus (Safeguarding) provides support for children and families who have on-going and complex needs. The type of intervention, frequency and duration of contacts will be based on the professional's analysis following a Health Needs Assessment.

As part of the 2010 Ofsted / CQC review of safeguarding it was recommended that Health Visitors and School Health Nurses have more capacity to engage with the SAF process. This is to ensure families are offered and can access Early Help.

Child Protection



⁷ Universal partnership plus provides ongoing support from a Health Visiting team plus a range of local services working together and with the parent, to deal with more complex issues over a period of time. These include services from Sure Start Children's Centres, other community services including charities and, where

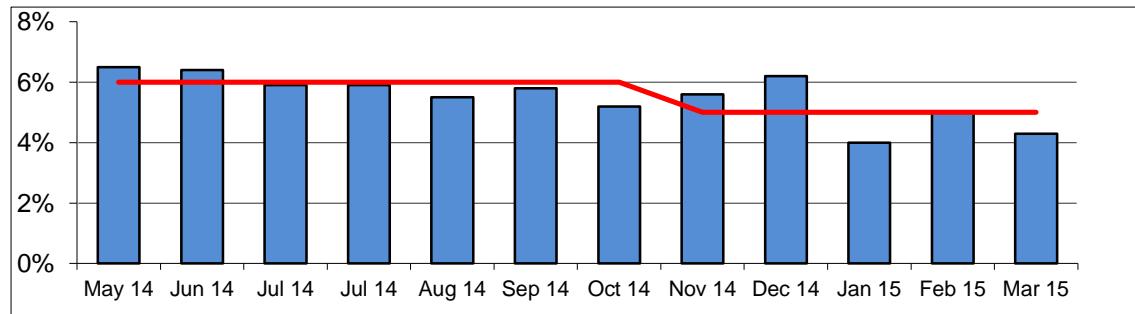
The number of children subject of a Child Protection Plan has remained steady during the year, rising only from 440 to 442. Over 2 years there has been a slight increase from 419 in March 2013.

The rate during 2013-2014 for Bristol is 59.1 per 10,000 population, which compares with an England average of 52.1 and a statistical neighbour average of 70.6. Bristol's rate is above the average for England and in the middle of the eight core cities.

Child protection plan rate per annum

| | 2009-10 | 2010-11 | 2011-12 | 2012-13 | 2013-14 |
|------------------|----------------|----------------|----------------|----------------|----------------|
| Bristol, City of | 44.2 | 52.7 | 54.4 | 49.3 | 59.1 |
| Stat Neighbour | 57.0 | 69.1 | 62.1 | 63.9 | 70.6 |
| England | 40.2 | 44.4 | 46.0 | 46.2 | 52.1 |

96% of Child Protection Plans end within 2 years, in line with statistical neighbours (5.8) though above the England Average (4.5).



What will we do?

The Local Authority has been requested to present a report to the Board in July 2015 to provide the Board with better understanding and context to the data. The Board wants reassurance that the plans for children are being implemented and risks addressed and that plans are not drifting due to lasting longer than 18 months. The Board also wants to understand the impact of the Signs of Safety methodology on the involvement of young people and parents in the child protection process and the quality of child protection plans. A single agency audit of the quality of child protection plans and the involvement of parents and children in the child protection process will be undertaken and presented to the Quality and Performance Sub Group during 2015/16 for initial oversight and scrutiny and subsequent reporting to the Board.

Care Proceedings

The length of care proceedings has now reduced to consistently comply with the legal requirement.

Average length of care proceedings



The average length of proceedings in Bristol is now lower than the England average and slightly higher than our statistical neighbours.

Average length of care proceedings locally (weeks) during the three years ending 31 March

| | 2009-12 | 2010-13 | 2011-14 |
|--------------------------|---------|---------|---------|
| Bristol, City of (weeks) | 52 | 54 | 47 |
| Stat Neighbour (weeks) | 49 | 47 | 44 |
| England (weeks) | 53 | 51 | 48 |

What did we do to improve performance?

We created a legal pathway panel to receive and monitor all new referrals for non-urgent legal advice. The legal pathway panel for referrals for care and pre proceedings is now well established and successful in terms of quality assurance and threshold monitoring across the city.

The Designated Family Judge, HHJ Wildblood is concerned about therapeutic support for parents being accessed at an early enough stage and also with provision of ongoing support post proceedings for mothers who have more than one child removed from their care over a number of years (repeat pregnancies and removal of babies), and has asked for a meeting with Local Authority and Health colleagues to look at what can be done. The outcome of this work will be monitored by the Board.

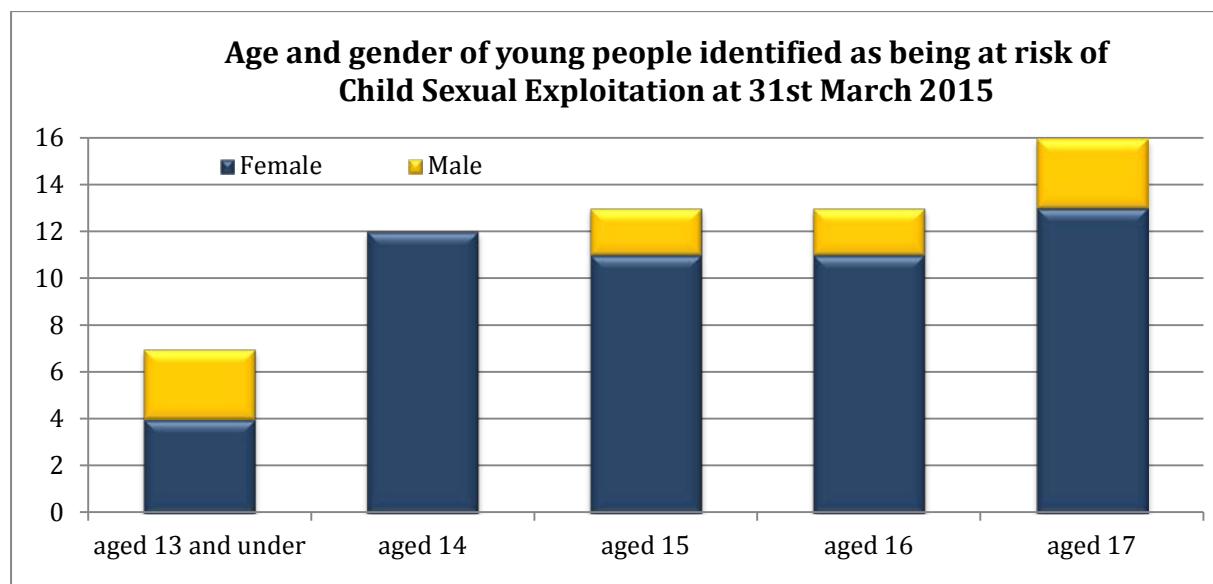
The issue of a local Family Drug and Alcohol court is not currently being progressed but may well be revisited in future.

Child Sexual Exploitation

Bristol City Council reported data

At 31-03-15 there were 61 young people identified as being at risk of sexual exploitation, around a 12% decrease from 69 at 31/12/2014 in the number of cases recorded. Of these 61 young people:

- 28 were Looked After Children
- 2 had Child Protection Plans
- 11 were Children in Need
- 20 were other situations



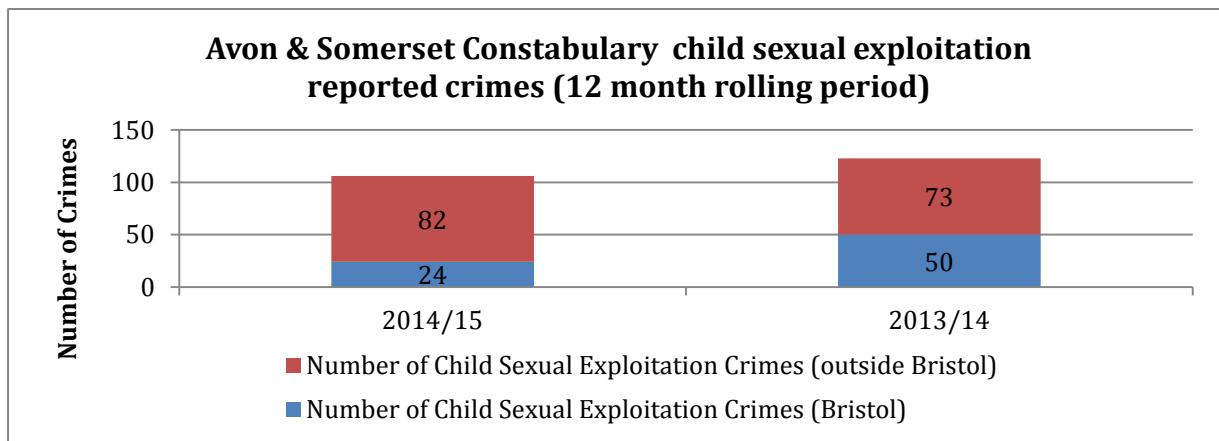
The percentage of cases in which the young person was Looked After has decreased from 48% at 31-12-14 to 46% at 31-03-15.

The number of young people that are on Child Protection Plans remains unchanged from the last quarter.

What will we do?

There is increasing awareness across all agencies that the needs of children at risk of sexual exploitation should be addressed through child protection processes. Training and awareness has been undertaken with the Child Protection Conference chairs to ensure these cases are identified as child protection.

Avon and Somerset Constabulary reported data



Avon and Somerset Constabulary record and monitor crimes that fall within the national definition of Child Sexual Exploitation. CSE crimes in Bristol have fallen by a half (52.0%) to 24 compared to last year. It is important to note that the number of recorded incidents can be skewed by a relatively small number of investigations identifying comparatively large numbers of victims, perpetrators and offences.

The Constabulary has recognised that there is more work to be done in increasing officer and staff awareness in the signs of CSE and the actions they must take. During the last two quarters of 2014/15, one day of face-to-face vulnerability training was provided to all frontline officers in Avon and Somerset. This included CSE and Human Trafficking, building on face-to-face CSE training undertaken by frontline officers in Bristol in the summer of 2014. With this further training and as the Constabulary internal CSE awareness campaigns continue, as well as increased awareness amongst partner agency staff, the volume of CSE tagged crimes is expected to be sustained and might well increase.

Children Missing from home and care

Bristol City Council reported data 2014/15

From the data recorded between 1 April 2014 and 31 March 2015 there were 1395 recorded episodes for children (0-17 years) going missing or absent from home or care. Of these, 1294 episodes were missing from home or care, and 101 episodes were absent from care. Figure 1 below details the number of missing or absent episodes from home or care recorded for each quarter for 2014/15 financial year.

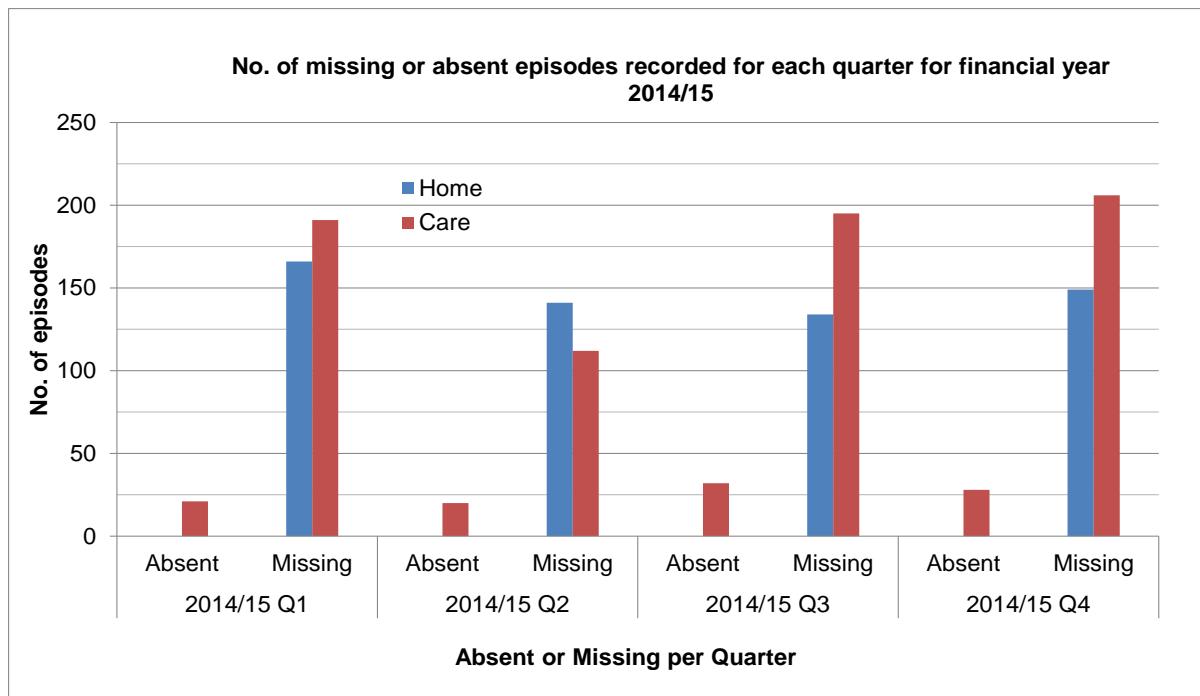


Figure 1: No. of missing or absent episodes recorded for each quarter for the financial year 2014/15.

Missing episodes are reported upon by the Police, and the system for recording these episodes is being revised in order to ensure that there is more accurate recording of missing episodes, and return interviews by social workers where there is a social worker involved. For those young people who meet the criteria for a return interview but do not have a social worker, this will continue to be offered by Barnardo's Safe Choices. Performance in this matter is an area of improvement that has been identified in conjunction with the Ofsted inspection held in October 2014.

Return interviews provided to Young people during 2014/15:

Missing from Home: 53

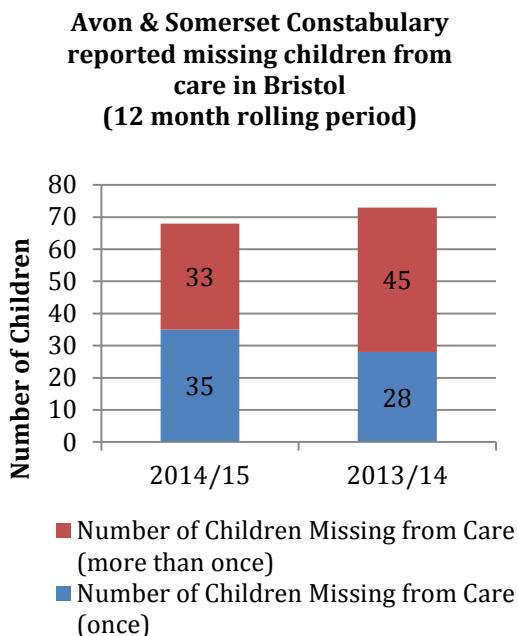
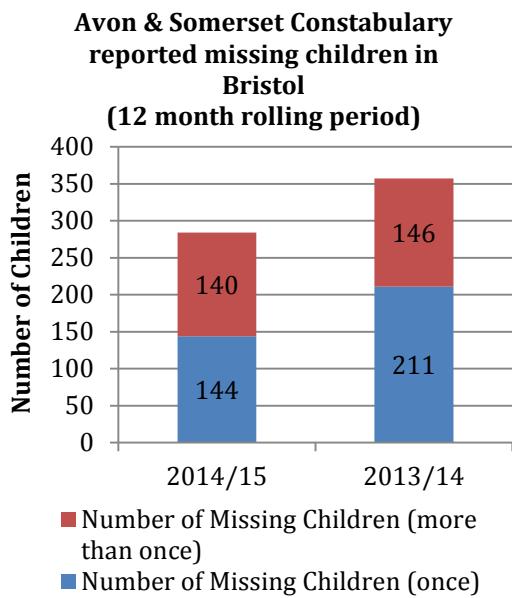
Missing From Care: 46

At present it is not possible to report on how many young people have been offered a return interview and it is expected that this will be reported on during 2015/16.

Avon and Somerset Constabulary reported data

Avon & Somerset Constabulary changed its definition of "missing" and introduced a new "absent" category on 14 May 2014⁸. This affects comparison with previous 12 month periods but the trends prior to the change suggest improvements in Bristol.

⁸ Missing: anyone whose whereabouts cannot be established and where the circumstances are out of character, or the context suggests the person may be subject of crime or at risk of harm to themselves or another. Absent: a person not at a place where they are expected or required to be.



During 2014/15, a total of 284 children were reported missing with almost half (i.e. 49.3%) more than once. Of the total missing, 68 (23.9%) children went missing from care, fewer than last year but with an increased number that went missing once (i.e. 35 from 28 children).

Bristol accounted for just over a third (36.50%) of all missing children dealt with by the Avon & Somerset Constabulary during the 2014/15 reported period. However, this represents a slight reduction in proportion from last year (38.39%).

The fall in number of children going missing is, to some extent, attributed to the work undertaken by the police and partners to problem with staff at certain care homes that are experiencing this issue. This activity is supported by monthly Top Missing Persons Locations reports, used by the Missing Persons Coordinator, to prioritise interventions and monitor progress.

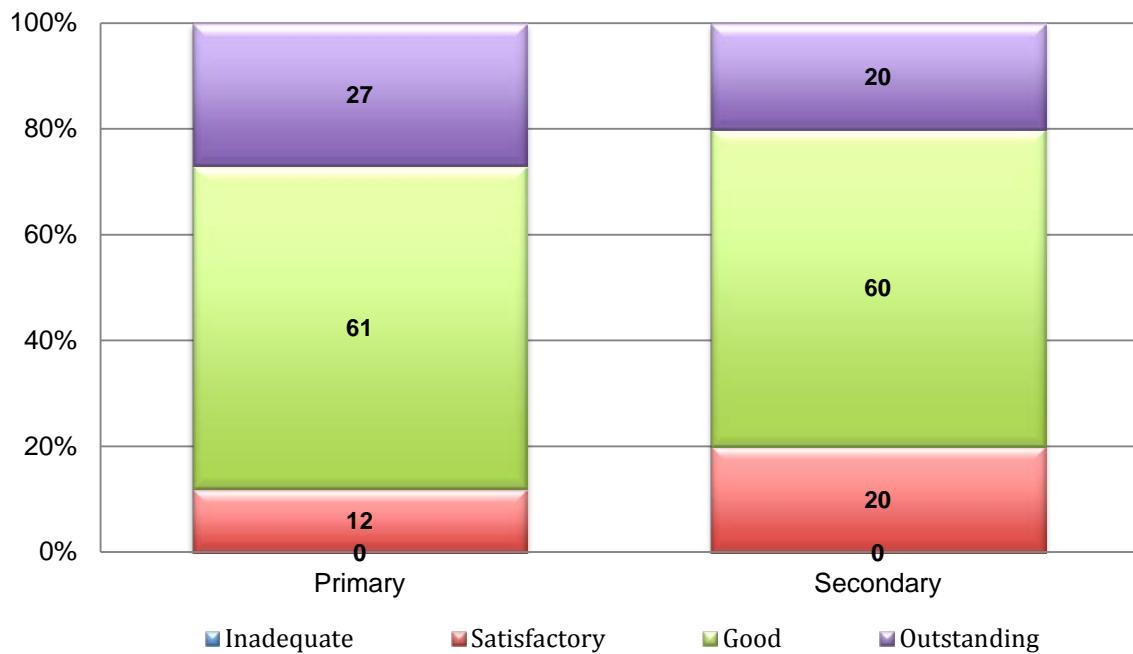
What will we do?

