

## Item 4.1.1

### Report of Cabinet

15 June 2011

Cabinet Members:

Cllr Richard Cornelius (Chairman)

- |                 |                   |                      |
|-----------------|-------------------|----------------------|
| * Brian Coleman | * Helena Hart     | * Robert Rams        |
| * Tom Davey     | * David Longstaff | * Joanna Tambourides |
| * Andrew Harper | * Sachin Rajput   | * Daniel Thomas      |

\* denotes Member present

#### **SAFEGUARDING IN BARNET (Report of the Cabinet Member for Education, Children and Families, Cabinet Member for Adults, Cabinet Member for Community Safety and Cohesion and Cabinet Member for Health – Agenda Item 5)**

The Deputy Leader of the Council and Cabinet Member for Education, Children and Families introduced the report. He stated that the report outlines in detail the governance arrangements that the Council has relating to its safeguarding responsibilities and noted that safeguarding is the responsibility of the whole Council.

The Director of Children's Services commented that the report was an important paper for the whole Council as it outlines the Council's statutory responsibility as corporate parent and also the relationship that the Council has with its partners with regard to safeguarding responsibilities. The strategic partnership groups include the Safer Communities Board, The Children's Trust board and the Well-Being Board.

After introducing the report, Councillor Harper asked that, in view of the level of abuse taking place at Winterbourne View, a hospital for people with learning disabilities, as recently reported on Panorama and in the light of the Care Quality Commission (CQC) report into nutrition and dignity for older people at the Royal Free Hospital, whether the Council was confident of the robustness of adult safeguarding arrangements in the NHS?

Councillor Hart responded that these unfortunate events also served as a stark reminder that Safeguarding was not only about children but equally importantly about vulnerable adults. She drew attention to the Royal Free Council of Governors' ongoing concerns about the issues raised by the CQC and of the full discussion it had on them and the acknowledgement by both the Chairman and Chief Executive of the Royal Free Hospital of the mistakes that had been made and the remedial action proposed. She further drew attention to the Council's own Health Scrutiny Committee not being told about the CQC findings when they were asked to approve the Royal Free Hospital Quality Accounts on 19 May 2011. She added that the Hospital had since been in contact with Councillor Alison Cornelius, the Chairman of the Health Overview and Scrutiny Committee, and would be presenting to its next Meeting.

As last year the Safeguarding Adults Board required each Health Trust to report on the work they had undertaken as part of their Dignity Programme, the Independent Chairman of the Safeguarding Adults Board has also requested that this item is tabled for the next Safeguarding Adults Board. The Chief Executive and Director of Nursing at the Royal Free Hospital Trust will be in attendance on 21 July 2011 to present the CQC's findings and the action plan developed to address the failings identified.

Drawing attention to 1.5 of the Recommendations regarding the Health and Wellbeing Board's involvement, Councillor Hart confirmed that the issues at the Royal Free Hospital were immediately brought to the attention of the very first Meeting of the Health and Wellbeing Board to take advantage of the opportunities it presented for a proper discussion on them between the Council, the NHS and the Chairman of the Barnet LINK. She also stated that Safeguarding is dealt with at the North Central London Cluster level, where there is a Cluster Safeguarding Board and locally with the responsibility being with the Borough Director and the Associate Director of Joint Commissioning.

Councillor Tambourides asked what work was being done to specifically reach out to the Indian community on safeguarding and what reasons were there for the over representation of black residents in the adult safeguarding figures?

Councillor Rajput responded that the faith and communities sub-group of the Safeguarding Adults Board was meeting during the week to explore the findings and plan action to address the findings in the report. The Barnet Asian Older People's Association is an active member of the Safeguarding Adults Service user forum and Safeguarding Adults training is currently being planned with volunteers from Barnet Multi-Cultural Centre. Councillor Rajput said that the figures in the report should be treated with caution as the numbers reported are very small and may not represent an overall trend, that is, the total numbers referred to as Black / Black British are only 32. This ethnic group covers a wide range of African and Caribbean communities. The Board will continue to work with communities, to raise awareness of safeguarding and to encourage communities to 'promote safety' and report abuse or neglect where it is suspected.

The Leader asked that, in light of the government's proposals to put adult safeguarding on a statutory footing, what actions the Council could take to ensure that safeguarding activity for adults is jointly resourced as per the Children's Trust Board?

Councillor Rajput responded that in 2010/11, attempts were made to secure funding from stakeholders to support the safeguarding infrastructure including the Board. However, the only stakeholder that made a contribution was the Fire Service, in the sum of one thousand pounds. He further responded that the Health Trusts do undertake internal training and both Barnet, Enfield and Haringey Mental Health Trust and the Royal Free Hospital have lead dedicated senior safeguarding posts. However, as referrals are increasing and more infrastructure resource is needed, the Council is in the process of writing to stakeholders again for a contribution to the 2011/12 infrastructure costs.

Councillor Longstaff noted that paragraph 9.7.2 of the report showed some significant variations in safeguarding activity by client group in Barnet and asked the reasons for this and that in the context of safeguarding activity what should be regarded as good outcomes?

Councillor Rajput advised that the Department of Health have been compiling information about safeguarding activity across the country through the development of a national data set administered by the Department of Health's information centre

but this has not yet been published. He stated that there are concerns about validity due to the different thresholds of what constitutes a safeguarding referral, adopted by different local authorities. However the picture across Barnet is broadly consistent with what is known elsewhere. He stated that referral numbers may vary for the following reasons:

- Awareness raising – the outcome of this may increase referrals or decrease if it acts as a preventative measure.
- The knowledge/expertise of staff in responding and reporting abuse may vary depending on their organisation, whether they are paid or voluntary, whether they work in a regulated setting.
- Vulnerability – some groups may be less vulnerable, more able to both protect themselves against harm and/or decide on what action they wish to take, including refusing support.

Councillor Rajput further stated that what should be regarded as good outcomes is a debate currently being had and that the Association of Directors of Adult Social Services is doing some work on this at present. Some ideas on good outcomes that have emerged so far are:

- A community who can recognise abuse and knows where to report it
- People at risk of harm know where to go to get information advice or support wherever they live.
- Quality of life for the person who has received safeguarding service is enhanced.
- People who use services are supported to manage their own risk, feel safe and in control.

For the reasons set out in the Cabinet Members report (Annex 1), Cabinet

**RESOLVED:**

- 1. That Cabinet requests full Council to note the content of the report, in particular the formal governance arrangements that exist to ensure that the Council conducts its statutory Safeguarding responsibilities properly, and the present Safeguarding activity undertaken by the Council and its partner agencies.**
- 2. That Safeguarding training continues to be part of the induction process for newly-elected Members and senior officers/directors, and that opportunities for updated and ongoing training for current Members and Officers continue to be provided.**
- 3. That an annual report on safeguarding continues to be submitted to Cabinet and Council.**
- 4. That the agreed safeguarding procurement standards are put into effect.**
- 5. That there is continuing involvement and dialogue through the Health and Wellbeing Board to ensure that all providers of NHS services, including Primary and Acute Care, are fully involved in the Safeguarding Agenda.**

## ANNEX 1

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Meeting	Cabinet
Date	15 June 2011
<b>Subject</b>	<b>Safeguarding in Barnet</b>
Report of	Cabinet Member for Education, Children and Families Cabinet Member for Adults Cabinet Member for Community Safety and Cohesion Cabinet Member for Health
Summary	This report provides Members with an overview of governance arrangements and activity as it relates to the Council's Safeguarding responsibilities. Safeguarding is a responsibility of the whole Council, and Cabinet is asked to consider referring this report on to full Council.
Officer Contributors	Robert McCulloch-Graham, Glynnis Joffe, Sue Smith, Paul Lamb, Bridget Griffin, Helen Elliott, Elaine Tuck
Status (public or exempt)	Public
Wards affected	All
Enclosures	Appendix 1: Governance Structure for Safeguarding Appendix 2: Safeguarding Standards for Procurement
For decision by	Council/Cabinet
Function of	Council/Executive
Reason for urgency / exemption from call-in	Not applicable

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Contact for further information: Elaine Tuck, 020 8359 4191

## **1. RECOMMENDATIONS**

- 1.1 That Cabinet requests full Council to note the content of this report, in particular the formal governance arrangements that exist to ensure that the Council conducts its statutory Safeguarding responsibilities properly, and the present Safeguarding activity undertaken by the Council and its partner agencies.**
- 1.2 That Safeguarding training continues to be part of the induction process for newly-elected Members and senior officers/directors, and that opportunities for updated and ongoing training for current Members and Officers continue to be provided.**
- 1.3 That an annual report on safeguarding continues to be submitted to Cabinet and Council.**
- 1.4 That the agreed safeguarding procurement standards are put into effect.**
- 1.5 That there is continuing involvement and dialogue through the Health and Wellbeing Board to ensure that all providers of NHS services, including Primary and Acute Care, are fully involved in the Safeguarding Agenda.**

## **2. RELEVANT PREVIOUS DECISIONS**

- 2.1 Council 3 November 2009, agreed to note Safeguarding activities and governance arrangements set out in the Cabinet Members' report.**
- 2.2 Cabinet, 21 October 2009, Decision Item 5: 'Safeguarding in Barnet (Report of the Cabinet Members for Children's Services and Community Services) resolved:**
  - That a report summarising Safeguarding activity relating to both children and vulnerable adults be submitted annually in future.
  - That Safeguarding training be included in the induction process for newly-elected Members and senior officers/directors.
  - That the Safeguarding Boards be requested to seek confirmation that hospital Acute Care facilities have provisions in place to support the Safeguarding of vulnerable adults and children.
- 2.3 General Functions Committee, 16 September 2009: 'Independent Safeguarding Authority'.**
- 2.4 Cabinet, 1 September 2009, Decision Item 5: 'Inspection of Independence, Well-being and Choice – Report of the Care Quality Commission'.**

## **3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS**

- 3.1 Safeguarding is a key priority for the Council, with a strong corporate message that 'safeguarding is everyone's business': everyone who works for the London Borough of Barnet needs to understand their responsibilities in safeguarding vulnerable adults and children.**

