

MEETING

SAFEGUARDING OVERVIEW AND SCRUTINY COMMITTEE

DATE AND TIME

WEDNESDAY 23RD OCTOBER, 2013

AT 7.00 PM

VENUE

HENDON TOWN HALL, THE BURROUGHS, NW4 4BG

**TO: MEMBERS OF SAFEGUARDING OVERVIEW AND SCRUTINY COMMITTEE
(Quorum 3)**

Chairman: Councillor Bridget Perry,
Vice Chairman: Councillor Kate Salinger B.Ed (Hons)

Councillors

Alison Cornelius	Anne Hutton	Agnes Slocombe
Barry Evangelis	Kath McGuirk	Zakia Zubairi
Brian Gordon	Brian Salinger	

Substitute Members

Julie Johnson	Lisa Rutter
Sury Khatri	Ansuya Sodha

You are requested to attend the above meeting for which an agenda is attached.

Andrew Nathan – Head of Governance

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ASSURANCE GROUP

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AGENDA ITEM 6

Meeting	Special Safeguarding Overview and Scrutiny Committee
Date	23 October 2013
Subject	Adults and Communities Delivery Unit Annual Complaints Report 2012/13
Report of	Cabinet Member for Adults
Summary	The Adult and Communities Delivery Unit (formally Adult Social Care and Health) is required under statutory regulations to report annually to the relevant Council committee on adult social care complaints and to compile an annual report.

Officer Contributors	Karen Jackson, Assistant Director, Adult Social Care Jennifer Watson-Roberts, Complaints and Representations Lead, Adults and Communities
Status (public or exempt)	Public
Wards affected	All
Reason for urgency / exemption from call-in	Not applicable
Function of	Council
Enclosures	Appendix A: Adults and Communities Annual Complaints Report 2012/2013
Contact for further information:	Karen Jackson E: Karen.jackson@barnet.gov.uk T: 020 8359 3669

1. RECOMMENDATION

- 1.1 That the Safeguarding Overview and Scrutiny Committee make comments and /or recommendations to the Cabinet Member for Adults on the contents of the Annual Complaints Report.

2. RELEVANT PREVIOUS DECISIONS

- 2.1 Safeguarding Overview and Scrutiny Committee, 24 September 2012, Agenda Item 7: Adult Social Care and Health Annual Complaints Report 2011/12

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 Overview and Scrutiny Committees must ensure that the work of Scrutiny is reflective of the council's priorities. For 2013-14, these are to:
- Promote responsible growth, development and success across the borough
 - Support families and individuals that need it promoting independence, learning and well-being
 - Improve the satisfaction of residents and businesses with the London Borough of Barnet as a place to live, work and study.
- 3.2 In order to fulfill these priorities, we will focus our efforts on one of the following outcomes: *"To promote family and community well-being and encourage engaged, cohesive and safe communities"*.

4.0 RISK MANAGEMENT ISSUES

- 4.1 The quality of services are assured by regular monitoring as part of Adults and Communities contract monitoring and practice governance procedures.
- 4.2 Advocacy support is available to complainants to assist them in making their complaint and all staff are advised to promote the use of advocates. All public information booklets also promote the use of advocates. Advocacy services are commissioned through a contract with Barnet Centre for Independent Living, which has sub-contracts with two voluntary sector groups; Advocacy in Barnet and Mind in Barnet, to provide advocacy services.
- 4.3 The complaints process provides the Council with an additional means of monitoring performance and improving service quality and provides an important opportunity to learn from complaints. Key learning with actions taken in 2012/2013 is included in Section 6 of the Annual Complaints Report (Appendix A).
- 4.4 Where complaints are received and highlight any safeguarding issues, they would be dealt with under the agreed Pan-London Multi-Agency Adult Safeguarding Policy and Procedures.
- 4.5 Adults and Communities works closely with the Care Quality Commission (CQC) who are responsible for the inspection and registration of services. With the

permission of the complainant, CQC are informed if the complaint is about any of the services listed below.

- Care homes, including care homes with nursing.
- Home care agencies.
- Independent health care establishments.
- Adult Placement Schemes.

