

2015-16

Annual Report on the Effectiveness of
Safeguarding Children in Southend



Contents

	Page
Section 1	Introduction
	Introduction from the LSCB Chair 4
	Role of the Board 5
	Governance and Accountability 7
	Strategic Links to Other Boards and Partnerships 7
	Inspections 8
Section 2	Executive Summary
	Overview 10
	Progress Against LSCB's 2015-16 Business Plan Priorities 14
	Key Successes 16
Section 3	Context
	Demographics 18
	Integrated Approach to Safeguarding Children 19
	The LSCB's Learning and Improvement Framework 20
Section 4	The Journey of the Child
	Prevention and Early Help – Stage 1 25
	Early Intervention and Children in Need – Stage 2 & 3 29
	Child Protection and Acute Services – Stage 4 32
Section 5	Management of Allegations Against Adults Working With Children 43
Section 6	LSCB Challenge to Partner Agencies and Strategic Bodies 47

Section 7	Partner Agency Annual Statements & Outcomes of Inspections/Peer Reviews	
7.1	Southend Borough Council	50
7.2	Essex Police	51
7.3	Southend Clinical Commissioning Group (CCG)	57
7.4	NHS England	64
7.5	South Essex Partnership Trust (SEPT)	67
7.6	North East London Foundation Trust (NELFT)	71
7.7	Southend Hospital	75
7.8	East of England Ambulance Service	80
7.9	Essex Community Rehabilitation Company	82
7.10	National Probation Service	84
7.11	South Essex College	88
7.12	South Essex Homes	93
7.13	School Governing Body Safeguarding Monitoring Returns Findings	98
Section 8	Implementing Learning from Reviews	
	Serious Case Reviews	99
	Child Death Reviews	99
	Other Reviews	100
Section 9	Financial Report April 2015 to March 2016	101
Section 10	Board Membership and Attendance	102
Section 11	Analysis	106
Section 12	Conclusions and Areas for Development	108

Key

Text – areas for development

Text – areas of notable progress

SECTION 1 - INTRODUCTION

1.1 Introduction from the LSCB Chair

This is my final annual report as I am stepping down from the role of Southend LSCB chair after 11 years.

The Annual Report shows how the span of work of the Board has continued to both grow, and become more complex, over this period. Areas such as Child Sexual Exploitation, Female Genital Mutilation and Domestic Abuse, which cut across a number of governance structures and partner agencies, as well as functions within those agencies, have increasingly come to be part of safeguarding and to have, rightfully, a strong profile.

The report shows that the LSCB continues to have an impact on practice through its Learning and Development framework, and through the individual and collective contributions of the partners. The partnership in Southend remains strong and cohesive, and the Board is well attended and supported in its subgroups and campaigns by those partners and others.

The three external safeguarding inspections which have taken place this year (Essex Police follow up inspection, Local Authority Safeguarding Inspection and Health System Safeguarding Inspection) have shown there is no room for complacency, and there continue to be challenges in getting things right. However, we have also seen the individual and collective will to get things right in the improvements which have been, and continue to be, made in response to these findings.

Looking to the future, there has been work undertaken looking at how the governance of the LSCB can be strengthened within the local arrangement of other boards (SAB, CSP and HWB), and the strengthening of the Public Protection approach which we have been taking in Southend, which allows more complex and cross cutting areas such as CSE and Domestic Abuse to be tightly yet flexibly responded to. Therefore in terms of a response to the Alan Wood Review of LSCB's, I believe this local work has laid a good basis on which to build, ensuring maximum value is extracted from local arrangements, whilst continuing to build on the contribution and skill of all partners.

It has been a pleasure and a privilege to work with such committed and capable partners in Southend during my time here, all of whom I would like to thank for their personal, organizational, and financial support to the Board.

I wish the incoming Chair every success in taking this very important work forward.

Chris Doorly

November 2016

1.2 Role of the Board

The LSCB is a statutory body created under the Children Act 2004. 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 are as follows:

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

- (i) the action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention;
- (ii) training of persons who work with children or in services affecting the safety and welfare of children;
- (iii) recruitment and supervision of persons who work with children;
- (iv) investigation of allegations concerning persons who work with children;

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

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

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

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

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

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

An LSCB may also engage in any other activity that facilitates, or is conducive to, the achievement of its objectives.

In order to fulfil its statutory functions an LSCB should:

- assess the effectiveness of the help being provided to children and families, including early help;
- assess whether LSCB partners are fulfilling their statutory obligations
- quality assure practice, including through joint audits of case files involving practitioners and identifying lessons to be learned; and
- monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children.

To evidence its fulfilment of its statutory responsibilities the LSCB produces an annual report covering its reporting year of October to September. The LSCB has agreed this reporting cycle in order that the findings of the annual report and the identified priorities for the coming year can be considered and built into the development of the strategies and delivery plans of other partnership boards and commissioners, including the Chief Executive and

Leader of Southend Borough Council; the Health and Wellbeing Board; the Children's Partnership Board (Success For All Children Group in Southend); and the Essex Police and Crime Commissioner.

1.3 Governance and Accountability

Although the LSCB is an independent statutory body the Chief Executive and the Leader of Southend Borough Council hold the Chair to account for the effective working of the LSCB. The Chair of the LSCB meets with the Chief Executive and Leader of Southend Borough Council to present the LSCB Annual Report on the effectiveness of safeguarding children, following its approval by the LSCB's Board, in November annually.

1.4 Strategic Links to Other Boards and Partnerships

The Chair of the LSCB is a member of the Health and Wellbeing Board (HWB) and presents the LSCB's annual report on the effectiveness of safeguarding children in Southend to the Board in January each year. The HWB ensures that the Police and Crime Commissioner is present at this meeting.

The LSCB chair as a member of the HWB ensures that the HWB is effectively considering children's safeguarding in the decisions it makes. The HWB uses the LSCB as a 'critical friend' in safeguarding children considerations and decisions, including the development of the Health and Wellbeing Strategy; the Joint Strategic Needs Assessment; key Commissioning Strategies; and service re-design.

The LSCB has a direct relationship with the Success for all Children Group (SACG) and the Corporate Parenting Group (CPG). The SACG and CPG report to the HWB and have responsibility for shaping and delivering children and young people's and looked after children's health and wellbeing agenda. The LSCB holds the SACG and CPG to account for ensuring the safeguarding of children and looked after children are considered in the

decisions they make and their strategic priorities. The LSCB considers the annual reports from the SACG and CPG and their safeguarding children and looked after children priorities.

The LSCB also has a direct relationship with the Community Safety Partnership (CSP). The LSCB seeks assurance that the CSP is appropriately considering children's safeguarding in the decisions it makes. The LSCB specifically seeks assurance regarding the development and implementation of the Domestic Abuse Strategy and the implementation of lessons learned from domestic homicide reviews.

For a number of years an LSCB Scrutiny Panel, consisting of elected members of Southend Borough Council, has scrutinized and contributed to the work of the LSCB. The Panel has been recognized by Ofsted as a model of good practice. The Panel has now been extended to scrutinize the work of the Safeguarding Adults Board (SAB) from September 2016.

The Chief Executive of Southend Borough Council ensures strategic oversight and coordination of safeguarding and community safety priorities through quarterly meetings attended by the chairs and business managers of the LSCB, SAB, HWB, CSP and Success for all Children Group, and commissioners from statutory agencies, including the local authority's children and adult services, Essex Police, and Southend Clinical Commissioning Group (CCG).

Following the publication of the Alan Wood Review of LSCBs, and the Government response, a review of the governance of the strategic Boards in Southend has been initiated by the Chief Executive of the Local Authority, Essex Police and Southend CCG, as key statutory partners.

1.5 Inspections

In the period October 2015 to September 2016 inspections of the effectiveness of safeguarding and looked after children services were undertaken by Ofsted (local authority and LSCB); Care Quality Commission (Southend CCG); and Her Majesty's Inspectorate of

Constabulary (Essex Police). The outcomes of these inspections are covered in detail in section 7 of this report.

SECTION 2 – EXECUTIVE SUMMARY

2.1 Overview

It has been a productive and busy year with external inspections taking place in Essex Police (including a follow up inspection); the local authority Ofsted Safeguarding inspection including the LSCB itself; and finally the CQC inspection of the Health System in terms of its safeguarding practice.

The LSCB has continued to monitor action plans arising from these inspections, and the Chair of the LSCB sits on the Children’s Services Improvement Board set up by the Local Authority to monitor progress, a body which was not mandatory as the overall judgement was that services “require improvement”, but which Southend Borough Council instituted to ensure rapid and effective progress was made.

At a strategic level governance has continued to develop, with the LSCB Chair now being a member of the Health and Wellbeing Board, with a view to strengthening the link between safeguarding and commissioning, and enabling better co-ordination of the work of these two groups. The Chief Executive of the Council has continued to chair a group which has representatives of the three statutory partners (Health, Police and Local Authority) as well as the chairs of the Community Safety Partnership, Safeguarding Adults Board, and Health and Wellbeing Board, enabling better co ordination of all areas of work which are cross cutting (such as Child Sexual Exploitation and Domestic Abuse).

This work has laid a good foundation for the Southend response to the Alan Wood review of LSCB’s, which offers some greater freedoms to develop a local approach in terms of how the safeguarding partnership can work effectively. In addition, a review of governance of CSE in Southend, post the OFSTED inspection, has led to some proposals for improving the collective co–ordination across the work of different sub groups and to make a clearer separation of the operational and strategic management of this work. In addition, the Schools Forum has been more strongly linked in to the work of the LSCB through a clearer governance link with the Executive, recognizing the important contribution that schools make in this arena.

During this year, the Southend Multi Agency Risk Assessment Team (MARAT) has been established, taking over from the previous MARAC system, which was Essex-wide and which had significant delays in terms of hearing High Risk domestic abuse cases. This has enabled much more effective and timely delivery of plans to keep victims and their families safe, and also to share intelligence and act through the newly established Southend multi agency Hub, which positions police and local social workers together to work in this area. There are developing services for perpetrators of domestic abuse who do not meet the threshold (a conviction) for other services, but who wish to address their abusive behaviour. It is anticipated that this new service will reduce the incidence of domestic abuse in Southend, which is currently relatively high.

The Local Authority has undertaken during the year a refresh of its Early Help Services, aiming to make them more accessible to partners, and better co-ordinated in terms of resources, and the Local Authority has also introduced the framework “Signs of Safety” into its reviewing function, with the objective of making plans more focused on outcomes for children and young people in terms of wellbeing and feeling safe.

There has also been the development of a service for victims of sexual abuse which has been funded for three years. This was a service gap identified in last years Annual Report which has now been addressed. The CAMHS service has been re-commissioned in Southend to allow for direct access, therefore not requiring a GP referral, and this should strengthen the ability of partners to work collaboratively with young people who have complex needs, through better co-ordination of timely services.

The Local Authority continues to show good performance in its functions as Corporate Parent, with all Looked After Children who are in residential care settings being in ones which were graded good or outstanding at the last report. There have been good developments in terms of adoption, fostering and guardianship, and the stability of placements has continued to improve. The Local Authority Designated Officer (LADO) annual report shows that concerns about workforce continue to be reported and investigated across the partnership, and the LADO role working well in terms of advice and support.

The LSCB has identified increases in self harm and concern about the mental health of young people as areas of concern. This continues to be investigated by the LSCB to understand what the causes are and what can be done to address this trend.

Single agency reports contained within this annual report show the ongoing strong contribution of partner agencies to the LSCB; the good level of work by partners in terms of the safeguarding agenda, and highlight steps being taken to increase the voice of the child in their work (a previous year long theme of the LSCB); and the degree of single agency auditing to ensure safeguarding practice is of a good standard and agencies are continuously seeking improvements in their service responses. The reports also show the Prevent agenda being developed and that there are good local arrangements for this approach.

The LSCB has continued to receive reports from the Child Death Overview Panel (CDOP) and there have been 12 Southend referrals to the panel this year, with 10 cases reviewed. In these 10 cases there were no very strong modifying factors, with maternal and household smoking being the strongest area to address, which will be considered by the LSCB next year as a task. There continue to be no reported cases of death from co sleeping in Southend, following the introduction of procedures to ensure all prospective parents understand and have explained to them the risks involved in this. Road traffic deaths also have continued to fall in response to work in this area.

The LSCB has undertaken one serious case review during this year. It has not yet been completed or published as it was “paused” pending court proceedings. However all the emerging learning in the review has been progressed whilst the case has been paused, and most has now been implemented. There was one learning review undertaken which concerned mainly a school issue. The school’s Individual Management Report was not considered to be sufficiently challenging of their practice, and the review team have made some further recommendations to strengthen their safeguarding practice.

In conclusion this has been a challenging and busy year, with three very substantial inspections making a good contribution to the future direction of the work of the LSCB, along with areas generated internally by individual agencies, or through the collective learning and improvement framework. The strength of the partnership remains high despite the pressures on budgets and the impact of the austerity regime on families.

During the coming year, some priorities will be to develop the post Alan Wood proposals and to continue to follow up the actions of the inspection findings. We have agreed to change the CSE governance and to strengthen individual partners, contributions to this work. The LSCB has agreed to improve its performance management framework and ensure its learning and improvement framework delivers to maximum effect.

There will need to be a response to the issue of increasing self harm and mental health issues for young people, and there continue to be opportunities, with the sharing of the chair role between adults and children's boards, to look at the role of adults in the lives of children and young people and to look at how these adults and children's services can work more seamlessly and effectively to promote good outcomes for children.

2.2 Progress Against LSCB's 2015-16 Business Plan Priorities

	Priority	Progress
A	Developing a culture of communication between all stakeholders to safeguard children	LSCB multi-agency audits evidence that health practitioners are not always contacted as part of assessments following safeguarding referrals to stage 4 and 3 services.
B	Reduce the number of children and young people who have experienced bullying including face to face, text or internet	21 schools have participated in the Equality and Diversity Programme which works with children and staff to decrease all types of bullying
C	Ensure that the Domestic Abuse Strategy is effectively implemented to reduce the impact of Domestic Abuse on children and young peoples' life chances	New Multi Agency Risk Assessment Team (MARAT) launched June 2016 has seen significant improvement in the timeliness and effectiveness of the multi agency response to high risk cases of domestic violence
D	Support families at the earliest opportunity to prevent their needs escalating	A refresh of the early help service by Southend Borough Council and co-location of initial contact teams ensures children and families are supported by the services which can best meet their needs.
E	Reduce the number of children killed, seriously and slightly injured in road traffic collisions	Data not available currently
F	Identify and provide early support to children at risk of sexual exploitation, to prevent harm and reduce the impact on their life chances	In August 2016 the LSCB had identified 74 children at risk of sexual exploitation. 13 were assessed as being at high risk; 36 as medium risk; and 22 as standard risk. A Multi Agency Child Exploitation (MACE) Panel ensures children at risk of exploitation are supported appropriately

G	Ensure that looked after children are safeguarded effectively	96% of looked after children are in placements rated 'outstanding' or 'good' by Ofsted (remaining 4% in provision not yet inspected by Ofsted)
H	Identify and provide support to vulnerable adolescents to ensure they are safeguarded effectively	<p>Hospital admissions for self-harm in children and young people aged 10-24 years have decreased in Southend in recent years (compared to an increase in England), however hospital admissions for mental health conditions are significantly worse than the England average</p> <p>Child and Adolescent Mental Health Services (CAMHS) re-commissioned with a new Emotional Wellbeing and Mental Health Service (EWMHS) operational from November 2015. Access to the service has been improved, and no longer requires a GP referral.</p> <p>Publication of 'Talk to me' a 5 year plan to prevent suicide and self harm</p> <p>'Open up, Reach out' transformation plan for the emotional wellbeing and mental health of children and young people in Southend agreed</p>

2.3 Key Successes

- A coherent early help offer is effective in supporting families to make the changes needed to ensure that their children's needs are met (Ofsted 2016)
- Work to secure children's lives through adoption and services for care leavers are areas of significant strength (Ofsted 2016)
- The social care workforce is stable. Supervision arrangements for social workers have been revised to separate supervision on case work from discussions about workers' professional development. This has been positive for social workers, who report feeling well supported by managers. (Ofsted 2016)
- Strengthened oversight and direction at strategic level in response to child sexual exploitation, children who go missing and other vulnerabilities, such as female genital mutilation and the risk of radicalisation (Ofsted 2016)
- Child protection conferences are well chaired, and facilitate information sharing through good attendance and engagement from partner agencies. Conference reports from partners use the 'strengthening families' model. This contributes to making the conferences an effective forum for identifying risks, strengths and grey areas. (Ofsted 2016)
- Development of the MARAT and resulting improvement in the effectiveness and timeliness of the multi-agency response to assessment and reduction of risk for children affected by domestic abuse
- Identification of and support for children and young people who are at risk of exploitation and those who go missing from home or care
- Since 2010 no completed Child Death Review has found that the death of a baby was as a result of co-sleeping

- Emotional Wellbeing and Mental Health Service (EWMHS) single point of contact enables professionals and parent/carers to make a referral or seek advice and signposting. The service has also developed the 'Big White Wall' providing online access to advice and support
- Police and Crime Commissioner has provided 3 year funding for SOS Rape Crisis to deliver specialist services to male and female victims of sexual abuse across all ages
- All educational establishments and other statutory partners have a trained Prevent lead
- All Southend secondary schools have participated in the 'Prince Charming' project, an interactive play providing an opportunity for young people to explore domestic abuse within teenage relationships.
- A&E admissions for zero to four years were considerably lower than the England average. Hospital admissions caused by injuries in both children and young people are in line with or better than the England average

SECTION 3 – CONTEXT

3.1 Demographics

Approximately 38,216 children and young people under the age of 18 years live in Southend-on-Sea. This is 21.5% of the total population in the area.