The Children Missing from Home and Care Task Group have analysed this data and will use it to plan individual and strategic responses. (See report Children Missing from Home and Care).

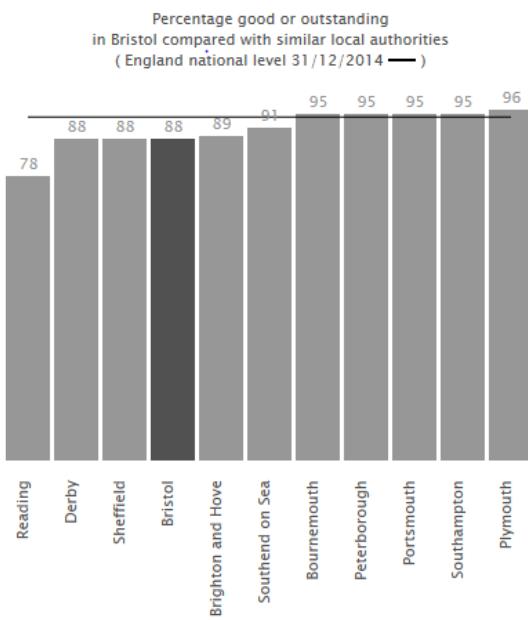
Safety at School

A review of the data available from education settings is being undertaken by the Quality and Performance sub group. The intention is to provide more meaningful data to BSCB and ensure that safeguarding within education settings is effectively managed and overseen by the Board.

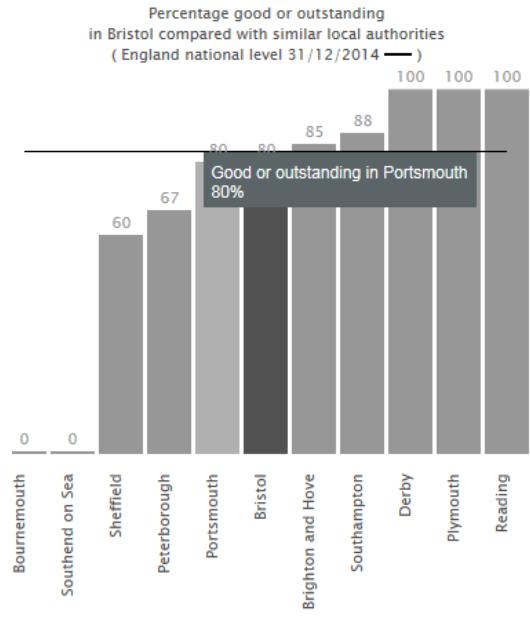
Ofsted Inspections as at 31st December 2014 judgements of pupil behaviour (per provider)



Primary Schools



Secondary Schools



Private Fostering

Although the number of privately fostered⁹ children is low (13), arrangements to promote awareness are comprehensive. Training and awareness raising have taken place in social work teams and schools. Sampling of cases in the FRT confirmed that social work practice is alert to the needs of privately fostered children, although the local authority acknowledges that visits to see these children are not always undertaken within the statutory timescale.

OFSTED Inspection 2014

| Description | Totals | |
|---|---------|---------|
| | 2013/14 | 2014/15 |
| The Number of Notifications of new Private Fostering arrangements since 01/04/2014 | 17 | 23 |
| The Number of Initial Visits | 16 | 23 |
| Percentage of initial visits completed within timescales | 18.8% | 56.52% |
| Number of New Arrangements that began during the year 01/04/2014 & 31/03/2015 | 16 | 23 |
| The number of private fostering arrangements that began on or after 1/04/2014 where visits were made at intervals of not more than 6 weeks. | 11 | 18 |
| New PF cases visited within timescales | 68.8% | 56.52% |
| The number of Private fostering arrangements that began before 01/04/2014 that were continuing on 01/04/2015 | 35 | 23 |
| The number of private fostering arrangements that began before 01.04.2014 that were continuing on 01/04/2015 where scheduled visits | 11 | 18 |

⁹ A privately fostered child is defined as: A child, who is under age sixteen (eighteen if disabled), who is cared for (or intended to be cared for) for twenty-eight days or more, and provided with accommodation under a private arrangement by someone other than the child's parents; a person who has parental responsibility or a close family member. (Children Act 1989, Schedule 8)

in the survey year were completed in the required timescale.

| | | |
|--|-------|-----|
| Long term PF cases visited within timescales | 21.7% | N/A |
| The Number of Private Fostering Arrangements Ending during the year | 26 | 18 |
| Number of Children under Private Fostering Arrangements as of 31/03/2015 | 13 | 18 |

On 31 March 2015 there were 17 children in a private fostering arrangement. 18 arrangements ended during the course of the year (26 last year).

Potential for improvement: summary of strengths and areas for development

Strengths

- The School Admission form and internal monitoring system within the School Admission service has been improved.
- The family placement team social worker has improved the timeliness of Disclosure and Barring Service (DBS) checks and references and increased support to private foster carers when it is necessary. A system is used to remind social workers when their statutory visits are due.
- The quality assurance group and the private foster South West planning group have met frequently.
- Improved support to private foster carers of children on the edge of care, including creating a better multi-agency approach and professionals meetings. This initiative was prompted by learning from a specific case.
- An annual press release is issued with support from the press office during national Private Fostering awareness week and this results in an increase in notifications.
- Recognising the DBS obtained through host agencies which speeds up assessment process.
- There is now a private fostering module on the local authority children's recording system which enables easier recording of information about the private foster carer. In addition, automatic system alerts have been introduced when a new private fostering process is started and initial and subsequent visits are due, which will support social workers to better meet time-scales.
- Private foster social workers write to all privately fostered children who reach 16. This letter includes information in relation to their entitlement to advice and assistance as a qualifying carer leaver.

Areas for development

- Build upon the communication and training strategy in order to raise awareness of the need to notify children's social care and increase numbers of referrals being made.
- Embed system where the Private Fostering Social Worker is automatically notified of new placements when a referral is made.
- Evaluate the outcome of work with privately fostered children in order to assess outcomes for children in these circumstances.
- Engaging with other comparative authorities. Sheffield, Leicester and Liverpool who also have low numbers of Private Fostering arrangements, Information sharing and discussion in relation to practice issues in order to identify any gaps.

Quality assurance and the learning and improvement framework:

Strategic Priority 1

Ensuring the “Voice of the Child” influences all that we do.

4- Ensure all audit work includes the Voice of the Child.

Strategic Priority 3

A clear focus on assuring ourselves of the effectiveness of and quality of our multi-agency work with children and young people.

1 - Quality Assurance of effectiveness and impact of work with children and young people

- Ensure agencies have effective systems to measure the impact of multi-agency work with children and young people

2 - Audit child protection practice across the whole children’s workforce.

- Audit and quality assure reflective practice within supervision:
 - Audit current practice – agency action plans to be implemented, overseen and accountable to the BSCB.

• Audit child protection practice in relation to children who are sexually abused

3 - Audit implementation of thresholds across all agencies (See Strategic Priority 2:1)

- Application of thresholds to be audited by all agencies and by BSCB.

Audit

The Performance and Quality sub-groups will merge into a single sub-group in April 2015. Along with the multi-agency audits, this group will also have responsibility for the BSCB quarterly report card, and single agency audit reports.

Multi agency audits undertaken since November 2014:

- | | |
|--|---------------|
| • Children in [police]custody | November 2014 |
| • Children subject to ‘Power of Police Protection’ | January 2015 |

- Early Help and repeat referrals

February 2015

The process for undertaking audits has been revised to ensure that they follow a set format and meet the requirements of the BSCB Learning and Improvement framework.

A BSCB audit tool has been created with multi agency input. The audit tool follows an agreed structure with content flexible enough to ensure that the most meaningful information can be addressed. The tool comprises a set of Universal questions to be addressed at every audit, while audit specific questions and the scope of the data set is considered and agreed by the Quality and Performance group in advance.

Each audit will follow the same procedure. A relevant structured sample of cases (generally agreed as the largest caseload that capacity will allow) selected across location / age / outcome (if applicable), etc. are selected from over a pre-determined time period (usually the previous two months). These are circulated to the individual members of the Quality and Performance group, who use their own agency audit tools to collect the relevant records. These records are then sent to the administrator to circulate a full report pack to the group.

At the audit meeting a brief summary of the case is discussed, and the following **Universal** questions are asked:

Did all audit group representatives have the appropriate records?

- Were all strategy and multi-agency meeting records appropriately shared?
- Were assessments timely, proportionate to risk and in context?
- Were clear outcomes recorded in the documentation?
- Was the Voice of the Child explicitly recorded and listened to?
- Was decision making explicitly recorded and appropriate?

Pre-established **Audit Specific** questions are also asked. These questions aim to provide the most relevant data to the subject matter, and will be influenced by the requirements of the business plan.

Conclusions and outcomes are recorded for each case.

A recent formatting overhaul means that, for future audits, a full and anonymised audit report can be made available for review and analysis.

Serious case, child protection incident reviews

Serious Case Reviews

During 2014-2015 BSCB has commissioned three Serious Case Reviews following the tragic deaths of three children, and a further serious case review has also been commissioned following a complex police investigation in relation to Child Sexual Exploitation. This review involves multiple victims and is being undertaken in partnership with another Local Safeguarding Children Board.

These Serious Case Reviews are currently in process and are expected to be concluded later in 2015.

A Serious Case Review that was completed during 2013 has not yet been published due to ongoing legal proceedings during 2014-2015. It is expected that this review will be published in early 2015-2016.

A serious case review which was commissioned following the death of a 15 year old in 2013 has not been published as it contained essential information of a confidential nature not suitable for publication. This decision was made by the Chair of BSCB after very careful consultation and deliberation with SCR National Panel. It remains essential that the learning from any serious case review is clearly communicated in order for the lessons to be widely learned by all professionals, and the BSCB will ensure that the lessons from this serious case review are shared in such a way as to be confident that the reasons for not publishing are not undermined.

Child protection incident reviews (CPIRs)

Following the implementation of the Learning and Improvement Framework in April 2014 requests for Serious Case Reviews that do not meet the criteria are considered by the SCR sub-group as to whether it would be appropriate to undertake a Child Protection Incident Review. One case originally submitted as a request for a Serious Case Review has commenced as a CPIR and it is expected this will conclude during the middle of 2015.

Completed Serious Case Reviews

Two serious case reviews were concluded during 2013-2014.

‘Sarah’

Following careful consideration and discussion with the SCR National Panel, the decision has been made that the Serious Case Review in relation to ‘Sarah’, will not be published. However, the learning from the serious case review remains significant and steps to ensure that the lessons learned are embedded into practice will be made by agencies that are members of the Board. The lessons will also be disseminated through network briefings to be held in Autumn 2015 and a briefing will be disseminated via agencies outlining the lessons to be learned.

Child T

Publication of the Serious Case Review in relation to Child T, a three month old child who was killed by her father in 2013, is planned for May 2015. There has been a significant delay in the publication of this Serious Case Review due in part to ongoing legal proceedings including the criminal trial of the father. The learning from this Serious Case Review has been overseen by the SCR sub group and recommendations within the individual agencies implemented by those agencies.

Continuous improvement

The purpose of any Serious Case Review of an individual child or group of children is to learn lessons about the way in which agencies can best work together to safeguard children. A

key element of any Serious Case Review is to ensure that the learning is clearly communicated and impacts upon future practices. BSCB holds area partnership briefing sessions following the publication of a Serious Case Review. These briefing sessions are for front-line staff and managers from all partner agencies to examine learning from reviews and the implications for the way in which agencies work both individually and together. The learning from any Serious Case Review is also incorporated into inter-agency training provided by the BSCB. During 2014, the Board's Annual Conference focussed on how we learn from Serious Case Reviews (see training section report).

Child Death Overview Panel

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

- Collecting and analysing information about each death with a view to identifying:
 - i. any case giving rise to a need for a review;
 - ii. any matters of concern affecting the safety and welfare of children in the area of the authority;
 - iii. any wider public health or safety concerns arising from a particular death or from a pattern of deaths in that area: and
- putting in place procedures for ensuring that there is a coordinated response by the authority, their board partners and other relevant persons to an unexpected death.

West of England: Child Death Overview Panel

Bristol has joined with the other LSCBs of the ex-Avon County Council area (Bath & North East Somerset, North Somerset and South Gloucestershire) to establish the West of England Child Death Overview Panel (WofE: CDOP). The contract for the operation of the CDOP was renewed and revised in 2014-2015 for 2015-2016.

The West of England CDOP has undertaken detailed overviews of child deaths which have occurred in the area since its inception in 2008. The CDOP has benefitted from the availability of local and national expertise to inform their deliberations and case reviews and has been proactive in pursuing modifiable factors which indicate the potential for improvements in policy, procedure, practice and wider learning for the future.

An annual report is provided to the four LSCBs each autumn, therefore reporting in the LSCB annual report is for the preceding 12 months. Following a 5 year reporting cycle, 589 child deaths were notified to the West of England Child Death Enquiries Office between 1st April 2010 and 31st March 2015. 45% of these deaths were not residents in the CDOP area. Of those that were resident in the CDOP area, 157 (26%) were from Bristol. During 2014-2015, 31 children resident within Bristol were notified to the Child Death Enquiry Office.

Themes arising from reviews of child deaths:

Children that survive longer than expected:

This year CDOP noted the particular challenges faced by families and professionals when a child, usually with palliative care needs, survives longer than expected. CDOP recognised the difficulty for professionals in helping parents to understand the prognosis of their child's condition without taking away the hope for a cure, which is often what helps families through treatment and any relapse. In addition it was recognised that it can be a challenge in the hospice setting to care for a child for an extended period when this has not been anticipated. CDOP reviewed cases where early, explicit conversations with parents about the child's condition and prognosis were carried out sensitively and enabled appropriate decision making within a supported environment. This helped to prepare family members for the last moments of life and what might happen during that time. It was also clear that the recently established paediatric palliative care team at Bristol Children's Hospital has already begun playing an important role in co-ordinating care and providing professionals with guidance, support and information.

Communication challenges with non-English speaking families:

A theme that was strongly highlighted this year was the challenges of communicating with non-English speaking families, particularly in circumstances where very complex medical information needed to be relayed and informed consent obtained for procedures. CDOP felt that a number of cases also highlighted the importance of the cultural context when communicating around issues such as having a disabled child and withdrawal of care. It was recognised that some women may need support to express their views when cultural background may make this difficult in a group setting. CDOP felt it would be helpful to make available printed information sheets explaining the full implication of medical procedures in the parents' language to help with this, as well as broadening access to interpreters.

Post mortem examinations:

CDOP has been made aware that there is currently a national shortage of paediatric pathologists within the UK and this has presented a number of challenges for families and professionals when children have died. There can often be a considerable delay between the post-mortem examination taking place and the final report being made available. This can be very difficult for families waiting to know why their child died. In addition professionals are discussing the option of post-mortem examination with families who have lost a child with a life-limiting condition and the benefits of choosing to have this procedure following death, such as the opportunity for a possible diagnosis if one has not been established and the possibility of risk in any future pregnancy.

Care and treatment of young people with life limiting conditions:

CDOP was pleased to see evidence of a number of cases where young people had been actively involved in discussions and decision-making about their diagnosis and treatment. However there were some occasions when young people had found it difficult to represent

their views and CDOP felt consideration should be given to the appointment of an advocate (not a relative) in order to better represent the views of patients under 16 years of age. In addition it was recognised that there is a need to carefully balance the wishes and choices of teenagers with issues of medical expertise and resources available in various settings e.g. hospice vs hospital. Cases reviewed by CDOP highlighted the importance of careful negotiation with older children during their treatment and end of life care.

Transition between children's and adult health services:

Transition of a child from the children's service to adult services is a very challenging time for families and it was noted that there is a lack of nurse specialists for paediatric neurology or general paediatrics to help facilitate this process. Often professionals working with the family have known them for many years and there is a good relationship between them. The family then needs to start the process of building new relationships with professionals in the adult service, which naturally takes time. CDOP noted the importance of beginning the transition process as early as possible and was pleased to see an example of this at the Paediatric Intensive Care Unit, where a document has been drafted to provide guidelines for transitioning patients from PICU to the adult services, and similar processes are being developed in other healthcare settings.

Five years on from Child Death Review processes becoming statutory, the West of England Child Death Enquiries Office and CDOP continue to be held up as an example of good practice by many. Members of the team are asked to advise on running Child Death Review processes elsewhere and are regularly invited to train other professionals. As well as local peer review and rapid response team training, there are plans to continue national advanced rapid response training.

Training and workforce development

Strategic Priority 3

A clear focus on assuring ourselves of the effectiveness of and quality of our multi-agency work with children and young people.

4 - Evaluate impact on practice from BSCB Training.