- 3.2 A key corporate priority intended for the Corporate Plan 2011/12 refresh is 'continue to safeguard vulnerable adults and children from avoidable harm at a time of reduced resources'. This is reflected in both the Children's and Adults' Business Plans.
- 3.3 Safeguarding is also a key priority in partnership plans.
- Ensuring a joined-up response to safeguarding across partner agencies supports the One Barnet principle of a 'one public sector approach'.
  - 'Ensuring the safety of all Barnet's children' is one of the three key priorities of the Barnet Children's Trust Board.
  - The Safer Communities Strategy aims 'to reduce crime and anti-social behaviour and ensure residents feel safe' and contributes towards the Sustainable Community Strategy priority of 'Strong Safe Communities for Everyone'.
  - The Multi-Agency Domestic Violence Strategy aims to coordinate services in Barnet in support of the wider safeguarding agenda.
  - The Drug and Alcohol Strategy prioritises safeguarding for children of substance misusing parents and the protection of vulnerable adults with substance misuse issues.
  - The promotion of effective Safeguarding will be embedded as an underpinning principle of the work of the Health and Well-being Board

#### **4. RISK MANAGEMENT ISSUES**

- 4.1 A failure to keep children or vulnerable adults safe represents not only a significant risk to residents but also to the reputation of the Council. Failure to keep children safe is identified as a key risk in the Children's Service, a key risk for Adult Social Care and is also embedded within the Community Safety team risk register. Although safeguarding must be the concern of all agencies working with children and vulnerable adults, the local authority is the lead agency for Safeguarding children and vulnerable adults. As such both members and senior officers carry a level of accountability for safeguarding practice in Barnet. The governance structure in place needs to ensure that other lead stakeholders e.g. health and the police are represented in the governance structure so that they can ensure that practice in their agencies is of the required standard.
- 4.2 There are a number of strategic boards with oversight of safeguarding, as outlined in appendix 1 of this report. Although links between these boards have been strengthened in recent years to support joined-up working, there remains a risk that learning related to safeguarding may not be effectively coordinated and disseminated across service areas and partner agencies. There are currently plans to introduce a single Overview and Scrutiny Committee on Safeguarding, which should help to provide Councillors with greater oversight of safeguarding issues across the Council.
- 4.3 The Secretary of State for Education has the power to intervene if he considers that a local authority is failing in its safeguarding duties toward children. This is considered to be a low risk in Barnet, but is a

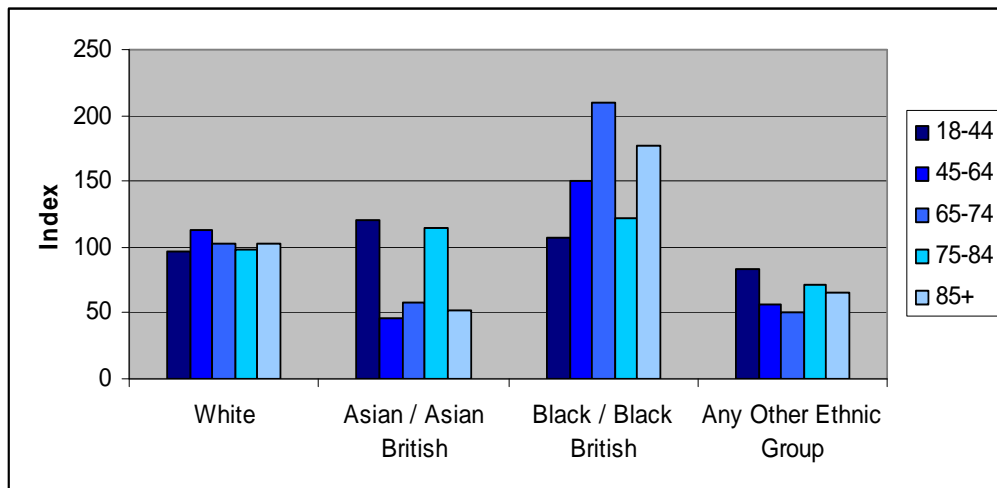
possible outcome should insufficient regard be paid to the council's statutory responsibilities relating to safeguarding.

## 5. EQUALITIES AND DIVERSITY ISSUES

- 5.1 Slightly more boys than girls are identified as at potential risk of harm, as at 31 March 2010 55% of Barnet's children in need were male, and 60% of Barnet's children in care were male. Black children are overrepresented in the children in care population (32% compared with 14.3% of Barnet 0-19 population as at March 2010) while white and Indian children are underrepresented (43% and 0.3% of children in care population respectively, compared with 56.9% and 8.2% of Barnet 0-19 population). During 2010/11 the Barnet Safeguarding Children Board and the Safeguarding Adults Board developed a faith and cultural task group to support dialogue around safeguarding children and vulnerable adults with a range of faith and other community groups that represent Barnet's diverse population. Barnet was also involved in a Pan London pilot project which focused on safeguarding children from Black and Minority Ethnic, faith and cultural communities.
- 5.2 When considering the ethnic profile of vulnerable adults referred 80% were from a White ethnic background, 9.7% were from an Asian background, 6.7% from a Black background, and the remaining 3.8% were from other ethnic groups, including Chinese and Middle Eastern groupings. From the previous year, the safeguarding referrals in 2010/11 showed a proportional increase in cases involving Asian/Asian British vulnerable adults, and a drop in those involving adults from Any Other Ethnic Group.

Ethnic grouping	2008/09	2009/10	2010/11
White	282	313	379
Asian / Asian British	21	34	46
Black / Black British	17	29	32
Any Other Ethnic Group	23	24	18
Ethnicity not known	2	20	21

- 5.3 To assess whether the ethnic profile of this year's safeguarding case list is representative of Barnet's population, it is necessary to break the list down into different age groups, as minority ethnic groups make up a much greater proportion of younger age groups than for elderly age groups. The chart below shows how the 2010/11 case list compares to the 2011 population estimates for Barnet: an index of 100 means that the case list is perfectly representative within that age group; a lower index means that there are fewer safeguarding cases from that ethnic group than we would expect; and a high index means there are higher than expected cases from that particular ethnic group.



- 5.4 This indicates that there is a strong over-representation of safeguarding referrals involving Black/Black British vulnerable adults, particularly those aged 65 or over. The figures also confirm that referrals involving people from Any Other Ethnic Group are particularly low compared to the general population. The numbers involved however are small (this group makes up just 2.7% of the 65+ population). The analysis also suggests low numbers of referrals amongst some Asian ethnic groups, particularly those from older age groups. Pakistani and Bangladeshi are the least represented, although they make up just 1.1% of the 65+ population. The Indian community makes up 8.4% of Barnet's elderly population, but accounted for just 5.1% of safeguarding cases in 2010/11.
- 5.5 Although the peak victim age for all crime is 30 years, the peak range is 13 to 18 years for offences against the person, such as robbery and assault. Young males are more likely to be victims and also represent the majority of offenders. The peak age range for offending is 16 to 22 years, with an offending rate twice that of those 23 to 28 years and three times that of those aged 30 or over. Those aged 60 or over become more likely to be victims of crimes as robbery, pick pocketing and to a lesser extent distraction burglary. The profile of victims and offenders is regularly analysed to help inform approaches to safeguarding those most at risk.
- 5.6 Black and minority ethnic populations are over represented in the criminal justice system as both victims and offenders. Burnt Oak, Edgware, Hendon, Colindale and Childs Hill in the western sector of the borough and Underhill and Woodhouse feature highly for youth crime. These are among the most deprived wards in the borough.
- 5.7 More males than females access specialist adult drug and alcohol services, 74% of clients and 26% respectively. 78% of clients are white, 6% mixed race, 2% Indian and 5% black. Parents make up 16% of clients, and 14% of clients have mental health dual diagnosis issues. Barnet has a higher than average percentage of poly substance users with primary problem substance reported as 26% alcohol, 25% opiates, 18% crack, 15% cannabis, 9% cocaine and 7% other.



5.8 All Council departments are required to operate in line with the Council's Equalities Scheme and equalities legislation. The Equality Act 2010 provides a new cross-cutting legislative framework; to update, simplify and strengthen the previous discrimination legislation. The general duty on public bodies is set out in section 149 of the Act. This means that the Council, in the exercise of its functions, must have due regard to the need to (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. Examples of this being put into practice in Barnet are through the work of the faith and cultural task group as referred to in 5.1, and through the Hate Crime Forum (see 9.6.7).

## **6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)**

- 6.1 There are no significant resource implications arising from the recommendations of this report. However, the demographic funding pressure of an ageing population and the likely requirement for additional resources in Adult Social Services is included on the corporate risk register. This pressure has been recognised in the Medium Term Financial Strategy. £2.4m has been allocated to the Adult's budget over 3 years, £800k per year from 2011/12.
- 6.2 The increasing demand for Children's safeguarding and social care services has been recognised as a pressure in the 2011/12 budget and a further £1.5m has been allocated. The Children's Service is also investing £1m in early intervention and prevention services so that safeguarding and other concerns can be identified early, reducing the number of children and families experiencing complex problems.
- 6.3 Safeguarding training is already provided and is allowed for within Children's Service, Adult Social Care and Health, and Community Safety budgets.
- 6.4 The current annual expenditure of the Barnet Safeguarding Children Board (BSCB) is approximately £162,000, most of which covers the staffing requirements including the Independent Chairs of the BSCB and the Serious Case Review Panel. This budget includes agreed contributions from partner agencies that have been confirmed for 2011/12.
- 6.5 It is anticipated that increased resources will be required in order to meet the requirements of the new Independent Reviewing Officer (IRO) Regulations (April 2011) which extend the role of the IRO in scrutinising safeguarding practice for looked after children. The estimated costs of meeting these new regulations are £12,000 which are to be met from the approved Children's Services budget.

- 6.6 The current annual expenditure for the Safeguarding Adults Board is approximately £151,000 most of which covers three specialist safeguarding posts and the post of independent Chair, and training for the health and social care workforce. Unfortunately, the above costs do not include any contributions from partner agencies. The Chair of the Board has written again to partners to request contributions for 2011/12.