Approximately 18.8% of the local authority's children are living in poverty (August 2013).

The proportion of children entitled to free school meals:

- in primary schools is 15.4% (the national average is 15.6%)
- in secondary schools is 9.8% (the national average is 13.9%).

Children and young people from minority ethnic groups account for 22.9% of all children attending Southend schools, compared with 22% in the country as a whole.

The largest minority ethnic groups of children and young people in Southend's schools are mixed and Asian.

The proportion of children and young people with English as an additional language:

- in primary schools is 13.3% (the national average is 19.4%)
- in secondary schools is 12.7% (the national average is 15%).

A&E admissions for zero to four years were considerably lower than the England average.

Hospital admissions caused by injuries in both children and young people are in line with or better than the England average.

Hospital admissions of children for mental health conditions are significantly worse than the England average.

In May 2016:

- 999 children had been identified through assessment as being formally in need of a specialist children's service (a reduction from 1,024 at 31 March 2015).

- 183 children and young people were the subject of a child protection plan (184 at 31 March 2015).
- 263 children were being looked after by the local authority (a rate of 68.8 per 10,000 children). This is an increase from 230 (60 per 10,000 children) at 31 March 2015.

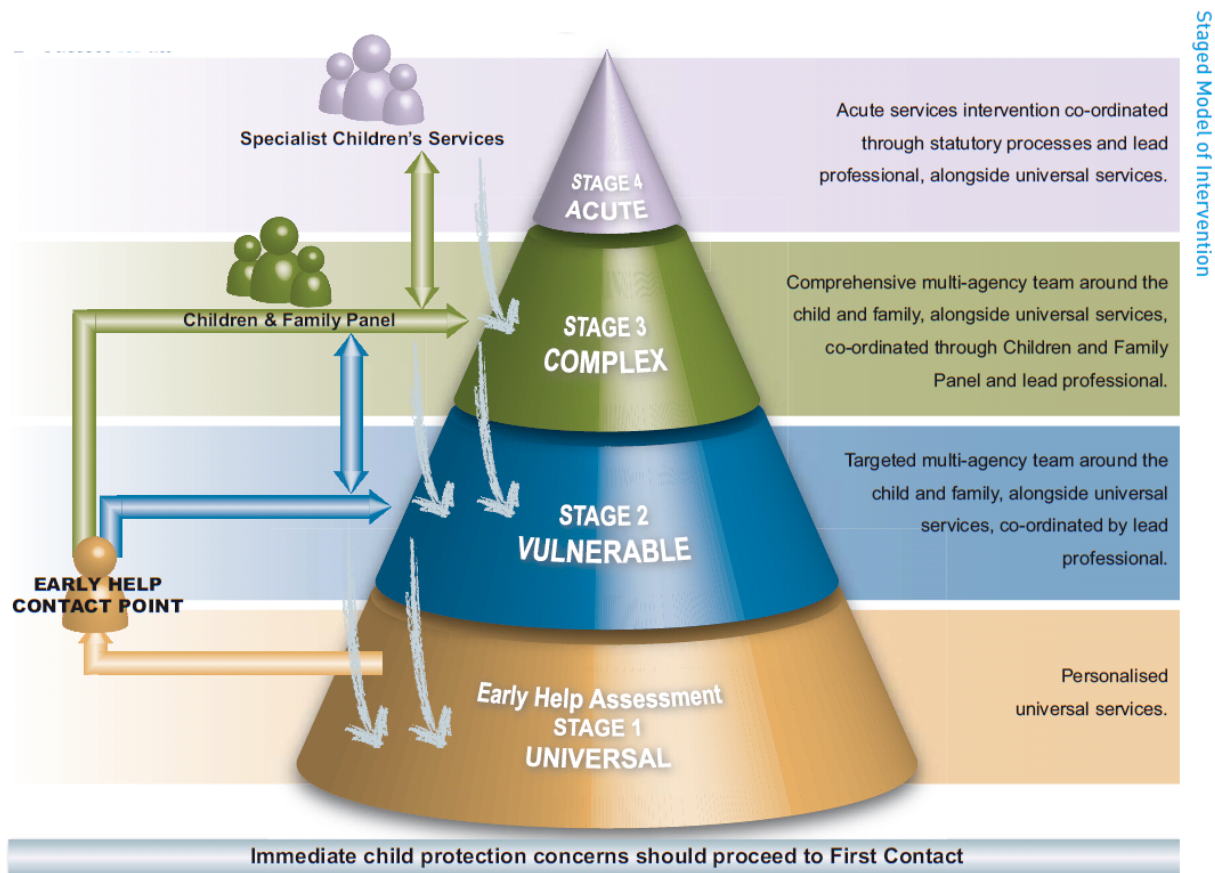
From June 2015 to May 2016:

- There were 24 adoptions
- 19 children became subject to special guardianship orders
- 114 children ceased to be looked after, of whom 10.5% subsequently returned to be looked after
- 26 children and young people ceased to be looked after and moved on to independent living

3.2 Integrated Approach to Safeguarding Children

Southend's integrated staged approach to intervention ensures a partnership approach to identifying and meeting children's needs as soon as possible (see diagram below).

Southend has developed and implemented an Early Help and Family Support Assessment and uses a well embedded 'Team Around the Child/Family' approach to improve outcomes for children and young people and provide them and their families with early support to prevent escalation of risk to children.



3.3 The LSCB's Learning and Improvement Framework

All LSCBs are required to establish and maintain a Learning and Improvement Framework which “enables organizations to be clear about their responsibilities, to learn from experience, and improve services as a result” (Working Together to Safeguard Children 2015). The focus in Working Together is on the use of reviews and audits to inform the

learning and improvement framework. Southend LSCB has identified additional areas for obtaining learning to improve practice, to develop an integrated framework which builds on its culture of learning and improvement. The following elements form the basis of the LSCB's Learning and Improvement Framework:

Element	Activity	Lead for Activity	Expected Outcome/Impact
Serious Case Reviews and other Case Reviews	Practitioner Learning Events	Case Review Panel	Learning from SCRs and improvement actions are informed by the views of practitioners.
	Identification of learning and activity for implementation	Case Review Panel	
	Implementation of learning - <i>links to Learning & Development Strategy (appendix 1) and Communications Strategy (appendix 2)</i>	Learning and Development Sub Group Community Sub Group (Communications)	Learning from SCRs is implemented effectively and changes in services and professionals' practice is evidenced
	Measuring impact of implementation of learning - <i>links to single and multi-agency audit activity and performance information</i>	Monitoring Sub Group	

Child Death Reviews	Identification of learning and activity for implementation	Learning and Development Sub Group	Actions taken in response to findings from CDRs reduce the number of child deaths with modifiable factors
	Implementation of learning - <i>links to Learning & Development Strategy (appendix 1) and Communications Strategy (appendix 2)</i>	Community Sub Group (Communications)	
Single & Multi Agency Audits and Audits of Board Effectiveness	Reporting of single agency audits	Monitoring Sub Group	LSCB partner agencies evidence effectiveness of safeguarding practice and identify areas for improvement
	Programme of LSCB multi agency audits	Monitoring Sub Group	LSCB evidences the effectiveness of safeguarding services throughout the safeguarding journey of the child
Section 11 Audits	Reporting of qualitative and quantitative data by LSCB partner agencies	LSCB Executive	Partner agency self assessments of safeguarding efficacy is robust

<p>Qualitative Information from Children, Young People and their Families (including compliments and complaints)</p>	<p>Analysis of information obtained to quality assure the effectiveness of safeguarding across the tiers of intervention</p>	<p>Monitoring Sub Group</p>	<p>The development and improvement of safeguarding services is informed by the views and experience of children, young people and families</p>
<p>Qualitative Information from Practitioners</p>	<p>Analysis of information to identify risks to safeguarding practice and learning</p>	<p>LSCB Executive</p>	<p>Risks to the effectiveness of safeguarding children services are identified early and addressed in a timely way.</p> <p>Practitioners report in follow up evaluations that they are aware of key development areas and good practice, with a positive impact on their safeguarding children practice and increase in confidence</p>
<p>Single Agency Performance Information</p>	<p>Analysis of quantitative data from partner organizations</p>	<p>Monitoring Sub Group</p>	<p>Evidence of improvement in identified key areas of safeguarding practice.</p>

<p>Annual Reports from Strategic Partners (e.g. Corporate Parenting and LADO) and LSCB member agencies</p>	<p>Needs analysis and monitoring of safeguarding effectiveness</p>	<p>LSCB Board</p>	<p>The LSCB evidences the effectiveness of safeguarding practice throughout the journey of the child</p>
<p>Strategic & Themed Work (e.g. self harm)</p>	<p>Mapping of issues and development of overarching strategies</p>	<p>LSCB Executive</p>	<p>The LSCB and its strategic partners identify any risk and/or need and implement improvements to address these</p>

SECTION 4 – THE JOURNEY OF THE CHILD

The LSCB undertakes a multi-agency audit of the Journey of the Child annually. The audit found that decisions were based on clear assessments of the child/young person's needs and circumstances, and those of their family, with a clear analysis of risk and needs at all levels of intervention, and assessments that identified specific risks such as missing children, sexual exploitation, domestic abuse, parental mental health or parental substance misuse.

4.1 Prevention and Early Help– Stage 1

Prevention and Early Help is undertaken at stage 1 of the integrated staged approach to intervention. There is a strong and developing prevention and early help offer in Southend which reduces the escalation of risk to children and young people. Support to children and families, at stage 1, is provided by personalised universal services.

The Early Help Family Support Practitioner Toolkit reflects the 'Early Help' offer and includes guidance on the application of thresholds for services at each stage of intervention in Southend. Early Help and family Support has a single point of access

Southend Information Point (SHIP) encourages service users and practitioners to access the earliest help independently through a universal website. Service users can access information, advice and guidance on childcare, activities, clubs and community events, voluntary and targeted services, health needs, education, and finances, and a comprehensive Local Offer for Special Educational Needs and Disability.

The LSCB and its partners also support a number of services and initiatives providing prevention and early help within schools and other settings

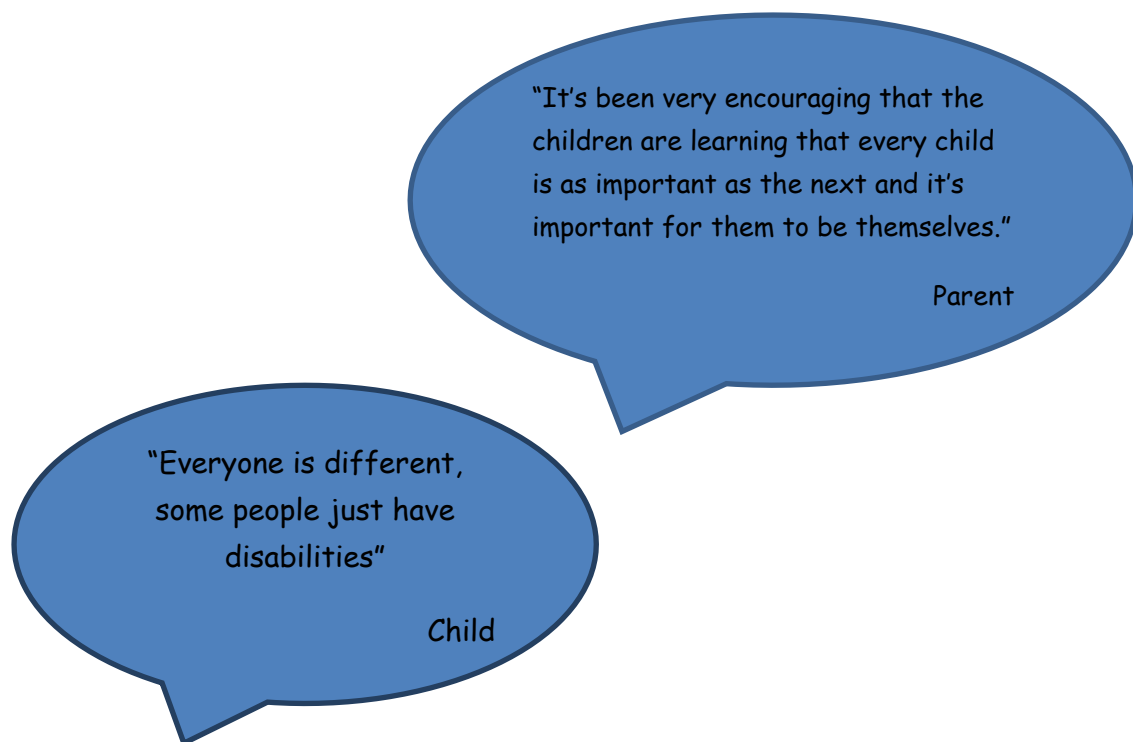
Activities and Impact

Since 2012 the LSCB has contributed, with Public Health, to the delivery of an Equality and Diversity Programme for schools. To date 21 schools have participated in the programme which works with children and staff to decrease all types of bullying, (physical, verbal, emotional or cyber) of children and young people for being gay or people thinking they are; for not acting in a gender stereotypical way; for having a disability, or not being able to do

something; because of race or religion; because of the way they look or a health condition; because they look after family members at home; because they are in the care of the local authority.

The programme is supported by CEOP, Stonewall, Bullybeat, Hope Not Hate, Ability Action, Sport Arts 4 All, South Essex College, Show Racism the Red Card and Southend Borough Council. These agencies share their expertise with the schools enabling staff to up skill, and children to have the benefit of their particular knowledge and passion.

Schools are required to develop their PSHE and R.E programmes to include the input that they have received to sustain the improvements in future years.



All Southend secondary schools have participated in the 'Prince Charming' project, an interactive play providing an opportunity for young people to explore domestic abuse within teenage relationships. The Soroptomists supported the project by providing additional information for young people about domestic abuse.

Feedback from young people about the project has been positive and evidences improved understanding and perception of healthy relationships

Prince Charming is an interactive drama performance where children and young people in the audience can intervene and stop the performance to discuss the events and choices the characters are making in their relationships.

Public Health has provided sex and relationship education (SRE) programmes for all primary and secondary schools in Southend with implementation support. **This has ensured a consistent content and approach to SRE across Southend schools.**

All secondary schools, statutory agencies, GPs, children's homes, fostering agencies, as well as some private and community organisations and primary schools, have trained Child Sexual Exploitation (CSE) Champions. CSE Champions raise awareness of indicators of CSE within their organisations to support the early identification and support of children and young people at risk of CSE. Children and young people identified as being at risk of CSE are supported within the integrated staged approach to prevent escalation of risk. A CSE Champions Forum provides on-going support and professional development for Champions. **162 CSE Champions and key practitioners have been identified and successfully completed training. 713 practitioners have undertaken online training**

In late July 2016 the LSCB, Safeguarding Adults Board, the Southend Soroptomists, and the Boarder Agency worked in partnership to raise awareness of trafficking using a 'Stop The Traffik' 'gift box', situated in the High Street. **Over three days the team distributed 680 leaflets and recorded 991 conversations with members of the public, raising awareness of trafficking.**

Essex County Fire and Rescue Service (ECFRS) undertake Home Fire Safety Checks and educational visits to schools.

The LSCB, Safeguarding Adults Board, Southend Borough Council, and SHIELDS (a community organisation) have worked in partnership to launch the Keep Safe Scheme in Southend. The scheme enables young people over the age of 16 with a disability, and adults with additional care and support needs to feel safer when independently accessing the town centre. Those signing up to the scheme are provided with key fobs and/or wallet cards containing emergency contact details for a carer or trusted person. Businesses in the town centre participating in the scheme display a Keep Safe sticker which lets young people and adults who are part of the scheme know that members of staff will support them to call their carer or trusted person if they feel unsafe.

Southend LSCB, Health Visitors and other partners have been promoting the Safer Sleeping for Babies message since 2010. On their first visit to new parents Health Visitors use an LSCB Safe Asleep leaflet to explain the risks of co-sleeping, and the importance and safety of the baby's sleeping environment. **Since 2010 no completed Child Death Review has found that the death of a baby was as a result of co-sleeping.**

Child Death Reviews from the wider Essex area had identified risks associated with Water Safety around private pools. A water safety awareness campaign was undertaken by Southend LSCB in summer 2015 and 2016. There were no deaths of children in private pools in 2015-16.