Inter-agency Safeguarding Training

BSCB provides a range of high quality and diverse training courses to a range of professionals working with children across Bristol. A total of 20 different courses are delivered and an action learning set. During 2014-2015, 1637 places on 69 courses were provided, and in total 1351 places were used. Compared to 2013-2014 this represents an improvement in course attendance from 70.9% to 82.5%.

| Course Title (number of courses provided) | Attendance | Attendance | Non attendance |
|---|---|--|-----------------------|
| | 2013 -2014 (places available) | 2014-2015 (places available) | |
| Initial Inter-Agency Child Protection (17*) | 359 (450) 79.7% | 387 (425) 91.05% | 30 |
| Advanced Inter Agency Child Protection (11**) | 251 (275) 91.27% | 277 (300) 92.33% | 13 |
| Child Protection Refresher and Update (11**) [9] | 121 (275**) 44% | 201 (225) 89.33% | 14 |
| Child Protection for Managers (3) | 60 (75) 80% | 68 (75) 90.66% | 3 |
| Disabled Children and Child Protection (2) | 24 (50) 48% | 35 (50) 70% | 1 |
| Domestic Abuse and Child Protection (2) | 38 (50) 76% | 32 (50) 64% | 4 |
| Emotional Abuse and Neglect (one two day course) | 17 (25) 68% | 16 (25) 64% | 1 |
| Faith Communities and Child Protection (2***) | 29 (50) 58% | 17 (25) 68% | - |
| Female Genital Mutilation (FGM) Awareness (2) | 50 (50) 100% | 47 (50) 94% | 4 |
| Female Genital Mutilation Developing Knowledge (1) | 11 (25) 44% | Cancelled only 5 places booked | Cancelled |
| Forced Marriage and Honour Based Violence Awareness (2****) | 27 (50) 54% | 8 (25) 32% | 2 |
| Mental Health and Child Protection (2****) | 33 (50) 66% | 20 (25) 80% | 1 |

| Course Title (number of courses provided) | Attendance | Attendance | Non attendance |
|---|---|--|-----------------------|
| | 2013 -2014 (places available) | 2014-2015 (places available) | |
| Race, Diversity and Child Protection (2) | 17 (50) 34% | 32 (50) 64% | 2 |
| Working with Reluctant Parents/Disguised Compliance (2) | 35 (40) 87.5% | 46 (60) 76.66% | 5 |
| Safer Working Practice (3****) | Not provided | (45) 60% | 5 |
| Sexual Abuse and Child Protection (2**) | 19 (50) 38% | 27 (50) 54% | 2 |
| Sexual Exploitation and Child Protection (4^) | 36 (50) 72% | 54 (75) 72% | 3 |
| Sexual Orientation and Gender Identity (1) | - | Cancelled | Cancelled |
| Sexually Harmful Behaviour (1) | 23 (25) 92% | 17 (25) 68% | 2 |
| Substance Using Parents/Pregnant Substance Users (1) | 14 (25) 56% | Not provided | 5 |
| Train the Trainer | Not provided | 11(25) | 2 |

* 2 courses were cancelled but rescheduled, ** 1 course cancelled but rescheduled, *** 1 course cancelled not rescheduled, **** 1 course cancelled, ^ 2 courses cancelled 1 rescheduled

Training Courses are provided to funding partner agencies 'free' of charge. Agencies that do not fund the board are charged £70 pp for a day's course. The course cost will be increased next year (2015-2016) to £80.

Feedback and evaluation

The range and variation of courses is overseen by the Training sub group and subject to a regular review. Attendees are requested to complete a pre and post course validation online. Importantly 3-6 months following attendance on a course a follow up request is made to complete an evaluation of the impact that the training has had on the practice of the individual and in some cases their wider organisation. Responses have indicated a significant impact upon practice in a variety of settings.

The validation and evaluation work is undertaken to measure the impact of Board training on actual practice and outcomes for children and young people. It also contributes to the continuous improvement cycle of training content and delivery. Formal responses to training provision overall is positive.

Non-attendance

From the information provided above it can be seen that non-attendance due to late cancellation or failing to attend remains an issue of concern. Overall attendance has improved over the year with the 4 core courses achieving around 90% attendance. The Board is taking up the matter of non-attendance directly with those partners where non-attendance is most frequent.

BSCB Annual Safeguarding conference

Strategic Priority 2

Effective interagency partnerships in the context of organisational change and shrinking resources.

3 - Disseminate learning from SCR's.

- BSCB Conference July 2014.
- Regular area partnership network briefings to cover learning from Serious Case Reviews

The 2014 BSCB annual conference was held on 15 July at @Bristol. The subject of the conference was 'Learning from Serious Case Reviews' and featured a keynote address from Dr Peter Sidebotham, and a presentation regarding learning from local SCR's from Dr Maria Bredow and Jeanette Plumb. The afternoon session was led by Sam Warner and the Shadow Board of Children and Young People and focussed on issues relating to self-harm.

Evaluation of the conference from attendees was positive with responses highlighting the value that is placed on the opportunity that the annual conference provides staff in terms of learning, networking and reflection.

The conference evaluation will inform the 2015 BSCB conference which is going to examine Child Sexual Exploitation and sexually harmful behaviour.

I disseminated the information that I had learned to the other doctors at the practice and changed our weekly meeting so that it included a safeguarding section. This means that we discuss safeguarding cases much more often and that the whole team is aware of the concerns.

GP 3 month follow up report after attendance on Advanced Course

Policies, Procedures and Guidance

BSCB is a member of the South West Child Protection Procedures group. This group has been in existence since 2006 and consists of 13 LSCBs in the South West of England. The group provides multi-agency child protection procedures and guidance via a website (www.swcpp.org.uk) the procedures are regularly reviewed and updated.

The company that works with the Boards to develop the SWCPP procedures has ceased operating in this area and therefore work has been commenced to explore options for the re-commissioning of this service from another provider. This re-commissioning is being led on behalf of the 13 LSCB's in the South West by Bath & North East Somerset and will be completed by October 2015.

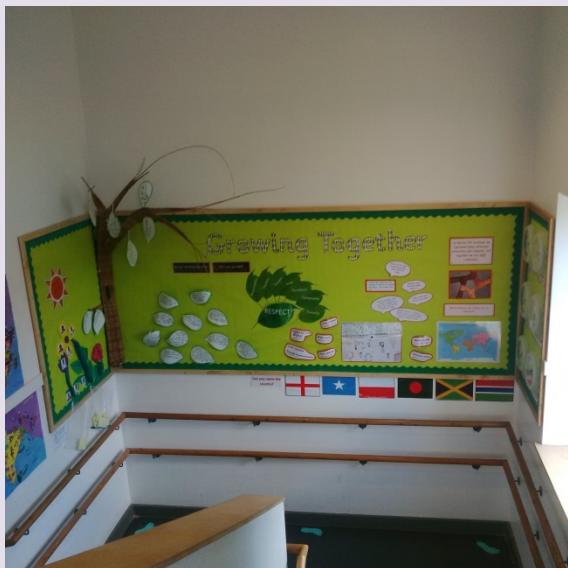
BSCB has its own suite of procedures and guidance available on its webpages here: (<http://www.bristol.gov.uk/page/children-and-young-people/bristol-safeguarding-children-board>).

During 2014/15, procedures and guidance in relation to Children Missing from Home and Care were revised and reissued. A Child Sexual Exploitation Strategy has been developed by the CSE sub group which will be followed by revised guidance in 2015. Work to revise and update the content of the Female Genital Mutilation Safeguarding Guidance has been extended beyond its planned conclusion date in 2014/15. A review of BSCB procedures and guidance has been undertaken and those that require urgent attention have been prioritised; this includes the joint guidance for working with parental mental health.

Other achievements

Involving children and young people

Exploring cultural and religious difference



Why?

I am English as Additional Language lead for the Academy and I wanted to create a display, that involved the children. The aim was to get their thoughts and feelings around cultural and religious differences as well as to share information about themselves, e.g. where their family originate from, their favourite food etc. I wanted to celebrate the children in our Academy!

How?

I chose a selection of children from year 5 and 6 (some of whom had been involved in racist incidents). They were my working party and we met on a few occasions to discuss the meaning (to them) of cultural and religious differences as well as for them to generate conversation by sharing things about themselves.

Ideas were taken and used for the display. They came up with the title 'growing together' and wanted a tree to represent growing. Leaves have been hung from the tree with children's information about themselves. The working party did a leaf as well as selecting children across the year groups. The working party thrived on this responsibility and equally the younger children felt proud to be involved.

The working party are now waiting to do an assembly with me, to share how and why the display was created.

Reagan, Barton Hill Primary

Voice of the child

Strategic Priority 1

Ensuring the “voice of the child” influences all that we do...

Shadow Safeguarding Children Board

The Shadow Safeguarding Board has been running for 2 years. It aims to ensure that the voice of children and young people help set priorities for the Safeguarding Board, monitor

work that is being done on their priorities and gets involved in Safeguarding Board events. The Shadow Board is made up of young people from Bristol's Children in Care Council and Bristol City's Youth Council, including one of the Youth Mayors. It has also involved other groups of young people, particularly those who have experience of a Safeguarding issue.

The Shadow Board meets 4 times a year, fitting in with the cycle of Safeguarding Board meetings.

In the last year it has focussed on the following:

- Female Genital Mutilation (FGM). The Shadow Board wanted to know that tackling FGM was a main Board priority and to understand work that was happening to address FGM. The young people's group, Integrate, health professionals and The Bristol Ideal met with the Shadow Board and were able to give re-assurance that some good work is happening to tackle FGM. Integrate have been national leaders in helping young people's voice to be heard on FGM.
- Bullying in school has been a priority the Shadow Board identified for itself at the outset. Education staff have met with the Shadow Board to talk about some of the actions that schools are taking to stop bullying. This remains an ongoing piece of work, with the Shadow Board looking to work more closely with schools and Education staff to deal with bullying effectively. The Shadow Board have explored and emphasised the importance of dealing with bullying and agree it is a key issue for children and young people. Some Shadow Board members have positive ideas on how victims can be supported and bullies worked with so that their behaviour changes.
- The Shadow Board was asked by the Serious Case Review sub group to look at whether professionals should be "child focussed" or "child led" when they make Safeguarding decisions about a child. The issue arose from a Serious Case Review recommendation. The Shadow Board looked at case examples and came up with recommendations for the principles on which professionals should make such decisions. These principles were submitted to the Board and were formally recognised as a valuable contribution to decision making in this matter.
- Shadow Board members played a leading role in planning and leading the 2014 Safeguarding Board conference.

Duncan Stanway, Barnardo's and Board Member

A standing agenda item at each full board meeting is the Voice of the Child. Partner agencies take it in turn to share how their agency is ensuring the voice of children is incorporated into the work of the agency and, where this is not the case or has been shown to be requiring improvement, how the agency is working on this.

Children and Young People's Services - April 2014

The staff conference in September 2013 focused on Voice of the Child. All staff brought tools, guidance etc. that they use with children. If a child is too young to speak, then social

workers need to think about what that child (i.e. baby) would say if it could speak – what is that child's world?

The Audit framework ensures that the Voice of the Child is central to all audits no matter what the audit focus is, and the expectation is that social workers collect that information and use it within their work with a child. All summaries of audits include a specific focus on the Voice of the Child.

Children and young people are still not being effectively used in recruitment, which requires work. Young people were involved with the recruitment of the BSCB Chair and Lay Members of the Board.

Managers have been asked to share what work has been carried out on the Voice of the Child.

The evidence from audits is that listening to the Voice of the Child is improving. Staff understand that they need to record that the Voice of the Child has been listened to. A peer review carried out a year ago found that social workers were listening to the Voice of the Child but were not always recording this.

NHS Trusts - July 2014

The Voice of the Child within Health is clearly recognised in a variety of ways and usually explicitly. The Voice of the Child is obtained using a variety of methods, for example, supporting young carers.

NHS England is carrying out work with South Gloucestershire which includes Being Safe. There is a recognised need to look more deeply in Primary Care, e.g. G.P. surgeries and University Hospitals Bristol has provided specific examples and are carrying out audits, evidencing good practices where children have been listened to.

The challenges recognised are:

- Resources and expertise
- Reaching wider groups of children
- Difficulty with the techniques used to ask children, especially very young children where non-verbal communication through observation may be necessary
- The need to document that the Voice of the Child has been heard and the response
- A need to ensure that all health providers in Adult Services 'Think Family' and are aware of children in the household.

The Designated Doctor for Safeguarding Children reported a broadly positive picture but still more work taking place.

Barnardo's – October 2014

Involving young people in recruitment – Community Child Health Partnership.

Barnardo's reported to the Board how young people have been involved in the recruitment of Staff in the Community Health Partnership (CCHP).

The Barnardo's Voice of the Child report focused on involving children and young people in staff recruitment in Community Children's Health Partnership. Barnardo's was subcontracted by the North Bristol Trust to ensure that the Voice of the Child, particularly children with poor health outcomes, was listened to and engaged with in practical terms.



Community Children's Health Partnership had to be clear about:

- The motivations for involving service users in interviews
- What will be their role in the process?
- How much say will they have in the final decision?
- Involve Human Resources to embed processes
- Service users to know the recruiting team, be trained and supported
- Service users judge candidates' communication skills
- Young people on panel, or parent on adult panel
- Service users involved in decision
- Thank you / accreditation
- Service users of CAMHS, Learning Disability and across CCHP have all taken part in making decisions on staff recruitment

Involving children in the recruitment process ensures that the ability of candidates to communicate with children is judged by the most appropriate audience. The challenges involved have been to ensure the recruitment process is embedded with Human Resources, and to involve the young people who have used and understand the specific service that is recruiting.

The children and young people involved are supported with training, and are given additional support on the day. In most circumstances the young peoples' panel would sit separately to the adult interview panel. For services involving very young children, parents may also be involved.

It is considered a priority that the children feel their voices have been listened to. To this end, the Chair of the interview panel will usually meet with them on the day for a conversation about the candidates. The scoring process is transparent and the views of the children's panel are taken on board. Should they feel they have not been listened to, the children do have an opportunity to feed this back.

As a result of this effort, over the past few years an increasing number of appointments using young people have been made. Looking forward, Barnardo's are expanding this effort across the CCHP, and are confident that the involvement of young people leads to better recruitment outcomes. Although it is not a specified aim, it is recognised that this effort has produced some very positive outcomes for the individual children involved as well.

A video made by young people detailing their involvement with recruitment can be found at: <https://www.youtube.com/watch?v=dr18QxY--Wc>.

Barnardo's emphasised that involving children in the recruitment processes is an achievable aim that produces positive results, but does require time and resources. The challenge is to ensure that agencies engage with this initiative as far as possible.

Youth Offending Team – January 2015

In 2014 Safer Bristol took responsibility for the Bristol Youth Offending Team - a multi-agency partnership to support and manage young offenders. YOT is overseen by the Ministry of Justice.

Whilst there is no specific 'Voice of Child' programme or initiative within the service a 'View Point' questionnaire is used for the end of order to collect the views of service users. Work is needed to develop how this information is then used to inform practice.

'User Voice', an ex-offender led charity, was commissioned to develop an engagement approach. This developed into 'What's your story?' which is a consultation involving questionnaires, focus groups and workshops.

They found that 55% felt that YOT involvement had been positive. Initial results suggest there may be benefits to changing the way in which the wider family is engaged.

Female offenders are less frequent, and often present differently, so a more specific focus would be beneficial.

Faith Network Working Group

In June 2014 a proposal went to the Board regarding this work.

It has proved time consuming to make contact with people who can influence groups to respond; the progress has been accordingly slow. The group has yet to reach the stage of being able to influence the Board or communicate its suggestions/needs although this is an aspiration for the future.

Contact has been established with safeguarding leads in the major Christian denominations: Anglican, Roman Catholic, Baptist and Methodist. Contact with other smaller denominations, individual groups and other faiths has tended to be less easy to approach existing structures.

e.g. an Elim church (Pentecostal denomination) responded to repeated contact and came to an open session after which they organised a Saturday morning BSCB training session. This was attended by over 30 adults working with children and families in the church and was very positive.

Regular open networking and information meetings have been offered and each has drawn between 10-20 people. The groups represented so far have been:

- Christian: Anglican, Roman Catholic, Baptist, Methodist, Pentecostal, Quakers, Independent groups (e.g. Carmel Christian Centre. Potter's House)
- Islam: Head of Andalusia Academy, Manager of Quran Academy, Chair of Council of Bristol Mosques, Chair of a Mosque, Rep of Bath & Bristol Islamic Society
- Judaism: Bristol & West Progressive Jews
- Buddhist
- Baha'i

Contact has been sought with Hindu and Sikh representatives.

The past year

- The format of meetings was altered and stressed in the invitations that there is an expectation that faith communities link with their local safeguarding children board (Working Together to Safeguard Children). This produced more responses but as many people are voluntary in their roles there were several replies explaining unavailability.
- Each of the recent sessions has included input from the Local Authority Designated Officer explaining her role and we have offered support in training, policies, etc.
- A Terms of Reference has been developed and confirmed for the group .
- There is a formal link with a southwest Christian safeguarding network group to share ideas.
- Training has been delivered to staff at City Academy Islamic Saturday school.
- Policies have been reviewed for 2 independent churches and the Jewish representative
- progress has been shared with the Safe Network and this has been added to their online safeguarding faith hub as an example of good practice.

Future Plans

- Continue to network as widely as possible
- Plan further dates for repeat briefing sessions
- Continue to provide advice and guidance in relation to policies
- Encourage groups who indicated no training had been done to arrange this
- Seek to have a representative from all main groups meeting quarterly and reporting to the Board as other working/sub groups do
- To present a strategic plan that can be formally accepted by the Board

5 Ongoing challenges

Outcome of OFSTED review in to the effectiveness of the LSCB

During 2014-2015 Ofsted undertook an 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 Board¹⁰. The review took place between 30 September 2014 and 22 October 2014.

The review of the effectiveness of the LSCB was the first review of BSCB that had been undertaken by OFSTED as part of a new inspection regime. Ofsted found that BSCB requires improvement.

The LSCB required improvement because:

Business planning

- The Board was not yet able to consistently influence and support good safeguarding outcomes for children across the partnership. It was not sufficiently informed about safeguarding practice.
- While there were examples of effective multi-agency arrangements, the business plan was not specific enough or focused, and this meant that some work was not coordinated effectively across the partnership.

Performance information

- The performance report card did not include sufficient evaluation of partnership performance to enable effective scrutiny or the monitoring and analysis of trends.
- Quality and evaluation
- Although the LSCB was informed about the safeguarding activity of partners, it did not sufficiently scrutinise partners' performance to measure the impact of the Board's work and inform future priorities.
- The LSCB did not evaluate the impact of training on practice to enable it to identify impact or improvements in outcomes for children.

Policies and procedures

- The Board did not have a detailed understanding of the quality of multi-agency practice with children at risk of CSE or those children who go missing. There was no multi-agency strategy for children at risk of sexual exploitation. The 'children missing from home and care' policy had not been updated to reflect changes in guidance.
- Although a domestic abuse protocol had been developed, there was not yet a shared

¹⁰

http://reports.ofsted.gov.uk/sites/default/files/documents/local_authority_reports/bristol_city/051_Single%20Inspection%20of%20LA%20children%27s%20services%20and%20review%20of%20the%20LSCB%20as%20pdf.pdf

understanding of risk in such cases between the police and children's social care.

- The LSCB did not routinely review local policies and procedures nor evaluate their impact on practice.

The BSCB has welcomed the findings of the review undertaken by OFSTED and has incorporated the recommendations into its action plan for the coming year 2015-2016.

Specific issues raised within the review include the need for a Child Sexual Exploitation strategy and updating of procedures and guidance. The CSE strategy has been developed by the CSE Sub-Group, revised guidance in relation to children missing from home and care has been launched and procedures in relation to missing children revised. A review of current procedures and guidance has been undertaken and a clear plan to review and where necessary revise procedures has been proposed. This will include a review of the protocol for joint working across adult mental health and children's services.