4.6 The power came into force for the Local Government Ombudsman (LGO) on the 1 October 2010, which allowed the LGO to investigate complaints about services that were registered under the Care Quality Commission essential standards, still remains. See Section 10 of the Annual Complaints Report for more details (Appendix A).

4.7 The Council is committed to tackling fraud and other forms of malpractice and treats these issues seriously. It recognises that some concerns may be extremely sensitive and has therefore developed a system under the Whistle Blowing Procedure, which allows for the confidential raising of concerns.

5.0 EQUALITIES AND DIVERSITY ISSUES

5.1 Pursuant to the Equality Act 2010 (“the Act”) under Section 149, the Council has a legislative duty to have ‘due regard’ to eliminating unlawful discrimination, advancing equality and fostering good relations in the contexts of age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

5.2 In addition to the Terms of Reference of the Committee, and in so far as relating to matters within its remit, the responsibility of the Committee is to perform the Overview and Scrutiny role in relation to:

- The Council’s leadership role in relation to diversity and inclusiveness.
- The fulfilment of the council’s duties as employer including recruitment and retention, personnel, pensions and payroll services, staff development, equalities and health and safety.

5.3 The complaints procedure supports the Council in meeting the legislative duties outlined above, and a number of steps have been taken to ensure that it is accessible to all service users and their carers. See Section 3 of the Annual Complaints Report (Appendix A).

5.4 Adults and Communities welcomes complaints from advocacy services such as Disability Action in the borough of Barnet (DabB), Citizens Advice Bureau, Disability Law Service, Mind in Barnet etc. from people who are not able to make representations and complaints in their own right to ensure that they too have a voice and are listened to.

5.5 The report includes data which outlines the number of complaints recorded in Adults and Communities from 1 April 2012 to 31 March 2013 by ethnicity. See Sections 9p, 9q and 9r of the Annual Complaints Report (Appendix A).

5.6 In 2012/2013, data shows that fewer than 30% of the complaints were from ethnic backgrounds, figures from actual information provided.

6.0 USE OF RESOURCES IMPLICATIONS (FINANCE, PROCUREMENT, PERFORMANCE & VALUE FOR MONEY, STAFFING, IT, PROPERTY, SUSTAINABILITY)

6.1 As Adult Social Care continues to make changes to how services are managed and delivered in line with the current financial climate for the public sector, it is possible that more complaints could be received from our customers. It is anticipated that any work carried out in responding to these complaints will be contained within the current staffing establishment and budget.

6.2 To reduce the number of complaints we may receive, we will continue to fully consult with service users and carers on any planned service changes to ensure they feel engaged in the process.

7.0 LEGAL ISSUES

7.1 Adults and Communities is required to operate a statutory complaints procedure under the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009 and the Local Authority Social Services and National Health Service Complaints (England) (Amendment) Regulations 2009.

8.0 CONSTITUTIONAL POWERS

8.1 The scope of Overview and Scrutiny committees is contained within Part 2, Article 6 of the Constitution.

8.2 The Terms of Reference of the Overview and Scrutiny Committees are in the Overview and Scrutiny Procedure Rules (Part 4 of the Constitution).

8.3 The Safeguarding Overview and Scrutiny Committee has within its terms of reference responsibility:

“To scrutinise the provision of Adult Social Care services (including those who have physical disabilities, sensory impairment, learning disabilities, mental health needs or other special needs) to ensure that residents are safeguarded and supported to lead as independent lives as possible in their own homes.”

9.0 BACKGROUND INFORMATION

9.1 In discharging their responsibility to scrutinise the provision of adult social care services, the Committee are requested to consider the Annual Complaints Report 2012/2013 for Adults and Communities, as attached as Appendix A to this report, and make appropriate comments to the Cabinet Member for Adults.

9.2 The report includes information on the statutory social care complaints procedure, statistical information over a 3-year period for compliments and complaints (including corporate complaints), the Local Government Ombudsman (LGO) role in

social care, LGO complaints and enquiries, complaints managed by contractors, learning from complaints and embedding the learning, and the outcome of the complaint user survey.