Child and Adolescent Mental Health Services (CAMHS) have been re-commissioned during the period, with a new provider (NELFT) offering a restructured Emotional Wellbeing and Mental Health Service (EWMHS) from November 2015. **A single point of contact enables professionals and parent/carers to contact the service to make a referral or seek advice and signposting. The service has also developed the 'Big White Wall' providing online access to advice and support, and an App is in development.**

SBC Public Health has provided training for schools regarding mental health and self harm. EWMHS will also be providing training for school staff

A Suicide and Self Harm Prevention Toolkit had been developed for schools and other agencies

4.2 Early Help and Children in Need – Stages 2 & 3

Early Help takes place at stages 2 and 3 of the integrated staged approach, where children and their families require additional, coordinated support to that provided by universal services alone. A new Early Help and Family Support Assessment enables practitioners to assess the needs of children and their families and identify areas for support.

During the year a refresh of Early Help has been undertaken

Phase 1 of the refresh has delivered a restructured Early Help Family Support Service within Southend Borough Council providing:

- an integrated single point of contact for Early Help which is co-located with Children's Services First Contact Team (stage 4 point of contact); and
- refreshed, integrated processes and governance

Phase 2 of the refresh will:

- Embed and further refine the **single point of contact** and integrated processes for Early Help established in Phase 1.
- Further extend Early Help **integration with NHS England, Public Health and Children's Centres**
- Further develop the integrated **children's workforce** for Early Help
- Strengthen integrated systems for sharing Early Help **data and information**

At Stage 2, a 'Team Around the Child', coordinated by a lead professional and working with universal services, provides targeted support to vulnerable children and their families. At Stage 3 support to children and their families with complex needs is coordinated by Child and Family Panels with a comprehensive 'Team Around the Child' and a lead professional.

The implementation of the Counter-Terrorism and Security Act 2015 placed a duty on local authorities and other public bodies to have “due regard to the need to prevent people from being drawn into terrorism”, as part of the Prevent Duty. To support partner agencies the LSCB, in partnership with the Safeguarding Adults Board and Community Safety Partnership, with Essex Police, have provided accredited training. All educational establishments and other statutory partners have a trained Prevent lead to cascade training to other practitioners. A Channel Panel, to coordinate support for those identified as being vulnerable to radicalisation, has also been established and has identified support for a small number of individuals.

Where a parent has made a private arrangement for someone who is not a close relative to care for their child this is described as private fostering. There is a statutory requirement for the local authority to be informed of these arrangements so that they can ensure the child is safeguarded and supported appropriately. There were 4 private fostering arrangements known to the local authority in September 2016. There were 2 private fostering arrangements in the period which were found to be unsuitable, and the private foster carer prohibited from entering into private fostering arrangements following assessment by Southend Borough Council Children’s Services.

Emotional Wellbeing and Mental Health Service (EWMHS)

A single point of contact has been established in Southend, linked to the Early Help and Family Support Service, which receives all mental health referrals from professionals, parents and carers, for screening, triage, signposting and allocation to EWMHS locality teams or telephone advice and support. All referrals to EWMHS are prioritised according to the presenting clinical need with urgent assessments undertaken within two weeks and all treatment starting within 18 weeks of the date of referral.

A multi-agency audit of young people who were found to self-harm identified that in all cases referrals were made to EWMHS but auditors were unable to identify the nature of the interventions resulting from those referrals or the duration of the service(s) provided.

The EWMHS caseload at the end of September 2016 was 618, 27 of whom were looked after children

From June 2016 the Crisis Service provides 24 hour EWMHS to children and young people in crisis.

During the period April to August 86 children and young people accessed EWMHS through the Accident and Emergency Department at Southend Hospital, indicating that further work is required with the community to raise awareness of the alternative and more appropriate access points via the single point of contact and Crisis Service

Hospital admissions for self-harm in children and young people aged 10-24 years have increased in recent years, across Essex and England, however they have decreased in Southend

The LSCB has undertaken further investigation of data and other information to identify the causes of self-harm among young people; target activity; and monitor the impact of preventative programmes delivered through the new EWMHS on reducing self-harm among young people.

Children With Disabilities

Children with disabilities are included where possible in all multi-agency audits undertaken by the LSCB. An in-depth audit of the journey of the child found that plans meet the child/young person's individual needs with specific and appropriate objectives. At all stages of intervention, the child is effectively protected from harm and their welfare safeguarded., When additional information is received relevant strategy discussions take place with multi-agency input, and decisions made to escalate or de-escalate cases are linked to the review of the child's plan.

4.3 Child Protection and Acute Services – Stage 4

Child Protection

Child protection concerns requiring a statutory response are dealt with at stage 4 of the staged model of intervention by Southend Borough Council Children’s Services in partnership with Essex Police and other agencies. 98.2% of referrals in May 2016 went on to a Single Social Work Assessment indicating a good understanding of threshold for referral by partner agencies.

A multi-agency audit by the LSCB of initial contacts to Children’s Social Care found that in the main, Health practitioners had no knowledge that referrals had been made to First Contact and that assessments were being carried out. They were also unaware of cases being referred on to Early Help. As a result valuable input from Health was missing and there are gaps in Health records regarding the safeguarding history of the child.

The LSCB will be monitoring the implementation and impact of the development of a process to facilitate information sharing between Health and Social Care below Section 17 or 47 thresholds on the basis that there may still be support needs and vulnerability, and health professionals are in a position to contribute to initial social care assessments. Being aware of safeguarding information in cases falling below the aforementioned thresholds would place health practitioners in a better position to make informed assessments of their own and inform decision makers in the wider safeguarding system.

Section 47 Enquiries

An audit of Section 47 enquires by the LSCB found that there is a strong focus on the needs of the child across the child protection system and partner agencies, although practitioners need to be vigilant that this is always the case, especially where children are young and the parent’s view dominates discussions. Police officers in particular were found to need to ensure that they speak to children alone when appropriate and that they ask the child for their views and wishes. Additionally auditors found:

- Clear and appropriate identification of the reasons for undertaking an assessment and the risks to the child or young person.
- Police records showed clear evidence that the investigating officer was aware of the Victim Under 10 Protocol and Enhanced Victim Code
- Assessments clearly identify risks to the child
- That the child's views and wishes are apparent in Early Help, Social Work and SEPT assessments and records.
- That on the whole assessments are individualised
- Evidence of impact assessments for social exclusion, discrimination, and inequalities in Early Help, Social Work, School Nursing and Health Visitor records
- A particularly good example where it was clear that Police intelligence and SBC Children's Services history was available at the point of assessment and initial strategy discussion in order to best inform the decision for joint S47 investigation.
- Assessments are not deemed to be unduly repetitive, analysis demonstrates the use of theoretical frameworks in most cases, and action plans are based on analysis of the assessment.
- Recommended actions were generally deemed to be appropriate mechanisms of change and empowerment.
- In the majority of cases involving Essex Police there was evidence of information sharing in a timely manner and the sharing of all relevant information.
- Evidence of appropriate management oversight and approval of the assessment.

The number of children with a child protection plan continues to increase, with 210 in September 2016 compared to 186 in June 2015 and 161 in June 2014. This reflects the national picture.

The Ofsted inspection in May 2016 found that some children are referred and assessed too many times, or their cases are stepped down to early help services prematurely, before intervention has been fully effective. Children are seen and their immediate safety is assured. However, enquiries are not always completed quickly enough and this delays multi-agency planning, for some children. Inspectors also found that social workers are not

spending enough time with children or always visiting them within the statutory timescales.

In May 2015 just over 35% of children had their last statutory visit more than 4 weeks ago.

Insufficient direct work with children and their families reduces the effectiveness of the service in improving children's lives.

The social care workforce is stable. Few social workers leave the authority and most moves are internal, resulting from promotion or transfers between teams. Supervision arrangements for social workers have been revised to separate supervision on case work from discussions about workers' professional development. This has been positive for social workers, who report feeling well supported by managers

Sexual Abuse

A multi-agency audit of sexual abuse cases was undertaken by the LSCB. The findings of the audit were as follows:

- Where it was appropriate for the child to be involved in the assessment process this was attempted.
- Decisions were based on clear assessments of the child/young person and family's needs and circumstances.
- Assessments at all levels of intervention contained a clear analysis of risk and needs which contributed to/enabled a coordinated approach to support and/or interventions for the child
- The family and child were involved in the assessment process and decisions were shared with them.

Child Protection and Child In Need plans meet the child/young person's needs with specific and appropriate objectives and ongoing reviews of plans respond to the child's changing needs.

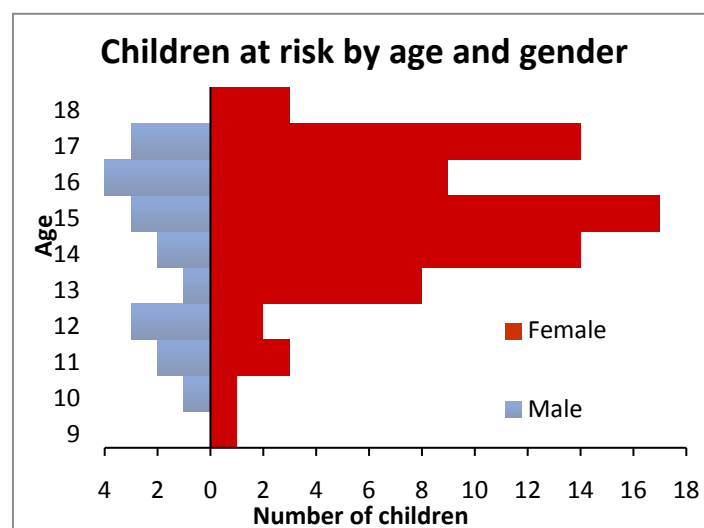
- Parents and children (where appropriate) were involved in the review process.
- Decisions about escalation or de-escalation are specifically linked to the review of the child's plan.
- In the majority of cases there is evidence the child feels she/he has been helped as a result of the multi-agency intervention and that their situation has improved.

- Managers review and monitor decisions at all stages of intervention.
- There was evidence of reflective practise and challenge of practice and remedial management action at all stages of intervention
- Support was offered at the earliest opportunity. Examples given include support from the SARC, SOS Rape Crisis, Early Help, and the Young Person’s Drug and Alcohol Team (Streets Ahead).
- The child’s voice had been heard by a clear demonstration that the child/young person’s views/wishes have influenced planning and intervention
- Evidence that the child’s voice had been heard and their views/wishes had influenced planning and intervention

Child Sexual Exploitation (CSE)

In the six months between 01/01/2016 - 30/06/2016, 89 children in Southend-on-Sea were considered to be at risk of Child Sexual Exploitation (CSE). 36 of the 89 children came to the attention of the local authority in these 6 months as presenting new CSE risks. 7 of the 89 children had previous CSE risks resurface in the period. The remaining 46 children had a CSE risk identified prior to the 6 month period and were on-going cases. 27 of the 89 children had their CSE risk cease during the period

Children at risk of CSE were most commonly 15 years old and female. While male children continue to represent a minority (21%), although they account for a larger proportion of the CSE cohort than found previously



20 children were involved with multiple adults (groups of linked adults or multiple lone adults), while 15 were involved with a specific single adult. 13 were identified to be associating with known gangs. 12 were predominantly incidents between peers and 9 children were at risk by being generally available to perpetrators online. 20 did not identify involvement with any adults.

The College of Policing recognises 5 types of sexual exploitation:

1. *Inappropriate Relationships:*

These usually involve one offender who has inappropriate power or control over a young person (physical, emotional or financial). One indicator may be a significant age gap. The young person may believe they are in a loving relationship

2. *Boyfriend Model*

Here the offender befriends and grooms a young person into a 'relationship' and then coerces or forces them to have sex with friends or associates. The boyfriend may be significantly older than the victim, but not always.

3. *Peer-on-peer exploitation*

This refers to situations where young people are forced or coerced into sexual activity by peers or associates. Sometimes this can be associated with gang activity but not always.

4. *Gang-associated CSE*

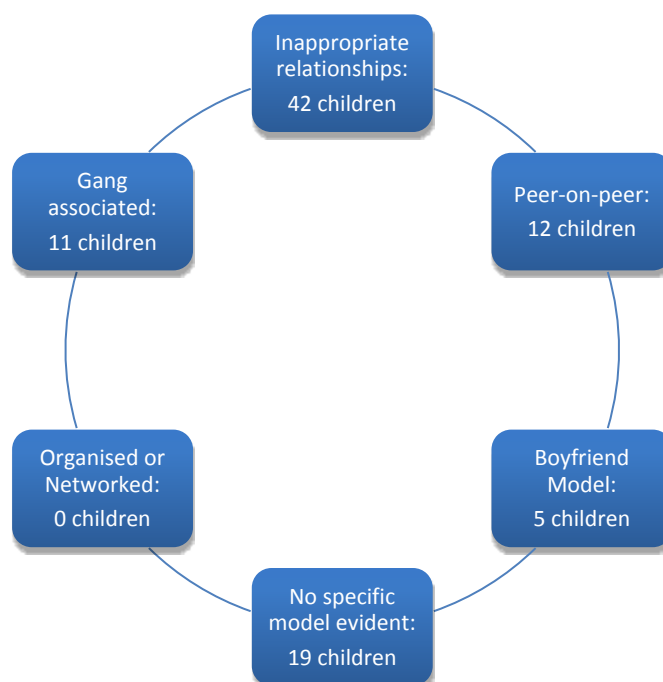
Types of exploitation may include using sex as a weapon between rival gangs, as a form of punishment to fellow gang members and/or a means of gaining status within the hierarchy of the gang.

5. *Organised/networked sexual exploitation or trafficking*

Young people (often connected) are passed through networks, possibly over geographical distances, between towns and cities where they may be forced/coerced into sexual activity with multiple men. Some of this activity is

described as serious organised crime and can involve the organised 'buying and selling' of young people by offenders.

Children at risk of CSE in Southend were mostly involved in inappropriate relationships



There were no cases identified as organised/networked CSE. While there was evidence of children having contact with multiple adults of concern, be it either groups of adults who know each other or multiple lone individuals, potential abuse did not evidence any sort of structure. Some gang associated cases had implications of networks however the gang aspect of the case was predominant.

62% of children at risk of CSE¹ demonstrated persistent absence² from school. Almost half of those who were persistently absent attended a local school for children with behavioural, emotional, and social difficulties. These children are likely to have had multiple fixed term or permanent exclusions and thus struggle to engage with education

47 (52.8%) children at risk of CSE had at least one missing episode in the 12 month period 01/07/2015-30/06/2016. The local authority triages all children who go missing from home or care to ensure those requiring a visit and assessment on their return have one.

¹ 50 children had available attendance information.

² This analysis defines persistent absence as having an attendance rate of less than 90%

66.7% of children at risk of CSE had a previous domestic violence report on record. For only one fifth of children, there was just one domestic incident. This means that just over half of those at risk of CSE had multiple domestic abuse incidents, evidencing that children at risk often come from violent and dysfunctional backgrounds, with control and power within relationships already normalised in the home

Domestic violence reports are being used as a risk factor for CSE, alongside persistent absence from school, and missing episodes to identify young people who may be vulnerable and in need of support from services.

A Multi-Agency Child Exploitation Panel has been established to ensure a coordinated partnership response to children identified as being at risk of CSE.

The Police and Crime Commissioner has provided funding to Southend on Sea Rape Crisis (SOSRC) to provide specialist support services to female and male children and adult survivors of sexual abuse.

The identification of, and support to, children at risk of CSE is improving

The Community Safety Partnership has led on the establishment of a Channel Panel as part of the multi-agency response to the risk of radicalization of children and adults who are vulnerable. A small number of individuals have been identified and appropriately supported through the Panel

The LSCB and its partners have agreed a strategic plan to identify and support those at risk of Female Genital Mutilation (FGM).

The local authority is participating in a pilot with Barnardos to increase awareness and reporting of FGM, including provision of training to health, social care and other professionals.

“The local authority and its partners have strengthened oversight and direction at strategic level in response to child sexual exploitation, children who go missing and other vulnerabilities, such as female genital mutilation and the risk of radicalisation”

Ofsted July 2016

Looked After Children

Looked After Children are made up of several distinct groups, although they have overlapping as well as specific needs. They include:

- Babies and younger children particularly 0-4yrs (44.4%)
- 16-18yr olds (15.7% a rise from 10.3%)
- Disabled children
- Young People who are parents
- Young people preparing to leave care
- Care leavers from 18-25yrs

There are a total of 87 Care leavers 18-25 supported by the Southend Care Management 16+Team.

Nine looked after children have severe and complex disabilities.

Quality of Placements

Looked after Children do best when they are placed in appropriate provision. It is important the provision is of a high standard. The local authority aims to place looked after children with providers who are rated Good or Outstanding by Ofsted. Checks of the Ofsted Inspection reports are done at least quarterly by the Placement and Commissioning Officer. In August 2016:

- 8 children (16%) are placed with providers rated as Outstanding
- 38 children (80%) are placed with providers rated as Good
- 0 children (0%) are placed with provider rated as Requires Improvement
- 0 children (0%) are placed with providers rated as Inadequate
- 2 children (4%) are in new placements not yet inspected or registered in Wales

Most fostering placements are stable, long term placements where there are no concerns regarding the quality of the placement and service provided by the agency. An 'Acute and Complex Placement Panel' monitors all placements to ensure that the quality of the placement and care remains consistent.