Involving staff and managers in improving practice

BSCB published its 'Learning and Improvement Framework' during 2014. This is a key document that outlines how the board will conduct Serious Case Reviews and Child Protection incident reviews to ensure a culture of continuous learning and take action to implement all recommendations effectively. The methodology used in these reviews requires a systems approach and the preferred methodology is that of the 'Learning Together' approach developed by the Social Care Institute for Excellence (SCIE.) This approach ensures that the staff most directly involved with the child who is the subject of the review are key to learning lessons and improving practice. The specific details of how staff are involved will be determined by the approach taken within each Serious Case Review.

6 Essential information

Role and Function of Bristol Safeguarding Children Board

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

Working Together to Safeguard Children (2015) States that a LSCB must be established for every local authority area. The LSCB has a range of roles and statutory functions including developing local safeguarding policy and procedures and scrutinising local arrangements.

Statutory objectives and functions of LSCBs

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

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

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

- a) developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:
 - i) the action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention;
 - ii) training of persons who work with children or in services affecting the safety and welfare of children;
 - iii) recruitment and supervision of persons who work with children;
 - iv) investigation of allegations concerning persons who work with children;
 - v) safety and welfare of children who are privately fostered;
 - vi) cooperation with neighbouring children's services authorities and their Board partners;
- b) communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so;
- c) monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve;

- d) participating in the planning of services for children in the area of the authority; and
- e) undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.

Regulation 5 (2) which relates to the LSCB Serious Case Reviews function and regulation 6 which relates to the LSCB Child Death functions are covered in chapter 4 of this Working Together to Safeguard Children 2015.

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

Purpose of the report

Working Together to Safeguard Children (2015) provides explicit expectations in respect of LSCBs and the publication of an Annual Report.

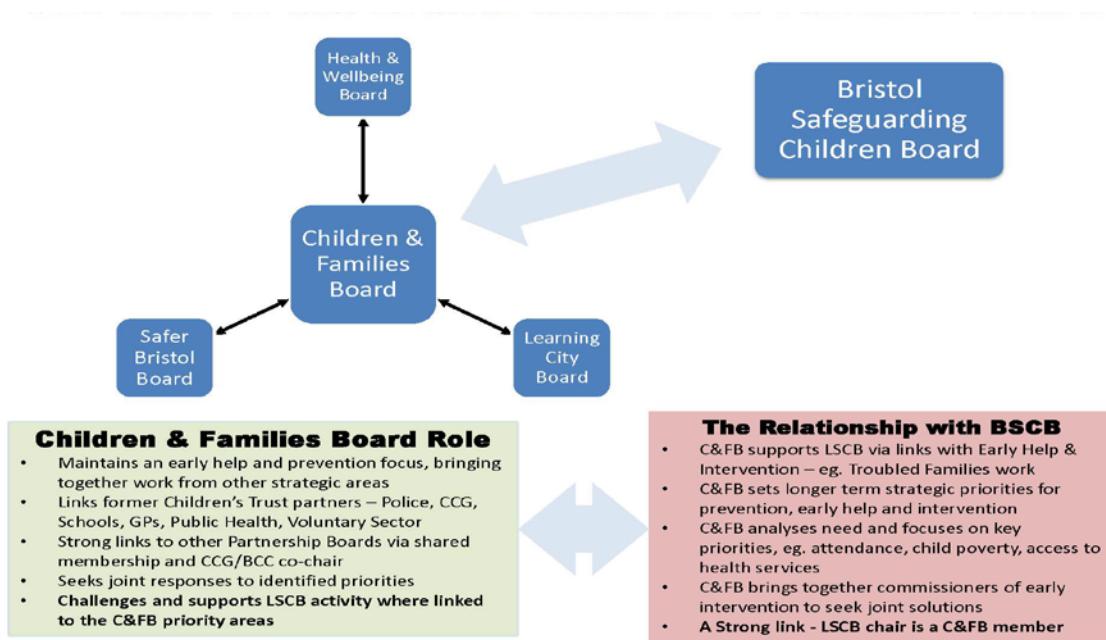
The Chair must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area (this is a statutory requirement under section 14A of the Children Act 2004). The annual report should be published in relation to the preceding financial year and should fit with local agencies' planning, commissioning and budget cycles. The report should be submitted to the Chief Executive, Leader of the Council, the local police and crime commissioner and the Chair of the health and wellbeing board.

The report should provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action. The report should include lessons from reviews undertaken within the reporting period.

The report should also list the contributions made to the LSCB by partner agencies and details of what the LSCB has spent, including on Child Death Reviews, Serious Case Reviews and other specific expenditure such as learning events or training. All LSCB member organisations have an obligation to provide LSCBs with reliable resources (including finance) that enable the LSCB to be strong and effective. Members should share the financial responsibility for the LSCB in such a way that a disproportionate burden does not fall on a small number of partner agencies.

(Ch. 3, para. 16, 17 and 18, Working Together 2015)

Governance



Budget

| Expenditure | 14/15 Budget | 14/15 Outturn |
|--|----------------|----------------|
| Employment Costs | | |
| BSCB Team Salaries ¹⁾ | 110,061 | 90,174 |
| Outstanding accrual for T Melville13/14 | | -4,717 |
| BSCB Independent Chair - 2014/15 | 18,000 | 15,950 |
| BSCB Staff vacancy advertising | | |
| BSCB Staff training & expenses | 380 | |
| Training Team Salaries ²⁾ | 65,226 | 64,390 |
| Training Team expenses | 250 | 489 |
| Serious Case Reviews | | |
| Fees 2014/15 ³⁾ | 30,000 | 33,209 |
| SCR Training | | 3,927 |
| SCR Room hire, catering & equipment | 750 | 603 |
| SCR Accommodation | 0 | 834 |
| Training and Conference | | |
| Trainer Fees | 20,000 | 3,876 |
| Training Venue Hire & hospitality | 10,000 | 14,589 |
| Training Team printing & general office expenses | 700 | 701 |
| Training team equipment & IT | 2,000 | 397 |
| BSCB Conference Speakers ⁴⁾ | 500 | 1,240 |
| BSCB Conference Expenses ⁴⁾ | 2,000 | |
| Contributions to other projects | | |
| SWGFL | 2,000 | 0 |
| Contribution to SW Child Protection procedures | 750 | 750 |
| Childsafe contribution | 5,000 | 5,000 |
| University of Bristol - CDOP Fees 2013/14 | | 11,645 |
| University of Bristol - CDOP Fees 2014/15 | | 13,392 |
| Other Expenditure | | |
| Conference attendance by BSCB Independent Chair | 0 | 0 |
| Expenses for BSCB lay members | 300 | 0 |
| Hospitality for BSCB meetings ⁵⁾ | 1,000 | 1,418 |
| BSCB Printing & general office expenses | 55 | 385 |
| BSCB IT & telecoms | 550 | 138 |
| Safe Choices service tender | 0 | 1,055 |
| Subscriptions BASPCAN & Survey Monkey | 100 | 242 |
| BCC Overheads ⁶⁾ | 22,335 | 22,335 |
| Total Expenditure | 291,957 | 282,023 |

| Income | | |
|-----------------------------------|----------------|----------------|
| | 14/15 Budget | 14/15 Outturn |
| Normal Contributions | | |
| Bristol City Council: | | |
| People | 129,506 | 129,506 |
| Bristol Youth Links | 28,450 | 28,450 |
| North Bristol NHS Trust | 13,186 | 13,186 |
| Bristol Primary Care Trust | 24,116 | 24,116 |
| Probation | 3,090 | 3,090 |
| Avon & Somerset Constabulary | 18,699 | 18,699 |
| Learning Partnership West | 2,838 | 2,838 |
| Avon Fire & Rescue | 1,000 | 1,000 |
| CAFCASS | 555 | 550 |
| CAFCASS adj. 13/14 | 0 | -5 |
| YOT | 2,063 | 2,063 |
| Total normal contributions | 223,503 | 223,493 |

| Other income | | |
|---------------------------|---------------|---------------|
| Training ⁴⁾ | 60,000 | 80,205 |
| Conference ⁴⁾ | 7,500 | 0 |
| Swindon BC SCR Fees | 0 | 7,346 |
| B/Fwd from 2013/14 | | 8,000 |
| Total other income | 67,500 | 95,551 |

| | | |
|---|---------|---------|
| Total available (contrib. + other income) | 291,003 | 319,044 |
| Shortfall/surplus ⁸⁾ | 954 | -37,021 |

| Expenditure | Income |
|---|--|
| <p>1) 0.4 FTE Business Unit Manager, 1 FTE Policies & Projects Officer & 2 FTE CPR Admin</p> <p>2) 0.86 FTE Senior Training & Dev Officer & 1 FTE Admin support to Training Officer</p> <p>3) Trainer fees funded out of 2013/14</p> <p>4) Training Income exceeded forecast</p> <p>5) Hospitality fees will continue to be affected by relocation from City Hall</p> <p>6) BCC overheads includes HR, IT, Payroll & Finance - this figure is an estimate based earlier years</p> | (0.5 FTE Policies and Projects Officer, 1 FTE CPR Admin) |

7 BSCB sub-group progress

Child Sexual Exploitation Sub-Group

Strategic Priority 3

A clear focus on assuring ourselves of the effectiveness of and quality of our multi-agency work with children and young people.

6 - Audit effectiveness of support to children at risk of Child Sexual Exploitation.

Strategic Priority 4

Influence resources: ensure scrutiny and effectiveness of early help.

6 - Explore the adoption of the 'See me, hear me' framework to support children at risk of CSE.

This has been a very important year in the BSCB's response to CSE. In September the CSE Task and Finish Group became a standing BSCB Sub-Group in recognition that CSE will remain a significant strategic challenge and continued threat of harm to young people in Bristol. The sub group has been jointly chaired by Becky Lewis, Children Services Manager at Barnardo's Against Sexual Exploitation (BASE) and Fiona Tudge, Service Manager Safeguarding and Quality Assurance, Local Authority People Directorate. The sub group supports the Board to drive forward the CSE agenda in city.

Achievement/Improved Outcomes:

The Task and Finish Group completed a CSE thematic review of cases and a multi-agency self-assessment.. The findings from these shaped the sub-group's action plan along with recommendations from the CSE Ofsted Thematic Inspection. The action plan will improve practice in the areas of: prevalence, problem profiling and data collection; Victim Identification; Offender Identification; Strategic Response; Prevention; Protection; Supporting Prosecution and Disruption; Hearing the Voice of the Child; and Campaigning. We have had achievements in all these areas. Key milestones have been:

- Development and Roll-out of CSE Strategy which was praised by a Home Office review team
- Compilation of a directory of services responding to CSE and the factors which increase vulnerability of CSE
- Improvements in data collection and consistency of victim flagging across Bristol City Council, Police and Barnardo's
- Increased strategic focus on responding to perpetrators and locations of concern
- Improved links with sexual harm services
- Improved join up between prevention services offering a more joined up prevention offer to the city

- Successful Home Office Innovation Bid with the PCC and Local Authorities in Avon and Somerset promoting better cross-border working and more victim care and training resource in the city
- Involvement in developing the Annual BSCB Conference examining issues of sexual abuse, harm and exploitation and show casing relevant local resources

Challenges

Our primary challenge for the year ahead is developing a clear problem profile of the nature and extent of CSE and developing mechanisms for responding quickly and effectively. We have requested support from the Home Office Innovation Bid team in developing a CSE Network Meeting which would look to collate intelligence, map CSE risks and hot-spots, and implement response plans. We will require sign up from key BSCB members to be successful in this and be increasingly robust in our response.

Identifying victims, flagging those at risk and sharing information amongst health services remains an area with significant challenges. The health services have developed a working group examining these issues but there are no clear or simple solutions.

Plans

Over the coming year we will continue to implement our action plan. Our main aims are to finish updating the BSCB CSE guidance to ensure it links to our strategy and draws for current understanding of best practice in the area. The sub group envisages playing a significant role in responding to findings from the Operation Brooke Serious Case Review and implementing change. We will also hope to introduce the CSE Network Meeting and continue to develop better intelligence sharing pathways, and cross-border responses to this cross-border crime.

Becky Lewis and Fiona Tudge, Co-Chairs

E-Safety Sub-Group

Strategic Priority 4

Influence resources: ensure scrutiny and effectiveness of early help.

8 - Consider and act on findings from E Safety Report.

Overview

The E-Safety sub group brings together relevant partners from both the voluntary and public sector in order to identify risks to children created through the inappropriate use of media, including mobile phone and internet enabled devices. It seeks to ensure that there is a structured and continuously developing process of training for professionals dealing with the target groups, as well as a means by which current and emerging risks can be disseminated to the relevant parties.

Achievements/improved outcomes

Over the past twelve months, membership of the group has evolved and expanded, and now incorporates a wide range of representatives from Health, Education, Police, and voluntary organisations. Significant planning for the International Safer Internet Day in February 2015 occupied much of the sub-groups focus in the latter half of the year. The activity on the day itself primarily revolved upon increased awareness of the issues being highlighted throughout Bristol Schools during assemblies and parents presentations.

Challenges

Planning for the 2016 Safer Internet Day will need to be developed at an earlier stage, and the view of the sub-group is that it should target all schools, whether public, private, or Academies. This will evidently require some significant planning.

The clear concern from the sub-group is that E-Safety is increasing exponentially. It is connected to a huge number of other issues, including radicalisation, serious case reviews, suicides, self-harm and child sexual exploitation, and it is a challenge to maintain the focus on E Safety in light of these competing priorities.

It is clear that resolving this issue will also touch upon other areas and sub-groups, such as Education, and that any shift in priorities will require careful planning and a solid evidence base. The challenge of the E-Safety sub-group over the next year will be highlight these concerns with the LSCB to ensure a more meaningful, constructive and co-ordinated city-wide approach to the risks presented to young children.

Plan for the Year Ahead

Focus will be directed towards planning for the next Safer Internet Day in 2016. Planning is already underway to organise an E-Safety newsletter, prepared by relevant School Champions who are aware of the current risks, which will in turn be circulated to other schools within the City.

Simon Brickwood, Chair

Education Sub-Group

Strategic Priority 4

Influence resources: ensure scrutiny and effectiveness of early help.

2 – Domestic Violence and Children & Young People.

- **Progress DV information sharing protocol**

3 - Ensure arrangements are in place and monitored regarding Children Missing from Education.

9 - Ensure Female Genital Mutilation is addressed within schools.

10 – Ensure bullying is being raised and addressed within schools.

Overview

The current chair took over responsibility in June 2014 and since that time:

- a standard agenda format developed which includes standing items such as Domestic Violence, Child Sexual Exploitation, Female Genital Mutilation, Children Missing Education¹¹/Pupils Missing Education¹² and BSCB Training Courses
- Feedback from the shadow board is also a standing item
- Short term task groups have been taken forward specific actions and development e.g. communications strategy, training strategy
- An action plan 2014 – 2015 agreed supported by an ongoing log to ensure that outstanding actions are reviewed at each meeting and signed off when completed. The group are considering how to evidence impact against targets.
- Funding secured through the Direct Schools Grant for two years to establish a Schools safeguarding Team comprising of a Team Manager and three area based Schools Safeguarding Advisor, each of whom will hold specific portfolios reflecting the strategic objectives of the Board around FGM, CSE, DV, PME/CME, plus 3 admin who will support the Domestic Violence Pre- Multi Agency Risk Assessment Conference (MARAC) protocol. This team will be self -funding from 2017
- The annual schools safeguarding audit was undertaken and a summary report will be presented to the BSCB Executive in June 2015 and full board in July 2015
- Briefings Notes provided to schools on: Disqualification by Association; Prevent Statutory Guidance and Section 26 of the Anti-Terrorism and Security Act 2015; impact and new requirements under Keeping Children Safe in Education (2015) and Working Together to Safeguard Children (2015)
- A range of model policies have been developed, consulted upon and disseminated to schools

Challenges

- The membership and attendance rates remain under review.. A further review of the membership will be discussed at the July 2015 meeting to consolidate progress to date but in addition to review the structure.
- The pace and amount of change, coupled with new guidance
- Effective communication and dissemination of information
- There has been a significant decline in the number of schools engaging with the annual school audit process ;
 - 2014-2015 74% return,
 - 2013– 2014 88% return,
 - 2012 – 2013 93% return.

¹¹ Children missing education (CME) refers to children of compulsory school age who are not on a school roll, and who are not receiving a suitable education otherwise than being at school, for example, at home, privately or in alternative provision. This does not apply to children who are registered at a school who are not attending regularly.

¹² Pupils missing education refers to children who are on a school role and are not attending school

The sub group has an action plan in place to ensure that those schools who did not return an audit will be written to by Paul Jacobs (Director of Education and Skills) and Sally Lewis (Independent Chair BSCB) and other actions have been identified as a result of school's responses to the audit

Plans for the year ahead

- The sub group action plan 2015-2016 will be aligned to the BSCB priorities and address issues identified from the annual schools safeguarding audit.
- Delivery of single agency, bespoke training to schools by the Schools Safeguarding Team
- Support for schools around the Prevent agenda and child trafficking including training for trainers on the Prevent programme
- Development of self-audit tools for both schools and governing bodies
- Learning the lessons from Serious Case Reviews will be a priority for the sub group, disseminating early learning as well as the outcome from the SCR Report and action plan
- Continue to improve communication with schools by establishing a comprehensive database.
- Continue to raise awareness of all new safeguarding requirements, the role and work of BSCB and partners

Annette Jones, Chair

Performance and Quality Assurance Sub-Group

During 2014-2015 the Performance and the Quality sub groups were merged.

The following audits were undertaken by the Quality Sub-Group in 2014-2015.

Children in [Police] Custody

5 children's records were audited

Outcomes and recommendations:

- The Emergency Duty Team (EDT) were asked to question why they cannot directly input into Liquid logic Children's System (LCS). This would enable records to be kept up to date.
- Clarification was needed from Mental Health services regarding the scope of S.136 detention. Specifically in the case of one child being refused a place in the designated place of safety on a local Ward due to previous violence. A board representative contacted this Ward to address this issue.
- An action was agreed to contact the LCS team to ensure placement procedures are being followed when those outside the Local Authority are placed in Bristol.
Feedback was given to a social work team.

Children made subject to police power of protection (PPoP)

8 children's records were audited.