- 9.3 Compared to 2011-12 figures, compliments received increased by over 50% and complaints dropped more than 10%, indicating a positive trend in terms of how service users view the quality of the service they receive.
- 9.4 The highest proportion of complaints received was at 21% relating to 'Conduct of staff', followed by 16% to 'Quality of service' (which dropped by 9% compared to last years' figures). See Section 9 of the Annual Complaints Report (Appendix A), which outlines specific examples. Issues raised in both these categories have been reviewed in detail. This shows that whilst the issues raised do not represent a systemic problem; it has highlighted some issues for individual members of staff. In these cases, actions are taken to put right the matter; and where necessary, the worker is supported through advice, supervision meetings and training.
- 9.5 As it is a requirement by the Department of Health for health and social care organisations to better understand the benefits of using information from complaints to improve services Adults and Communities has introduced measures to ensure this happens in a systematic way. Following the investigation of each complaint managers are required and routinely asked to outline in writing exactly what lessons have been learnt, together with what actions have been taken as a result of the complaint. Key learning with actions taken in 2012/2013 is included in Section 6 of the Annual Complaints Report (Appendix A). The benefits of this include higher levels of satisfaction, more opportunities to improve services for everyone and an increase in our reputation with the people we serve.
- 9.6 In 2012/2013, we received 5 corporate complaints and followed the corporate complaints procedure to investigate and respond to them. Four were resolved at Stage 1 and one resolved at Stage 4.
- 9.7 In 2012/2013 a complaint user survey was conducted to elicit feedback from our complainants on how they found the complaints process and how Adults and Communities could improve the complaints process in the future. The key issues from this are covered in section 13 of Annual Complaints Report (Appendix A).

10. LIST OF BACKGROUND PAPERS

10.1 None.

Cleared by Finance (Officer's initials)	JH
Cleared by Legal (Officer's initials)	LC

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Adult Social Care and Health Annual Complaints Report

2012 - 2013

Freedom of Information Act Protective Marking Information	
Protective marking	NOT RESTRICTED
Suitable for publication scheme	Yes
Title and version	Annual Complaints Report 2012 – 2013
Purpose	Managerial action
Relevant to	Adults and Communities
Author	Jennifer Watson-Roberts
Summary	Annual Complaints Report (Statutory requirement)
Department	Adult Social Care & Health (Adults & Communities)
Date created / last reviewed	V5. 13.08.2013

London Borough of Barnet Adult Social Care and Health

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1. Introduction

This report provides information on complaints and representations for Barnet Adult Social Care and Health (from 1 April 2013 known as Adults and Communities) for the period 1 April 2012 to 31 March 2013 dealt with through the statutory adult social care and corporate complaints procedures.

1.1 Background

Barnet Council is required under statutory regulations, to report annually to the relevant Council committee on adult social care complaints.

The Council is required to operate a separate statutory complaints and representations procedure, in accordance with the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009 and the Local Authority Social Services and National Health Service Complaints (England) (Amendment) Regulations 2009 (hereby referred to as 'the Regulations'). Any complaint which does not fall under these requirements will be considered under the Council's corporate complaints procedure.

2. Adult social care statutory complaints procedure

Since 1 April 2009 complaints have been assessed in terms of their seriousness and how likely the issue is to recur, so that appropriate and proportionate action can be taken in response. This is in line with the Department of Health's Guidance 'Listening, Responding, Improving', where complaints are considered as low, moderate or high risk. Barnet Adult Social Care and Health then assigns low and moderate risk complaints as 'Straightforward' and high risk complaints as 'Serious and/or Complex'. A complaint can be re-assigned if new information arises during the investigation process.

Straightforward complaints (Low or Moderate risk) - Local resolution

When a complaint is assessed as straightforward, it is dealt with by a member of staff and/or line manager in the team providing the services, within 20 working days with the aim of achieving resolution. Where possible, the response is provided within 10 working days.