In accordance with the Arrangements for Placement of Children (General) Regulations 1991 and The Care Planning, Placement and Case Review (England) Regulations 2010 a six monthly request is sent to other Local Authorities asking them to inform Southend Borough Council of any looked after children and young people placed in the Southend area. Any notifications of new placements, change of placements, or termination of placements in the Southend area that are received are recorded by Southend Borough Council to ensure that should any concerns be reported, they are fully aware of the child or young person's looked after status and other agency involvement. The information is also forwarded to appropriate Health and Education contacts.

Outcomes for children looked after

The *Children & Young Person's Plan 2015-16* identified a number of targets and actions. There have been significant achievements in relation to the plan that include:

- Improvements in the general stability of placements
- An increase in the numbers of children with permanent placements through Special Guardianship Orders or Adoption
- A improvement in timescales for children between entering care and being placed with an adoptive family
- An increase in the number of young people with a permanency plan in place by the second review
- More children with up to date health assessments and dental checks
- The virtual school in partnership with the YMCA ran a bespoke programme of re-engagement in education for a group of girls identified as persistently absent from school.
- An increase in the proportion of carers who are in suitable accommodation
- An increase in the proportion of care leavers in education, training employment and at University.

Local Standards and Targets

In terms of local standards and targets, Southend is doing well in the following areas:

- Placing children with relatives and friends
- The proportion of looked after children placed locally with Southend foster carers (56.6%)
- Long term stability (64%).
- Timescales for children being placed for adoption

Being healthy

- 92.1% of children looked after had completed Health assessments
- 94.7% of children had attended in the dentist in the previous 12 months

Staying Safe

- 93.3% of the looked after population have good school attendance. Only 6.7% missed more than 10% attendance in the last academic year.

Enjoy and achieve

- There has been consistent improvement in the educational achievement of looked after children at Key Stage 2
- 100% of looked after children cohort achieved level 4 in reading and 70% in writing and Maths at Key Stage 2.
- Increased performance in pupils achieving at least 5 A*-C grade GCSEs at the end of Key Stage 4

Positive Contribution

- The proportion of care leavers aged 19 & 20 living in suitable accommodation has increased.
- The proportion of care leavers in 'staying put' placements has increased
- The proportion of care leavers aged 20 in employment, education or training continues to increase

"Care leavers are enthusiastic in their praise of the support provided to them. They feel that their workers know them well, and that they make successful transitions to adult life. Social workers and personal advisors have succeeded in remaining in touch with virtually all care leavers, ensuring that they can get help if they need it."

Ofsted 2016

Pregnancy Support to Looked After Children and Care Leavers

The LSCB undertook a multi-agency audit of Looked After Children (LAC) and young people Leaving Care (LC) who were pregnant or at risk of becoming pregnant. The audit found that preventative advice and support was given prior to the first pregnancy in all cases, and was clearly targeted to the specific needs of the LAC/LC young mother.

Tailored pregnancy advice and support was given in all cases by the Teenage Pregnancy Midwife (TPM)

In all cases, auditors found evidence that the LAC/LC teenage mother had been assessed to identify her vulnerabilities; and that maternity services had referred the young mother on to the Family Nurse Partnership and the Health Visiting Service

Evidence of engagement with the biological fathers was variable

Auditors found evidence that each young mother was provided with advice and support to prevent subsequent pregnancies either once she was pregnant with the first child, or following the delivery of the first child.

**SECTION 5 – MANAGEMENT OF ALLEGATIONS AGAINST ADULTS WORKING WITH
CHILDREN**

The Southend, Essex and Thurrock (SET) Safeguarding and Child Protection Procedures (2015) detail the process that is required to be followed when there is an allegation that a

person who works with children, in any connection with her/his employment, voluntary activity or in any personal capacity has:

- behaved in a way that has harmed a child, or may have harmed a child;
- possibly committed a criminal offence against or related to a child; or
- behaved towards a child, or children, in a way that indicates they may pose a risk of harm to children (amended by *Working Together*, 2013)

The Local Authority has a Designated Officer (LADO) to be involved in the management and oversight of allegations against people who work with children. The LADO:

- provides advice and guidance to employers and voluntary organisations;
- liaises with the Police and other agencies; and
- monitors the progress of cases to ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process.

In the period April 2015 to March 2016 there were a total of 28 allegations in respect of adults working with children in a variety of capacities in the area of Southend Borough Council. 46 meetings were held during this period in respect of these allegations, as well as those made prior to this year. An allegation is determined by whether it meets the criteria for LADO involvement. The number of allegations for 1st April 2015 to 31st March 2016 is consistent with the figures for the previous year (29). Numbers of allegations tend to fluctuate on a monthly basis.

The LADO also gave advice in relation to allegations against staff that did not meet the threshold for LADO involvement. During the period 1st April 2015 to 31st March 2016 advice of this nature was given in 166 cases, which is a further increase on the number of cases (152) the previous year (2014-2015), which was an increase of approximately 50% on the previous year (2013-2014).

This increase is consistent with that reported by LADOs nationally and is thought to be related to the heightened awareness of abuse by adults working with children, as well as the profile of the LADO being raised.

The LADO has noted a significant increase in historic allegations, reported to the Police, which are brought to the attention of the LADO. The increase in the number of Police investigations in respect child abusive on-line images is also relevant.

Sources of Referrals

The majority of referrals come from the Police, Social Care and Education. However, the referrals relate to a range of employment sectors including education, early years, fostering and the private and voluntary sector.

Resolution of Cases

In total 26 cases were resolved during the period. In relation to these cases;

- 35% of cases (9 cases) were resolved within 1 month,
- 58 % of cases (the 9 above, plus an additional 6 cases) were resolved within 3 months,
- a further 6 cases were resolved within six months,
- 15% of the cases (4) took up to 12 months and 1 took over 12 months to resolve.

These cases were where there was a criminal investigation and consideration of prosecution. It is important to note that, safeguarding issues were addressed in all of these cases and the adults were not working with children during this period.

Of the 26 resolved cases 65% (17 cases) were substantiated and 23% (6 cases) were unsubstantiated. A further 3 cases were unfounded; there was evidence to disprove the allegation and/or suggest that the person making the allegation misinterpreted the incident. These percentages are slightly different to the figures for previous years, with an increase in those substantiated; in the period 2014/15, 50% were substantiated. This may be due to a number of referrals, following an incident in a single agency, which resulted in the allegations being substantiated.

A range of actions were taken in relation to substantiated cases (some cases would have more than one action) from support and training through to dismissal and referral to the Disclosure and Barring Service. The LADO identified that the vast majority of employers

understood their roles and responsibilities in managing allegations and any particular areas of difficulty were addressed.

At the conclusion of the process the circumstances of the case are reviewed to determine whether there are any improvements to be made to the individual or organisation's practice or procedures to help prevent similar events in the future.

Impact of the Managing Allegations Process

An evaluation questionnaire is sent to participants following the concluding meeting of an allegations management process. In the period 1st April 2015 to 31st March 2016, 26 questionnaires were returned; an increase of 100% on the previous year.

100% of respondents identified the process as positive

"having professional independent support and advice was very useful"

"The case has a resolution and lessons have been learnt"

All respondents graded satisfaction regarding the outcome of the process as 4 or 5 (5 being outstanding and 1 being poor).

"Fair and informed decisions were made"

"The outcomes were explored, dissected, and agreed, with action to follow clearly disseminated"

The recent Ofsted inspection highlighted, in relation to the Management of Allegations process that, "effective management systems are in place to track enquiries and referrals, information gathering, decision making and actions. Decisions and actions are appropriate".

"Effective management systems are in place to track enquiries and referrals, information gathering, decision making and actions. Decisions and actions are appropriate."

SECTION 6 – LSCB CHALLENGE TO PARTNER AGENCIES AND STRATEGIC BODIES

Details of Challenge	Action Required <i>(inc. any interim arrangements)</i>	Agency Responsible	Progress
Delays in the consideration of high risk domestic abuse cases at MARAC	SET Domestic Abuse Strategic Group to address the effectiveness of the functioning of MARAC as part of its review of the Domestic Abuse Strategy	Southend Community Safety Partnership	Southend specific solution is now in place with establishment of a Multi Agency Risk Assessment Team (MARAT) which went live early April 2016. No backlog of cases September 2016
Provision of performance information regarding the impact of domestic abuse on children	LSCB Business Manager to send request to Essex Police to provide performance information	Essex Police	Introduction of Athena has impacted on performance information provision but reporting now taking place
A number of procedural issues have been identified regarding the implementation of the CSE	Essex Police to address the recommended actions detailed in the CSE Review Report	Essex Police	Essex Police have ensured effective implementation of the CSE Strategy. Analysis of CSE intelligence has now

Strategy by Essex Police			been completed
Concerns regarding the future sustainability around the provision of support to victims and specialist support services. The concerns related to the ad-hoc nature of the funding, e.g. comes from a variety of sources and was not secured funding	Funding and sustainability of specialist support services and victim needs be raised with relevant agencies and partnership groups including Health and Wellbeing Board and Community Safety Partnership	LSCB Chair	Police and Crime Commissioner has provided 3 year funding for SOS Rape Crisis to deliver specialist services to male and female victims of sexual abuse across all ages
NHS England advised that they would not be able to regularly attend meetings of the LSCB and SAB due to organisational change and reduced resources. Board AGREED that the proposed arrangement was not acceptable	Response to NHS England setting out the Board's concerns about NHS England attendance at the LSCB	LSCB Chair	NHS England has agreed to attend the Executive of both the LSCB and SAB. Attendance has been variable

<p>HMIC Inspections of Police Effectiveness (Vulnerability); and Safeguarding completed and published early 2016.</p> <p>Vulnerability inspection assessed Essex Police as 'inadequate' and the Safeguarding inspection also identified areas for improvement</p>	<p>Improvement Plan to be shared with the LSCB and SAB and monitored by the Boards Executive Groups</p>	<p>Essex Police</p>	<p>Improvement Plan monitored by the LSCB.</p> <p>Re-inspections by HMIC have identified progress made by Essex Police</p>
---	---	---------------------	--

**SECTION 7 – PARTNER AGENCY ANNUAL STATEMENTS AND OUTCOMES OF
INSPECTIONS/PEER REVIEWS**

7.1 Southend Borough Council

Southend Borough Council Children’s Services produce an annual safeguarding children report which is presented to the Leader of the Council and Chief Executive in December annually prior to its consideration by the full council in January/February. This document is attached to this LSCB Annual Report at appendix 1.

Ofsted Inspection of Safeguarding and Looked After Children

In April 2016 Ofsted undertook an inspection of safeguarding and looked after children. The subsequent report can be found [here](#). The inspection assessed that Children’s Services in Southend-on-Sea require improvement to be good. The local authority has developed an action to address the following recommendations from the inspection:

1. Improve the quality of management oversight and decision making at all levels to ensure that children experience good-quality assessment and care planning to meet their needs in a timely way.
2. Ensure that the results of quality assurance work and independent reviews are analysed, reported and monitored in a way that makes explicit to staff and managers the impact of practice on children and the improvement that is required to deliver good-quality services.
3. Ensure that visits to children are undertaken in line with their plans, and take appropriate action when this is not the case.
4. Ensure that thresholds are applied consistently, so that decisions relating to contacts and referrals to children’s social care are appropriate, and that these are well informed by appropriate checks with other agencies.
5. Ensure that children become looked after without unnecessary delay, when this is what they need, and improve the monitoring of this process.

6. Ensure that children receive ongoing help and support as children in need until this is no longer required.
7. Ensure that child protection investigations are consistently completed within timescales that are in line with statutory guidance, so that children receive the services that they need as soon as they can.
8. Strengthen step-down arrangements between statutory and early help services to ensure that decisions to step down are appropriate and that children receive an effective continuum of support.
9. Strengthen the quality and oversight of assessments and plans for children in need of help and protection, including children affected by domestic violence.
10. Ensure that arrangements for children placed at home with parents under a care order are suitable, and that appropriate action is being taken to secure permanence for these children.
11. Ensure that information presented to elected members provides enough detail of performance, quality assurance or other independent reviews to give them a full picture of the quality of the frontline practice that children experience.
12. Develop and improve the consultation with, and participation of, children and young people, in respect of informing service development and monitoring service quality.

7.2 Essex Police

Her Majesty's Inspectorate of Constabulary (HMIC) examined child protection in Essex Police in September and October 2015. The subsequent report was published in March 2016 and can be found [here](#).

The inspection found that the chief constable, his chief officer team, and the Police and Crime Commissioner (PCC) all have a strong commitment to child protection and there was clear

evidence of work progressing at a strategic level to improve the force's ability to manage identified risks concerning the safeguarding of children. However, overall, HMIC found that the ambitions and aspirations of chief officers were not being realised in child protection practice on the frontline. HMIC found that the force was not adequately protecting all children who are at risk due to widespread serious and systemic failings. Many of the issues reported had been identified and raised with Essex Police by the LSCB prior to the inspection, and the subsequent recommendations and action plan implementation have been monitored by the Board.

Recommendations

Immediate:

- Control room staff assess risks to children, paying particular attention to drawing all relevant information together at an early stage as part of that assessment, and ensure frontline staff are alerted to relevant information
- Incidents are not downgraded or the response delayed without proper justification and without appropriate checks having been made on the welfare of any children involved;
- Any concerns about an incident involving children at risk are escalated if police have been delayed in attending;
- Relevant intelligence to assess risk is routinely updated on police systems in a timely manner and is readily available to frontline officers when attending incidents
- Undertake a review, together with children's social care services and other relevant agencies, to ensure that the police are fulfilling their responsibilities as set out in Working Together to Safeguard Children.
- Act to improve child abuse and child sexual exploitation investigations
- Takes immediate steps to ensure that all relevant information is properly recorded and readily accessible in all cases where there are concerns about the welfare of children
- Reduce the delays in visiting registered sex offenders and to improve the management and response to other offenders who are subject to restrictions under a sexual offence prevention order

- Undertake a review with partners to ensure attendance at MAPPA is at a suitable level to support the creation of effective action plans to protect vulnerable children from those who pose the most risk of harm.

Within 3 months:

- Ensure that officers always check on the welfare of children and record their observations of a child's behaviour and demeanour in domestic abuse incident records, so that a better assessment of a child's needs can be made.
- Takes step to improve practice in cases of children who go missing from home
- Review how it manages the detention of children. Essex Police should request the assistance of children's social care services and other relevant agencies in this review

Within six months:

- Take steps with partners to ensure timely forensic medical examinations are conducted in sexual abuse cases involving children;
- Undertake a review of the initial risk assessment process in domestic abuse cases to understand whether processes are consistently applied by staff and to ensure cumulative risk to children living with domestic abuse is identified and addressed; and
- Take steps with partner agencies to evaluate its current MARAC arrangements, including preliminary meetings to filter cases, to ensure that vulnerable people including victims and children are protected at an early stage.
- Continues its discussions at a senior level with the CPS to address delays in advice and charging decisions.
- Immediately act to improve child abuse and child sexual exploitation investigations

HMIC revisited Essex Police in September 2016 to assess how it is managing the implementation of all of the recommendations. Initial feedback was positive regarding the progress made and the full report is due for publication in early 2017.

Essex Police Assurance Statement

Agency Context

Essex Police key priorities are to reduce and prevent crime, bring offenders to justice and to promote satisfaction and confidence within the community. The Crime and Public Protection command take a strategic lead for the 14 strands of public protection and currently provide the operational response for child abuse investigation, adult abuse investigation CSE, managing dangerous and sexual offenders and online investigation. The command also leads on safeguarding of vulnerable adults, domestic abuse, missing people and hate crime.

The command restructured in September 2016 and created four new departments. An Operations Centre where all referrals across all 14 strands are received and assessed. This provides the public and partners with a single point of contact for all areas of public protection. It also provides the response to disclosures schemes for both domestic abuse and children.

A strategic centre which provides the force with a centre of excellence whereby all local and national improvements are driven and monitored. They are responsible for policy and procedure as well as development of staff and performance.

The child abuse and adult abuse investigation teams are now co-located within main police stations and domestic abuse investigation teams and CID to provide a link in these areas of business and

A proactive team which develops intelligence to tackle those posing the most risk in the community. This team also deals with online offending.

Safeguarding Children Activity

Essex Police is committed to delivering improved outcomes for vulnerable people across all areas of public protection which includes children. Two robust inspections carried out in 2015 by Her Majesty's Inspectors of Constabulary highlighted areas for improvement which included the response to missing children, victims of child sexual exploitation,

victims of child abuse and children involved in domestic abuse situations. A programme of improvement was undertaken which delivered, amongst many improvements, the introduction of a single referral form, a significant investment in ten new Missing Person Liaison Officers, training officers around Section 47 enquiries and a commitment to conducting multi-agency auditing of Section 47 cases. A force wide awareness campaign of vulnerability significantly improved all front line officer's knowledge of child protection issues and thresholds of risk. This was complimented by the commitment by Chief Officers to provide a three day Public Protection Awareness Course which has been running since August 2015 and which is being rolled out to all officers and staff. All staff have received a personal issue handbook to support them when dealing with any vulnerability issue. This work was reflected in the HMIC follow up to the Vulnerability Inspection, where they noted a broad and impressive range of actions had been undertaken by the Force. They specifically noted a substantial change in approach to protecting vulnerable people. They also recognised the further investment in the number of staff working to protect children. The HMIC returned to force in September 2016 for a follow up to the National Child Protection Inspection and noted a real improvement in the quality of section 47 investigations.