Outcomes and recommendations:

- A problem was identified where Health agencies do not receive notifications of the use of PPoP. The Police representative at the audit stated that while there is a place for the name of the GP to be asked on the form, this is rarely completed so notifications cannot be sent. It is thought that this may be due to the language used; more people may be aware of the name of their Health Centre rather than GP. A report on Police Protection processes was sent requesting a change in language, from asking for a named GP to asking for the name of a Health Centre.
- The group recommended that the BSCB Training group be contacted to establish when a strategy should be triggered, what to share, with whom, and in what context. Communications on strategy action plan to be refreshed by circulating. This was included in the report and given to chair of the Training group.
- In some cases records made by the Police were vague or sometimes missing. In one case this is likely to have been due to the extreme work pressure on Police on a Saturday night in central Bristol. Despite the records, the actions of the Police were good in locating the father of the child. A strategy discussion was also held. The group particularly praised the staff of a Wetherspoon's public house for identifying a child safeguarding issue on a busy Saturday night.

Repeat referrals

11 children's records were audited. These names were chosen from children who had had over 5 referrals in the preceding two years.

Outcomes and recommendations:

- The audit identified learning needs around when a child retracts an allegation of abuse. The Training sub group Chair has been notified.
- Due to the turnover of staff in Police, health and social care, additional training on the definition and use of strategy discussions could support learning and developmental needs across services. We need clarity in the training that a conversation can take place between professionals without it being titled a 'strategy'.
- Child Protection Strategy Discussions continue to be an area of development as the GP's do not have notice of the discussion in most cases. The expected process is that the Health representative at the strategy contacts the GP to tell them that it has taken place and then sends them the notes for the child's file. We know that Health have a process of the attending Community Paediatrician sending a form to the GP. There are on-going discussions on how the GP gets the notes – children's social care are reviewing the process for circulating strategy discussion minutes.

Thresholds for Contacts

10 children's records were audited

Outcomes and recommendations:

- Clarification is needed over the preferred method of referring to First Response, whether by telephone or through a written referral. Mixed messages have been received on this matter.
- The majority of referrals and responses were proportionate and appropriate.
- Demonstration that the Voice of the Child was listened to was inconsistent.
- A previous audit regarding repeat referrals highlighted that further work on the process when a child retracts an allegation is needed. This audit shows that this remains an issue that needs to be addressed.
- How the Local Authority is evidencing Children In Need work within Early Help needs to be reviewed through the Performance and Quality sub group.

Multi agency audits scheduled until the end of 2015:

- Outcomes for perpetrators of crimes against children August 2015

10 cases where police have arrested an individual for abuse against children. Information will be requested on the perpetrator, the victim, and detail of the crime

- Early Intervention and Prevention implementation - November 2015
- Examination of the impact of Signs of Safety implementation

Kate Markley, Principal Social Worker, Chair of Performance and Quality Sub-Group

Serious Case Review Sub-Group

Overview

Unfortunately this year the SCR Sub group has received six requests to consider undertaking a SCR. This happens when the referring agency believed a child had been abused or neglected and that the child had died or been seriously harmed and there was cause for concern in the way in which agencies worked together. The BSCB is currently undertaking four SCR's and two Child Protection Incident Reviews. We have recently completed a Serious Case Review and this will be published in May 2015.

Improved Outcomes for Children

Significant time and agency capacity is given when undertaking a SCR. All the current SCR's are being undertaken using the Social Care Institute for Excellence systems methodology. The feedback from both the review teams and case group practitioners on using this method has been positive and references have been made to how rich the learning is. However the key issue is to ensure that important findings are disseminated throughout all professionals working with children and lessons are learnt from these tragedies.

The BSCB has been determined over the past year to ensure that we continuously improve as a result of findings from both our local and national SCR's. The theme of our BSCB Conference in the summer of 2014 was on learning from Serious Case Reviews and we considered findings from both local and national SCR's at this event. We also organised a

number of briefing sessions in different areas of Bristol for local partners to come together and learn about the local SCR's.

The SCR sub group also monitors the progress of the actions plans from SCR's and reports to the BSCB any exceptions. We have now successfully launched the Threshold Guidance and new guidance on Partnership Agreements and we have monitored how these have been embedded across agencies. We have provided specific training and learning sets on Disguised Compliance and have improved the training and briefings to schools around CSE. The Inspection by Ofsted in October 2014 into the effectiveness of the BSCB noted that effective arrangements were in place for managing and learning from serious case reviews and these had led to improvements in frontline practice.

Challenges and Year Ahead

We need to ensure that we continue to review cases in a timely way and that we make every effort to gain the powerful voice of family members in order to influence the review.

Key challenges remain to ensure that the lessons learnt are disseminated across Bristol and changes in practice are embedded in order to make a difference to children.

Over the next year we will be expecting to publish a minimum of 3 SCR's. Each review is normally published in full and victim / survivors and family members are encouraged to be involved to the extent they wish to be in the process..

Fiona Tudge, Chair

Training and Development Sub-Group

Overview

The Terms of Reference (ToR) of the group were revised and agreed in November 2014, covering the group's responsibility for assuring quality of multi- and single agency training to enhance the strategic and operational work of the BSCB and its partner agencies. The revised ToR include the responsibility to engage with young people in planning and review of training (Voice of the Child), and include the range of representatives required to be members of the Training subgroup (a minimum of 13 partners).

2 other working groups from the Sub-Group met:

Annual Conference Planning Group

Evaluation of Training Group

The Ofsted Inspection into the effectiveness of the BSCB (October 2014) concluded that the Board Requires Improvement. Specific findings relevant to the Training subgroup were:

- Although the Board is well informed about safeguarding activity, it does not scrutinise partners sufficiently to measure the impact of the Board's work and inform future priorities.

- Recognition that an appropriately focussed and broad range of training is available for all staff /partners which is well attended;
- that a variety of learning methods are used including action learning sets and area network meetings; and
- that learning from Serious Case Reviews (SCRs) and the schools safeguarding audit has been used well to inform training.

It was recommended that the Board:

- analyse single agency training requirements to inform multi-agency training and
- develop measures to evaluate impact of training on practice/outcomes for children.

Achievements

1. Annual conference 2014 “Learning from SCRs”. Example comments: *“Great networking opportunity” “More than once a year please!” “Enabled a real opportunity to reflect on the purpose and practical impact of SCR work” “Tabletop discussions well facilitated and useful”*.
2. “Voice of Child”: Children and Young People involved in training:
 - a. Integrate (Female Genital Mutilation),
 - b. Barnardo’s (CSE training, North Bristol Trust participation training),
 - c. Shadow Board involvement with 2014 Annual Conference, Children in Care Council,
 - d. Police Joint Interview Training (engaging with mock interviews in schools).
3. Development of themed Section 11 Quality Assurance exercise across 4 Local Safeguarding Children Board areas to assess organisations’ Learning Culture and Training. QA exercise began Dec 2014, responses provided by May 2015 and results will therefore be available in 2015/16 report. This was a “first time” quantitative and qualitative report following a full Section 11 audit in 2014 which revealed partner concerns re: their own training. It will provide baseline results on which to build. Early results show:
 - some organisations cannot readily provide quantitative compliance data on how many staff have achieved the appropriate level of safeguarding training. For those that have provided data, compliance rates vary significantly for different groups of staff but are generally no lower than 65% staff trained appropriately, with most in the 80s and 90s.
 - there is a range of good practice to ensure training is embedded within an organisations post training, and this could be shared amongst partners.
 - action plans vary in quality, and some partners did not provide an action plan for improvement.
4. Development of tool to evaluate multi-agency training using ‘Survey Monkey’ immediately after and 3 months post-course. This action responds to Ofsted requirement above.
5. South West Inter-agency training guidance (SWIAT) published and distributed to Board members, to support consistency of training and QA.

6. Provision of extra part-time trainer sessions to support Jeanette Plumb (JP), senior BSCB Training and Development Officer.
7. Jeanette Plumb has set up multi-faith forum meetings (See separate report).
8. Overall Improvement in attendance at inter-agency courses.

Challenges

- 1) Ensure adequate representation by partners at Training subgroup (zero attendance by several partners this year).
- 2) Increase capacity of subgroup members and training team to achieve the necessary work of the group.
- 3) Maintain and increase children's voices within training.
- 4) Single agency training requirements have not been forthcoming from organisations, so it has been difficult to fulfil Ofsted requirement to "*analyse single agency needs to inform multi-agency training*"
- 5) Continue to ensure learning from SCRs occurs in a timely way despite unavoidable delays in SCR publication, and is embedded (use of Area Network Meetings, bulletin/briefings etc).
- 6) Support and monitor QA of single agency training. Set up facilitated support group for trainers.
- 7) Develop more Court skills training to ensure cases are presented to a high standard.
- 8) Encourage organisations to improve uptake of funded places at multi-agency training (65 courses in 2014-15, only 427/1040 funded places taken up (41%) with a range of 0% to 92% of places taken up per organisation).

Action Plan for 2015/16

1. Complete actions from Ofsted recommendations (see overview).
2. Start to meet the "Challenges", in particular resolving capacity issues for the group so that there are adequate resources of time and people to do the work.
3. Develop an achievable action plan to meet the priorities of the BSCB Business plan, within the capacity of the group and the training team.
4. Review Themed Section 11 Audit re Quality Assurance of culture of Learning in BSCB partner organisations.
5. Develop a facilitated support group for single and multi-agency trainers.
6. Another good annual conference – Sexual Exploitation and Sexual Harm.

Dr Maria Bredow, Designated Doctor, Safeguarding Children, Chair

Missing from home and care Group

Strategic Priority 3

A clear focus on assuring ourselves of the effectiveness of and quality of our multi-agency work with children and young people.

5 - Audit effectiveness of work to support children and young people missing from home or care.

Strategic Priority 4

Influence resources: ensure scrutiny and effectiveness of early help.

4 - Publish new guidance and briefing for agencies to ensure understanding of new statutory guidance and definition for children missing from home and care.

Key Achievements

The BSCB has launched a new strategy and guidance for Children Missing from Home and Care. This has been well received and a number of briefing events have been held to ensure practitioners understand the new guidance and the implications for their work. Specific workshops regarding revised processes have been held for our colleagues within social care.

The task group has been working hard on improving the quality of the data we collate regarding children missing from home and care and beginning to cross reference this with data about children missing education and children at risk of sexual exploitation. This is a complex and significant piece of work but all our partners are committed to working together to achieve this.

Improved Outcomes for Young people.

Over the past year we have formalised our ‘operational’ group. For some time our colleagues from Barnardo’s, Social Care and the Police have met on a quarterly basis to identify trends and patterns across the missing children population. The group now has a clear statement of purpose and terms of reference and will feed into the strategy group on a quarterly basis. By sharing information this group can gather data about possible location hotspots, potential perpetrators and make links between people. This information will now be fed back into the group to ensure a strategic response to young people and perpetrators.

Social care has improved the quality of information that can be saved on the electronic database to ensure we are securing better individual outcomes for young people and also to gather information to act on a more strategic level. Social care should now be able to report on the number of children being offered return interviews and gather more accurate data about why the young person went missing and identify the push/pull factors. This can improve our response on an individual basis but we can also collate this information in order to inform our strategic approach.

Challenges and Year Ahead.

The Ofsted inspection into the effectiveness of the BSCB in October 2014 highlighted that the performance information gained regarding children missing from home and care did not yet provide sufficient depth to enable the BSCB to have good oversight and be able to effectively monitor and analyse the impact on front line practice.

The task group has an ambitious action plan over the next year which includes improving the quality of our data and establishing auditing of cases so that we have scrutiny over practice and outcomes for children. The task group will also be participating in the Association of Directors of Children's Services Peer Challenge review on Children Missing from Home and care. It is anticipated that this challenge will highlight areas for our development and provide an opportunity to share examples of good practice and learn from our neighbouring authorities in order to improve our response to children who go missing from home and care.

Fiona Tudge, Chair

Communications and Community Engagement Task Group

Strategic Priority 2

Effective interagency partnerships in the context of organisational change and shrinking resources.

2 - Implement Communication Strategy to ensure clear, effective and plain communication of BSCB messages.

- Newsletter and website to
 - disseminate examples of good safeguarding practice
 - Publish simple 'you Said – We Did' messages

Purpose of the Group

The Communications task group was newly established in January 2015. The group was set up following a self-assessment of the BSCB which identified that improvements could be made in how we communicate with children and families living in Bristol, professionals working in Bristol and the general Bristol community.

The core objectives are

1. Raising awareness of safeguarding issues locally promotes the ethos of safeguarding being "everybody's business" and encourages the wider community to be mindful of safeguarding issues. We are keen to provide a mechanism for feedback between the wider community and the BSCB.
2. Raising awareness of safeguarding issues and roles and responsibilities for all people who work with children in whatever capacity.

3. Ensure member agencies and partners of the BSCB are well informed of the role, functions and strategic priorities of the BSCB.

The group is attended by key partners, our lay member and media representatives from our partner agencies. We are keen to involve young people in the work and will be consulting with the Shadow Board as well as through other young people forums.

Challenges and plan for the Year Ahead.

A Communications Strategy and Action Plan will be published which will set out our objectives and how these will be achieved.

We are keen to reach children, families, stakeholders and the general public through a wide range of communication channels including developing our online presence for the BSCB. In addition to our recognised role in publishing SCR's we want to publish positive messages about how the BSCB influences practice and impacts on the lives of young peoples.

Fiona Tudge, Chair

Female Genital Mutilation (FGM) Delivery and Safeguarding Group

During this reporting period Bristol FGM delivery and safeguarding group have continued to meet quarterly. This group is a working group of the BSCB and will submit a full annual report of all its activity to the BSCB. The group have also been reviewing the BSCB FGM Guidelines but there have been delays in progressing this work because of work pressures and awaiting changes in current legislation. This will be resolved in the next reporting period.

The FGM work in Bristol has strong links with the community development work of women from FGM affected communities and with young people who campaign to eradicate FGM in a generation. The voice of young people is clearly heard and integrated into all the work we do.

Over this year there have been a number of events both locally and nationally and Bristol has contributed to all these events. This is a summary of some of the good work undertaken by communities and professionals committed to ending FGM and safeguarding girls.

Hearing the voice of young people

There are two active groups of young people who have worked hard over this reporting period. The two groups are 'Integrate Bristol' and 'Empower Bristol'. There are over 150 young people who have been involved in campaigning, developing teaching aids for schools and professionals and reaching out internationally to end FGM in a generation. We need to recognise that these young people live in families with siblings, parents and other family members and so the reach of their voice expands to the wider family and their communities.

One young girl from a Bristol school became the face of 'the end FGM campaign' and through the e-petition she fronted influenced national policy especially for teaching. The

Document 'Keeping Children Safe in Education' gave a clear direction to all schools that staff need to have an awareness of and training in the risks associated with FGM. Teaching receiving training was a BSCB objective for 2014/15 and the education sub-group have been working on ways to achieve this goal. Ofsted inspectors had a talk from Health, Education and two young people from Integrate to raise their knowledge and understanding around the FGM agenda and recognise how they needed to incorporate question about FGM into their inspection process. This really was an example of the voice of young people influencing practice.

The young people from both groups were involved in the 'International Girls Summit 2014' and they also were involved in the youth summit. Their questions, challenges and debates have now influenced national legislation which is incorporated in the Serious Crime Act 2015.

The young people were also involved in two Bristol conferences with a member of Integrate Bristol chairing the Conference organised by the Department of Health in March 2015.

The work listed above is only a small snapshot of the vast contribution that the young people have delivered over this reporting period.

Conferences

The summer months are recognised as period of high risk for girls who may be at risk of FGM. Bristol has had a strong level of commitment to safeguarding girls during this period. This work is not just about the risks to the girls but it is a time to recognise how the FGM affected Communities have work hard to change this harmful practice.

The Work of the Community Health Advocates (CHA) who work in a voluntary capacity to raise awareness and sign post women and families to having happy healthy children free from the risks of FGM. Public Health have continued to support the community development work with a small contact with FORWARD who are a National charity working on the FGM agenda. As part of this funding there is a Bristol Coordinator and there has been a youth worker who has supported the work of the young girls in 'Empower'

The CHA hold an annual conference in the summer and for 'international FGM Zero Tolerance day' in February. These are always impressive events and provide a platform for the FGM affected communities to demonstrate how they support the end FGM agenda and are committed to safeguarding girls while educating their communities. These are family events and demonstrate how the women are reaching out to men and other family members too.

Integrate Bristol held a conference on 7 February 2015 for teachers and professionals to show case their training resources, challenge professionals to safeguarding girls from FGM and other forms of gender based violence. There invited over 300 professionals. The event was held at the City Academy Bristol and the whole event was designed, coordinated and managed by the young people. They had 4 governmental officials speaking at the conference which included Jane Ellison (Minister for Public Health) and Baroness Northover,

Bristol held a national conference to share the good practice associated with what is now called 'The Bristol Model' of working on the FGM agenda in October 2014. This work highlighted the need for professionals to work together with FGM affected communities to safeguarding Girls. The conference was organised because of the high number of requests for agencies to come and see what we have done. The Department of health funded the conference as a trail for their own round of conferences which started in 2015. The conference had speakers from health, education, police, public health, FGM women campaigner and both Integrate and Empower. There were about 180 delegates and the conference was well evaluated.

Training

FGM awareness raising training has been supported by the BSCB again and the training courses are well attended and evaluated. Unfortunately the whole day training was cancelled this year because changes in the date affected the attendance rate. FGM is included in all GP training related to safeguarding children.

Health deliver safeguarding training to all the Community Health Advocates so they know how to respond if they come across a safeguarding issue. They also use this information to educate their wider communities. This training also provides an opportunity to break down myths that have developed. At the last training in January 2015 there was an issue raised that social workers removed more Muslim children and especially from Somali families. This was information shared on a documentary on Somalian TV about British culture. Through discussion about the number of the children in care the community were reassured about the actual processes involved when professionals need to take action to safeguarding children.

There have been numerous other training events across professional groups but the police have been implementing training for FGM awareness across the whole constabulary. This is a result of leadership and having an identified champion to work on the FGM agenda.

There have also been four Personal, Social, Health and education (PSHE) network sessions where FGM has been discussed and the training material developed by Integrate and promoted in the 2014 summer campaign at City Hall. This included the primary school resource which is linked to the NSPCC 'PANTS' campaign.

Integrate Bristol have a cohort of young people who have been trained to deliver safeguarding FGM training. They attended a session on a weekend in January 2015 so they could deliver training to support their training aid. They are now offering this training to schools and other professionals. In 6 months from January 15 to June 15 they have trained over 3,000 young people and professionals.

Summary

Young People, FGM campaigners, health, police, Public Health and education remain committed to working to 'End FGM in a Generation'. The work on this sensitive topic highlights how the voice of young people and affected communities can influence local and

national policy. The future for Bristol is to imbed the work in all schools in Bristol and through other departments within the Local Authority and partner agencies.

Jackie Mathers, Designated Nurse Safeguarding Children

Chair of the safeguarding children element of the BSCB FGM delivery and safeguarding Group.