## **7. LEGAL ISSUES**

A very brief summary of the relevant statutory provisions and guidance relating to safeguarding for both children and adults is given below:

- 7.1 Parts 3, 4 and 5 of the Children Act 1989 (CA 1989) together with statutory guidance place various statutory duties upon local authorities including the general duty to safeguard and promote the welfare of all children within their area who are in need. In cases where children are found to be at risk of significant harm as defined in the CA 1989, the local authority has a clear legal duty to take steps to protect them by invoking the powers contained in Part 4 of the CA 1989. When care proceedings are issued the Court may make a care order (committing the child to the care of the local authority) or a supervision order (putting the child under the supervision of a social worker).
- 7.2 The Children Act 2004 (CA 2004) provides the legislative framework for integrated planning, commissioning and delivery of children's services and for lines of accountability through the appointment of directors of all Children's Services. Section 11 of the CA 2004 imposes a statutory duty on Children's Services as well as other agencies specified in the Act (including amongst various others the NHS, the police authority, the youth offending team) to carry out their functions having regard to the need to safeguard and promote the welfare of children and to guidance provided by the Secretary of State. The duty continues to apply where services are contracted out.
- 7.3 Statutory guidance Working Together to Safeguard Children (2010) sets out how organisations and individuals should work together to safeguard and promote the welfare of children and young people in accordance with the Children Act 1989 and the Children Act 2004. This latest 2010 version follows the publication of Lord Laming's report "The Protection of Children in England: A Progress Report" in 2009 and incorporates many of his recommendations.
- 7.4 The Apprenticeships, Skills, Children and Learning Act 2009 introduced a requirement for Local Safeguarding Children Boards (LSCBs) to produce and publish an annual report on the effectiveness of safeguarding in the local area.
- 7.5 The legal framework for the provision of adult social care services dates back to 1948 and has been described by the Law Commission as a complex, incoherent and confusing patchwork of legislation. The duties, powers and responsibilities conferred upon local authorities to

ensure that appropriate steps can be taken to protect and safeguard vulnerable adults can be found in a number of statutes, including the National Assistance Act 1948, the Mental Health Acts of 1983 and 2007, the NHS & Community Care Act 1990, the Human Rights Act 1998, the Domestic Violence Crime & Victims Act 2004 and the Mental Capacity Act 2005 including the Deprivation of Liberty Safeguards confer certain. A change in terminology by practitioners from “protecting vulnerable adults” to “adult protection work” and now “safeguarding adults” reflects the change in context over the years and the out of date legislation. The phrase “Safeguarding adults” referred to in the 2005 ADSS report means all work which enables an adult *“who is or may be eligible for community care services”* to retain independence, wellbeing and choice and to access their human right to live a life that is free from abuse and neglect. This definition specifically includes those people who are assessed as being able to purchase all or part of their community care services, as well as those who are eligible for community care services but whose need - in relation to safeguarding - is for access to mainstream services such as the police.

- 7.6 “No secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse” was issued by the Department of Health and the Home Office in 2000 under section 7 of the Local Authorities Social Services Act. It provides guidance to local authorities on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse. The Law Commission is currently reviewing adult social care legislation and considering strengthening law in relation to safeguarding adults. The Law Commission is expected to report in May 2011.
- 7.7 In view of the complex, incoherent and outdated legislation the Law Commission undertook a detailed review and has just published a report on 11 May 2011. The recommendations, if enacted, will see a radical overhaul of 60 years of legislation and the consolidation and simplification of the law by establishing a single unified adult social care statute. By having a single consolidating statutory framework the law relating to safeguarding adults will become clearer and more accessible.
- 7.8 The Law Commission Review for Adult Social Care, published in May 2011 has recommended:
- that local authorities retain a clear leadership role in co-ordinating responsibility for safeguarding adults at risk
  - that legislation places a duty on local authorities to investigate adults at risk
  - that local authorities have the lead role in establishing and maintaining adult safeguarding boards.
- 7.9 The Crime and Disorder Act 1998 places a duty on a local authority and other relevant authorities to exercise their functions to do all that is reasonably practical to prevent crime and disorder in its area.

- 7.10 A range of legislation such as the Licensing Act 2003, Gambling Act 2005, Anti Social Behaviour Act 2003, confer certain powers and responsibilities upon local authorities to ensure that vulnerable adults and children are safeguarded.
- 7.11 A range of legislation such as the Equality Act 2010, Race Relations Amendment Act 2000, Racial and Religious Hatred Act 2006, Public Order Act 1996, Criminal Justice Act 2003, confer certain powers and responsibilities on authorities to ensure that Hate Crime is treated with a specific focus.
- 7.12 Section 9 of the Domestic Violence, Crime and Victims Act 2004 creates an expectation for local areas to undertake a multi-agency review following a domestic violence homicide. This came into force on 13 April 2011.

## **8. CONSTITUTIONAL POWERS**

- 8.1 As set out in Part 3 of the Council's Constitution, Responsibility for Functions, the Executive holds responsibility for those functions which comprise safeguarding. Furthermore, several specific safeguarding functions are delegated to individual Cabinet Members.
- 8.2 Responsibility for enhancing the Council's corporate parenting role is delegated specifically to the Cabinet Member for Education, Children and Families. However, in reflecting both the cross-cutting importance of safeguarding, and the wider relevance of the authority's role as a corporate parent, Cabinet are asked to refer their report on safeguarding to Council for consideration and noting on an annual basis.

## **9 BACKGROUND INFORMATION**

- 9.1 Safeguarding, in its broadest definition, can extend to keeping people, information and possessions safe. The most widely used and understood definition of safeguarding, is 'taking all reasonable measures to ensure that risks of harm to children's and vulnerable adults' welfare are minimised'. This is consistent with the Council's statutory duties and how safeguarding should be understood in the context of this report.
- 9.2 The council has a statutory duty to promote the safeguarding of both children and vulnerable adults. Safeguarding children is defined by the Department for Education as protecting children from maltreatment, preventing impairment of children's health or development, and ensuring children are growing up in circumstances consistent with the provision of safe and effective care. A vulnerable adult is defined as anybody over the age of 18 years who "is or may be in need of Community Care Services by reason of mental or other disability, age or illness and is or may be unable to take care of himself or herself or is unable to protect themselves against significant harm or serious

exploitation". The council also has statutory duties to help prevent crime and disorder and anti social behaviour, and to ensure that Hate Crime is treated with a specific focus.

### 9.3 **Statutory Responsibilities of the council regarding safeguarding**

With regard to children, statutory guidance on the 'Roles and responsibilities of the Lead Member for Children's Services and the Director of Children's Services' was published in July 2009 and was informed by Lord Laming's 'The protection of Children in England: A progress report'. The guidance sets out the responsibilities held by key individuals:

#### **Cabinet Member for Education, Children and Families**

- Is politically accountable for ensuring that the local authority fulfils its legal responsibilities for safeguarding and promoting the welfare of children and young people;
- Is responsible for ensuring that the authority's paid officers maintain a clear focus on effective safeguarding arrangements and promoting the safety and welfare of children across all agencies;
- Should receive ongoing training to help them scrutinise and challenge safeguarding service delivery to children and young people.

#### **The Director of Children's Service (DCS)**

- Is responsible for safeguarding and promoting the safety and welfare of all children, especially looked after children, across all agencies;
- Is responsible for ensuring that a local authority meets their specific duties to organise and plan services and to safeguard and promote the welfare of children
- Will be held to account for the effective working of the Local Safeguarding Children Board by their Chief Executive and challenged where appropriate by their Lead Member.

#### **The Chief Executive**

- Is responsible for ensuring that the DCS is performing their duties effectively. In particular, Chief Executives should satisfy themselves that the DCS is fulfilling their managerial responsibilities for safeguarding and promoting the welfare of children and young people.

#### **The Chief Executive and the Leader of the Council**

- Should make an annual assessment of the effectiveness of local governance and partnership arrangements for improving outcomes for children and supporting the best possible standards for safeguarding and promoting the welfare of children.

The 2000 government guidance '*No Secrets*', requires local authorities to take the lead in co-ordinating the development of strategic and operational frameworks for inter-agency partnerships that will facilitate and promote effective vulnerable adult protection arrangements in their area. The role of the director of Adult Social Services is defined in 'Guidance on the statutory chief officer post of the Director of Adult Social Services'. Adult Safeguarding: Scrutiny Guide was published in April 2010 by The Centre for Public Scrutiny and the Improvement and

Development Agency. This guide is written for officers and elected members involved in the overview and scrutiny process, and for Independent Chairs of Safeguarding Boards who may be requested to participate in the work of Overview and Scrutiny Committees. It is designed to assist in shaping and developing the best way to exercise their responsibilities locally.

#### **The Director of Adult Social Services**

- Has responsibility and authority for ensuring that the local authority maintains a clear organisational and operational focus on safeguarding vulnerable adults and that relevant statutory requirements and other national standards are met, including requirements under the Independent Safeguarding Authority.

#### **Cabinet Member for Adults**

- Although no formal responsibilities exist at present in relation to safeguarding adults, the Council has responsibility to safeguard vulnerable adults and there is thus an expectation that the portfolio holder will promote and ensure the safeguarding of adults.

#### **The Director of Planning, Environment and Regeneration**

- Has responsibility and authority for ensuring that the local authority maintains a safe, green and clean environment for the community.

#### **Cabinet Member for Community Safety and Cohesion**

- Although no formal responsibilities exist at present in relation to safeguarding adults or children, the Council has an expectation that the portfolio holder will promote the safeguarding of adults and children.

#### **Cabinet Member for Health**

- Although no formal responsibilities exist at present in relation to safeguarding adults or children, the Council has an expectation that the portfolio holder will promote the safeguarding of adults and children.

### **9.4 Promoting safeguarding across the council and partner organisations**

9.4.1 While council officers and members must take the overall responsibility for ensuring children and vulnerable adults are safeguarded, it is important that other agencies also take responsibility for safeguarding. Within Barnet there is a One Barnet Partnership Board, and sitting underneath this are a number of strategic partnership groups. These include the Safer Communities Board, the Children's Trust Board, and the Health and Well-being Board. Each of these boards recognises safeguarding as a key partnership priority.

9.4.2 A number of audits have been carried out to review processes and practice both within the council and amongst partners– see 9.7.6 below for more details.

9.4.3 In order to provide members with information on safeguarding activity,

work in this area will be reported annually to Cabinet and Council. This is in addition to reports to the Barnet Safeguarding Children Board, the Children's Trust Board, the Safer Communities Board, the new Health and Wellbeing Board and reports to Scrutiny.