The complainant is invited to comment on the response. Where there is disagreement, a meeting is offered to discuss the concerns with a manager and the Complaints and Representations Manager. A final decision on the complaint is then provided by the Head of Service.

Serious and/or Complex complaints (High risk) - Independent investigation

If the complaint is especially serious and/or complex an independent investigation will be arranged that produces a report. Adjudication with remedy is then provided within 25 working days (extendable to 65 working days) from the date the complaint is agreed.

The complainant is invited to comment on the response and if there is disagreement, a meeting is arranged to discuss the concerns with a senior manager and the Complaints and Representations Manager. A final decision on the complaint is then provided by the senior manager.

Local Government Ombudsman

The Local Government Ombudsman (LGO) is an independent organisation

authorised to investigate complaints where the Council's own investigations have not resolved the issues raised.

The person making the complaint retains the right to approach the Local Government Ombudsman at any time. However, the Local Government Ombudsman's policy is to allow the local authority to consider the complaint first and will refer the complaint back to the Council unless exceptional criteria are met.

All timescales contained within this report are in working days.

3. Accessing the complaints procedure

A number of steps have been taken to ensure that the complaints procedure is accessible to all service users, carers and their representatives. The Adult Social Care and Health complaints procedure continues to be widely publicised:

- The Comments, Compliments and Complaints booklets are widely distributed to public offices in the borough, including voluntary organisations and to Black and Minority Ethnic (BME) community groups.
- The Easy Read version of the booklet 'Comments, Compliments and Complaints' is also widely distributed. This is aimed at people with learning disabilities and people whose first language is not English.
- Information about making a comment, compliment or complaint in relation to Adult Social Care and Health is available on the Barnet Council website at www.barnet.gov.uk
- Public information on making a complaint about Adult Social Care and Health is also available at public events. We held several public events including Barnet Older People's Assembly, The Big Health Check Event, Have Your Say Day, and Safeguarding Month, which were attended by a wide range of our service users and carers including older adults and people with learning disabilities and their carers. In addition, we also had information available at the Multicultural Day Event and Stroke Event in early 2013.
- Information about representations and complaints was shared at various meetings with key stakeholders representing various disability groups, including the Barnet Experts by Experience Group, the Clinical Commissioning Group and at the Healthwatch Launch event.
- Information about representations and complaints was shared with the Leadership Team and Care Services Delivery managers and the complaints service promoted.
- Managers are asked to feature compliments, representations and complaints as a standing item in their individual team meetings and their Information Centres. Staff and managers are also reminded and encouraged to utilise the support services provided by the Complaints and Representations Team.
- There is an interim joint agreement between Adult Social Care and Health and Your Choice Barnet - The Barnet Group on how to manage complaints, which involve the two organisations. Information will be provided and the service promoted once the policy is approved by senior management.

All staff are advised to promote the use of advocates for vulnerable people, and advocacy support is available to complainants if they wish to help them to make their complaint. This support is commissioned through a contract with Barnet Centre for Independent Living, who has sub-contracts with Advocacy in Barnet and Mind in Barnet to provide advocacy services. All public information booklets promote the use of advocates.

4. Overview

From the 1 April 2012 to 31 March 2013 inclusive the department has dealt with 12,998 people.

- The figure 12,998 above consists of 5,459 contacts and 7,539 people receiving a service in 2012/2013.
- The figure 7,539 above consists of 1,959 new Community Care Assessments and 5,580 reassessments.

In the same period the following communications were received from service users, carers and/or their representatives:

- 112 compliments
- 35 representations
- 86 complaints
- 4 Local Government Ombudsman enquiries and complaints

Common themes of complaints received relating to Adult Social Care and Health are:

- Disagreement with Community Care Assessments
- Staff conduct and attitude
- General 'quality of service' provided

Of which, just over half (55%) of all the 86 complaints received were considered justified in full or in part.

Customers expect their interaction with the department to be professional and positive, and in the main this is the case. When things go wrong they expect swift action to be taken to resolve the matters causing concern.