8 Board member agency activity

Avon & Somerset Constabulary

Statutory responsibilities

Working with partner agencies, Avon & Somerset Constabulary provides professional policing services, including services to and for children and young people in order to keep them safe from harm, and where necessary to prevent their offending or reoffending. The Constabulary is an active member of all five LSCBs within its area, helping to fulfil the Constabulary's Statutory Duties under Section 11 of the Children Act 2004.

Under the Children Act 1989, Avon & Somerset Constabulary, working with partner agencies, is responsible for making enquiries to safeguard and secure the welfare of any child within its area who is suffering, or is likely to suffer, significant harm. The Constabulary has a duty to refer to the local authority those children in need whom it discovers in the course of its work. The Constabulary also has emergency powers under section 46 of the Children Act 1989 to enter premises and remove a child to ensure their immediate protection.

The Constabulary has a duty to investigate crime and bring offenders to justice. It may not always be in the public interest to prosecute an offender, especially if the alleged offender is very young, and the Constabulary seeks to avoid the unnecessary criminalisation of children. There is a general requirement, under Article 40 of the UN Convention the Rights of the Child, to divert children from police cells and the criminal justice system.

In cases where there is insufficient evidence to prosecute an offender, or where it might not be in the public interest to do so, the Constabulary may still use its powers to prevent an offence or further offending. These powers include issuing warning notices against suspects, monitoring bail or other conditions, such as prohibitions against contacting children, and the closure of premises known to be used for child sex offending.

The Constabulary is responsible for the supervision of registered sex offenders in the community. This involves keeping a register of their address, maintaining contact with them, making enquiries into their activities and alerting others to any potential risk posed by the offender.

Achievements during 2014-2015:

Nationally, recorded Child Protection Crimes are increasing and this is the case in Bristol and across Avon and Somerset as a whole. Recorded Child Protection Crimes (excluding Domestic Abuse Crimes) in Bristol rose to 811 crimes in 2014/15, compared with 644 crimes in 2013/14. This represents a 25.9% rise, and compares with a 34.1% increase across the force area as a whole. Each and every recorded crime is investigated. In October 2014, the

Constabulary introduced a new Operating Model that prioritises by the vulnerability of the victim and the characteristics of the perpetrator, putting the focus on people first and crime type second. This means that crimes involving children are invariably prioritised over those involving less vulnerable victims.

The Force also introduced an Integrated Victim Care service, "Lighthouse", ensuring that vulnerable, intimidated or persistently targeted victims receive a tailored, coordinated and consistent service. Each victim now has a Victim & Witness Care Officer (VWCO) automatically allocated to their case from the point of initial report, through the investigation and to the end of any subsequent Criminal Justice process.

Recorded crimes relating to the sexual exploitation of children in Bristol fell to 24 crimes during 2014/15, a fall of 52.0% compared with the previous year. The fall can be attributed to the large number of crimes recorded in the previous year as a result of a number of Child Sexual Exploitation (CSE) operations. One such operation, Operation Brooke, resulted in the successful prosecution of 13 men for 42 CSE related offences in 2014/15.

As part of the Constabulary's programme of vulnerability training for all front-line officers, a day's training was delivered during 2014/15 dedicated to CSE, Human Trafficking, Domestic Abuse and the Integrated Victim Care "Lighthouse" services. Post-training evaluation found that:

- 90% of officers and PCSOs have a good or high level of knowledge of CSE
- 81% of officers and PCSOs have a good or high level of knowledge of Domestic Abuse
- 95% of officers and PCSOs have a good or high level of knowledge of impact of Domestic Abuse on children

In order to further improve the effectiveness of agencies in preventing children from being sexually exploited, and in providing victims of CSE with the support they need, the Constabulary led a successful partnership bid for £1.2million Home Office Innovation Fund. With an additional £900,000 contribution from the Avon & Somerset and Wiltshire Police and Crime Commissioners and the seven local authorities, this two year project is now working to:

- prevent CSE and identify vulnerable children and young people
- identify those being sexually exploited
- enhance the provision of support to victims of CSE and those most vulnerable
- target those who perpetrate CSE for disruption and prosecution
- develop an evidence base to establish the interventions that are most effective and inform a business case to inform sustainable services beyond the two year project

Challenges:

Two key challenges faced by the Constabulary in achieving its purpose are:

- working with five upper-tier local authorities, each with their own thresholds and differing approaches, meeting the expectations of five LSCBs, each with their own infrastructure of sub-groups and associated demands, in a context of declining budgets
- increasing demand through rising numbers of reported child protection crimes, in a context of declining budgets

Safeguarding achievements:

As a result of the Constabulary's safeguarding and investigations work, in partnership with other agencies, more children have been safeguarded and protected from harm or from further harm.

The significant changes made during 2014/15 to the way the Constabulary operates, to the services it provides for victims, and the funding secured for improved services for victims of CSE, will all enable the safeguarding and protection of children to be maintained and improved in a context of declining budgets.

Plans for 2015-16:

Our plans for the future directly reflect our action plan from the recent HMIC Child Protection inspection:

- Continue to prioritise the Child Protection training programme for our investigators to ensure that CP investigations are carried out by appropriately skilled staff.
- To work with partners to reduce the number children that are being inappropriately detained by the police due to a lack of alternative accommodation.
- To improve our response to safeguarding children who are most at risk from reported domestic abuse.
- To work with the local authority to ensure that an independent return interview takes place for children previously missing from home, and that reports on progress and barriers are given to the LSCB.

National Probation Service

The National Probation Service (NPS) came into being on 1st June 2014, and the local operational unit is the Bristol and South Gloucestershire Local Delivery Unit (LDU), which is part of the South West South Central Division.

The NPS has retained responsibility for the Victim Contact Scheme, which provides a service to victims of serious sexual and violent offences. It is in this area that the NPS provides a direct service to children, including some victims of child sexual exploitation, as a result of convictions achieved following Police operations during the last two years. Linked to this the NPS has provided a member to the BCSB CSE Serious case review panel, where there has

been some exploration of the role of perpetrators, particularly in terms of their experiences as children.

The Victim Contact Team and LDU operational ACO have during the year contributed to the planning and development of the Lighthouse, Witness and Victim Care Service.

Within the LDU the operational teams have had input from the Divisional lead for safeguarding as part of the national strategy being developed by the NPS. This provided the framework for the work going forward into 2015/6 which will focus on training, and the completion of process mapping for internal policies and procedures and a self-assessment and audit tool (which will in turn assist completion of section 11 returns).

Bristol City Council: Children's Social Care

The services for children in need of help and protection, Looked After Children and Care Leavers in Bristol were inspected by Ofsted between 30 September and 22 October 2014. A report setting out the findings and judgements was published by Ofsted in December 2014.

The current Ofsted Inspection Framework, implemented in November 2013, judges Local Authorities and the Local Safeguarding Children Board performance against the Framework as: Outstanding, Good, Requires Improvement or Inadequate. The overall judgement is that these services for children in Bristol Require Improvement.

To date 37 Local Authorities have been inspected under the Ofsted Single Inspection Framework (SIF). Nine have been judged as Good; 21 Require Improvement; and seven are Inadequate. There are no LAs that have been judged as Outstanding and in the current programme of inspections no cities judged as Good.

In a local authority, 'Requiring Improvement' services are considered to be adequate; protecting children from the risk of harm, and safeguarding and promoting the welfare of children in care. Minimum requirements are in place; however, the authority is not yet consistently delivering good protection, help and care for children, young people and families.

The Ofsted report stated that the local authority has a good understanding of the main issues for children and their families in Bristol and of the strengths and weaknesses in the services provided. The strengths and areas for improvement are identified in the report.

Strengths include:

- well targeted and coordinated Early Help services for children and families;
- speed of response to child protection concerns;
- the relationships between Looked After Children and their social workers;
- a stable, committed and skilled workforce and;

- the multi-agency working for vulnerable children and families, in particular in response to Child Sexual Exploitation.

Adoption services were judged to be Good: in particular, adoption arrangements are prompt, with children moved to a permanent home as soon as possible. Adopters and their children benefit from a stable and experienced team of adoption social workers.

Priorities for improvement

There are three key priorities for improvement:

1. the outcomes for Care Leavers; to maintain regular contact with social workers, undertake effective Pathway Planning and increase the number of Care Leavers engaged in education, employment and training;
2. the educational outcomes for Looked After Children; to ensure the attainment gap to their peers continues to close and complete all Personal Education Plans to a high standard;
3. the delivery of consistently good social work practice for children and families.

Other areas for improvement include:

- the quality and timeliness of assessment, planning and recording to ensure greater consistency;
- the quality of performance management information to support practice improvement and inform strategic planning;
- updating the strategic plans for Children's Services, Corporate Parenting and Child Sexual Exploitation.

Ofsted noted the plans and activity taking place to improve services in Bristol, including those to:

- re-model social work practice;
- implement the Signs of Safety model;
- increase school attendance city wide;
- deliver the 14-19 strategy, and;
- raise the attainment of Looked After Children.

Considerable progress has been made to date; however, given the timing of the inspection, the outcomes from these key actions have yet to demonstrate their full impact.

Building on the strengths and current good practice, the delivery of the Plan provides an opportunity to engage the whole Council and partners in the achievement of improved outcomes for some of the most vulnerable children and young people in the City.

North Bristol NHS Trust

Safeguarding Children is a priority and is acknowledged as a vital part of the day to day business of North Bristol NHS Trust (NBT); children up to the age of eighteen are seen in a variety of settings throughout the Acute Trust which includes Outpatients, Maternity, Neonatal Intensive Care, Emergency Department/Minor Injuries and Inpatients in the Brunel Building.

The majority of children who receive a service from NBT are seen in the Children's Community Health Partnership, which was rated by the Care Quality Commission (CQC) as Outstanding in their report published 11 February 2015 following the inspection of North Bristol NHS in November 2014.

As an adult-focussed service, NBT acute services have made significant progress in embedding awareness of the impact of adult issues on the welfare and safety of any dependent children. This is largely as a result of a comprehensive, successful and well-received training package for all clinical staff. This was recognised in the CQC report published 11 February 2015 following the inspection of North Bristol Trust. The Safeguarding Children training strategy continues to be compliant with safeguarding children training standards in line with the Intercollegiate Document 2014. North Bristol Trust has met the target set by the Clinical Commissioning Groups of 90% for all three levels.

The safeguarding children agenda at North Bristol NHS Trust (NBT) is managed and monitored by the Safeguarding Children Operational Group and the Overarching Safeguarding Committee, which report through the Governance and Risk Management Committee. Named professionals are in place and are responsible for ensuring that the Trust meets its statutory responsibilities in respect of safeguarding children.

North Bristol Trust is represented on the local Safeguarding Children Boards (LSCBs) for both Bristol and South Gloucestershire and plays an active role in their work programme.

NBT is a participant in the Multi-Agency Risk Assessment Conferences (MARACs) which are held in Bristol and South Gloucestershire and provide a structured multi-agency forum for the sharing of information regarding high risk victims (and their children) of domestic abuse.

Completed actions from the NBT Safeguarding Children Work Programme for 2014/15 include:

- Participating and contributing to Serious Case Reviews (SCR) and Multi-Agency case reviews in Bristol and South Gloucestershire, and ensuring action plans are implemented.
- Reporting annually and quarterly to the relevant Clinical Commissioning Groups (CCG) and LSCBs against agreed Safeguarding Children Standards and Performance Indicators.
- Completion of Section 11 (Children Act 2004) Training audits for Bristol and South Gloucestershire Safeguarding Children Boards.

- Reviewed and rewritten Level 1 to 3 training packages to ensure new training requirements of the Intercollegiate Document (2014) are established and met.
- Developed programme of training for Level 3 staff in Signs of Safety and Child Sexual Exploitation, and developed e-learning packages for Level 1
- Developed an electronic knowledge based assessment for Level 1 and 2 Safeguarding Children Training.
- Participated in CQC Inspection of North Bristol Trust in November 2014.

Actions for 2015/16 include separation of Safeguarding strands within Children Communities Health Services and Acute Services, and compliance with the new Female Genital Mutilation Legislation.

North Bristol NHS Trust and University Hospitals NHS foundation Trust have both received inspections from the CQC which included a review of safeguarding arrangements.

Summary of issues relating to Safeguarding: this summary is taken from the CQC Inspection Reports for each of the above services, <http://www.cqc.org.uk/provider/RVJ>.

There were policies in place for safeguarding both children and vulnerable adults. The director of nursing was the trust's safeguarding lead.

Safeguarding procedures were in place with clear lines of reporting. Staff were aware of these procedures and their own responsibilities for the safeguarding of children and young people. All staff throughout the hospital were able to describe what constituted a safeguarding concern and were aware of their role and responsibilities to safeguard vulnerable adults and children from abuse.

The trust required at least 85% of staff to be up to date with training at all times. This made an allowance for staff on long term leave. Overall the trust was exceeding this target. All the staff we spoke with told us they had completed safeguarding training, which was part of the required mandatory training for the trust.

NICU: the NICU had robust safeguarding processes in place and a clear process of referral for staff when concerns were identified.

Emergency Department: there was a designated child protection nurse in the ED. The ED had evaluated child safeguarding referral rates, which demonstrated they required improvement. This resulted in staff undertaking research and training to improve staff competence in referral processes. There had subsequently been a significant increase in the number of vulnerable children being identified and referred to the local authority safeguarding team. The project had been externally peer reviewed by the Royal College of Paediatrics and Child Health. There was a team that provided support to people who had

been victims of domestic violence or sexual abuse. A nurse in the ED had championed this area of work and had provided staff training to raise awareness of the issues. Clinical staff were alerted to frequently attending children because this information was printed on patients' booking-in sheets.

Women and Children's: the trust employs a teenage pregnancy specialist midwife, a drug and alcohol specialist and safeguarding midwives. They undertook daily ward rounds, identifying women with concerns and providing advice and support to midwives. Midwives attended case conferences and a Multi-Agency Risk Assessment Conference (MARAC) as part of a coordinated community response to domestic abuse and safeguarding concerns. All cases of female genital mutilation had safeguarding referrals to the local authority made during pregnancy. There were trust-wide guidelines for the care of women with female genital mutilation, mental health problems, teenagers, substance misuse and alcohol dependency, complex social factors, and prisoners from HMP Eastwood Park (which was located near to the unit).

Children's Community Health Services: the culture of the CCHP was totally child, young person and family centred. Through strong participation, it had the voice of children and young people at the heart of what staff did. Staff told us how proud they were to be able to listen to the voice of children and young people. The ethos of family-centred care was visible across all the teams within the Community Children's Health Partnership (CCHP). Children and young people were full partners in their own care, and the collaboration with Barnardo's meant innovative ways were explored to increase participation and improve care. Excellent multidisciplinary and multiagency working through programmes such as the Be Safe Programme and the Barnardo's Child Sexual Exploitation (BASE) project.

The Inspection Team highlighted the following in relation to Safeguarding Children in CCHP.

- A named nurse and doctor were available for Bristol and for South Gloucestershire. Robust safeguarding systems were in place for children and young people.
- When children were seen in the ED at Southmead Hospital, the health visitors or school nurses were informed. Health visitors and school nurses were then responsible for forwarding this information to the child's GP and to other professionals such as social workers when necessary. We saw evidence that this took place. This process is audited annually. Excellent links were established with the ED department. The Named Nurses deliver bespoke safeguarding children training to the department.
- A safeguarding children audit plan, led by the Safeguarding children operational group was in place. The audit programme was agreed and shared with the commissioners. This programme was comprehensive and ranged from multi-agency communication in safeguarding through to the quality of transfer arrangements from midwives to health visitors. Reports from the audits were completed, together with

action plans which were reported back to the commissioners.

- In safeguarding assessments the views of the child were clearly assessed and recorded.
- Child protection supervision was found to be comprehensive across all professional groups. This supervision ranged one-to-one supervision (four monthly) to group supervision. For the medical staff, supervision also included locality peer review and reflective practice.
- The safeguarding leads confirmed that all staff are required to have had safeguarding training at level three. Training records showed that 93% of staff had completed the training.
- There was a community paediatrician on call 24 hours a day for any safeguarding issues such as medicals, so that they happened in a timely way. They explained that the safeguarding team worked closely with Bristol Children's Hospital and had access to their dedicated suite of rooms for safeguarding medicals.
- Child death rapid response reviews took place for all children and young people under 18 years who had unexplained deaths. Where learning was identified, it was cascaded to staff through operational and governance meetings.
- The CCHP had clear lines of reporting through the safeguarding leads through to the safeguarding group for children and ultimately to the trust-wide safeguarding committee chaired by the director of nursing.

University Hospitals Bristol NHS foundation Trust

The Trust safeguarding agenda, for both children and adults, is monitored through robust governance arrangements directed by the Safeguarding Steering Group, chaired by the Chief Nurse as the Executive lead for safeguarding, reporting directly to the Trust Board. The Steering Group is supported by Children's and Adults Operational Group's with representation from all Divisions. A team of well-established and experienced safeguarding professionals remains in place, providing expert advice, support and supervision to practitioners across the Trust.

At the beginning of this reporting period, the Hospital Social Work team, which historically was based within the Trust, was discontinued as part of the remodelling of Bristol's Safeguarding Children arrangements. In practice this resulted in a significant change to the safeguarding referral processes within the Trust in which all referrals are now sent directly to the child protection team in the first instance. This has allowed referral activity data to be monitored and evaluated more robustly and going forward will be used to monitor patterns, trends or areas of concern.

Safeguarding referrals continue to be made from a wide range of areas primarily from within the Children's Hospital with the largest number of referrals from Midwifery services

referrals for unborn babies and the Emergency Departments, as would be expected. The initial data has also shown a significant increase in safeguarding activity over the winter months in line with the winter pressures seen across the Trust and an overall increase in the number of contacts to the Child Protection Nursing Team for advice and support.

Approximately half of these contacts will result in an onward referral to Children's Social Care. Further information gathering and analysis by the Child Protection Nursing team, with reference to the Bristol Safeguarding Children Board Thresholds Guidance (2014), will often result in information being shared with the child's Primary Health care Team for the remainder of the contacts. The full impact of these changes, including the capacity to respond to this increase in demand, will be fully considered in the next reporting.

A particular area of challenge during this reporting period has been reaching the required target of 90% compliance for all levels of safeguard training. Whilst significant progress has been made, with almost 6,000 staff trained during this period, overall the required target has not yet been achieved. A number of factors have contributed towards this and going forward the Trust will continue to address training compliance as a matter of urgency, particularly for staff who require Level 3 safeguarding training.

Despite concerns about safeguarding training compliance, reassuringly the most recent inspection by the Care Quality Commission, whilst highlighting some areas for improvement, safeguarding at the Children's Hospital was judged to be 'outstanding'. An Internal Audit completed by Audit South West under the umbrella of safeguarding, looking specifically at the issues of 'Consent and Speaking Out', also found that despite low training compliance staff were found to be knowledgeable of the principles of safeguarding and speaking out.