- 9.4.4 Working Together to Safeguard Children provides a framework for training that is based on roles and responsibilities of different target groups. Within this framework, training recommended for senior managers, board members and Elected Members includes BSCB learning events, updates on policy and practice and National Leadership Programmes where available. The London Safeguarding Children Board has also provided a development programme for Elected and Lead Members.
- 9.4.5 Safeguarding training is part of the induction process for Members, which is in line with the Cabinet recommendation to the last report on safeguarding in Barnet. Two training sessions are delivered at several points in the year – one on safeguarding children and vulnerable adults, and one on corporate parenting (this explores the responsibilities Members have for children in the care of the local authority). For 2011/12 two Member training sessions on safeguarding and two on corporate parenting are planned, with the potential to amalgamate the sessions. Safeguarding training will continue to be available to all officers across the children's and adults' workforce with awareness training being applicable for wider groups of council staff.
- 9.4.6 For the past two years we have held a safeguarding month in Barnet to raise awareness and knowledge of safeguarding across the council and partners, emphasising the message that safeguarding is everybody's responsibility. During November 2010 over 600 people attended the events including police, refuse collectors, housing officers, faith groups, health staff and others from across the council and partners. The events covered topics including how to spot and report a safeguarding concern, safer recruitment, information sharing, and domestic violence. Safeguarding will be an ongoing part of the corporate calendar of events.
- 9.4.7 Other events that have taken place throughout 2010/11 to promote understanding and awareness include regular safeguarding breakfast briefings for schools and head teachers, a safeguarding briefing held for over 50 participants as part of the work of the faith and cultural task group, and an event to promote safer sleeping practices for infants. An event to raise awareness of Disability Hate Crime and launch accessible third party reporting sites attracted over 150 participants across the health and social care workforce.
- 9.4.8 All health professionals should ensure that safeguarding forms an integral part of the care they offer, and staff working in acute care settings should be able to recognise symptoms of abuse or neglect and be aware of local procedures for making enquiries. In Barnet, acute provider services have internal procedures for identifying and responding to safeguarding concerns. They are supported in their safeguarding responsibilities through access to advice from named and designated colleagues. Regulatory oversight is provided by the Care Quality

Commission and, in relation to children's services, the annual Section 11 audit more information on which is given in 9.7.6 (Multi-agency audits).

9.4.9 In March 2011 the Department of Health published three Best Practice Guidance Documents reinforcing Health's responsibility to safeguard adults. The documents cover the Role of NHS Commissioners, the Role of Health Service Managers and their Boards and the Role of Health Service Practitioners. There is scope for members to scrutinise health practice in Barnet through the Health Scrutiny Committee.

## 9.5 **Promoting a safe organisational culture**

### 9.5.1 **Ensuring a Safe workforce**

There is an expectation from the Care Quality Commission (CQC) that staff across adult social care and health, are trained in competencies required for their particular roles in safeguarding work. It is also an expectation that all those working with children will be appropriately trained so that staff are competent and confident in carrying out their safeguarding responsibilities.

A broad multi-agency training programme is co-ordinated by the training sub-groups of both the children's and adult's boards. Key developments in 2010/11 include:

- Accredited training delivered to Barnet schools around preventing unsuitable people from gaining access to children through employment or voluntary activity, in accordance with the requirements implemented following the Bichard review, now being made available to the wider children's workforce.
- A half day training course on allegations continues to be available for staff twice a term, led by the LADO.
- The provision of advice for the community and voluntary sector in relation to safer working practice via safeguarding surgeries hosted by CommUNITY Barnet.
- Safeguarding adults awareness team training delivered to onsite to care staff working within care homes.
- Safeguarding adults investigators training for care provider managers.
- Training sessions for General Practitioners

### 9.5.2 **Safer Recruitment**

Ensuring that all relevant staff recruited to the council and partner agencies are suitable to work with children or vulnerable adults is a key element of building a safer workforce. Comprehensive procedures around safer recruitment and selection are in place within the council and schools to help ensure inappropriate people do not obtain positions working with children or vulnerable adults. The policy also covers volunteers, school governors, agency staff and contractors to ensure that they are subject to the same checks as paid staff if they will be working with children or vulnerable adults.

All posts which fall within specified categories working with children or



vulnerable adults are required by law to undergo an Enhanced Criminal Records Bureau (CRB) Disclosure check and should be subject to safer recruitment practices. This includes so called 'Warner style' questions that are designed to assess attitudes and behaviours of potential employees who will work with children. Employees in central posts, which require CRB Disclosure checks, will be subject to being re-checked every three years. The costs associated with staff CRB checks are met within service budgets.

Relevant Members are also required to hold valid CRB checks (for example Children's Service Overview and Scrutiny Committee members, who carry out visits to children's homes in the borough).

### 9.5.3 The Independent Safeguarding Authority

The Independent Safeguarding Authority was established with the aim of having a single agency to provide a vetting and barring function to help minimise the risks of unsuitable people gaining access to children or vulnerable adults through paid or voluntary work. Following a review by the Coalition Government, the system has been re modelled and although the registration element will no longer apply, there will continue to be a barring function in relation to those who have regular or close contact with vulnerable groups.

It is proposed that Criminal records disclosures will continue to be available to employers and voluntary bodies but will be revised to become portable through the introduction of a system that allows for continuous updating. The new regime will retain current arrangements for referrals to the state barring body (currently the ISA) by employers and certain regulatory bodies, in circumstances where individuals have demonstrated a risk of harm to children or vulnerable adults. The implications of the re modelled scheme for Barnet Council will be considered once further details are confirmed.

### 9.5.4 Safer Procurement

Safeguarding standards for commissioning that outline the expectations of agencies undertaking work on behalf of Barnet Council regarding safer recruitment, accountability, training and policies have been corporately agreed and are in the process of being implemented. The standards are included as an appendix to this report. There remain a number of complexities which procurement teams will be working closely with Legal Services to address.

Questions have recently been raised around the adequacy of safeguarding measures in place when services are procured. An internal audit into this is underway. The findings will be reported back to the BSCB, Safeguarding Adults Board, and relevant Scrutiny Committees.

## 9.6 **The Governance of Safeguarding in Barnet**

- 9.6.1 The Safeguarding Adults Board and the Safeguarding Children Board are responsible for overseeing, auditing and challenging safeguarding practice in the borough. The Safer Communities Board, Domestic Violence Strategic Board, Hate Crime Forum and Drug and Alcohol Strategic Commissioning Board also all have a key role in helping to prevent and identify abuse of both adults and children. All these boards are multi-agency.
- 9.6.2 Within the council, the Director of Children's Service has an overarching safeguarding role to promote safeguarding of both adults and children across the organisation.

See Appendix 1 for a diagram setting out the key governance structures relating to safeguarding in Barnet.

### 9.6.3 **Barnet Safeguarding Adults Board**

Barnet's Safeguarding Adults Board (previously Barnet Adult Protection Committee) was established in July 2001 as part of the government guidance 'No Secrets'. The Board is a standing committee of lead officers who determine local policy, co-ordinate activity between agencies, set work plans for improvement, facilitate joint training and monitor and audit progress in safeguarding adults at risk. The Board meets four times a year and appointed an independent chair, Professor Hilary Brown in September 2010.

A review of the function, membership and sub-groups of the Board took place in January 2011 and a revised work plan was developed. Sub groups focus on multi-agency training, working with providers, communications, health, and performance and audit. The faith and communities group and cross generational group report to both Adults and Children's Boards. Membership includes Health (NHS Barnet, Barnet Community Services, Barnet and Chase Farm NHS Trust, Royal Free NHS Trust and Barnet Enfield and Haringey Mental Health Trust), Police, London Fire Brigade, Children's Services, Community Safety, Barnet Homes, Barnet College, Barnet Carers Network, and the Care Quality Commission.

Adults who use services are represented via the Safeguarding Adults Service User Forum. The forum meets quarterly and consists of representatives of the 55+ forum, Barnet African Caribbean Association, Barnet Older Asian Association, LINK and other interested older people, people with learning disabilities, physical disabilities, sensory impairment and mental health problems. Each forum receives an updated report from the Safeguarding Adults Board and the chair of each Safeguarding Adults Board work group continues to present their progress for scrutiny at the forum.

### 9.6.4 **Barnet Safeguarding Children Board**

The establishment of multi-agency Local Safeguarding Children Boards was a key element of the Children Act 2004; it has been a requirement for local authorities to have a board since 2006. The role of the board is

to co-ordinate and challenge the effectiveness of their member agencies in safeguarding and promoting the welfare of children.

A review of governance arrangements took place in 2009/10 and a more streamlined structure of sub-groups is now in place. The BSCB has had an independent chair, Tim Beach, since 2009 and three Community (Lay) Representatives have recently been appointed. Board members include Health (NHS Barnet, Barnet Community Services, and Royal Free Hospital), Police, Probation, Voluntary Sector, Adult Services, Housing, Schools, and Children's Service. In 2010 a young people's safeguarding board 'Youth Shield' was developed. Representatives from Youth Shield attend BSCB meetings. The Cabinet Member for Education, Children and Families is now a participant observer on the BSCB. He is not a full member in order to maintain the independence of the BSCB to scrutinise and challenge the effectiveness of agencies (including the Council) in safeguarding children.

The Standing Serious Case Review Sub Group is now independently chaired in accordance with Ofsted recommendation, and there is also a Child Death Overview Panel (CDOP). In addition to these, there are four sub-groups of the BSCB:

- Performance and Quality Assurance Sub Group
- Training and Development Sub Group
- Professional Advisory Sub Group
- Cross-Generational Sub Group

There are also a number of task groups which report into the Professional Advisory Group. Current task groups include missing children, sexual exploitation, e-safety, faith and cultural, and private fostering.

The Cross generational sub-group was established as a cross cutting group that reports to both the Safeguarding Children Board and the Safeguarding Adults Board. The aim is to address issues that arise from working across the interface of adults and children's services, including transitional arrangements when children need continuing care.

#### 9.6.5 Barnet Safer Communities Board

The Safer Communities Partnership Board is the inter-agency mechanism in Barnet to reduce crime and anti-social behaviour and reoffending and promote social cohesion. It acts as the Crime and Disorder Reduction Partnership as defined (and required) by the 1998 Crime and Disorder Act and subsequent amendments including the 2006 Police and Justice Act and the 2009 Policing and Crime Act.