Lessons have been learnt from the complaints received throughout 2012/2013 and generally there is a need for the department and some of our care providers to improve on customer care. This is being addressed by adopting a more customer focused approach through council wide 'Think Customer' initiative, allowing more involvement from the service users and their carers/representatives and improving the communication processes in place to enable this to happen.

5. Learning from representations and complaints

The complaints process provides the council with an additional means of monitoring performance and improving service quality, and provides an important opportunity to learn from complaints.

There is an established system in place to capture a range of complaints information including the nature of the complaint, the action taken, the outcome of each complaint and whether there was compliance with the time periods specified in the Regulations. The information captured from this monitoring is used in a number of ways including:

- The provision of feedback and the dissemination of the information to managers, to improve systems and procedures
- A monthly update to Practice Governance group
- A quarterly update report to Leadership Team, which includes senior management attendance
- Measurement of performance and quality control
- Where services are purchased under contract, informing both the appropriate service Commissioners and Supply Management Team who monitor each contract.

6. Service improvements

The nature and complexities of delivering social care means that some times things go wrong or we find as a result of our investigations that we could improve the way we do things and improve the experience of our service users. Some complaints outcomes are a matter of putting things right for the individual and apologising to the service user. Other outcomes have a wider significance on service delivery.

The following lessons have been learnt from complaints throughout the year, with changes already made based upon the learning, and include proposed changes for the future.

It should be noted that the complaints described below are in relation to individual members of staff' working practices, rather than a systematic departmental problem. The issues raised were discussed with the individual and dealt with by the line manager in supervision 1:2:1 meetings where support, advice and/or training were provided to deal with the shortcoming of the worker.

- It is expected that service users views should be taken into account in the assessment process, and not rely on previous contact and records to make decisions.
- Carers issues to take as higher priority as service user issues when discussing the best way of supporting individuals and families
- The need for social workers to prepare before community care assessment reviews, with a proper agenda and minute taker and in turn for the service user and/or carer to be informed prior to the meeting of what is to be expected, so they too are prepared.
- Controversial matters to be discussed outside of the review process, such as potential safeguarding or detailed financial issues
- Importance of transition planning to ensure that a smooth handover takes place between children's and adult services, so that service users and their families are prepared for the transition and services are able to plan together for transfers of high cost complex care packages.

Customer Care and Communication

- The need to involve families in a meaningful way in safeguarding investigations, case conferences and in understanding the outcomes in order to instil confidence in the outcome
- Review documents, Support Plans etc must always be dated and must be clear whether it is a draft or final version.

- Electronic (and manual) diaries to be kept up-to-date and current at all times, as this should prevent missed appointments and/or late attendance
- Managers to keep in contact with complainant throughout the complaint investigation process
- Requests to be dealt with in a timely manner and should further information be required, this is communicated to the requester – with regular updates provided if appropriate
- Limit the number of staff members communicating with a service user /family (especially when things have gone wrong) - appoint a link-officer to minimise this
- The need to adhere to corporate standards, including timescales
- The need to consider the spoken or written tone when communicating with the public

Contracts

- Joint working between the contract team and social work teams should be considered and co-ordinated as early on in the process as possible
- Clear communication must be in place in regards to the expectations of the external service provider for each service user
- Annual contract monitoring needs to be evidenced (recorded)

Service Provider

- External service providers should try to, where possible provide regular carers and monitor care provision closely
- External service providers to be supported to follow up complaints and to be held accountable when things go wrong, by providing explanations, acknowledgements and apologies (if necessary), as well as ensuring that the service being provided improves
- External service providers must ensure they fulfil their responsibilities in regards to meeting the needs of the service user as outlined in the Support Plan
- Clarification around consent for use of service users monies needs to be in place (recorded)
- External service providers to adopt a positive approach when dealing with complaints from service users. Although the process may be being followed, it is felt the human element to complaints handling is sometimes lacking; therefore, consideration should be given to new complainants being offered the opportunity to meet with the agency' complaint investigator, which is standard procedure in the Council's statutory complaints process.