Further improvements are being governed by the Public Protection Programme Board which is chaired by the Deputy Chief Constable and has representation from all three Local Authorities.

Recent problem profiles show Southend to have a high proportion of the County's cases relating to Child Sexual Exploitation and the link to gangs appears to be a factor. These are being addressed by all partners via the CSE and missing sub group and the Community Safety Partnership with a clear CSE strategy and action plan in place to reduce this threat. The recent launch of the Southend MARAT builds on the success of processes set up in the borough where cases of most risk are addressed in a multi-agency environment to deliver quicker and safer interventions. Essex Police has invested resources into the MARAT and remain a key partner in its continued development.

The introduction of the missing person liaison officers and Child and Young Person officers occurred over the last 12 months and they have been embedded into the community safety hub alongside the community policing team. These officers provide expertise and

continuity to cases where children are experiencing frequent missing episodes or offending and look for long term solutions with other agencies to make them safe and divert them from criminality.

Outcomes and Impact of Safeguarding Children Activity

There has been a steady increase of work within the Child Abuse Investigation Teams and this has been reflected in the 21.6% increase in reported offences between quarter 2 (July to Sept) 2015/16 to 2016/17. This is even greater within the South whereby there has been a 56% increase in the same period. The restructure and the introduction of new Investigative Support Officers addresses some of this demand but this is a national trend and one which must be monitored. This has understandably had an impact on recorded outcomes and the solved rate for these offences has fallen in the same quarter. Work is on-going to understand this decline and a new standard operating procedure has been implemented to focus on better decision making, prioritising investigative activity and aligning the investigative resources with demand.

Key Successes

The introduction of the missing person Liaison officers, Child and Young Person Officers and the community safety hub in Southend have been significant developments over the last 12 months. The Launch of the MARAT with partners has also been a highlight. There have been some key investigations and prosecutions over the last 12 months with regards to protecting children. Of note are two large investigations across the county relating to CSE and organised groups of offenders. Operation Dryad and Operation Cobham are both examples whereby the intelligence shared by agencies has been acted upon and developed to a stage whereby proactive investigations have been commissioned. Essex Police Serious and Organised Crime Unit have led these investigations with both leading to charges linked to CSE.

Key Areas for Development

Improvements are continually sought in the use and response to police protection, the quality of investigations whereby children are affected by domestic abuse and also

developing the management of dangerous offenders. Advances in technology have significantly increased our ability to detect crime and safeguard vulnerable people with the introduction of lie detector testing, the full implementation of a range of technologies to safeguard people whilst using the internet and the introduction of mobile technology to support front line officers and make best use of their time.

The restructure of the Crime and Public Protection Command will be closely monitored and a post implementation review completed to ensure quality of service is enhanced and efficiencies are realised.

7.3 Southend Clinical Commissioning Group (CCG)

Care Quality Commission (CQC) Review

In September 2016, the CQC published its report of safeguarding children and services for looked after children following the review of health services in Southend-on-Sea in July 2016. The report can be found [here](#).

There are no specific judgements on performance, but the report provides a narrative account of the quality of health services for looked after children and the effectiveness of safeguarding arrangements within health for all children.

The report makes the following recommendations and health services have developed an action plan to address these which the LSCB will monitor:

Southend University Hospital NHS Foundations Trust should:

- Implement a robust and age appropriate safeguarding assessment tool for use with all children and young people aged under 18 who attend ED. This should include the social history and background of the child and their family and comply with NICE guidance (When to suspect child mal treatment, 2009). Ensure staff understand the importance of capturing this information and monitor compliance with adherence to any new or adapted documentation.
- Assure themselves that midwives are making and recording ongoing enquiries about domestic abuse with all pregnant women to ensure vulnerable women are

identified, offered support and where appropriate, safeguarding processes are instigated.

- Ensure that women are seen alone at least once during pregnancy to promote routine enquiry into sensitive issues including domestic abuse, and incorporate this into the antenatal appointment care plan.
- Fully and explicitly document within ED records how the identification of any pre-existing safeguarding information has been considered and informed a consultation with a child or young person under the age of 18 years.
- Implement a 'think family' approach in ED. Establish and clearly record whether an adult is a parent/carer when they attend ED following risk taking behaviours. Assessments should consider the potential or actual impact of an adult's behaviour on their parenting capacity and on any children in a household. A pathway to notify relevant professionals should be developed and compliance with this monitored.
- Develop a robust quality assurance process to improve the standard of maternity services referrals to children's social care. Ensure information contained within referrals is complete, relevant, clearly analyses and articulates risk, relates to the local threshold document and is outcome focused.
- Evaluate records to ensure that maternity staff comply with professional record keeping requirements as detailed in the Nursing and Midwifery Council, The Code: Professional standards of practice and behaviour for nurses and midwives (2015).
- Put measures in place to significantly improve level three safeguarding children training compliance figures in ED and closely monitor to ensure the CCG key performance indicator target of 95% is achieved and maintained.
- Review the safeguarding supervision provision in ED to ensure staff have regular access to an appropriate level of professional scrutiny and challenge but also support in fulfilling their safeguarding responsibilities.
- Ensure that the safeguarding children training provision for maternity department staff meets the level, competencies and hours of learning as indicated in the intercollegiate guidance issued by the Royal College of Paediatrics and Child Health.

- Provide an appropriate environment for children and young people who are awaiting triage that accommodates their needs and those of their accompanying parents, carers and siblings.

Southend University Hospital NHS Foundations Trust and South Essex Partnership

University NHS Foundation Trust should:

- Improve liaison and communication between the maternity and health visiting services to ensure an equitable provision of antenatal advice and guidance is offered to all women from both services. Develop a joint working pathway so that midwives and health visitors actively work together to support vulnerable woman and safeguard unborn or new born babies.

Southend CCG, Southend University Hospital NHS Foundations Trust , South Essex

Partnership University NHS Foundation Trust and Southend Borough council should:

- Strengthen and formalise arrangements for liaison between GPs, maternity and the community health teams, including health visiting and school nursing, to ensure that multi-disciplinary exchange of information takes place for vulnerable families, children and young people.

South Essex Partnership University NHS Foundation Trust should:

- Standardise the utilisation of alerts on the adult mental health electronic patient record system to ensure the information entered is clear, relevant and contains sufficient information to aid staff in considering risks to children within a household.
- Develop liaison and communication pathways between adult mental health services and STARS to improve partnership working when clients who have parent or carer responsibilities are accessing both services.
- Establish a ‘think family’ approach in adult mental health services. All assessments should consider caring responsibilities and the potential or actual impact of an adult’s mental health difficulties on their parenting capacity. This includes fully recording children’s details and undertaking home assessments when appropriate.

- Establish effective operational governance and quality assurance to support adult mental health practitioners in delivering best safeguarding practice and to facilitate practitioners' continuous professional development.
- Expedite the transition to a single electronic patient record system within the sexual health service.
- Improve the record keeping standards, including the use of alerts, in sexual health services to ensure client records are accurate, complete and comply with NMC guidelines.
- Establish a 'think family' approach in the sexual health service. Assessments should consider the potential or actual impact of an adult's behaviour on their parenting capacity and on any children in a household. Children's details should be fully recorded along with the decisions made and actions taken to ensure they are safe.
- Work with their commissioner to increase the visibility and contribution of the sexual health services into the wider safeguarding and child protection arena, particularly in relation to young people's risk of CSE.
- Ensure that the safeguarding children training provision for clinical sexual health staff meets the level, competencies and hours of learning as indicated in the intercollegiate guidance issued by the Royal College of Paediatrics and Child Health.
- Review the safeguarding supervision provision in the sexual health service to ensure staff have regular access to an appropriate level of professional scrutiny and challenge but also support in fulfilling their safeguarding responsibilities.
- Until the transfer from paper to electronic patient records in the perinatal mental health team is complete and whilst two recording systems are in place, ensure there are robust processes to ensure practitioners do not miss vital information which may only be held within one system.

Southend CCG, Southend University Hospital NHS Foundations Trust, South Essex Partnership University NHS Foundation Trust and North East London Foundation Trust should:

- Closely monitor compliance with the local agreement regarding 16 to 18 year olds who attend ED with harmful behaviours. Ensure the agreed pathway is adhered to and that young people are accommodated in age appropriate surroundings.

North East London Foundation Trust should:

- Develop a robust quality assurance process to improve the standard of referrals from EWMHS to children’s social care. Ensure information contained within referrals is complete, relevant, clearly analyses and articulates risk, relates to the local threshold document and is outcome focused
- Ensure practitioners in EWMHS receive sufficient training and safeguarding supervision to enable them to identify and confidently act upon risk indicators of significant harm to the children and young people they are working with. Strengthen the management caseload oversight of EWMHS workers when they are working with children or young people for whom there are safeguarding concerns.
- Monitor the planned implementation of the new safeguarding supervision model in EWMHS to ensure that the target timescales are met so staff have regular access to an appropriate level of professional scrutiny and challenge but also support in fulfilling their safeguarding responsibilities.

Southend CCG and NHS England should:

- Review how GPs can provide patient information in a more structured and analytical way to better aid the receiver of the information in their decision making process.
- Ensure that GPs are competent in identifying safeguarding concerns and are able to respond to risk indicators by being clear and confident in the process of referring children or young people to children’s social care.

Southend CCG and South Essex Partnership University NHS Foundation Trust should:

- Improve the quality of initial health assessments to ensure they are undertaken within timescales, are child focussed and accurately reflect the child’s health and individual needs.

- Ensure that GPs are routinely requested to contribute information to inform initial health assessments for looked after children.
- Make every effort to incorporate a looked after child's family's health history in their initial health assessment and include the impact of this history on the child or young person's own health and development.
- Review the quality assurance process for initial health assessments to ensure it is robust and accurately reflects the quality of the assessments undertaken and effectively drives improvement.

Southend Borough Council should:

- Identify a strategy to address the vacancies within the school nursing service to ensure that the provision of services to children and young people is as agreed in the commissioning contract.
- Ensure information contained within reports from the school nursing service to child protection meetings are improved to clearly analyse and articulate risk which will aid multi-agency understanding and better inform the safeguarding decision making process.
- Develop a clear process and pathway for assessing and acting upon relevant information received into the school nursing service. Ensure that decisions and actions are accurately reflected within children and young people's records.

Southend CCG and Southend Borough Council should:

- Facilitate appropriate information sharing agreements between primary care and school nursing services to benefit vulnerable school age children in Southend-on-Sea.

Southend Borough Council and South Essex Partnership University NHS Foundation Trust should:

- Strengthen the liaison and relationship between the health visiting and school nursing services to improve information sharing and promote joint working.

Southend CCG Assurance Statement

Southend Clinical Commission Group (CCG) continues to have a commitment to the safeguarding children agenda and to work with local NHS providers to ensure safeguarding children arrangements are in place in line with the requirements of Section 11 of the Children Act 2004. The CCG is integrated and works in collaboration with all partner agencies.

Executive Leads and Designated/Named professionals for safeguarding and looked after children across the county of Essex work in collaboration as a Safeguarding Children Clinical Network. In 2016 this has been redesigned to include safeguarding adults agenda within the network and has been renamed the Safeguarding Clinical Network to reflect this. CCG Designated/Named professionals are also active participants in regional and national safeguarding networks.

The Care Quality Commission (CQC) undertook a review of health services for children looked after and safeguarding in Southend-on-Sea. The review was conducted under Section 48 of the Health and Social Care Act 2008 which permits the CQC to review the provision of healthcare and the exercise of functions of NHS England and Clinical Commissioning Groups. The review explored the effectiveness of health services for looked after children and the effectiveness of safeguarding arrangements within health for all children. The focus was on the experiences of looked after children, and children and their families who receive safeguarding services. The CQC reported seeing many good examples of health services supporting early help and working with families to help safeguard children and young people. The report also made a number of recommendations which included a broad theme that relates to communication and record keeping.

The CCG has worked with Primary Care services in Southend to respond effectively to the needs of looked after children and to children and families where there are safeguarding

concerns. This has included providing support and oversight for serious case and other reviews and delivering an education programme that covered topics such as female genital mutilation, domestic abuse, physical injuries in non-mobile children and Prevent training.

Areas for development 2016-2017 include:

- 1) Work with health providers and commissioners in Southend to implement and embed into practice the recommendations of the CQC review of health services for children looked after and safeguarding
- 2) Support the implementation of the Child Protection Information Sharing Project locally.
- 3) Work with the seven Essex Clinical Commissioning Groups to improve health services response to domestic abuse.
- 4) Work with primary care to improve their awareness of and response to safeguarding children.

7.4 NHS England

Agency Context

NHS England's core business is one of system leadership and assurance. NHS England has dual safeguarding responsibilities with regards to our directly commissioned health services (GPs, dentists, opticians, prison health care, secure mental health treatment, and sexual assault referral centres) and safeguarding assurance across the wider health economy. Our core functions are articulated in the revised Accountability and Assurance Framework (2015).

<https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability-assurance-framework.pdf>

We continue to attend, and actively input into, the Health and Executive Forum, which is the local forum for healthcare commissioners and providers within Essex, Thurrock and Southend. We are kept apprised of risks in the system, which are escalated internally and highlighted on our risk register.

We continue to promote the need to have the voice of children, young people and families within commissioning cycles as standard. We try and ensure that work encapsulated by our patient experience programme does not lose its priority when there are so many other pressing areas of work within our programme of activities. A piece of work is nearing completion examining the patient and public involvement being undertaken by our direct commissioning teams within NHS England and this will help evidence how we meet this requirement.

Safeguarding Children Activity

We ensure staff are compliant with the competencies contained within the Intercollege Guidance (2014). We also support colleagues in the CCGs and, where appropriate, the provider services to attain those competencies.

Those in the nursing and quality team who have a direct responsibility for safeguarding actively seek and receive additional training to enable them to fulfil their. We continue to support the delivery of the national priority areas such as Female Genital Mutilation, Looked After Children and Child Section Exploitation, through education and training and the sponsoring of specific works streams.

We have a seat on the National Safeguarding Steering Group (NSSG) which enables us to keep abreast of priorities and actions nationally and feed into the local system as appropriate; it also enables us to have a process in which to escalate our concerns on a national level.

We work closely with Care Quality Commission and are clear of our responsibilities where there are safeguarding concerns raised within our directly commissioned services.

Serious incidents are closely monitored on a weekly basis by the NHSE Nursing Directorate and we ensure that those with potential safeguarding implications are raised through the safeguarding process.

Outcomes and Impact of Safeguarding Children Activity

The impact of our work can be challenging to quantify. What we do know is that our input has ensured the workforce is offered, and receives, education and training in the national safeguarding priorities namely.

We worked with NSPCC to develop a bespoke 6 day supervision programme which can be accessed by those working in both adult and children's services (please see inserted document below for more information). The importance of supervision is clearly documented. We are currently working to procure additional training.

The quarterly Children's Forum supports the system's safeguarding activity, as provides peer supervision for both the designated leads and the named GPs.

Key Successes

The key successes for NHS England Midlands and East (East) are the relationships we have with our colleagues from both CCGs and provider services. The Eastern Region Children and Young People's Safeguarding Advisory Forum (for health colleagues) continues to be extremely well attended and provides a valuable, unique and safe opportunity for colleagues to network, share best practice, discuss areas for concern and to keep up to date with developments locally, regionally and nationally. There is also the opportunity for CPD and supervision for the designated leads and named GPs. We delivered an accredited Level 4 & 5 accredited training to 150 delegates from the Eastern region.

Key Areas for Development

There are some challenges with the NHS Standard Contract but we will continue to use all other means we have to ensure that providers of care commissioned by NHS England are complying with Section 11 audits and safeguarding legislative requirements.

The need for education and training of the workforce does not diminish and we will continue to ensure that appropriate workforce training is commissioned and delivered in

line with the national priorities and the diverse needs of the workforce.

Ensuring that the voice of children and young people continues to be heard in the commissioning process.

7.5 South Essex Partnership Trust (SEPT)

Agency Context

SEPT is a provider of acute and community adult mental health services, acute in patient adolescent mental health services and community health services. The SEPT safeguarding children team additionally provide specialist safeguarding services to Southend Borough Council School Nursing services.

Safeguarding Children Activity

SEPT have a robust strategic framework for safeguarding children in Southend which establishes the vision for the Safeguarding service and builds on existing achievements to ensure children are safeguarded. The Strategic Priorities reflect the Sec 11 Audit requirements which were presented to the LSCB in September 2016. The Trust Safeguarding group contains the minutes of Southend LSCB Board as a standard agenda item. The Trust continues to have strong representation with the Board and sub groups.