Board members include Barnet Police, Barnet Council, Fire Brigade, NHS Barnet, Metropolitan Police Authority, Probation, Magistrates Court, and Voluntary Sector. Reports from the Children's and Adults' safeguarding boards are a standing item on the Safer Communities Board.

#### 9.6.6 Domestic Violence Strategic Board

The Domestic Violence Strategic Board is responsible for coordinating Barnet's approach to domestic violence and maintains strategic oversight of it. Board members include Police, Magistrates, NHS Barnet, Mental Health, Safer Communities, Children's Service, Adult's Service, Housing and Voluntary Sector. It is chaired by the Director of Children's Services. The new multi-agency Barnet Domestic Violence Strategy 2010/11 to 2012/13 was agreed by the board in 2010.

#### 9.6.7 Strategic Hate Crime Forum

The Hate Crime Forum is a multi agency group responsible for co-ordinating a partnership approach to tackling Hate Crime and maintains a strategic oversight of it. Forum members include Police, NHS Barnet, Adults Service, Children's Service, Housing, Voluntary Sector and Safer Communities. The forum is currently being reviewed to ensure wider functions including the co-ordination of anti social behaviour are delivered in a more integrated and efficient way.

#### 9.6.8 Drug and Alcohol Strategic Commissioning Group

The role of the Drug and Alcohol board is to oversee the strategic commissioning of Barnet's drug and alcohol services in line with national legislation and guidance, local partnership priorities and acknowledged best practice, to performance monitor and ensure services provide value for money, and to promote the visibility of the drug and alcohol agenda across the partnership. The board comprises Police, Probation, LB Barnet, Barnet Service Users Group, National Treatment Agency and NHS Barnet.

#### 9.6.9 Reporting and monitoring arrangements

- Annual Safeguarding Adults Board report – Although not yet a statutory requirement is nationally considered good practice, and an expectation by the Care Quality Commission. The report will be submitted to Overview and Scrutiny, Cabinet and Council each year, as well as each Heath Trust Executive Board.
- Annual Safeguarding Children Board report – A statutory requirement (under the Apprenticeships, Skills, Children and Learning Act 2009). The Barnet report covers activity over the past financial year. It is submitted to the Children's Trust Board (which although no longer a statutory requirement, Barnet has chosen to retain) and made publically available. The report will also be taken to partner boards and Overview and Scrutiny Committees where relevant.
- Annual Corporate Safeguarding report – As agreed by Cabinet on 21 October 2009, an annual report is to go to Cabinet and full Council each year. This year's report covers 2010/11 activity. As the BSCB and Adult Safeguarding Board are now producing reports in line with the financial year it is recommended that this annual report be tabled each summer.

### 9.7 Effective practice in Safeguarding Barnet residents

#### 9.7.1 Safeguarding vulnerable adults

Vulnerable adults are defined as adults "who is or may be in need of community care services by reason of mental or other disability, age or

illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation". (No Secrets 2000) This can include older people, adults with learning disabilities, physical disabilities, sensory impairment, mental health problems or any combination of these needs.

Abuse is defined as "a violation of an individual's human and civil rights by any other person or persons" (No Secrets). It can take the form of physical, sexual, psychological, financial or discriminatory abuse, and neglect and acts of omission.

Social Work Teams and Mental Health Teams in Barnet act as the point of referral where there are concerns about the possible abuse of adults at risk. They have responsibility to manage and co-ordinate a multi-agency response to the allegation of abuse, including risk assessment, investigation, and planning for protection and support where it is needed.

#### 9.7.2 Demand for adults safeguarding services

A total of 495 alerts were received by Barnet Social Work Teams and Mental Health Teams between 1st April 2010 and 31st March 2011. This sees a further 18% increase on the numbers during this period. (There was a 22% increase on numbers referred 2009/10, 19% increase on the numbers referred 2008/09, on top of an 88% increase in 2007/08. The table below compares the numbers of referrals per year over a five year period. Each quarter denotes a sustained increase since 07/08.

**Alerts by quarter over five year period**

<b>Period</b>	<b>Number</b>
Annual Total 2006 – 07	154
Annual Total 2007 - 08	289
Annual Total 2008 - 09	345
Annual Total 2009 - 10	420
Annual Total 2010 – 11	495

The Learning Disabilities Service saw alerts increase from 96 last year to 143 this year. Conversely the number of alerts relating to people with physical disabilities or sensory impairment has halved from 53 last year to 27 this year. The number of alerts regarding people with mental health problems sees a slight increase from 84 last year to 91 this year. Safeguarding alerts regarding older adults has increased from 187 to 232 this year.

Of the total numbers referred:

- 47% concern an older person (6% of these older people have additional mental health needs)
- 29% concern adults with learning disabilities
- 18% concern adults who are under 65 with mental health problems
- 5.5% concern adults with physical disabilities or sensory impairment or HIV.

<b>Primary Client Group</b>	<b>2008/09</b>	<b>2009/10</b>	<b>2010/11</b>
Older People	51%	44%	47%
Learning Disability	23%	23%	29%
Mental Health	13%	20%	18%
Physical Disability & Sensory Impair.	13%	13%	5.5%
Substance Misuse	-	-	0.5%

### 9.7.3 Quality of adults safeguarding services

From April 2011, the Safeguarding Adults Team reached its full complement, and has successfully recruited to the safeguarding officer post. This post holder will provide a practice development function, and will focus on developing skills in recording, risk assessment, information sharing and implementation of the Mental Capacity Act in relation to safeguarding adults practice, and quality assurance and partnership work.

A quality assurance framework and performance management system was introduced to ensure effective safeguarding arrangements. New target and performance indicators have been set as part of the new strategic objective “protecting from avoidable harm and caring for in a safer environment”. Managers at all levels have responsibility for auditing compliance with the procedures and consider audit information on a quarterly basis. A safeguarding practice forum is open to all staff across health and social services to provide a forum for case discussion and practice development. A partner self audit tool developed last year will be reviewed in line with other changes taking place in supply management to look into quality within care homes.

We continue to operate an effective monitoring system which provides quarterly reports to the SAB on information relating to numbers of referrals, patterns of abuse, investigation and protection plans. This year the system has been revised to fully meet the requirements of the new national data set administered by the information centre on behalf of the DH.

Learning outcomes of all safeguarding adults training have been reviewed and are now linked to a competency framework agreed by the SAB. During 2010/11 1180 staff and volunteers received training in safeguarding adults across the health and social care sector.

Barnet has a significant number of care homes in the borough, as part of our drive to improve quality we have commissioned the My home Life Project. This is a UK wide initiative, promoting quality of life for older people in care homes, and for those visiting and working with them through relationship centred and evidence based practice. It is led by Age UK, City University and Joseph Rowntree Foundation. It is a ‘bottom up’ partnership approach, looking at best practice. It creates support for practitioners and accessible tools and information resources for care home managers and staff, and commissioners. It highlights the

specific practices, behaviour and attitudes which impact on quality of life.

A serious case review jointly commissioned by Barnet and Enfield Safeguarding Adults Boards was conducted following the death of a young man with learning disabilities, and complex health needs. Recommendations have been made about the way we contract and commission services and how we monitor compliance at a service level, particularly where there are cross boundary issues. Recommendations for improved review and monitoring of the support plans and risk assessments were also made. An action plan has been developed as a result of the review which will be monitored by the Safeguarding Adults Board. A joint learning event with Enfield SAB is planned for September 2011.

All fire deaths involving vulnerable adults in Barnet are being considered for management review at the Safeguarding Adults Board.

This year has seen increased engagement with the Health partners, who have now established internal safeguarding boards to develop internal systems and safeguarding practice. One example of this, following a directive by London NHS, is that all pressure ulcers of grade 3 and 4 are now reported into the safeguarding procedures. A protocol is being developed to ensure that only those avoidable pressure ulcers are reported under safeguarding procedures and ensure that this dovetails with serious incident procedures adopted in Health Trusts.

We continue to build on a highly successful communications strategy, ensuring continued raising of public awareness on safeguarding and ensuring that people across diverse communities have access to protection.

#### 9.7.4 **Safeguarding Children**

In order to fulfil its duties under the Children Act 1989, the children's social care service has the following key responsibilities:

- to be the principal point of contact where there are welfare concerns about a child;
- to assess, plan and provide support for children in need, including those suffering or likely to suffer significant harm;
- to make enquiries if there is reason to suspect that a child is at risk of significant harm;
- to take legal advice and initiate legal proceedings if compulsory intervention is necessary in order to protect the child from significant harm.

#### 9.7.5 **Demand for children's safeguarding services**

There has been a significant increase in safeguarding activity since the end of 2007; referrals to children's social care rose by 69% between 2007/08 and 2010/11. The multiple factors thought likely to have contributed to this include increased awareness of safeguarding,

increased training around safeguarding, increased deprivation in the borough, and a change in the way safeguarding is seen as a shared responsibility, rather than as the preserve of social workers. The increase in safeguarding activity is set out in the below table.

	07/08	08/09	09/10	10/11*
Total number of referrals, including re-referrals during the year	2,144	3,299	3,370	3,630
Total number of initial assessments in the year	2,026	2,610	2,871	3,089
Referrals going to initial assessment (NI 68)	94.5%	79.1%	85.2%	88.5%
Total number of core assessments in the year	269	757	705	647
Number S47 (child protection) enquiries initiated during the year	247	397	487	556
Number with child protection plan as at 31 March	155	151	201	212
Number of children in care as at 31 March	325	329	311	304

\* Provisional data

The increase in activity and strategy in place to manage rising demand has been the subject of a number of reports. This increase in activity is a national trend. In Barnet the number of children subject to a child protection plan per 10,000 of the under 18 population rose from 17.2 in 2007 to 25.9 in 2010, this is still lower than the England average which rose from 25.9 in 2007 to 35.5 in 2010.

These referrals have also resulted in a significant increase in the number of care proceedings. In 2010/11 the number of care proceedings reached the highest level the Council has known. The number of care proceedings reached 70 in March 2011 and is likely to remain at a high level until existing proceedings conclude and the numbers of referrals start to decline. The Legal Service is working closely with the Children's Service to manage the unprecedented increase in care proceedings cases as well as the increase in consequent costs.

The number of allegations against adults in the children's workforce referred to the Safeguarding Division has increased significantly over the past few years; from around 50 a year in 2007 to over 100 a year (285 between January 2008 and December 2010). The majority of referrals continue to come from school settings.