As part of the process to centralise specialist paediatric services, a new Child Protection Clinic has been established to examine children who require a child protection medical in a timely fashion and in an appropriate environment. During this reporting period 82 child protection medicals have been completed by the Consultant Community Paediatricians with the support of the Child Protection Nursing Team or the Children's Outpatient nurses.

Progress has been made to address the long standing potential risk to a child through the use of multiple sets of notes across Trust hospital sites, through the implementation of Electronic Patient Record. A plan is in place to introduce a single set of electronic patient records starting with St Michaels Hospital in the next reporting period.

A short life working group has been formed within the Trust to support the national agenda to address Female Genital Mutilation (FGM). Midwifery staff in particular, are pro-active in ensuring women are aware that FGM is illegal in this country and that it has serious health consequences for the individuals on who it is performed. The FGM status of all pregnant women is recorded on the Maternity Computer data base and the information is shared with Social Care, the Health Visitor and GP.

The Trust continue to engage fully with the process of Multi-Agency Risk Assessment Conferences (MARAC) and following the expansion of the Child Protection Nursing team,

facilitated by Bristol Public Health funding, a dedicated MARAC nurse has been in post since July 2013. Attendance both at the North and South Bristol MARAC continues as well as the delivery of MARAC awareness training across the Trust. This post has also led to the formation of a Domestic Abuse Steering Group, which will aim to strengthen the process of implementing and monitoring action plans from Domestic Homicide Reviews

There has been a significant increase in the number of high risks domestic abuses cases meeting the MARAC threshold and an increasing number of high risk cases are being considered at a 'Pre MARAC'. There was a potential risk that the Pre MARAC cases could receive a different level of service but this was considered both by the Bristol MARAC Steering Group and the Bristol Safeguarding Children Board for assurances that a robust process is in place in order to safeguard all children.

The Independent Domestic & Sexual Violence Advisor (IDSVA) service located in the Bristol Royal Infirmary (BRI) continues into its fifth year of operation to address the safety of domestic abuse victims presenting within the Emergency Department (ED) and Trust-wide. The service specification remains the same as previous years - working to safeguard those patients (and their children) experiencing domestic abuse from intimate partners, ex-partners and family members. A total 252 children and 10 unborn were identified as living within abusive households, generating 145 Cause for Concern forms or referrals to First Response/CYPS.

This reporting period has also been particularly busy for the Hospital Child and Adolescent Mental Health team. There has been a significant 52% increase in presentations, this is not consistent with the national picture and is being monitored by the team. Alongside this increase in referrals there has been a rise in the complexity of presentation, which in turn often requires take more time to assess, plan and deliver appropriate, care packages. This has meant that the assessment process is taking longer and the need for staff to communicate in a timely manner is even more important. The UHB provision to adolescent/young people's mental health service, in regard to out of hours cover to the children's hospital and the BRI for under 18 year olds, remains on the risk register within Women's & Children's Division and is monitored by the Mental Health Operational Group

It has been essential to maintain the quality of safeguarding practice across the Trust during a challenging period of local change and continuing financial austerity. Supporting staff in day to day practice through the delivery of high quality training and supervision is essential, underpinned by case management advice. Ensuring that the Trust continues to fulfil its duty to safeguard vulnerable people remains a key priority and whilst there have been many achievements and examples of successful joint working across the safeguarding teams over the last twelve months, further work is needed to ensure that staff continue to receive the appropriate level of training for their role and responsibilities.

CQC report UHBrstol – Feedback and learning for safeguarding (children and adults)

There was one area of improvement that the CQC identified from their review, which was the Trust compliance with safeguarding training adults and children. The Safeguarding Steering Group is aware of the current challenges in meeting the compliance standards for all safeguarding training. This is on the risk register with a clear action plan to improve compliance, through delivering against the improvement trajectories are monitored by the Safeguarding Steering Group and the Workforce and OD Group.

The CQC review of UHBrstol identified many areas of good practice relating to safeguarding.

They found that:

- The children's hospital had outstanding safeguarding procedures in place and that the safeguarding team had links in every department where children were seen. The trust considered child safeguarding issues in relation to adult patients in the Bristol Royal Infirmary: for example, A&E consultants checked all overnight admissions for safeguarding concerns.
- There are clear links to the Trust's safeguarding board
- Arrangements for safeguarding were excellent and staff told them about the open culture that encouraged them to report issues as they arose.
- Staff were aware of their responsibilities to protect vulnerable adults and children. They understood the Trust's safeguarding procedures and how to report concerns
- In the BRI, staff had received training in how to identify people at risk of domestic or sexual abuse and specialist advisers were available to support identified patients.
- There were posters displayed in the BRI reminding staff to discuss child welfare with patients attending the department who may have childcare responsibilities.
- In the BRHC, consultants reviewed all patients' records, including the records of all attenders during the night, to check for any safeguarding concerns.
- There were systems in place to identify people in vulnerable circumstances from the local community, and the wider community served by the maternity services.
- There were clear pathways for the escalation of concerns to senior staff and the chief nurse if required.
- Staff recognized that being involved in a safeguarding referral could be distressing to both the child and their parents. An information leaflet was available for parents involved in any safeguarding concerns. The leaflet described what happens when a referral is made and from whom the parents can seek further help and advice.
- A safeguarding checklist was completed for each child on admission. For young people, additional adolescent checklists were in place and had been completed appropriately. The electronic patient administration system had the facility for alerts to be displayed for any child where safeguarding concerns were already known. This made staff aware of additional things that might need to be put in place or considered for that individual child, for instance family visiting arrangements.

- Where children or young people failed to attend two clinic appointments, a referral would be made to the safeguarding team and contact would be made with the child's GP and health visitor or school nurse to ascertain whether there were any concerns
- The children's hospital had outstanding safeguarding procedures in place. The safeguarding team had links in every department where children were seen.
- The arrangements for young people to transition from children's to adult services, for example within oncology, were very good. The trust had a transition group that involved young people. This group highlighted and promoted good practice in order to replicate it in all areas.
- Nursing staff and Allied health professionals (AHPs) were aware of what to do if they had a safeguarding concern.

Bristol Clinical Commissioning Group

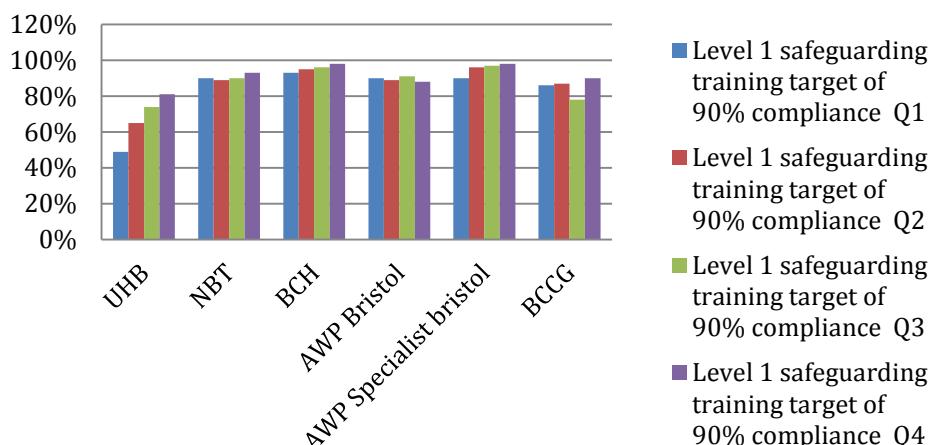
During this reporting period Bristol Clinical Commissioning Group (CCG) has collated the safeguarding children's standards from the main health providers in Bristol, and below are some of the results.

Training

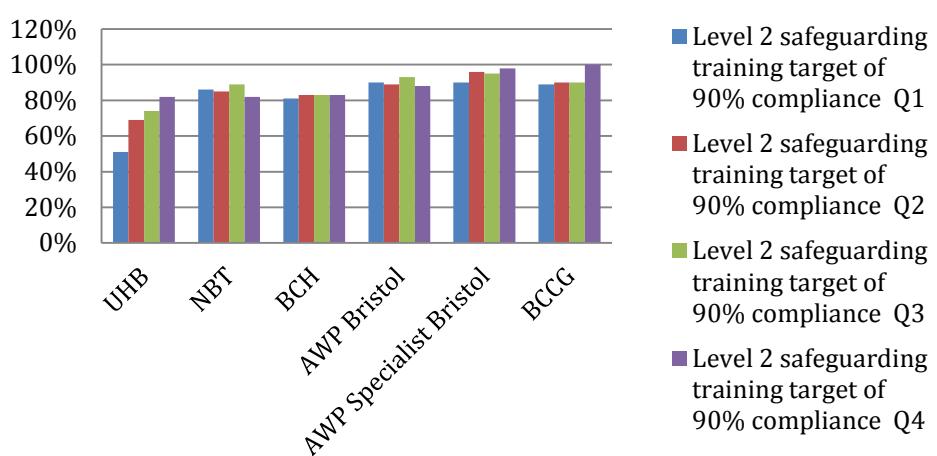
The 4 main providers of health in Bristol are University Hospitals Bristol (UHB), North Bristol Trust (NBT), Bristol Community Health (BCH) and Avon and Wiltshire Partnership (AWP Mental Health). They employ a total of 18,506 staff. The Care Quality Commission (CQC) expects all health staff to have completed training as recommended by the Intercollegiate Document (2014)¹³. Below are the training figures for all health providers. The CCG performance manages any issues of poor compliance and these have been reported to the Safeguarding Board Performance subgroup.

¹³ https://www.rcn.org.uk/_data/assets/pdf_file/0008/474587/Safeguarding_Children_-_Roles_and_Competences_for_Healthcare_Staff_02_0....pdf

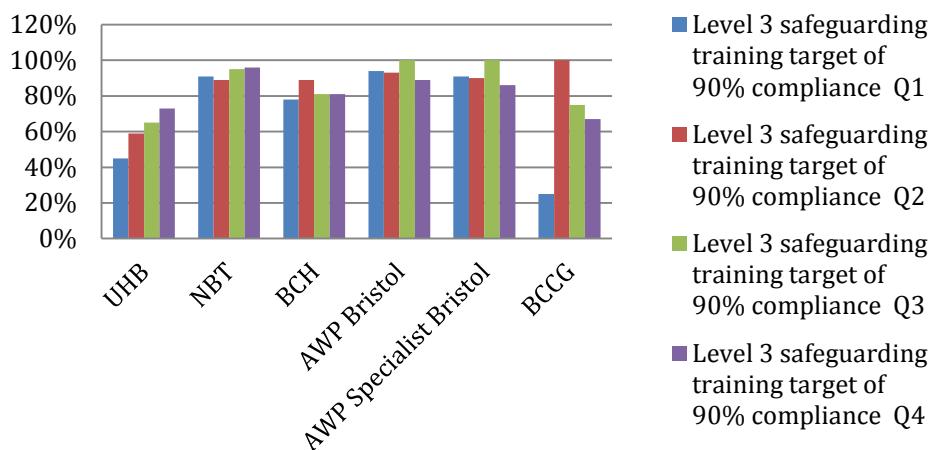
Level 1 safeguarding children training figures 2014-15



Level 2 safeguarding children training figures 2014-15



Level 3 safeguarding children training figures 2014-15



Emergency Department attendance and referral rates

The standards also capture the number of Bristol children who attended for emergency care, which between April 2014 and March 2015 was 37,391 children. The Trusts made 1,186 referrals to First Response which is only 3% of the children they see. Some of the information they share with First Response does not always need full child protection consideration, but the information is very valuable in building the wider picture of risk. All the information is also shared with the GP and the Health Visitor or School Health Nurse. NBT referral rate was 4%, UHB's was 4% and BCH's was 0.4%. The CCG will work with all providers to ensure they make appropriate and timely referrals.

Self Harm

All trusts report how many Bristol children have attended emergency care with self-harm, including overdose and physical injuries, which for this reporting period was 184 Bristol children. Alcohol issues may also be included in some of these cases because of variations in reporting self-harm across health providers. This is a significant number and these children are all referred for some form of mental health assessment or support.

Sub-group attendance

Health staff are active partners on the BSCB subgroups and attendance is reviewed regularly to ensure all trusts get experience of supporting all aspects of the BSCB's work. This is also a development opportunity for the staff who engage in this work.

General Practice

Bristol has had a good level of engagement with our Bristol GPs, and we have a Link GP in every practice. This GP attends bi-annual meetings and cascades information related to safeguarding children to their practice. There are currently 54 GP practices. The Named GP supported by the Designated Professionals delivers 6 safeguarding children training sessions a year across the city. These training events have been supported by local social workers and their input has helped bridge relationships between GPs and Social Care with a common understanding of the challenges each other face in their daily work. The training is scenario based and incorporates learning from local and national Serious Case Reviews. Some of the scenarios also reflect cases with a high national profile like Female Genital Mutilation and Forced Marriage.

Injuries to Non Mobile babies

A multi-agency policy for 'bruising in Non-Mobile babies' has been developed. The Designated Doctor led a multiagency group across Bristol and South Gloucestershire following a Serious Case Review (SCR) in South Gloucestershire Safeguarding Children Board. The policy has been implemented across all health providers and GPs have had this communicated to them via the link GP meetings, training, Practice Nurse training and through Practice Managers. The GPs are feeding back outcomes from this work via the link GP meetings.

Female Genital Mutilation

Bristol CCG has supported the national agenda on ending Female Genital Mutilation (FGM) in a generation. This work has entailed the Director of Transformation and Quality and the Designated Nurse joining the NHS England National Reference group for FGM, coordinating and holding two FGM conferences supported by the Department of Health, and with the team work around the Bristol Community Rose Clinic winning the national 'Primary Care and Community Redesign' category at the 2014 Health Service Journal Awards. This award recognised the joint working with FGM-affected Communities and provides evidence of informed commissioning where the voice of the community influenced services.

Family Nurse Partnership

Another area of work that impacts on the safeguarding agenda is the Family Nurse Partnership (FNP) Programme. NHS England has supported the development of the FNP programme across Bristol, North Somerset and South Gloucestershire (BNSSG). The FNP programme aims to work with young first time parents through intensive support, improving their confidence and competence to parent their child.

The FNP programme is offered to all pregnant women under 20, who are having their first baby. They must be enrolled before 28 weeks in their pregnancy to ensure the best support and outcomes for the family. The service will provide intensive support for up to two years. The programme is licensed and has to adhere to specific guidance. In Bristol we have four nurses involved in the FNP and they are supported by a supervisor. There are full safeguards in place and the CCG safeguarding team have supported the development of these with NBT who is the lead provider for this service.

The CCG is committed to working in partnership with all agencies on the BSCB and they are proud that the Director of Transformation and Quality and CCG Board Lead for safeguarding is the Deputy Chair of the BSCB.

South West Ambulance Service NHS Trust

SWAST are aligned to 28 Adult and Child Safeguarding Boards within the operational area. The Trust endeavours to maintain relationships with all these organisations in the interests of their responsibility to safeguard but due to the complexity and unique coverage, an efficient and pragmatic approach needed to be agreed.

Following National Guidance, the Trust continues to work with the Boards under a 'memorandum of understanding' agreement to maintain communication relationships with all Boards.

In order to further evidence multi agency working and other areas of work, activity data has been collected by each member of the team on a monthly basis and collated for the first time this year.

Safeguarding referrals

In total during the year 1st April 2014 to 31st March 2015, 7,769 safeguarding referrals were submitted across South Western Ambulance Service. This is an increase of 1,945, or 33%.

Safeguarding Training

A&E Service Line

The Trust has managed to reach an average 90% completion rate of training Trust wide, as per performance target, and is one of very few UK Ambulance Trusts to have achieved this. This was possible due to the agreement with Operations of a 'front loading' approach from the start of 2014/15.

An agreement has been made with the Operations team that 10 further days of SME 2014/15 training will be provided on overtime in North Division only, so as to increase that Division's performance to the target of 90%; the aim being to ensure compliance by Division as well as the Trust-wide average.

The end of year position is as follows: West - 94%, East - 95%. North - 82%.

UCS/111 Service Line

280 members of staff were trained, and compliance with the target set for Safeguarding Training in the 111/UCS Service Line has been achieved. In addition, this strategy has resulted in a saving of £100k against a penalty, which is a substantial achievement.

In total the Safeguarding Service has trained 724 staff across all service lines.

The HR Business Partners have all been trained by the Head of Safeguarding in the management of allegations.

The Information Governance Team has been trained to Level 2 by the Head of Safeguarding.

The safeguarding training for CFR's and other volunteers has been updated following the Saville recommendations. The delivery of this will be quality assured by the Named Professional West in May 2015.

Out Of Hours (OOH) GP's remains a challenging area in which to achieve compliance due to the transience of this workforce. In order to mitigate this, any new recruits to this service are unable to start work unless they provide evidence of current safeguarding training (the same strategy as applied to BLS/ALS).

Bespoke Safeguarding training has been delivered on request by Stations for CPD Events.

In order to address requirements for Supervision a number of staff have received a 2 day bespoke training session from a specialist provider.

There has been some external interest in The Safeguarding Service delivering training. This commenced with the Head of Safeguarding delivering Managing Allegations training to 30 HR Staff at the London Ambulance Service.

PREVENT training has been agreed for 2015/16 as part of SME.

The current outstanding areas to achieve evidence of training are:

- Bespoke training to Governors and Patient Experience staff
- Evidence of training to PTS staff
- Evidence of training to 999 hub staff
- MIU

Child death

There have been 173 child death notifications from LSCB's in 2014/15, and of those 124 'Form B's' have been required. Form B's are the notification form completed by the Safeguarding Service with detail of trust involvement with the child or family. It is completed by each Named Professional in that area. Therefore it would appear that the Trust has been involved and provided information in 72% of cases. The Head of Safeguarding still has some concern that not all child deaths are reported to the Service. This is an action for 2015/16.

Key progress and achievements for 2014-15

- 8 of the 11 recommendations in the peer review have been achieved and 3 are in progress.
- 2 seconded posts were agreed in this year – a band 5 Triager and a band 7 Named Professional.
- All SCR/DHR/chronology requests were responded to in a timely fashion.
- The safeguarding referral system is more sophisticated and produces quality data.
- A successful SW Audit took place in Jan 2015.
- The Safeguarding Service worked with Alcohol Anonymous (AA) to provide an awareness raising campaign across the Trust area by use of leaflets, posters, etc As a result the AA covered the Christmas and New Year period on the alcohol recovery bus.
- All frontline staff have been offered level 2 training in safeguarding with an overall attainment of 90% staff attendance.
- All new 111 or 999 staff have had safeguarding training as part of their induction programme.
- All 111/UCS staff have been offered level 2 training with an overall attainment of 99%, preventing a CQUIN of 100k.
- There are now 25 safeguarding champions who are active across the trust area.
- All Notice Boards in the North Division stations have been updated to reflect the new issues facing this agenda.
- The Managing Allegations policy has been further embedded in the Operational services.
- Prevent training has been agreed on the SME training for 2015-16

- The Head of Safeguarding has been elected as Chair of the National Ambulance Safeguarding Group (NASG) this year, which reports to QGARD.
- The Child Death Review process and pack has been agreed so that all staff who attend a child death will be supported by the OO at the time of the incident. The Form B notification will be completed at the time, allowing for reflection and accuracy.
- A Safeguarding Training strategy has been agreed so all Board Members, Managers and staff are able to understand more effectively what is expected of them.