The Trust has a mandatory attendance requirement in place for compliance for safeguarding training based on a competency framework and has seen the addition of key topics for female genital mutilation, child sexual exploitation and refreshing of the PREVENT and domestic abuse training packages.

Core Practice Courses

South East Essex Mental Health

	Total Target	Trained	
		No	%
Safeguarding Level 1	1834	1735	95%
Safeguarding Level 2	1113	1036	93%
Safeguarding Children Level 3	184	155	84%
Safeguarding Children Levels 4/5/6	1	1	100%

Core Practice Courses	South East Essex Community Health		
	Total Target	Trained	
		No	%
Safeguarding Level 1	782	727	93%
Safeguarding Level 2	619	567	92%
Safeguarding Children Level 3	168	135	80%
Safeguarding Children Levels 4/5/6	6	6	100%

The Trust has a Lessons Learned Group where safeguarding cases are routinely featured. The aim is to raise awareness of specific cases e.g. serious case reviews and to explore how the learning can be integrated into practice across all Trust services. The community service practitioners have incorporated the voice of the child and whether children feel safe into provision and this is being used to inform service.

The organisation contributed to the Ofsted Inspection in Southend and has recently been inspected by the Care Quality Commission for effectiveness of safeguarding services. A narrative judgement was presented and the key findings were for implementation of think family approach with adult mental health and contraception and sexual health

services and greater liaison between midwifery, primary care and health visiting services. An action plan has been developed with the Clinical Commission Group and is now being implemented. Key members of the SEPT safeguarding teams are working in partnership with Southend with the subsequent learning following the Ofsted inspection.

The SEPT safeguarding team are members of the Southend multi agency Child sexual exploitation sub group delivering on the Southend strategy that has been developed.

Outcomes and Impact of Safeguarding Children Activity

Training programmes in place for Foster Carers who sometimes struggle to understand how best to support the health and emotional needs of LAC has resulted in very positive comments from recipients as included below. These sessions provide excellent support and advice to Foster Parents.

“The Course gave me a lot of confidence to initiate more improvements in the care of my young people.”

“It has made me feel more confident to carry on the way I have been working and also helped me to follow up things that I felt needed attention.”

Similarly the LAC team have received feedback regarding the provision of SEPT staff to children placed in the area from other authorities as indicated below.

‘In Harrow we strive to ensure that we offer high a quality service to our children in care. The Review Health Assessment carried out by SEPT Looked After Children’s team was of an excellent standard. Thank you for your exceptional work’

It is not easy to obtain feedback from children and young people subject to safeguarding however the example below gives testament from a young person receiving services from the Family Nurse Partnership.

The case is regarding a young person who fed back that she feels safe and loved within her family. This person was subject to a Safeguarding plan when her mother was pregnant with

her. Intensive support and guidance from the family nurse helped facilitate change and strengthen family relationships, in turn providing a safe and nurturing environment for the baby. When this baby became older she fed back to the nurse how helpful she had been.

Making safeguarding children referrals and informing parents can be difficult to manage and staff often seek advice and support from the safeguarding team.

An example from adult mental health services was with regard to a mother of two small children expressing delusional beliefs. Mental health staff contacted the health visitor and social worker enabling a seamless and joined up approach demonstrating the 'Think Family' model.

Key Successes

- The Safeguarding service has been praised by external independent advisors on the quality of the safeguarding service it provides.
- A comprehensive audit of children and adult safeguarding process received substantial assurance from all Local Safeguarding Boards
- The voice of the service user from Looked After Children and Foster Carers has been very positive.

Key Areas for Development

Implementation of think family approach with adult mental health and Contraception and Sexual Health Services are not fully embedded into practice and is therefore subject to recommendations within the CQC action plan that has been developed. Actions include the strengthening of record keeping systems to clearly identify the assessments of parenting capacity that have been considered for adult clients receiving a service from SEPT staff. This is to also include the outcomes of supervision regarding clients care.

A task and finish group has been established between all parties to improve the communication and liaison between midwifery, primary care and health visiting services as indicated within the CQC inspection.

7.6 North East London Foundation Trust (NELFT)

Agency Context

- NELFT provides an extensive range of mental health and community health services for people living in the London boroughs of Waltham Forest, Redbridge, Barking & Dagenham and Havering, and community health services for people living in the Basildon & Brentwood and Thurrock areas of Essex. It also provides an Emotional Wellbeing Mental Health Service for the 0 – 18 year olds across Southend, Essex and Thurrock.
- NELFT has Named Doctors and Named Nurses who provide advice, guidance and support to staff across the Trust on safeguarding children issues. Roles and responsibilities for these positions are clearly outlined in the job descriptions.
- NELFT is registered as a provider with the Care Quality Commission (CQC). As part of the CQC requirements an NHS provider compliance assessment in relation to Outcome 7 (Regulation 11) has been completed and evidence collated.
- The Chief Nurse & Executive Director of Integrated Care Essex is the executive lead and board member for safeguarding. The Chief Nurse has Board level responsibility for safeguarding adults and children, LAC and Prevent.
- The Safeguarding Team acts on the Chief Nurses behalf to ensure that the Board is assured that all necessary measures are taken to safeguard adults and children at risk. The Director of Nursing, Patient Safety is the Strategic Lead for Safeguarding and together with the Associate Director of Safeguarding and LAC supports the management oversight of safeguarding issues in relation to vulnerable adults and children.
- Safeguarding children supervision for the EWMHS service has been added to the risk register as the service is not currently compliant with the Safeguarding Children Supervision Policy in respect of frontline practitioners accessing one to one supervision. Measures are in place to mitigate against this risk; all staff have access to the safeguarding advice service, group supervision is available to all staff and safeguarding children and adults issues are routinely considered during managerial supervision.

- An action plan that supports the NELFT Safeguarding Supervision model is in progress
- Nominated EWMHS clinicians' are undertaking safeguarding children supervision skills training
- Strengthening of Safeguarding Children Supervision – Linked to SIs/Learning/Reviews NELFT wide. This includes the provision of a NELFT Safeguarding Children Supervision induction and competency sign off for all new supervisors.
- In the interim, teams will continue to receive group safeguarding children supervision. Pathway Leads, Team managers and Psychiatrists all receive one to one supervision.
- As more supervisors are being trained, one to one safeguarding supervision will be progressed to the wider teams, in line with the NELFT safeguarding children supervision policy.

Safeguarding Children Activity

- All staff must complete mandatory safeguarding training appropriate to their role. This is monitored by the training and development department and reviewed at the DPQSG meetings
- Listening to and responding to the voice of child is integral to practice and embedded in training and audit processes. NELFT has a service user engagement programme in place which includes seeking the views of children, young people and their families in relation to their experience of our services. Their views are considered and used to inform improvements in service delivery.
- Prevent, and MCA DoLS have reached overall compliance figures of 85% following successful launch of the MCA and DoLS E learning packages and delivery of bespoke sessions of MCA DoLS and Prevent to MHS inpatient and EWMHS services.
- Safeguarding Adults and Children's training packages have been updated and strengthened to incorporate learning from SARS/DHRS/SCRs and other Learning reviews as well as legislative and policy updates

- The Safeguarding Children Standard Operating Procedure was published in June 2016. This is a comprehensive safeguarding resource with a live link index to a wide variety of safeguarding areas which have further links to additional information and referral forms. The document supports the implementation of the Safeguarding Children Policy 2016, Domestic & Sexual Abuse Policy 2015, Responding to Domestic Abuse and Harmful Practices and Child Sexual Exploitation Practice Guidance and Procedures 2015 and other key safeguarding policies and guidance.

Southend CQC SLAC inspection July 2016 – key findings:

The CQC highlighted the changes Southend EWMHS has undergone, including 4 identified pathways and the provision of laptops for clinicians, enabling young people to be seen in more convenient locations. EWMHS also supports schools with the training of school facilitators around better management of young people with identified emotional wellbeing difficulties. Young people can now self-refer and further web-based support services allow for better access and enhanced opportunities for early help.

The recommendations for NELFT included the development of a quality assurance process to improve the standard of referrals from EWMHS to children’s social care, ensuring practitioners receive sufficient training and safeguarding supervision, strengthening management caseload oversight and monitoring the implementation of the new safeguarding supervision model. The recommendations are being progressed and monitored at DPQSG.

Safeguarding thematic audit Spring 2016 (awaiting full report)

This audit looked at the following themes:

- How practitioners identify safeguarding risk incorporating the voice of the child (including the use of risk assessment tools)
- The quality of intervention to manage safeguarding risk
- The quality of ‘Think Family’ interventions approach
- The quality of record keeping

- The quality of multi-agency safeguarding arrangements to protect children and their families who are at risk of abuse and neglect

Standards and practice under scrutiny in this audit must reflect the benchmark outlined in the following policy and procedural documents:

- Safeguarding Policy
- Safeguarding Children Supervision Policy
- Domestic Violence/Harmful Practice Policies and Procedures
- Standards of Record Keeping
- Missed Appointments/Non-attendance for adults and children health appointment

Quality of Multi-Agency Referral Form audit to begin autumn 2016

- All EWMHS staff have been advised by safeguarding to complete Level 3 CSE, FGM and DV
- Safeguarding link workers and safeguarding supervisors (to be) are requested to complete the above training within 6 months.
- Named Nurse, Safeguarding Children for EWMHS will be reviewing the Datix raised by EWMHS over the past 6 months to identify themes to flag any training requirements (this will commence January 2017)

Outcomes and Impact of Safeguarding Children Activity

- Southend EWMHS clinicians access the NELFT Safeguarding Advice Service and safeguarding children supervision.
- During Quarter 2, the safeguarding advice service was accessed 10 times by phone and 3 Datix safeguarding children incident reports were responded to.
- The primary reason for calling the advice service was for advice and direction regarding the safeguarding concern
- Five out of the 10 calls resulted in a referral to children's social care and the completion of a Datix
- The remaining calls were to share information, update the safeguarding team

regarding referrals made or required no further action

Key Successes

- PREVENT training delivered across EWMHS
- CSE & FGM & DV training was delivered across EWMHS localities (June – October 2016)
- Training on how to record safeguarding onto SystemOne and use of the ‘blue dot’ template delivered across EWMHS, with 2 further sessions as refresher and for those unable to attend the initial training

Key Areas for Development

- As identified above, for all case holding staff within EWMHS to receive one to one safeguarding children supervision as per the NELFT Policy. This is noted on the Southend EWMHS CQC Action Plan and is being monitored within the EWMHS DPQSG and Safeguarding Team meetings
- Assure the quality of referrals to children’s social care – via audit to flag any training issues. This is included in the Southend EWMHS CQC Action plan and monitored as above
- Monitoring of appropriate level of safeguarding training for all EWMHS staff, undertaken at EWMHS DPQSG
- Quality of record keeping monitored across EWMHS by utilising the CQC SLAC Inspection template to dip sample cases within each team and responding to areas of concern.

7.7 Southend University Hospital NHS Foundation Trust

Agency Context

Southend University Hospital NHS Foundation Trust is a Teaching Hospital; linked to the London University. The hospital serves a population of 338,800. We currently employ 4,567 staff.

The Safeguarding Children Team:

- Provide advice, support and guidance to members of staff regarding safeguarding children matters.
- Ensure relevant policies and procedures are in place to support all staff.
- Provide safeguarding supervision to staff - supporting areas of challenging work and ensuring the focus of work remains on the safety and wellbeing of the child.
- Provide training and education for all staff to support them with their safeguarding work.
- Undertake a programme of audit to provide assurance.
- Work closely with key stakeholders and other agencies to safeguard children.

The team consists of:

- Named Nurse for Safeguarding Children
- 2 Safeguarding Specialist Nurses
- Specialist Safeguarding Midwife
- Personal Assistant to the Team
- Named Doctor Safeguarding
- Designated Doctor for Safeguarding

Safeguarding Children Activity

Safeguarding training is incorporated within the Hospital's mandatory training programme. We monitor compliance via the Trust's iLearn system. Training is regularly updated to incorporate new procedures and learning from serious case reviews (SCR's). We provide additional opportunities on specific topics for example, making good referrals, FGM, Early Help and Child Sexual Exploitation (CSE).

We use face to face and e-learning to deliver training as per the Intercollegiate Document 2014 Safeguarding Children and Young People: Roles and competences for health care staff.

The team are working to develop supervision and ensure robust supervision processes are in place in SUHFT - uptake continues to be monitored to ensure that this continues to increase.

The team have managed to absorb this within current capacity, although this has been a challenge. The team will continue to develop the service further within the constraints of team capacity ensuring the quality of supervision is maintained.

A number of audits have been undertaken by the team against recommendations from national and local reviews.

The following audits were carried out;

- Fractures for Children under 18 Months Audit
- GP Safeguarding Information Sharing Audit
- Midwife to Health Visitor Handover Audit (repeated to ensure compliance)

In the last year there has been one SCR commissioned by Southend LSCB which is currently on hold pending the legal case being heard.

The hospital has been part of one single agency review (Baby K) and has contributed to action plans accordingly.

Data has been submitted to the LSCB regarding child death via the Learning and Improvement framework as lessons learnt and recommendations for the Safeguarding Board – themes emerging are parental smoking and co-sleeping.

The Trust Safeguarding Committee will consider how we can support any service development needed to address the themes identified.

Outcomes and Impact of Safeguarding Children Activity

The Safeguarding Children Team remain committed to responding to innovation in practice

and feedback from those who have been involved in safeguarding to maintain and

develop safeguarding services within the Southend University Foundation NHS Trust, which aims protect the vulnerable and drive positive change. The evidence of this is noted in our Section 11 audit and in the regular audits of key work streams.

Key Successes

- The Trust has revised the governance arrangements for safeguarding. The existing committee meeting will become a monthly operational meeting which will inform a quarterly joint adult and child safeguarding committee – chaired by the Chief Nurse. This committee will liaise directly with the Trust Board.

- Our on-going training programme 2016-2017 continues to focus on the National agenda for, Sexual Exploitation of Children, Female Genital Mutilation, Domestic Violence and increasing the awareness of staff to the SET toolkit now being used throughout Essex/The FGM reporting requirement.

A multi-agency study day for FGM was facilitated by the team on 18.10.2016. The day had a wide range of speakers:

John Dunworth – Social Care

Sonita Pobi – Head of Training, National FGM Centre

PC's Nicola Pain and Caroline Cudby – Police Protection Unit

Shabina Begum – Solicitor from Dawson Cornwell (London)

Miss Tripathi – Lead for FGM and Consultant Gynaecologist

The feedback from those that attended the day was extremely positive and further seminars are planned for next year.

The Trust Staffnet page has been updated regularly with key documentation and reference guides to assist staff when making referrals to Social Care. The local threshold document has been added to Staffnet to assist practitioners when making assessments/referrals.

In July 2016 the hospital was the part of a review carried out by the CQC which explored the effectiveness of health services for looked after children and the effectiveness of safeguarding arrangements within health for all children.

The focus was on the experiences of looked after children and children and their families who receive safeguarding services. As a result of this an action plan has been agreed and the team continue to work collaboratively with the CCG to ensure the delivery of the actions agreed.

Key Areas for Development

- Improve representation at Child Protection Case Conferences and reporting of data in respect of reports sent to parents and Conference Chairs.
- Improve the compliance with statutory/mandatory safeguarding training for all levels – the team are developing a comprehensive training plan across the Trust particularly where compliance is identified as an issue. This will include raising awareness and monitoring its effectiveness on frontline practice
- Improve participation in multi-agency training.
- To strengthen supervision arrangements across the Trust.
- Voice of the Child - to ensure that the child's voice can be heard in any safeguarding activity we undertake and that our sight is always on the child's journey through our services.
- Quality of referrals – to improve the quality of referrals sent to Social Care whilst embedding the Early Help strategy and recognise our own role in supporting families where need exists.
- The safeguarding team are actively targeting key areas to improve the quality of referrals sent to Social Care whilst embedding the Early Help strategy and encouraging staff to recognise their own role in supporting families where need exists. There is a planned audit focusing on referrals from health (SEPT and SUHFT) which will be carried out with the support of Social Care (November 2016).
- Child Sexual Exploitation (CSE) - We have responded by creating CSE champions, updating our safeguarding training, providing assessment tools

and supporting frontline staff. This should enable us to better recognise young people who may become more vulnerable to CSE.

- In light of the recently published Goddard Review and the issues raised in the case of Dr Bradbury we are reviewing and updating our chaperoning and child protection policies to further ensure that our children are kept safe.

In addition to the Trust strategic objectives, our safeguarding objectives for the next year will also reflect those set by the Local Safeguarding Children's Board.

7.8 East of England Ambulance Service Trust

Agency Context

East of England Ambulance Service Trust provide 24 hour, 365 days a year Accident & Emergency Services to those in need of emergency medical treatment and Transport. We cover 6 counties, Bedfordshire, Hertfordshire, Essex, Norfolk, Suffolk and Cambridgeshire. We cover a total of 11 children's Boards throughout the region.