#### 9.7.6 Quality of children's safeguarding services

The annual unannounced inspection of contact, referral and assessment arrangements for children's social care (November 2010) found practice in Barnet to be safe, with no areas for priority action identified. This inspection contributes towards the overall rating for Barnet's Children's Service which is currently 'performs excellently' (four, on a scale of one to four).

The safeguarding division within the Children's Service works independently of the social care teams involved in the day-to-day work



and has a quality assurance remit. This function has recently been strengthened as safeguarding and social care are now two distinct divisions within the Children's Service, with separate reporting lines. Key quality assurance activity includes the chairing of looked after children reviews and child protection conferences and scrutinising of safeguarding activity by the conference and reviewing officers (who have the statutory Independent Reviewing Officer role). It also includes individual case audits and thematic audits of child protection practice; and regular scrutiny panels for high risk children.

No Serious Case Reviews were conducted in Barnet in 2010/11, but Barnet has been carrying out a discretionary case review as part of the SCIE model (Social Care Institute of Excellence) pilot for learning from case reviews, due to report in summer 2011. The BSCB has participated in the Pan London Safeguarding dataset to support its role in monitoring and scrutinising Safeguarding across the partnership.

Other recent audits include:

#### Multi-agency Audits

An audit was carried out across the partnership to monitor compliance with the requirements of agencies to promote safeguarding under section 11 Children Act 2004. Agencies completed a self assessment and, based on the responses, an action plan has been developed. The LSCB has agreed that this audit will be conducted annually to ensure ongoing review of safeguarding activity. Multi agency audits of Child in Need Plans have also been conducted, and are part of a number of scheduled multi agency audits over the next 12 months to support the existing quality assurance work of each of the partner organisations.

#### ICS Audit

An audit of ICS (the electronic information recording system for safeguarding and social care practitioners) completed in 2009 concluded that 'overall we are successful in using ICS to continue to serve children', but there were a number of areas for development. The audit indicated several appropriate recommendations for improved use of ICS which have since been actioned.

#### IRO Report

The Independent Reviewing Officer (IRO) is a statutory role; local authorities must appoint a named IRO for each child and consult the IRO regarding care planning for the child. As recommended by guidance, an annual report on the IRO function and the service provided to looked after children was submitted to the Corporate Parenting Advisory Panel in July 2010. A workplan in relation to improving outcomes for looked after children was agreed and is the process of implementation.

#### Permanency Panel Audit

The permanency panel aims to tackle drift in care planning to help achieve permanent care of a child who cannot live in their own family. An audit of the outcomes of the permanency panel was conducted in September 2010, and as a result the panel has made fundamental

changes to its functioning, with early indicators showing improved effectiveness in achieving positive outcomes for children.

Placement Stability Audit

An audit of placement stability conducted by Safeguarding in January 2010 identified a number of themes that have been affecting the stability of children in the care of Barnet. These themes have formed part of an action plan that continues to be reviewed to ensure compliance.

Audit of Children In Need

This audit was conducted in September 2010, and looked at the outcomes for children who had previously been the subject of a Child Protection Plan. A number of recommendations made in relation to practice have now been fully implemented.

Audit of Case conferences (Charing and Child Protection Conference Administration)

An audit examining the way in which Barnet conducts child protection conferences and measuring outcomes against quality standards was completed by Safeguarding in January 2011. The findings were positive. An action plan to address some specific areas is currently being implemented.

Details of the recommendations of these audits are available on request from the Children’s Service.

**9.7.7 Domestic violence - safeguarding children and adults**

Demand for domestic violence services

In addition to an overall increase in safeguarding children activity there has been an increase in the number of cases where domestic violence has been identified. Evidence of domestic violence was present in 55% of child protection conferences in 2010/11, compared with 37% in 2007/08.

Child Protection Conferences with evidence of domestic violence

<b>Financial year</b>	<b>Number of CPCs</b>	<b>Number of CPCs with evidence of domestic violence</b>	<b>% of CPCs with evidence of domestic violence</b>
2007/08	280	104	37%
2008/09	345	190	55%
2009/10	445	248	56%
2010/11	476	261	55%

Abuse by a family member constitutes 37% of all Adult Social Service abuse cases this includes those with learning disabilities, physical disabilities and mental health problems as well as older adults.

Much domestic violence goes unreported and undetected so it is difficult to build a true picture of the scale of domestic violence in Barnet and nationally. However, figures for domestic violence reported

in Barnet are given below. A domestic violence incident can be one that the Home Office doesn't need to be notified about as it is less serious or non criminal, whereas a domestic violence offence is something the Home Office needs to be notified of.

Year	Domestic Violence Offences	% Change from previous year	Domestic Violence Incidents	% Change from previous year
2005/06	2061		3419	
2006/07	1588	-23%	2376	-31%
2007/08	1453	-9%	2481	+4%
2008/09	1575	+8%	3136	+26%
2009/10	1406	-11%	3590	+14%
2010/11	1218	-13%	3529	-2%

#### 9.7.8 Quality of domestic violence services

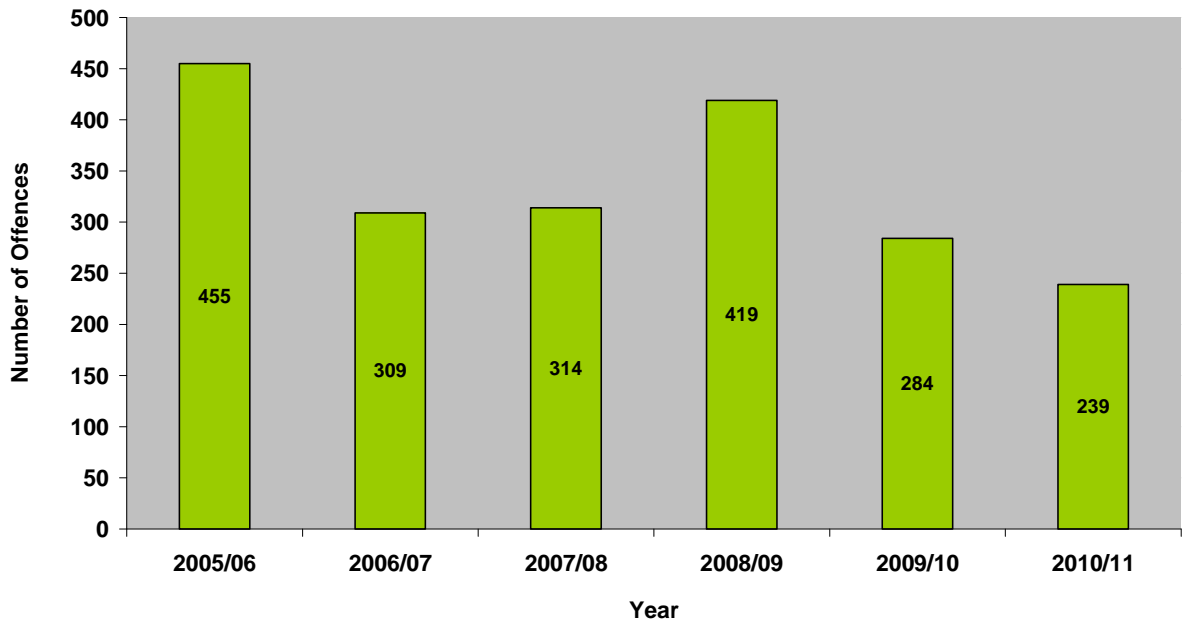
The Council commissions a range of domestic violence provision including refuges, floating support, and preventative services. Service level agreements are in place to measure the quality of services. A needs assessment and gap analysis of current provision was completed in February 2010, and services are currently being re-commissioned in line with the domestic violence strategy.

#### 9.7.9 Hate Crime

The chart below shows the number of racist and religious hate crime offences recorded by Police in the last six financial years. In 2010/11 there was a 15.5% decrease in Barnet compared with the previous 12 months, and an 11.7% decrease across London. Since 2005/06 the number of racist/religious hate crime offences Police in Barnet are dealing with has fallen by 47%. Homophobic hate crime offences have fallen from 22 recorded offences in Barnet during 2005/06 to five in 2010/11, and even fewer disability related hate crime offences are reported per year in Barnet.

Despite the rapid decrease in recorded hate crime offences across the borough there is no evidence that the prevalence of hate crime offences has reduced. A recent Barnet Crime and Community Safety survey indicated that approximately 80% of hate crime related verbal abuse is not reported, with the most common reason for this being that the victim did not feel anything could be done.

**Racist and Religious Hate Crime Offences Reported to Police in Barnet  
2005/06 - 2010/11**

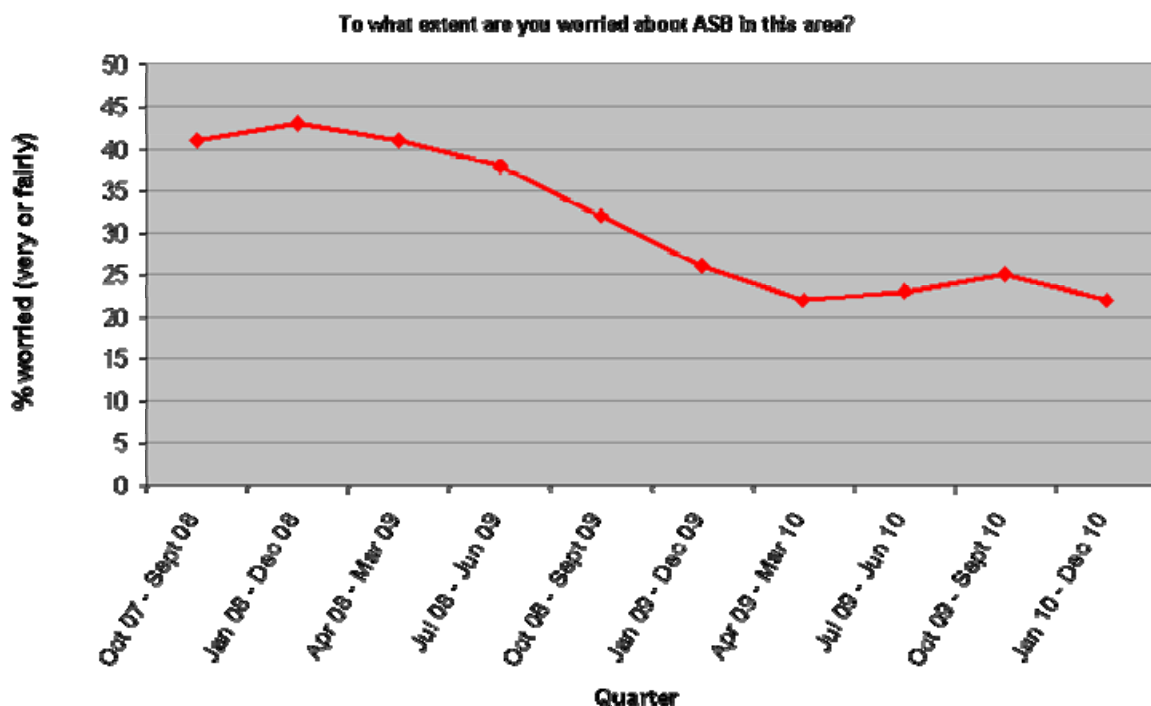


**9.7.10 Quality of Hate Crime response**

Central government is committed to improving the reporting and recording of hate crime and the Home Office is currently reviewing how this can be achieved. There are 19 third party reporting sites across the borough and Barnet needs to further promote, record and improve confidence within the community that hate crime can be tackled. The introduction of a national dataset for hate crime will be particularly welcome as currently there are gaps with the recording of hate crime related to disability.