Social Work

- Protection plan review documents to be user-friendly and should be shared with families with some explanation.
- Social workers to ensure a separate Carers' Assessment is offered to carers (the assessment is available, on the Barnet Council website) and to advise carers that the Barnet Carers Centre can also provide assistance.
- Social workers to ensure service users/carers are informed of the outcome of costing panel
- When leaving or moving team, social workers must ensure any outstanding actions on individual cases are properly handed over to the new worker or existing team leader.

- The department has a duty of care to ensure where concerns have been raised about an individual that checks are made with that person to ensure they are safe (in spite of it not always being appreciated or welcomed).
- Social workers to ensure the eligibility criteria is explained in full and is clear/understood
- Clear explanation needed of role and function of the assessment and/or service
- Clear explanation of decision process i.e. 'Best interest'

Electronic databases

- Accurate recording by all members of staff

Miscellaneous

- It is acceptable for social care staff to challenge medical colleagues if they consider information held on health records are not accurate
- Staff are reminded to always wear and show their Barnet Council official name badge or ID (identification) on arrival when visiting a customer's home or property
- Informal agreement of social care costs is not sufficient, there needs to be written confirmation to ensure care does not continue without formal agreement

Staff have been informed of the learning relevant to their service area through emails, supervision sessions and team meetings. Adherence to the learning from complaints is monitored via regular quality assurance checks by respective managers.

In addition, a Practice Governance Working Group for managers is in operation and a section of the work programme is dedicated to complaints and the group examines the lessons learnt from complaints, including identifying and implementing training requirements that arise. Workforce Development is involved and provides assistance to support the implementation of this.

Managers within Care Services Delivery have also been briefed on how compliments, enquiries and complaints can feature on their individual team Information Centres. The working of this is monitored periodically.

As part of this process, managers are encouraged to remind their staff to review their own professional practices and to ensure that they share good practice and any new initiatives.

In June 2012 all Adult Social Care and Health staff were invited to a conference, which focused on the 'customer, client, service user' and three sessions within the programme included:

- Think customer – good customer care, best practice and corporate standards
- Protecting customer information – Data Protection requirements, and
- The customer journey in Adult Social Care and Health.

Designed to improve and deliver better customer services to our service users for the future.

7. Compliments

a. Total number of compliments

Table 1a below shows the total number of compliments recorded in Adult Social Care and Health from 1 April 2012 to 31 March 2013 compared to the previous two years.

Table 1a: Compliments			
	2010/2011	2011/2012	2012/2013
Compliments	80	48	112

Table 1a: Number of compliments recorded in the last three years

There has been a significant increase in the numbers of compliments received in 2012/2013. It is difficult to benchmark performance in relation to this as compliments received in other directorates within the Council are not recorded and very few other local authorities' have a system in place for recording compliments; however, it definitely indicates that good practice is happening across the department and our service users are grateful and satisfied with aspects of the service provided.

The compliments received varied and ranged from individual messages of gratitude to specific members of staff; i.e. support staff, social workers, care coordinators and managers, to thank you cards to whole teams for the work they had done for the service user and their carer. For example:

- One compliment was received thanking a worker for arranging for occupational therapy equipment for her mother and she wrote, *"Mum commented on how helpful she found the new stair rail. She does not usually volunteer information when things are working, so I think it has made a big difference to her. Thanks for the perseverance."*
- Another read, *"A big thank you for all you have done for mum. I know that without your help my mother would not have gone to RF care home. All your patience and kindness was so much appreciated."*
- Another, *"Thank you for visiting mum - she loves having people over! Thank you too for the information about the taxis"*.
- Another, *"Thank you very much for your professional care, diligence and patience. I feel that I finally started to get my life back in balance."*
- And a team compliment read, *"I value the support that I received throughout my time at the group..."*

Satisfaction in the national Adult Social Care Survey for 2011/2012 showed 88% compared to 90% nationally. The results for 2012/2013 showed satisfaction in Barnet is 87% compared to 90% nationally and an average of 86% in our comparator group.

b. Compliments by service area and period received

Table 1b below shows the total number of compliments recorded in Adult Social Care and Health from 1 April 2012 to 31 March 2013 by service area and gives a comparison to the previous two years.