The Safeguarding team in EEAST consists of:

Dr Tom Davis (Named Dr for Safeguarding)

Sandy Brown (Director of Clinical Quality & Nursing)

Simon Chase (Safeguarding Lead)

Anna Price (Named Professional for Safeguarding)

Denise Kendall (Safeguarding facilitator)

Rebecca Bavington (Assistant Safeguarding facilitator)

Simon Chase & Anna Price have completed their NSPCC supervision skills training and complete supervision for 27 identified personnel within the Trust.

We have funding for 2 band 7 posts which are currently going through the recruitment process.

Safeguarding Children Activity

The Trust has a Safeguarding Annual Report that reviews actions and outcomes from the previous year and maps requirements for the forthcoming year. The Trust promotes actions in safeguarding as part of a Trust Outcome Plan and this is promoted in all relevant work streams within the organisation. The Learning and Development Policy includes a training Needs Analysis (TNA).

The Board of the East of England Ambulance Service NHS Trust is focused in ensuring that the statutory requirements are met and that people using Trust services are protected from harm and abuse

East of England Ambulance Service NHS Trust meets all statutory requirements in relation to Disclosure and Barring Service and has systems in place for safer recruitment

East of England Ambulance Service NHS Trust has a Safeguarding Children & Young People policy in place.

The Trust works in partnership with all statutory and non-statutory agencies around the Eastern Region.

Trust Safeguarding Lead works with the National Ambulance Forum for improving safeguarding standards nationally.

Outcomes and Impact of Safeguarding Children Activity

EEAST have seen a month on month increase of all safeguarding referrals, with the top 2 categories of abuse for children being:

1. Neglect
2. Domestic abuse (including being present/witness to abuse)

This is due to the increase in training and awareness, including our Community First Responders (volunteers) and Private Ambulance Providers.

Key Successes

- We continue to work alongside Boards when there are SCRs and DHRs
- We continue to engage where possible with our Boards
- Training figures are increasing

- Referral figures are increasing
- Receiving more feedback from Local Authorities for crews.

Key Areas for Development

- Maintain the external engagement with our Boards
- Maintain the training programme to ensure all staff are trained in Safeguarding
- Continue to promote the safeguarding agenda within EEAST

7.9 Essex Community Rehabilitation Company

Agency Context

Essex Community Rehabilitation Company (ECRC) is contracted by the Ministry of Justice to deliver statutory probation services for adult services users who have committed offences, and are allocated to the CRC by the National Probation Service. These services include the supervision of those assessed as low or medium risk of harm (but they could be high risk of reoffending); the delivery of the community payback scheme, a range of accredited programmes, a range of interventions to address criminogenic need, and resettlement and 'through the gate' services. We have some key operational partners who are contracted by the CRC to deliver parts of our service – these are Nacro, Ormiston Families and Open Road.

During the last year, ECRC has continued to restructure following the Transforming Rehabilitation reforms. These include the establishment of a central administration and case management Hub in Chelmsford, with local management centres and neighbourhood centres in Southend, Basildon, Thurrock, Chelmsford, Harlow and Colchester. In Southend, we are delighted that our south of the county management centre is based in Civic 2.

The biggest challenge for the CRC in the last year has been the transition to the new estates and our new operating model. The pace of change has meant we have not always

communicated these changes well with partners, which has the potential to impact safeguarding checks and joint working on cases. Local managers have worked to mitigate this by engaging and working with partners in local teams.

Safeguarding Children Activity

ECRC is an adult service and our staff rarely have direct access to children. Our role is to assess, manage and address risky behaviour in adults which impacts the safeguarding of children. We actively engage in multi-agency information sharing and working to safeguard children through attendance at Child Protection and Child in Need arrangements. In addition, our operational partner Ormiston Families is working with the families of our service users to build healthy and positive family relationships. They are contracted to report any safeguarding concerns immediately.

Safeguarding training is core training for all operational staff to Level 1 or 2 depending on their role.

Essex CRC undertakes monthly quality audits on a selection of cases. This is a holistic audit covering all aspects of our service delivery. Questions are asked about risk assessment, risk management, working with other agencies on the case. Assessing safeguarding practice is a key component of these audits. An area of learning has been the need to consistently make safeguarding checks, at this is now undertaken at the point of allocation to the CRC by the Hub teams.

Essex CRC is subject to independent audit from HMIP (there have been no HMIP inspections in Essex CRC this year) and the National Offender Management System, Operational Assurance (OA) Audits. This year we have had 2 OA audits – one on the 'Through the Gate' service and the other on 'Enforcement'.

Outcomes and Impact of Safeguarding Children Activity

ECRC does not have data to evidence the impact of our activity on safeguarding children.

Key Successes

ECRC engages with multi-agency arrangements to safeguard children. Where we are involved with an adult in the family, we are able to support the safeguarding process and help those adults to engage or to hold them to account. Where lack of compliance or risk circumstances arise we can take enforcement action as part of this process.

Key Areas for Development

Consistency of undertaking safeguarding checks in every relevant case. The process has been put in place for the Hub team to undertake. Progress against this action will be audited in the monthly quality inspections.

7.10 National Probation Service

Agency Context

The National Probation Service is responsible for assessing the risk posed by adult offenders prior to sentencing and then supervising them in the community either an order or licence. Probation Officers/Probation Service Officers will be in contact with, or supervising, a number who have been identified as presenting a risk or potential risk to children. They will also supervise a significant number of offenders who are parents and/or carers.

The organisation adequately proportions resources to meet its responsibilities with regard to safeguarding. Our commitment to this is set out in the National Partnership Framework for Local Safeguarding Boards, which, in addition to promoting national consistency in the way the NPS relates to the LSCBs, clarifies the roles and responsibilities of divisions in relation to LSCB and the expectations that the LSCB can have of the NPS.

The National Probation Service has started to implement a number of changes under the E3 programme. The main aim being to harmonise roles, policies, etc. the evidence to-date

suggests that this should not impact on the effectiveness of safeguarding practice.

Safeguarding Children Activity

As an active member of the multi-agency public protection arrangements, the National Probation Service works with other agencies to safeguard and protect children to ensure that they experience better outcomes. We have systems in place to identify and flag those offenders who are in contact with a child, considered to be at risk of harm.

We also attend MARAC meetings, where we actively contribute to safeguard and protect children through the timely sharing of information.

Where a probation officer identifies there is a risk of harm to children, they are expected to complete a section 47 referral in respect of the child. If it is considered that the concerns meet the Child in Need criteria, staff are expected to complete a section 17 referral. A supervision objective will be included in an offender's supervision plan if an offender has contact with a child regardless of whether the individual is assessed as presenting a risk, as it would be expected that focus should be on the impact of their behaviour on that child. The sentence plan requires the practitioner to state what they are trying to achieve, who will be involved and the timescale. The timescale for review is a minimum of six months. As an end of order or licence review is required in all cases, we are able to identify risks and put in place effective risk management measures in collaboration with our partners to reduce and manage these risks.

If an offender that the National Probation Service supervises is placed under a plan, the probation officer/probation service officer is expected to attend case conferences and core group meetings.

We respond in a timely manner to request for information from social care relating to adoption and children where consideration is being given to the registration.

We also have a seconded probation officer within the Youth Offending Service.

The systems in place to ensure positive outcomes for children and young people via our work with adult offenders can be found in the Children and Families policy which is applied in consultation with the SET procedures.

There is regular and appropriate level attendance and effective contributions to the Safeguarding Boards, their subgroups/committees and consultations. This includes attendance at LSCB case audits.

There is effective supervision and support for staff that are engaged in safeguarding children work.

There is effective supervision and support for staff that are engaged in safeguarding children work. As part of this review a Senior Probation Officer is required to review any child protection minutes.

Safeguarding training and development opportunities are provided to all staff at a level appropriate to their role. The National Probation Service has developed both E learning and classroom packages. The e-learning includes: adult safeguarding (88%), domestic abuse (88%), child safeguarding (88%), foreign nationals and hate crime (88%). Those that are yet to complete the training are currently on sick leave and maternity leave. The percentage of classroom training completed is as follows: 65% adult safeguarding training and 80% of appropriate staff have completed the child safeguarding and domestic abuse training.

Outcomes and Impact of Safeguarding Children Activity

The National Probation Service's main responsibility is to supervise adult offenders. By probation officers working to improve the lifestyle of offenders and enabling them to change behaviour, probation officers will safeguard and promote the welfare of children for whom the offenders have a responsibility. The work undertaken will include the following factors: domestic abuse, alcohol misuse, accommodation issues, mental health,

drug misuse, thinking and behaviour, education, training and welfare.

However service development is informed, where appropriate, by the views of children and families. An example of this is through the domestic abuse programmes and supporting woman victims and indirectly children in the family. As part of the MAPPA arrangement the NPS works with other agencies to seek better outcomes for children.

As previously noted an offender's supervision plan should be reviewed at a minimum of six monthly, therefore an objective regarding children should be reviewed as part of this review. Also, positive outcomes for children can be evidenced through the work we undertake with adults who may have children or have contact with children to address accommodation, employment, drug, mental health, thinking and behaviour, violence, sex offenders etc. By addressing these needs, which we do in collaboration with partners, we are able to reduce the risk of serious harm and re-offending thus improving the life chances of children with who they may have contact.

We also have positive outcomes in terms of MAPPA in respect of the multi-agency management of violent and sexual offenders who pose risks to children.

Also positive outcomes due to our involvement in MARAC meetings, sharing information and actively working with partners to safeguard children.

Key Successes

Since the National Probation Service came into existence on 1 June 2014, it has made a number of changes to promote consistency. For example, implemented national safeguarding children guidance, national safeguarding adult policy and guidance; MARAC guidance; developed safeguarding children, adults and domestic abuse e-learning and class-based training. Published partnership frameworks for safeguarding children, adults and MARAC.

We have success in regard to work that we undertake with offenders to reduce their

reoffending, drug use, monitor and control via MAPPA, which helps to protect and safeguard children (MAPPA, recall etc.) but work we do around accommodation and drugs etc. also helps to ensure positive outcomes for children. In addition report writers also conduct work looking to divert offenders away from custody, which means offenders who receive a community order are less likely to lose their accommodation, employment, relationships with families and children. The evidence of this progress is reviewed in the OASys assessment.

Key Areas for Development

- 100% of staff need to complete the training noted above. The National Probation Service is committed to ensuring that this is achieved for all of the e-learning and face to face training.
- We need to ensure that agency staff undertake safeguarding training.
- National Probation Service needs to agree a national safeguarding performance dataset.
- Given the drive to complete pre-sentence report at the first hearing, we have agreements in place with our police and social care colleagues about how we acquire safeguarding children and domestic abuse information to inform our assessment.
- We continue to ensure that we meet/exceed the safeguarding section 11 minimum requirements.

7.11 South Essex College

Agency Context:

South Essex College is the largest provider of Further Education in the South Essex area. The College's strategic plan clearly outlines how the establishment is moving towards being the first choice provider in the area. The students are at the heart of everything that the College does and this places safeguarding procedures as integral to the student experience.

The College is committed to continually developing its safeguarding procedures in line with legislation, Ofsted guidance and the views of students. The College sits across three local authorities, Southend, Essex and Thurrock, and attends the Local Safeguarding Boards as well as providing regular reports.

Safeguarding Children Activity

The College currently has a broad approach to child protection and safeguarding and this includes the following:

- Senior staff with designated child protection training, experience and skills
- A dedicated team of Safeguarding Advisers
- Online safeguarding training for new and existing staff
- General safeguarding training
- Designated Child Protection Officers on main campuses
- Annually reviewed Policies and procedures
- Staff DBS, employment and identity checks
- Multi agency working

Student Services recently received its Matrix Accreditation. The Safeguarding Provision on offer at South Essex College was considered outstanding and given 'Matrix Excellence'.

The College underwent an Ofsted Inspection and within the report, Safeguarding was referenced as a strength, and good systems in place to make sure students are Safeguarded appropriately.

Key themes/ actions for 2016-2017 include:

- Child Sexual Exploitation
- Gang Prevention (Healthy Relationships)
- Prevent
- E-Safety
- Bullying inc. Cyberbullying

Actions to improve Safeguarding across the College:

E-learning exercises and classroom based lessons on Personal Development Behaviour and Welfare focusing on the above key themes.

Community Teams visiting the College to support with key areas to offer a preventative approach to issues that may develop to become safeguarding concerns. We have held talks on Substance Misuse utilising 'YPDAT teams'; Safer Places and Local Authority providing 'Prince Charming' play on healthy relationships and support in place within the Community; Mind speaking with students regarding Mental Wellbeing.

We also plan on further talks from gang prevention charities such as St Giles Trust to speak with students regarding Gang Prevention.

Outcomes and Impact of Safeguarding Children Activity

In this period we had 14 safeguarding queries regarding students at the Southend Campus regarding 14 students.

9 were Child Protection concerns (4 upheld; 5 rejected)

3 EHA's completed

3 CSE concern

2 incident of Sexting from one learner with unidentified perpetrator (referred to Police)

3 cases referred to Police of Missing Persons

*Percentage of Staff who have completed Safeguarding training:

Training (PREVENT) 77%

Training (Safeguarding Part 2) 82%

Training (Keeping Children Safe in Education Part 1) 88%

Training (Child Protection Online) 75%

*With new staff this number fluctuates regularly depending on size of new cohort.

Staff Safeguarding Issues (Human Resources data):

- Number of staff matters relating to Safeguarding on the casework log from 1 September 2015 to the end of July 2016: 18 cases recorded
- Numbers of any staff that were suspended: 9 staff were suspended
- Numbers of any staff who resigned or left the college and how many of these were reported to Independent Safeguarding Authority: 1 resigned and was reported.
- Number of any open cases with Southend LADO: No open cases. All resolved. None outstanding.
- Dismals due to a Safeguarding issue: 3 have been dismissed.

Methods undertaken to ensure students are safeguarded:

- The Head of HR ensures that **100%** of staff working at the College have had a DBS (Disclosure and Baring Service), Enhanced Disclosure completed which is considered satisfactory to the management of the College prior to them commencing their employment.
- Direct contact with Social Care/ Virtual School Teams in place. Impact; we know who our LAC cohort consist of prior to first week in enrolment and have a centralised contact for any concerns regarding retention, success, achievement.
- Information from Local Authorities for LACs in place and shared with Funding during Induction week before classes commence.
- Social Workers, Virtual School, YOT Officers – good working relationship with Southend YOT/ Post 16 teams. Concerns flagged up immediately and Serious Breach Meetings include relevant professionals. Impact: retention rates to increase; bespoke support arranged.
- Staff through training aware of referral process for any Safeguarding concerns.
- Specialist trained team of Safeguarding Advisers to meet needs of this service.
- Further links have been made with housing agencies (Family Mosaic) to ensure prompt and robust response to street homeless students.

- Student feedback, when obtained, shows they feel valued and listened too and safe within the college.

Key Successes

- Inter-agency working; Social Care, Virtual Schools, Community Teams (Drugs and Alcohol); Health (inc. Mental Health Teams); Housing; Police (YOT); Young Carers.
- Close links with the Post 16 team in Southend and excellent working relationship with the Virtual School.
- Developing good links with data teams in the Local Authority to develop systems in place that quickly identify students who fall into vulnerable groups such as LACs/ YOTs etc. prior to first few weeks of school year. Systems and support/ professional contact details are in place to ensure young person is not NEET without LA being unaware of this/ we are aware of support needs and referrals to Departments and data team in College have accurate records for young people attending SEC. This will benefit students to ensure boundaries in place are noted, removed and retention rates increase.
- Training – ongoing, delivered during Induction. Constantly reviewing and altering training provision to meet needs of staff and cover national agenda for Safeguarding.
- High quality Safeguarding Team with excellent knowledge basis for key Safeguarding concerns; ongoing external training proactively researched and attended. This has developed the team’s expertise in relation to key safeguarding issues.
- Expertise in relation to Safeguarding queries and processes for risk management (CP/ VA, Prevent, Housing, serious mental health disclosures (suicidal/ self-harm); risk assessments; CSE)
- Events last academic year very successful; Anxiety Day prior to start of new academic year; Drug and Alcohol Workshops; Gang Talks; supporting Enrichment with Prince Charming tour. Further development for these areas is being arranged (SOS Rape Crisis).
- Flexibility to meet needs of individual students; internal support extensive via

counselling and signposting to SENCO, teaching teams as appropriate with appropriate individual strategies in place to ensure barriers to retention, success and support are removed.

- Communication; both internal and external (Student Managers and HODs and Virtual Schools, Social Workers, etc.) informing of 'at risk learners' and arranging quick timely interventions to remove 'at risk' factors.

Key Areas for Development

Key themes/ actions for 2016-2017 include:

- Child Sexual Exploitation
- Gang Prevention (Healthy Relationships)
- Prevent
- E-Safety
- Bullying inc. Cyberbullying

Ready, Safe Respectful will be strengthened through targeted events throughout the year and will demonstrate this ethos throughout all events. We have YPDAT and Sexual Health Teams arranged to come into during first term to deliver workshops. Second term will focus on Mental Wellbeing.