**9.7.11 Anti Social Behaviour**

The last Place Survey undertaken in 2008/09 asked residents if they perceived anti social behaviour as a problem. Barnet compared well against London and nationally, with 19.2% perceiving an issue against 26.5% and 20% respectively. Results from the latest Police Attitude Survey of 2010 asking to what extent people are worried about anti social behaviour is presented in the table below:



Again, Barnet's position at 22% compares favourably with the London average of 25%.

#### 9.7.12 Quality of Anti Social Behaviour response

Governance structures and procedures are in place across the partnership to manage the response to anti social behaviour. These are currently being reviewed in light of central government's review of anti social behaviour powers and tools, and to ensure we get the best use of resources across the partnership. In addition, the Metropolitan Police force is one of eight forces nationally piloting a new approach to dealing with anti social behaviour with the aim of improving recording, risk assessment (including vulnerability and repeats), and information sharing. Ensuring a coordinated and consistent response from the number of organisations dealing with anti social behaviour is vital to ensure vulnerable people do not fall outside of the response net and complaints are investigated and dealt with appropriately.

#### 9.7.13 Drugs and Alcohol

Overall, drug and alcohol services in the borough perform well in relation to regional and national comparators. Effective engagement levels are already 8% above the 2011/12 end of year target and successful treatment exits stand at 49%, which is 12% above regional and 10% above national comparators.

Our latest needs assessment shows that DAAT links with Social Services need to be strengthened. During 2009/10, there were 102 contacts made by Adult Social Services where substance misuse was part of the presenting profile for the client. Of these only 49% were known to adult treatment services. Ten referrals were received from Children's Social Care during 2009/10. The discharges amongst this group are of concern as just two completed treatment and left in a care planned way. Seven dropped out or declined treatment.

The DAAT have prioritised Safeguarding within their draft 2011/13 Barnet Drug and Alcohol Strategy, and have developed new draft protocols on both child protection and protection of vulnerable adults, to be underpinned by a cross-training programme being delivered in 2011/12.

## 9.8 **Future issues**

- 9.8.1 At the request of the Secretary of State for Education, Professor Munro has been conducting a review of the child protection system, with a focus on strengthening the social work profession to put them into a better position to make well-informed judgements based on up-to-date evidence in the best interests of children and free from unnecessary bureaucracy and regulation. The final report was published in May 2011 and made recommendations across five themes: a system that values professional expertise, clarifying accountabilities and improving learning, sharing responsibility for the provision of early help, developing social work expertise, and supporting effective social work practice. The Government is due to respond to the report's recommendations later in the year.
- 9.8.2 A summary of the Munro report recommendations is included in appendix 3. The recommendations most pertinent in the context of this report include:
- The Local Safeguarding Children Board should submit an annual report to the Chief Executive, Leader, Police Commissioner and Chair of Health and Wellbeing Board.
  - Statutory guidance should be amended to focus on meeting local need and the effectiveness of multi agency training.
  - The scope of the roles of Director of Children's Service and Lead Member for Children should not be expanded outside of Children's Services.
  - Local Authorities and partners should start an ongoing process to review and redesign the way in which child and family social work is delivered.
  - Local Authorities should designate a Principal Child and Family Social Worker who is still actively involved in frontline practice.
- 9.8.3 Barnet's population has been growing consistently over the last ten years and is expected to increase by a further 5.5% (19,400) by 2016. Significant growth is projected in the under 18 population, and proportionally high growth in the over 85s. This will continue to pose challenges: even if levels of safeguarding and social care activity remain constant there will be an increased need for services due to an overall increase in the population.
- 9.8.4 In Barnet Council and among partner agencies, there has been an increased emphasis on early intervention and prevention, including early intervention in relation to safeguarding children and those at risk of domestic violence. This is also driven by national policy, including the Graham Allen Review on early intervention. Safeguarding activity within the Council will continue to develop in line with the early intervention and prevention agenda.

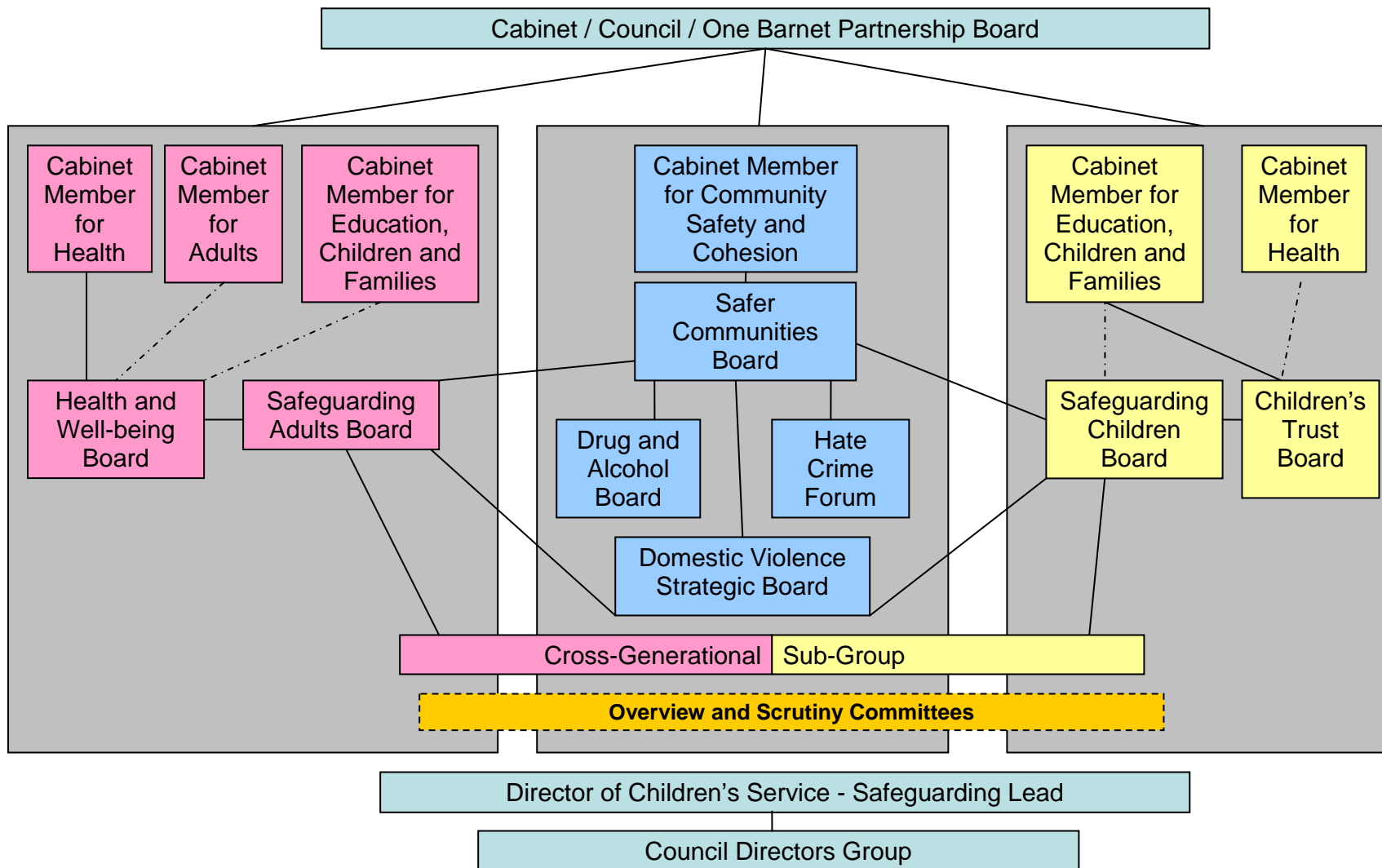
## **10. LIST OF BACKGROUND PAPERS**

- 10.1 'Roles and responsibilities of the Lead Member for Children's Services and the Director of Children's Services', DCSF 2009
- 10.2 'Working together to safeguard children', 2010
- 10.3 'No Secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse', Department of Health & Home Office, 2000
- 10.4 'Guidance on the statutory chief officer post of the Director of Adult Social Services', Department of Health, 2006
- 10.5 The Munro Review of Child Protection, Final Report, Department for Education, May 2011
- 10.6 Barnet Multi-Agency Domestic Violence Strategy 2010/11 – 2011/12
- 10.7 Barnet Safeguarding Children Board Annual Report, 2010/11
- 10.8 Barnet Crime and Disorder Strategy 2008 - 2011

Please contact Elaine Tuck on 020 8359 4191 to consult these documents.