Priorities for 2015-16

The priorities for the Safeguarding Service were decided at the team meeting in March 2015.

These are:

- Continue to ensure the completion of a centralised recording system for safeguarding training across all departments.
- Review the current referral system to promote a more efficient system with input from IT
- Work plan to be guided by NASG Workplan and the Saville Recommendations
- Embed the Prevent agenda
- Implications from the Care Act for the Trust
- Expansion of the Welfare agenda
- Consider a more resilient team by integrating more with the Governance Structure
- Agree a Supervision Strategy for the Trust
- Escalation Policy to be approved

Sarah Thompson, SWAST

Voluntary organisations

Voscur

Safeguarding support for the voluntary and Community Sector

Voscur is a council for voluntary service and a development agency for the voluntary and community sector (VCS) in Bristol. Voscur has a firm commitment to support and improve safeguarding practice across the voluntary and community sector in Bristol. We do this in a number of ways, including working directly with local groups on relevant policies and practice, to more strategic level work, bringing the voice of the VCS to key decision making bodies/working groups in the city.

Voscur has been working closely with Bristol City Council (BCC) and the Bristol Safeguarding Children Board (BSCB), for a number of years to improve and support VCS organisations that work with children, young people and families.

One way in which we do this is by recruiting and supporting two VCS advocates on the BSCB. These advocates are elected by local VCS organisations that make up Voscur's Children and Young People's Network. The role of Advocates is to take an active part in the work of the BSCB and its subgroups; to highlight issues pertinent to the VCS; and advocate on behalf of the sector. They feed back relevant policy, practice, consultations and training information to the sector via regular written and video reports. Voscur has also worked with BSCB to promote relevant training and safeguarding resources to the VCS through our established channels. This included Child-safe courses as well as the BSCB inter-agency training brochure. Voscur has also participated in the Child-safe partnership and the Avonsafe steering group.

Voscur organised its own training sessions on the changes to criminal record checks and duty to refer, and on preventing child injury. These courses were run by BCC colleagues and Voscur is currently working with the Council to identify future courses, such as supporting organisations to audit their safeguarding policies and practice, and further information about the DBS.

Last year, Voscur became an ambassador of Safe Network¹⁴, which provides safeguarding resources for the VCS. This role is primarily about ensuring these resources are promoted; something Voscur does across the board as an integral part of its work. Voscur has played a large part to date in directing organisations to resources, training, support for policy and procedure writing, and information such as where to get DBS checks done. Occasionally Voscur offers more intensive support to organisations (for example, providing support on reviewing a child safeguarding policy that was out-of-date), but the bulk of safeguarding support requests are signposted to other services.

As well as these key areas of work, other ad hoc safeguarding support has been given, including:

- A Safe Network presentation on resources for Voscur colleagues in January 2015.
- An online Safety workshop with Safe Network and EACH, which reached a large audience.
- A radio interview on Ujima about cyberbullying (which included a young person who provided peer support on bullying and had been through the Unique Voice programme).

By working in partnership to meet the changing needs of communities and organisations, the aim is that these strategies will lead to better knowledge of safeguarding resources and support available, improved joint working within and between organisations, and improved safeguarding practice for the VCS.

Asma Ahmad, Children & Young People's Network co-ordinator – VOSCUR

¹⁴ www.safenetwork.org.uk

NSPCC Bristol

The NSPCC in Bristol are one of the NSPCC teams that are contributing to the national Parents under Pressure (PUP) study.

The Parents Under Pressure (PUP) study is an evaluation of a pioneering new service for drug and alcohol dependant parents with children under the age of five years. The programme is delivered on a one-to-one basis, in the family's home, over an average of 20 weeks. The delivery and evaluation of the PUP study is being funded by the NSPCC, and the evaluation is being conducted by a research team at the University of Warwick.

PUP was originally developed in Australia, working with methadone-dependant mothers with children aged 2-8 years. As part of a randomised control trial the PUP programme was shown to achieve a positive impact on parenting, child behaviour and the parent-child relationship.

The aims of this study are to evaluate the following:

1. The acceptability and feasibility of implementing the PUP Programme in specialist drug and alcohol treatment centres across the UK;
2. The short and long-term effectiveness of the PUP programme compared with treatment as usual;
3. The cost-effectiveness of the PUP Programme compared with treatment as usual.

Frequently Asked Questions

Q: Why is the PUP study important?

A: Despite increasing evidence about the impact of substance misuse on parenting and child outcomes, there is a lack of evidence about the effectiveness of interventions with substance misusing parents of infants. More information about the evidence gap is available in the "All Babies Count: Spotlight on drugs and alcohol" report:

www.nspcc.org.uk/spotlight.

Bristol is one of six sites in the randomised controlled trial (RCT). Referrals for the study will end in October (2015), and following this Warwick will collate the information for the research. Bristol NSPCC will continue to deliver the service, but from October referrals will be made directly to the team. Many Bristol services are supporting this research by referring families. Referrals are received from ROADS¹⁵, midwifery, health visitors and children's services.

¹⁵ Recovery Oriented Alcohols and Drugs Services

The feedback from families that have engaged has been positive – one parent said, “Thanks for everything you have done for me and my kids. You have helped me so much to become a better parent for them”.

Ingrid Anson

Service Manager Swindon and Bristol

9 Report authorship and availability

This annual report has been written with contributions from many different BSCB members and was compiled and co-ordinated by the Acting Safeguarding Business Unit Manager. Members of the BSCB have written about the work of their agency or the work of individual BSCB sub-groups. The BSCB Independent Chair and the Service Manager - Safeguarding and Quality Assurance have written sections of the report and edited the final report.

The BSCB has been involved in agreeing the contents of the report, discussing the draft, and then approving the final format and contents.

The report was written between May and August 2015, with the completed report available presentation at meetings with key strategic partners as well as being available as a public document on the LSCB website at: <http://www.bristol.gov.uk/page/children-and-young-people/bristol-safeguarding-children-board>

Any comments about this report can be made to the Acting Safeguarding Business Unit Manager – Adam Bond, adam.bond@bristol.gov.uk

Appendices

Appendix 1: LSCB Attendance

Key for attendance

| | |
|--|---|
| | Present |
| | Apologies |
| | No attendance |
| | Not a member at that time, or attendance not required |

| Agency | Representative | Role | Apr-14 | Jul-14 | Oct-14 | Jan-15 | Agency Representation | Named member attendance |
|---|---|------------------------------|--------|--------|--------|--------|-----------------------|-------------------------|
| Independent Chair | Named Board Member Anthony Melville | Chair of BSCB (until Jul-14) | | | | | 100% | 100% |
| | Named Board Member Sally Lewis | Chair of BSCB (from Aug-14) | | | | | | |
| Bristol City Council - People Directorate | Named Board Member John Readman Deputy / Associate Various Service Directors | Strategic Director | | | | | 100% | 50% |

| Agency | Representative | Role | Apr-14 | Jul-14 | Oct-14 | Jan-15 | Agency Representation | Named member attendance |
|---|--|--|--------|--------|--------|--------|-----------------------|-------------------------|
| Bristol City Council - Children and Family Support Services | Named Board Member Jean Pollard Deputy / Associate Angela Clarke | Service Director Deputy Service Director | | | | | 100% | 100% |
| Avon and Somerset Constabulary | Named Board Member Rachel Williams Deputy / Associate Carolyn Belafonte Deputy / Associate Simon Crisp | Head of PPU DCI, Public Protection Unit DCI, Public Protection Unit | | | | | 100% | 50% |
| Bristol Clinical Commissioning Group | Named Board Member Alison Moon Deputy / Associate Jackie Mathers | Transformation and Quality Director Child Protection Nurse Manager | | | | | 100% | 75% |
| BSCB Management | Named Board Member Fiona Tudge Deputy / Associate Adam Bond | Acting Service Manager - Safeguarding and Quality Assurance, Bristol City Council BSCB Business Unit Manager / Policies Officer | | | | | 100% | 100% |

| Agency | Representative | Role | Apr-14 | Jul-14 | Oct-14 | Jan-15 | Agency Representation | Named member attendance |
|--|--|--|--------|--------|--------|--------|-----------------------|-------------------------|
| Independent Lay Members | Named Board Member Anna Hall Named Board Member Michael Starr | Lay Member Lay Member | | | | | 100% | 100% 0% |
| VOSCUR | Named Board Member Karen Macvean Named Board Member Dom Wood Named Board Member Christine Townsend Named Board Member Gillian Nowland | Shelter 1625 Integrate Bristol One-25 | | | | | 75% | 75% |
| NSPCC | Named Board Member Ingrid Anson | Regional Service Manager | | | | | 50% | 50% |
| Barnardo's | Named Board Member Duncan Stanway | Assistant Regional Director | | | | | 100% | 100% |
| Next Link Domestic Violence and Abuse Services | Named Board Member Carol Metters | Chief Executive | | | | | 25% | 25% |
| Bristol City Council - Education and Skills | Named Board Member Paul Jacobs Deputy / Associate Annette Jones | Service Director Acting Service Manager - Additional Learning Needs | | | | | 75% | 75% |

| Agency | Representative | Role | Apr-14 | Jul-14 | Oct-14 | Jan-15 | Agency Representation | Named member attendance |
|--|--|--|--------|--------|--------|--------|-----------------------|-------------------------|
| Early Years Representative | Named Board Member Toni Glazzard | Head - Rosemary Early Years Centre | | | | | 0% | 0% |
| Primary School Representative | Named Board Member Geraint Clarke | Head Teacher - Brenty Primary | | | | | 50% | 50% |
| 6 th Form Representative | Named Board Member Michael Jaffrain | Principal | | | | | 0% | 0% |
| Bristol Cabinet | Named Board Member Cllr Brenda Massey | Assistant Mayor, Councillor for People | | | | | 100% | 100% |
| Bristol City Council - Legal Services | Named Board Member Nancy Rollason | Service Manager - Legal | | | | | 100% | 100% |
| Bristol City Council - Neighbourhood and Housing | Named Board Member Paul Hale Named Board Member Gillian Douglas | Rehousing Manager, Housing Solutions Service Manager, Housing Options | | | | | 25% | 25% |
| Bristol City Council - Adult Safeguarding | Named Board Member Kate Spreadbury | Service Manager - Adult Safeguarding | | | | | 50% | 50% |

| Agency | Representative | Role | Apr-14 | Jul-14 | Oct-14 | Jan-15 | Agency Representation | Named member attendance |
|---|---|--|--------|--------|--------|--------|-----------------------|-------------------------|
| Bristol City Council - First Response & Early Help | Named Board Member Richard Lingard | Service Manager | | | | | 75% | 75% |
| Bristol City Council - Youth Offending Team and Safer Bristol | Named Board Member Justine Leyland Named Board Member Peter Anderson | YOT Manager Crime and Substance Misuse Service, Service Manager | | | | | 75% | 75% |
| Public Health | Named Board Member Dr Jo Williams | Public Health Consultant | | | | | 100% | 100% |
| Avon Fire and Rescue Service | Named Board Member Mick Dixon Deputy / Associate Jim Wemyss | Strategic Safeguarding Lead Unitary Manager | | | | | 0% | 0% |
| South West Ambulance Service Trust | Named Board Member Ali Mann | Named Professional - Safeguarding | | | | | 50% | 50% |
| CAFCASS | Named Board Member Kevin Gibbs Deputy / Associate Spencer Hird Named Board Member Victoria Penaliggon | Head of Service Representative Service Manager | | | | | 50% | 25% |

| Agency | Representative | Role | Apr-14 | Jul-14 | Oct-14 | Jan-15 | Agency Representation | Named member attendance |
|--|---|---|--------|--------|--------|--------|---|-------------------------|
| Avon & Somerset Probation | Named Board Member Marilyn Harrison Deputy / Associate Fiona Birch | Assistant Chief Officer Senior Probation Officer | | | | | Please note: after July 2014 this agency divided into NPS and CRC. % totals incorporated below. | |
| National Probation Service | Named Board Member Anne King Deputy / Associate Fiona Birch | Head of NPS Bristol and South Glos LDU and Victims Services Senior Probation Officer | | | | | 75% | 75% |
| Community Rehabilitation Company | Named Board Member Marilyn Harrison Deputy / Associate Rachael Cragg | Assistant Chief Officer LDU Team Leader | | | | | 75% | 50% |
| Avon & Wiltshire Mental Health Partnership NHS Trust | Named Board Member Mark Dean | Head of Safeguarding | | | | | 75% | 75% |
| Bristol Mental Health | Named Board Member Dr Will Hall | Acting Clinical Director | | | | | 50% | 50% |
| NHS England | Named Board Member Lindsey Scott Deputy / Associate Marie Davies | Director of Nursing and Quality Quality and Safety Manager | | | | | 100% | 50% |

| Agency | Representative | Role | Apr-14 | Jul-14 | Oct-14 | Jan-15 | Agency Representation | Named member attendance | | |
|---|---|--|--------|--------|--------|--------|-----------------------|-------------------------|--|--|
| North Bristol NHS Trust | Named Board Member Sue Jones | Director of Nursing and Quality | | | | | 100% | 100% | | |
| | Deputy / Associate Anne Fry | Named Nurse, Child Protection | | | | | | | | |
| | Deputy / Associate Maria Bredow | Designated Doctor Safeguarding Children | | | | | | | | |
| | | | | | | | | | | |
| University Hospitals Bristol Foundation Trust | Named Board Member Carolyn Mills | Chief Nurse | | | | | 100% | 50% | | |
| | Deputy / Associate Carol Sawkins | Named Nurse, Child Protection | | | | | | | | |
| | | | | | | | | | | |
| Bristol Community Health | Named Board Member Aileen Fraser | Clinical Director | | | | | 100% | 50% | | |
| | Deputy / Associate Claire Madsen | Deputy Clinical Director | | | | | | | | |
| | | | | | | | | | | |
| BSCB Administration | Named Board Member Annie Medhurst | Minute taker | | | | | 100% | 100% | | |
| | Named Board Member Bronwen Lawton | Minute taker | | | | | | | | |

| Agency | Representative | Role | Apr-14 | Jul-14 | Oct-14 | Jan-15 | Agency Representation | Named member attendance |
|--------|----------------|------|--------|--------|--------|--------|-----------------------|-------------------------|
|--------|----------------|------|--------|--------|--------|--------|-----------------------|-------------------------|

Please note: Prior to October 2014, the chairs of sub groups were required to submit quarterly reports to the Board, but not attend themselves. The named individual may have attended in a different capacity (see above)

| | | | | | | | | |
|----------------------------------|---|--|--|--|--|--|------|------|
| BSCB Training sub-group | Named Board Member Maria Bredow Deputy / Associate Adam Bond | Chair / Named Doctor for Child Protection, North Bristol Trust Attendee / | | | | | 100% | 50% |
| BSCB Education sub-group | Named Board Member Annette Jones | Chair / Acting Service Manager - Additional Learning Needs, Bristol City Council | | | | | 100% | 100% |
| BSCB Quality Assurance sub-group | Named Board Member Kate Markley | Chair / Principal Social Worker, Bristol City Council | | | | | 100% | 100% |
| BSCB Performance sub-group | Named Board Member Jo Williams | Chair / Public Health Consultant, Bristol City Council | | | | | 100% | 100% |

| Agency | Representative | Role | Apr-14 | Jul-14 | Oct-14 | Jan-15 | Agency Representation | Named member attendance |
|---------------------------|--|--|--------|--------|--------|--------|-----------------------|-------------------------|
| BSCB SCR sub-group | Named Board Member Fiona Tudge | Chair / Acting Safeguarding and Quality Assurance Service Manager, Bristol City Council | | | | | 100% | 100% |
| BSCB E Safety sub-group | Named Board Member Simon Brickwood | Chair / DI, Safeguarding Co-ordination Unit, Avon and Somerset Constabulary | | | | | 0% | 0% |
| BSCB CSE Task / Sub group | Named Board Member Becky Lewis | Co-Chair / Children Services Manager - Bristol BASE Hub & Spokes Project | | | | | 100% | 100% |
| | Named Board Member Fiona Tudge | Co-Chair / Acting Safeguarding and Quality Assurance Service Manager, Bristol City Council | | | | | | |

Bristol Safeguarding Children Board

Looking Back 2014/15

Context of significant change and re-modelling by partners

Ofsted Inspection of the Board Autumn 2014

Strengthening the Voice of the Child

Completed two Serious Case Reviews and commissioned a further three

Rapid and constant assimilation e.g.

Child Sexual Exploitation

E-Safety

Communication and Community Engagement Task Group January 2015

Making safeguarding everybody's business

Bristol Safeguarding Children Board

Looking Forward 2015/16

Coherent and achievable business plan: realities and potential
Show demonstrable impact of consulting with children and young people
Maintain honest and transparent culture of learning and accountability from serious case reviews
Ensure focus on the *whole range* of risks and hazards that children face
Achieve a better public understanding of what safeguarding means - not only about preventing harm: also about providing opportunity
Welcome new proposals for Joint Targeted Area Inspections
Hard-wire safeguarding approaches and principles into all relevant initiatives and developments.

Bristol Safeguarding Adults Board

Looking Back 2014/15

- Appointment of Independent Chair
- Assistant Mayor member of Board
- Reviewed policies and procedures, developed sub regional policy to improve cross boarder consistency
- Training reviewed, new competency framework
- Involving people in their own safeguarding , MSP/EIA
- Information sharing/MASH
- Closer working with BCSB
- Increase in number of alerts, local patterns in line with in line with national trend



Bristol Safeguarding Adults Board

Looking Forward 2015/16

- Board became statutory under Care Act 1st April 2015
- Project completed to review infrastructure, roles and responsibilities, financial resources, efficiencies with BSCB. Interim Business Manager in place.
- Develop a Strategic Plan
- 3 core strategic priorities:
 - Develop a Board that is collaborative, accountable and learning
 - Ensure service user and community involvement in all our work
 - Ensure improved safeguarding practice (MSP, self neglect, MCA etc)
- Commission SAR's
- Publish Annual Report
- Challenge and Accountability