Prevent Agenda and British Values to be embedded and recognised within all safeguarding practices throughout college. Guest Speaker policy to continue to be used and training disseminated to all staff to develop awareness of PREVENT.

Safeguarding to disseminate all information to Student Manager's focusing on 'at risk' learners with strategies in place and discussed.

Collection of feedback and outcomes for students known to the Safeguarding Team to influence future provision

Continue building strong links with appropriate agencies.

7.12 South Essex Homes

Agency Context

South Essex Homes is the Arms Length Management Organisation set up by Southend on Sea Borough Council. Their aims are to manage and maintain the council's 6,200 properties and associated housing land. Our operational risk register identifies safeguarding as an operational risk "Failure of the organisation that controls are not robust, resulting in unidentified child/adult abuse", and is mitigated by:-

- Extensive risk assessment carried out.
- Referrals made to relevant support agencies.
- Any potential risks referred to safeguarding teams.
- Regular property inspections and room checks carried out.
- Policies and procedures updated regularly and compliance checked.
- Extensive staff training.
- Safeguarding procedures in place.
- Regular support meetings
- Robust staff appraisal and 1:1 system in operation.
- Reviewed and updated the Safeguarding Policy
- Improved reporting mechanisms to the Board and Audit Committee
- Reporting to Local Safeguarding Children's Board (LCSB)
- Audit of revised risk assessments
- Auditing of safeguarding training for staff.
- Analysis of safeguarding referrals and training to reflect common themes.
- Dedicated budget for sanctuary scheme for victims of Hate Crime and Domestic Abuse.

Safeguarding Adults/Children Activity

In order that South Essex Homes continues to provide an effective safeguarding response for adults with additional care and support needs, they have provided a senior manager as the designated safeguarding lead and appropriate representation at the Safeguarding Adults Board, Safeguarding Adults Executive Board, the Housing sub-group and at the MARAC.

The safeguarding adult policy and procedure complies with the Southend, Essex and Thurrock Guidelines for Safeguarding adults. The safeguarding policy and procedure is updated every three years (last updated May 2015). The Safeguarding Children policy and procedure complies with the Southend, Essex and Thurrock Safeguarding and Child Protection Procedures 2015 and the Children Act 1989.

All front line staff are trained regularly in safeguarding adult and child awareness, mental health awareness, mental capacity awareness, domestic abuse awareness and Dementia and Alzheimer's awareness. A safeguarding presentation is included in the Staff Induction day. Safeguarding awareness sessions include contractors operating on behalf of South Essex Homes/Southend on Sea Borough Council. Awareness sessions on safeguarding are delivered to residents living in Council owned sheltered schemes. Articles on domestic abuse and safeguarding are regularly featured in residents' newsletters and staff newsletters.

A safeguarding page on the South Essex Homes website is updated regularly as well as the safeguarding page dedicated to staff on the intranet. Guidance sheets on reporting concerns are provided to all contractors operating on behalf of South Essex Homes/Southend on Sea Borough Council. Business size cards are issued to all staff with identifying potential concerns and the relevant numbers to contact.

An update on safeguarding is provided at each Board meeting. Safeguarding is a regular agenda item at the Operational Management Team meetings and safeguarding action plans are monitored at the Operational Management Team meetings. Referrals are monitored and reflect the training programmes and awareness sessions delivered.

There are dedicated officers to identify and respond to victims of domestic abuse and a dedicated Sanctuary Scheme budget is set aside annually, to cover the cost of additional

safety and security measures for victims of domestic abuse and hate crime. There are dedicated officers to identify and respond to vulnerable victims or perpetrators of anti-social behaviour.

The Council's internal audit team recently inspected our Safeguarding involvement and the recommendations included ensuring that our contractors have safeguarding policies in place. This has now been addressed. The action plans for all audit inspections are monitored by the Operational Management Team on a fortnightly basis.

Our Community Development Team support vulnerable tenants who are at risk of losing their tenancy. In our Temporary Accommodation Team we have a dedicated officer to support hostel residents with complex needs.

South Essex Homes work very closely with the officers of the Council's Youth Offending Team in relation to Street Engagement for identified youth issues and Troubled Families for families at risk of homelessness and financial constraints. Our Temporary Accommodation Officers liaise with Family Mosaic to assist in supporting families residing in the Council's temporary accommodation. The income management Team provide a homeless prevention service, this includes an income and expenditure assessment, identifying any social and welfare needs, referrals to our Community Development Team for support in accessing Essential Living Fund (ELF) and Discretionary Housing Payments (DHP) and referrals to the Citizens Advice Bureau (CAB) who can provide benefit and money advice. The CAB also attend the HUB one day per week.

Outcomes and Impact of Safeguarding Adults/Children Activity

The number of evictions for council tenants has reduced this year from 45 to 6 (as at the end of September 2016) primarily due to the support of the Community Development Team.

A partnership with Southend College providing a free counselling service is available at The Hub. Trainee counsellors in their third year of their Counselling course with support from an NHS trained counsellor take referrals from the organisations operating from the HUB,

who feel that their clients would benefit from counselling. Thus providing a pivotal service in improving a vulnerable person's life.

Key successes

Since June 2015 the Digital Housing Hub (DHH) has seen over 3000 clients in that time for this programme. Alongside the digital support advice there is health advice and welfare advice. It means that the HUB can offer a complete bespoke service to assist a vulnerable person and to ensure that they receive the maximum amount of help needed to live an independent life.

Healthwatch Southend joined the HUB in September. Since joining they have seen 50 residents giving advice on a wide range of health matters.

The free counselling service headed up by a drug and alcohol specialist has attracted over 75 referrals with 90% of these people having at least 6 sessions.

The introduction of the counselling service provides advice and support to participants requiring help with Life Style, and Mental Health Problems. The twelve by weekly interactive group has provided another avenue that the HUB offers. The results of the sessions so far are:

Group Sessions completed Spring – Summer Programme 2016	24	Group Time Duration	2 Hours	<u>Open Group</u>
				Yes
Male participants Attended	134	Participants Food supplied	Yes	Outcome measures
				Under review

Female participants Attended	31	Participants Transport Provided	Yes	STAR
Total participants Attended	165	Participants Materials supplied	Yes	Locus of control

Key areas for development

Continue with the excellent work provided at the HUB.

Expand the current service offered by Careline to support vulnerable clients to continue to live independently.

7.13 School Governing Body Safeguarding Monitoring Returns Findings

The annual assessment of schools' safeguarding arrangements confirms that, in the main, schools understand their responsibilities and have suitable arrangements in place to meet them. This is particularly evident through senior management commitment to the importance of, and accountability for, safeguarding and the promotion of children's welfare; the existence of clear policies and procedures that align with local and national guidance and cover the issues of bullying and e-safety; and in the area of staff recruitment and training.

Areas for improvement include the timely monitoring of the single central record of staff by governing bodies and ensuring that, where appropriate, parents are provided with a copy of written reports in advance of child protection conferences. The number of referrals for Early Help varies between schools, as do referrals to Children's Social Care over the same period.

SECTION 8 – IMPLEMENTING LEARNING FROM REVIEWS

8.1 Serious Case Reviews

The LSCB commissioned a serious case review, under its statutory responsibilities in Working Together to Safeguard Children 2015, in January 2016. The review has been 'paused' by the LSCB due to ongoing legal procedures, and is expected to resume early in January 2017. Emerging learning from the case requiring immediate action is being addressed by the relevant agencies pending the completion of the review.

The recommendations from a serious case review completed in the period 2014-15, but which was not published to safeguard the welfare of surviving family members, have all been implemented.

8.2 Child Death Reviews

In total 12 notifications of child deaths were received during the year April 2015 to March 2016. This equates to a figure of 29 per 100,000 population aged 0-19 years for the period for Southend (compared to 22 for Essex, and 23 for Thurrock). From 2013 there has been a

slight increase in notifications of child deaths (per 100,000) in Southend compared to a plateauing of notifications for Essex and Thurrock in the same period.

The infant (aged 0 - 364 days) mortality rate per 1000 live births for Southend is 3.6 (compared to 3.9 for England)

10 Child Death Reviews were completed for children resident in the Southend area. In 7 of these cases no modifiable factors were identified and the deaths were deemed to be not preventable.

In 3 cases modifiable factors were identified:-

- Modifiable factors in the deaths classified as perinatal/neonatal events included maternal smoking and factors related to service provision and possible earlier surgical intervention. No specific recommendations were made following these reviews as the panel were satisfied that the issues had been identified by a Root Cause Analysis Report. The local hospital Head of Midwifery attended the Child Death Review Panel to reassure the panel members that all recommendations from Root Cause Analysis had been implemented.
- Parental smoking during pregnancy, and in the household, was noted as modifiable factors for a child death in the chromosomal, genetic & congenital anomalies category.

The LSCB is undertaking a review of current activity by partners to reduce parental smoking during pregnancy in order to identify and promote the implementation of programmes and awareness campaigns which are effective in altering parent behaviour.

8.3 Other Reviews

An alternative review of the case of a professional working with children, who used their position to take photographs of children using changing rooms, was also completed in the period. The LSCB's Case Review Panel received analyses of involvement from all of the agencies concerned, however, it has not found the analysis by one agency (a private education establishment) to be sufficiently reflective of the safeguarding practices at the

time and how the learning has been identified and implemented (although the Panel is aware that the establishment has undertaken actions to improve its safeguarding practice). The Panel will, based on the learning identified by all agencies, identify actions for implementation to improve safeguarding children practice.

SECTION 9 – FINANCIAL REPORT APRIL 2015 TO MARCH 2016

Funding and staffing of the Southend LSCB is relatively low level, compared to other Boards regionally and nationally. The LSCB shares a business manager, performance and quality assurance project manager (from April 2016) and administrative assistant with the Safeguarding Adults Board (0.5fte for each role and Board). There is also a considerable ‘in kind’ contribution of partners to both the Board and sub groups, which is critical to the effective functioning of the LSCB.

The LSCB uses the funding formula below to ensure it has adequate resources to undertake its business effectively

Agency	Proposed %age	Proposed Contributions for 2016/17
Southend Borough Council	49.5%	£43065
Essex Police and Crime Commissioner	16.5%	£14355
CCG	26.0%	£22620
National Probation Service	7.2%	£6264
CAFCASS (+ reserves)	0.7%	£609
	0.1%	£87
Total	100%	£87000

Additional income of £21449 was received from the Schools Grant (£10,000) and income from training. **Total income for 2015-16 was £108,449**

For the financial year 2015-16 the LSCB's expenditure was as follows:

Description	Expenditure (£)
Total Salaries	46,749
Total Consultancy and Professional Services Costs (included LSCB Chair and Serious Case Reviewer costs)	22465
Total Supplies And Services	32992
Total Contribution To Equality & Diversity in Schools Programme	5,000
Total	107,206

For the financial year 2015/16 the LSCB carried forward £79,334.96 in reserves.

SECTION 10 – BOARD MEMBERSHIP AND ATTENDANCE

Representative	19th November 2015	22nd February 2016	7th July 2016	29th September 2016
Christine Doorly -Independent Chair	√	√	√	√
Simon Leftley - Vice Chair - Corporate Director for People	√	√	√	Apologies
Essex Police / CAI Team	Tracy Harman attended	Luke Collison attended	Luke Collison & Tracey Harman attended	Paul Wells, Tracey Hawkings, Kevin Baldwin and Tracey Harman attended
Laurence Doe – Department for People, Chair LSCB Executive	√	√	√	√
Jane Belcher – South Essex College	√		√	√
Chris Perkins - independent schools rep				
Melanie Hall – head teacher, special schools heads rep	Apologies – June Mitchell attended	√	Apologies	√
Jim Johnson – head teacher, primary heads rep – Angela Hutchinson July 2016 onwards	√		√	√

Representative	19th November 2015	22nd February 2016	7th July 2016	29th September 2016
Mark Schofield – secondary heads rep	√	√	√	√
Brin Martin – Department for People - July 2016 onwards			√	
John O’Loughlin – Department for People	√	√	Apologies – Ruth Baker attended	√
Melanie Craig – NHS Southend CCG	√	√	Apologies	√
Linda Dowse, Southend CCG – Matt Ranguie from July 2016 onwards	√		√	√
Dr A Shrivastava – Designated Doctor	Apologies		√	
Gina Quantrill – Southend Hospital – Sue Kent September 2016 onwards	√	√	√ Sue Kent also attended	Apologies
Elaine Sherwen – NHS England LAT			√	
Margaret Gray – Public Health	√	Apologies	Apologies – Erin Brennan-Douglas attended	√

Representative	19th November 2015	22nd February 2016	7th July 2016	29th September 2016
Barbara Solomons – community lay member	√	Apologies	√	√
Ellese Degenhart – lay member	√	√	√	Apologies
Stefanie Peck – lay member	√	√	√	Apologies
Theresa Smith – SEPT	√	√	√	Apologies - Stephanie Farr attended
NELFT		Jackie Dennis attended		Brid Johnson – apologies Sharon Hall - apologies
Lisa Fautley – East of England Ambulance Service	√	√	Apologies	
Donna Finch - Essex Fire & Rescue	Apologies		√	
Mona Illisei – CAF/CASS	√	√	√	
Alex Osler – Essex Community Rehabilitation Company	√	√	√	Apologies – Katie Castle attended
Sheila Kennerson – National Probation Service , South & South Eastern Division	√	Apologies	Apologies – Sam Brinkley attended	√
Alison Clare – A Better Start Southend			Apologies	

Representative	19th November 2015	22nd February 2016	7th July 2016	29th September 2016
Alison Semmence – voluntary sector	√		√	√
Dorothy Simon – legal advisor	Apologies	Apologies	√	Apologies
Councillor Anne Jones, Lead Member (until May 2016) – Cllr James Courtenay from May 2016 onwards	√	√	√	√

SECTION 11 – ANALYSIS

- Engagement by partner agencies in the work of the LSCB is good
- The Police are progressing recommendations from their recent inspections, and are awaiting an updated inspection report. There remain actions to be completed, including any further findings, but progress has been good.
- The 2016 Health safeguarding inspection showed a number of areas of concern and the LSCB will need to ensure that the actions are completed and have the required impact.
- The Local Authority has an Improvement Board and needs to ensure that continued progress is achieved addressing the findings of the 2016 Ofsted inspection, as well as the Local Authority actions arising from the Health Safeguarding inspection, which are addressed to Public Health.
- Some areas of LSCB governance, including that of the Schools Forum and Care Providers Forum, need to be strengthened
- The Board is effective in challenging partner agencies where there is an identified need to improve services to safeguard children
- Although there are some improvements in mental health services for children and young people these are not yet fully implemented and embedded.
- Children, young people and their parents are continuing to access mental health crisis support via hospital accident and emergency services rather than the EWMHS Crisis Team 24hr service
- There has been a significant improvement in the timeliness and effectiveness of the multi agency response to high risk cases of domestic violence
- There is a coherent early help offer which is effective in supporting families to make the changes needed to ensure that their children's needs are met, however the new 'step up' and 'step down' arrangements between early help and stage 4 services need to be embedded before the LSCB is able to assess whether they have improved this process and that children and families always receive the support they need

- There has been a significant improvement in the analysis of information on a multi-agency basis to identify children and young people at risk of CSE, although sharing of information to identify and disrupt perpetrators requires development
- Although there has been some increase in provision of specialist services for survivors of sexual abuse, there remains a lack of mainstream funding of specialist domestic abuse support services and services for perpetrators of sexual and domestic abuse who are not within the criminal justice system

SECTION 12 – CONCLUSIONS AND AREAS FOR DEVELOPMENT

The following are areas of development in the coming year:

- Work is required to ensure children and young people who self-harm or have other mental health issues access services in a timely way and through the most appropriate routes. This will include more analysis of the issues and the development of a multi-agency action plan
- The analysis of intelligence from all partners, including the public, to identify, disrupt and prosecute those who exploit children and young people
- Mainstreaming of funding and development of timely specialist support services for victims of domestic abuse, sexual abuse, and exploitation is required by commissioning agencies
- Mainstreaming of funding and development of timely specialist support services for perpetrators of domestic abuse, sexual abuse, and exploitation is required by commissioning agencies
- To continue to exercise oversight of, and analyse, the child protection process and application of thresholds by children's social care, and review the conferencing system to ensure partners maximise its effectiveness and impact on families
- To ensure that the early help model is fully integrated with child protection processes, making one unified and comprehensive system to ensure all children and safeguarded and professionals know how and where to get the right help. Early Help services will be tested by the LSCB in 2017-18 to ensure hard to reach groups have the right access to those services.
- To ensure that the Voice of the Child is increasingly embedded in the way that services are delivered, and that achieving specific outcomes for children are increasingly driving the work of professionals.
- To continue to address and improve the governance of the Safeguarding Partnership (currently the LSCB) in light of the Wood Review of LSCBs, to ensure that cross cutting areas of work are approached holistically across the partnership, and that potential gaps and overlaps are identified and addressed effectively.

- To respond to the Violence and Against Women and girls agenda, including FGM, providing a comprehensive programme of work