Legal: HP  
CFO: JH/MC

## APPENDIX 1: The Governance of Safeguarding in Barnet





### Notes on key multi-agency boards

- The **Children's Trust Board** has overall responsibility for setting the strategic vision to improve outcomes for children and young people in Barnet.
- The **Safeguarding Children Board** is responsible for co-ordinating and monitoring Barnet's approach to safeguarding vulnerable children and ensuring that the partners on the Children's Trust Board fulfil their duties in relation to safeguarding. The board provides independent challenge to the Children's Trust Board and does not report directly to it.
- The **Health and Well-being Board** is the governing body for commissioning health and social care services for adults and older people in Barnet.
- The **Safeguarding Adults Board** is responsible for co-ordinating Barnet's approach to safeguarding vulnerable adults
- The **Safer Communities Partnership Board** is the inter-agency mechanism in Barnet to reduce crime and anti-social behaviour and reoffending and promote social cohesion. It acts as the Crime and Disorder Reduction Partnership as defined (and required) by the 1998 Crime and Disorder Act and subsequent amendments including the 2006 Police and Justice Act and the 2009 Policing and Crime Act.
- The **Domestic Violence Strategic Board** is responsible for coordinating Barnet's approach to domestic violence.
- The **Hate Crime Forum** is a multi agency group responsible for coordinating a partnership approach to tackling Hate Crime and maintains a strategic oversight of it.
- The **Drug and Alcohol Board** oversees the strategic commissioning of Barnet's drug and alcohol services, monitors performance, and promote the visibility of the drug and alcohol agenda across the partnership.
- The **Cross Generational Sub-Group** addresses issues that arise from working across the interface of adults and children's services and reports to both the Safeguarding Children Board and the Safeguarding Adults Board.

## **APPENDIX 2: Safeguarding Standards to be used when commissioning agencies or organisations to deliver services on behalf of the council.**

*Please note that the proposed standards outlined below have been corporately agreed and are in the process of being implemented.*

Barnet is committed to being a safe organisation and to delivering safe services. Increasingly we are relying on other agencies or organisations to be delivering such services on our behalf. It is therefore proposed that all commissioning and contracting is carried out with an expectation that providers meet a set of (minimum) safeguarding standards. These Standards will provide a level of assurance regarding the capacity of the provider to match Barnet's own Safeguarding Standards.

The proposed Standards have been drawn up by safeguarding and commissioning representatives from Adult Services and from the Children's Service and representatives from Procurement and the Trades Unions. They address the areas of accountability, recruitment and selection, training and behaviours and policy and procedure.

If the Standards are agreed, it is proposed that a pack is developed including the Standards, guidance notes and sample documentation, for example, a sample Safeguarding Policy. This will then be circulated to providers looking to bid for contracts. Should a contractor seek to subcontract an element of their commission, then they will be responsible for ensuring these minimum standards are met by the subcontractor. Where organisations do not have all the necessary policies and procedures in place, their compliance will be 'RAG' rated and time frames for full compliance will be set, dependent on the nature of the service to be delivered. Compliance will then be monitored on either an annual or a bi-annual basis according to whether the service provider has access to vulnerable groups and is perceived to be in a 'position of trust'. Sustained failure to comply with the Standards will result in a review, and possible termination, of the contract.

It is proposed that the Standards are implemented in September in order to allow time for the necessary changes to be made to the Code of Practice and for the guidance to be collated and prepared for circulation.

## **Barnet Council's Safeguarding Standards**

The London Borough of Barnet places a high priority on safeguarding and protecting children and vulnerable adults in the community.

Organisations and individuals have a statutory duty under Section 11 of the Children Act 2004 to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children. This Authority is also committed to ensuring that vulnerable adults are safeguarded within an overall context of personalisation.

These standards have been developed to promote the safety and welfare of children and vulnerable adults and will be applied to all agencies and organisations that deliver services on behalf of Barnet Council. They must be applied as part of the procurement process.

**All agencies undertaking work on behalf of the London Borough of Barnet must meet level one of these standards and ensure compliance by all personnel in their organisation including agency staff and volunteers. Those who have access to vulnerable groups and are perceived to be in a position of trust must also meet level two. Should a contractor seek to subcontract an element of their commission, then they will be responsible for ensuring these minimum standards are met by the subcontractor.**

Organisations delivering level one services only must complete and submit the following self assessment form prior to any contract being awarded and annually thereafter. Organisations delivering level two services will update the Self Assessment six monthly.

Provider services will be assisted in meeting these Standards, including through the provision of sample documentation/templates.

## Safeguarding Self Assessment

Level	Standard	Evidence required	Evidence submitted	Achieved (RAG) and timescale for completion
<b>1. ACCOUNTABILITY</b>				
1	Have a named, designated person in the organisation responsible for any issues relating to safeguarding.	Names and contact details for designated people		
1	Have a clear accountability structure to ensure that all personnel understand their place in the organisation and how they receive support and guidance on safeguarding issues.	Organisational chart highlighting safeguarding lead		
1	Agree to fully cooperate with the Local Safeguarding Children/Adult Board, including in any case reviews	Written agreement		
1	Have a safeguarding policy that is checked annually and reviewed every three years. Ensure it reflects changes in legislation and guidance.	Record of when policy is reviewed and updated		
1	Business plans include how the delivery of services will take account of the need to safeguard	Evidence of safeguarding considerations in business plans		
1	Complete form to report safeguarding issues and incidents Level 1 every 12 months Level 2 every 6 months at minimum	Submission of management information		
2	Commit to interagency working and ensure that personnel working with vulnerable groups are familiar with relevant joint working policies and procedures, including information sharing	Written agreement		

Level	Standard	Evidence required	Evidence submitted	Achieved (RAG) and timescale for completion
<b>2. RECRUITMENT &amp; SELECTION</b>				
2	Carry out appropriate CRB or ISA registration checks for all personnel and where relevant evidence of registration with professional body Ensure appropriate arrangements and risk assessment in place for personnel waiting for CRB clearance	HR records		
2	Face to face interview are always part of any interview process where personnel will be in a position of trust with vulnerable groups and recruiters are properly trained to vet personnel	HR policy and procedures		
2	Include statements that reflect a clear commitment to safeguarding in job descriptions for those with access to vulnerable groups	Job descriptions available		

Level	Standard	Evidence required	Evidence submitted	Achieved (RAG) and timescale for completion
<b>3. TRAINING AND BEHAVIOURS</b>				
1	Induction for all personnel should include information on safeguarding and how to report abuse	Induction programme and list of attendees		
1	Ensure code of conduct and equal opportunities policies make clear the equal right of all people to be safe and treated with respect.	Code of conduct/ equal opportunities policies		
1	Ensure all personnel know where to access information on safeguarding and who to contact for advice and guidance	Documents supporting this such as publicity materials and contact information		
1	Ensure all personnel are aware of procedures for reporting and dealing with unsuitable behaviour.	Documents supporting this such as flowcharts		
2	Have in place a training and development strategy that includes relevant safeguarding policies and procedures, individual's responsibilities for safeguarding, how to recognise and report abuse and any specialist training required relevant to their position. Safeguarding training should be of a standard endorsed by Barnet	Training and development strategy, forms for reporting concerns		

Level	Standard	Evidence required	Evidence submitted	Achieved (RAG) and timescale for completion
<b>4. POLICY AND PROCEDURES</b>				
1	Have a clear procedure for handling complaints and ensure compliance	Procedural documents, information about complaints		
1	Have clear policies and procedures for the reporting of safeguarding concerns, including allegations	Procedural documents and whistle blowing policy, records of complaints and allegations		
1	Comply with data protection and information sharing policy and procedures, especially when there is concern about a person's welfare or safety	Policies and procedures		
1	Have a clear policy on lone working	Policy		
1	Have clear alcohol and substance misuse policies	Policies		
1	Set out clear disciplinary procedures for non-compliance with safeguarding procedures and policies	HR policy and procedures		
1	Ensure all other policies including health and safety, fire, insurance and transport reflect the need for safeguarding and, where appropriate, there is compliance with the professional body for registration	Policies and registration certificates		
2	Service users must be aware of the policies and procedures relating to safeguarding	Evidence of information for service users		
2	Have policies and procedures to ensure those working with children obtain parental consent (including for any photos), medical information and contact information when necessary.	Policies and procedures		
2	Have policies and procedures to ensure those	Policies and procedures, staff		

	working directly with children and vulnerable people observe appropriate staff ratios	rotas		
2	Have clear e-safety and technology use policies to be followed when working with vulnerable groups	Policies		



## **APPENDIX 3: Summary of key recommendations from the Munro Review of Child Protection**

The review's 15 recommendations are briefly summarised below. The full report, including executive summary, can be found here [http://www.education.gov.uk/munroreview/downloads/8875\\_DfE\\_Munro\\_Report\\_TA\\_GGED.pdf](http://www.education.gov.uk/munroreview/downloads/8875_DfE_Munro_Report_TA_GGED.pdf)

### **A system that values professional expertise**

1. Government should revise statutory guidance to distinguish essential rules and guidance informing professional judgement and to enable local innovation.
2. The inspection framework should examine the effectiveness of all local services in protecting children.
3. The inspection framework should allow the experiences of children and young people to inform and shape the provision of services.
4. National and local performance information should be used to help facilitate improvement and promote accountability, rather than as the sole measure of performance.

### **Clarifying accountabilities and improving learning:**

5. The Local Safeguarding Children Board should submit an annual report to the Chief Executive, Leader, Police Commissioner and Chair of Health and Wellbeing Board.
6. Statutory guidance should be amended to focus on meeting local need and the effectiveness of multi agency training.
7. The scope of the roles of Director of Children's Service and Lead Member for Children should not be expanded outside of Children's Services.
8. Government should research the impact of health reorganisation on protecting children
9. LSCBs should use systems methodologies (such as the SCIE model; analysing what has happened in a case to understand underlying issues influencing practice) when undertaking SCRs. Independent reviewers should be used and Ofsted should cease to evaluate.

### **Sharing responsibilities for the provision of early help**

10. Government should place a duty on local authorities to secure the provision of local early help services for children, young people and families.

### **Developing social work expertise**

11. The Social Work Reform Board's Professional Capabilities Framework should explicitly inform social work qualification.
12. Employers and Higher Education Institutes should work together so that social work students are prepared for the challenges of child protection work.

### **The organisational context: supporting effective practice**

13. Local Authorities and partners should start an ongoing process to review and redesign the way in which child and family social work is delivered.
14. Local Authorities should designate a Principal Child and Family Social Worker who is still actively involved in frontline practice.
15. A Chief Social Worker should be created in Government.