Table 1b: Compliments by service area and period received			
Service Area	2010/2011	2011/2012	2012/2013
Access	8	8	45
Enablement	21		
Physical and Sensory Impairment	0		
Complex Planning	8	19	37
Older Adults	0		
Learning Disabilities	8	9	3
Mental Health	12	11	10
Performance and Supply Management	0	1	2
Strategic Commissioning	6		
Transformation and Resources	17	0	15
Total	80	48	112

Table 1b: Number of compliments recorded by service area and period received in the last three years

8. Representations

Service users may make representations about the contact they have had with Adult Social Care and Health or the service they have received without necessarily making a complaint under the formal procedure.

A representation may be regarded as a comment, enquiry or statement of a formal nature regarding matters such as the availability, delivery or nature of services. They will not necessarily be critical. They can be taken into account when assessing the quality of a service provided, but are not usually viewed as a complaint. They may be critical but the service user does not wish to go through the complaints procedure.

In 2012/2013, 31 representations were received, of which 4 escalated to the formal complaints procedure. In 2011/2012, 22 representations were received, of which 4 also escalated to the formal complaints procedure. In 2010/2011, 25 representations were received and all were satisfactorily resolved, as none escalated through to the formal complaints procedure.

a. Total number of representations

Table 2a below shows the total number of new representations recorded in Adult Social Care and Health from 1 April 2012 to 31 March 2013 compared to the previous two years and the number of representations that escalated to a formal complaint.

Table 2a: Representations			
	2010/2011	2011/2012	2012/2013
Representations	25	22	31
Escalated to formal complaints procedure	0	4	4

Table 2a: Number of representations recorded in the last three years, including the number that escalated to a formal complaint

b. Representations by service area and period received

Table 2b below shows a breakdown of representations recorded in Adult Social Care and Health from 1 April 2012 to 31 March 2013 by service area, compared to the previous two years.

Table 2b: Representations by service area and period received			
Service Area	2010/2011	2011/2012	2012/2013
Access, Enablement and Rehabilitation	7	10	5 (1)
Older People and Long Term Conditions	7	3	8 (1)
Learning Disabilities Social Work	3	2 (1)	6 (1)
Mental Health Services	1	1	5
Strategic Commissioning	3	2	1
Transformation and Resources	4	4 (3)	6 (1)
Total no. of representations	25	22 (4)	31 (4)

Table 2b: Number of representations recorded in the last three years by service area and period received

The numbers in the brackets are where the representation escalated through to the complaints process.

9. Complaints

a. Total number of complaints

Table 3a below shows the total number of new complaints recorded in Adult Social Care and Health from 1 April 2012 to 31 March 2013 compared to the previous two years.

Table 3a: Complaints			
	2010/2011	2011/2012	2012/2013
Complaints	88	100	86

Table 3a: Number of complaints recorded in the last three years

In 2010/2011, 88 complaints were received. The number increased to 100 complaints in 2011/2012 and increase of 14%. In 2012/2013 the number of complaints received fell to 86, a reduction of 14%. Overall in the last three years given the small numbers concerned and the benchmarking data shown below this is not seen as significant. All complaints are reviewed to ensure that we identify any patterns in relation to reoccurring issues.

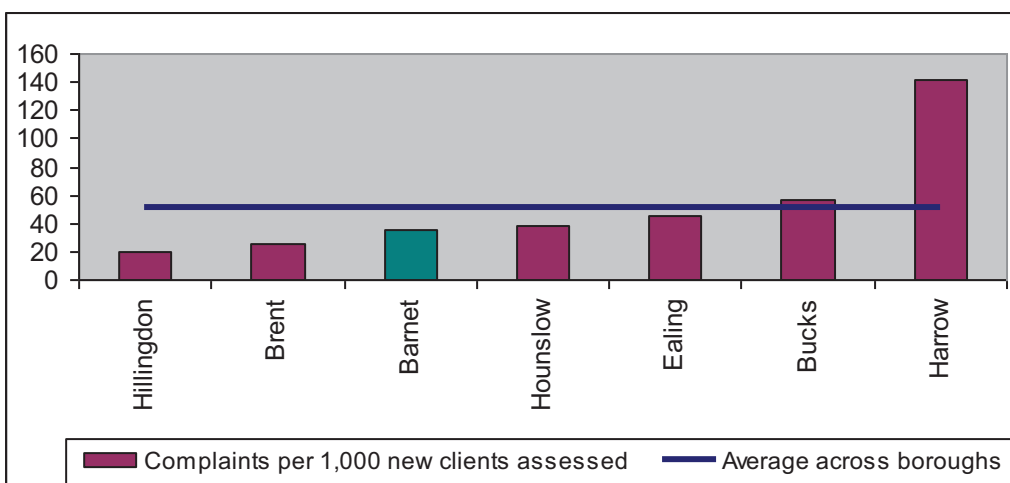
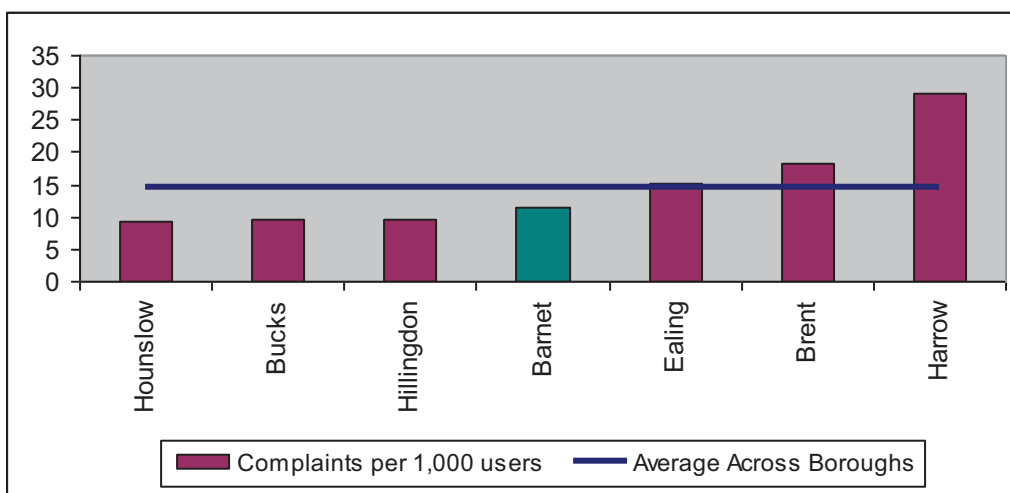
In 2010/2011 the number of people who received a new social care assessment was 2,339, compared to 2,466 in 2011/2012 and 2,495 in 2012/2013; the number of people receiving a service went up by 1.8% from 7,394 in 2010/2011 to 7,525 in 2011/2012 and in 2012/2013 the number was 7,539.

b. Benchmarking - Boroughs within the North West London group

Table 3b: 2012/2013 - Comparative boroughs in the North West London group

Borough	Complaints 2012/13	Service users 2011/12	Complaints per 1,000 users	New clients assessed 2011/12	Complaints per 1,000 clients assessed
Barnet	86	7,525	11	2,465	35
Brent	107	5,845	18	4,165	26
Ealing	143	9,405	15	3,160	45
Bucks	126	13,235	10	2,245	56
Harrow	178	6,115	29	1,260	141
Hillingdon	55	5,680	10	2,815	20
Hounslow	51	5,500	9	1,355	38

The calculations for 'Per 1000 service users' and 'Per 1000 clients' assessed are based on 2011/2012 figures for service users and new clients assessed, as the 2012/2013 comparative data is not be available for a few months.



The above analysis shows that the number of complaints received in Barnet in the year 2012/13, as in 2011/12 this is not unduly worrying. Given the relatively small numbers involved it is very difficult to say what good or bad would look like in relation to the number of complaints. For example having a very low number of complaints

may not necessary signify good performance, it could highlight that individuals do not know how to complain.

c. Compliments compared to complaints

Table 3c below shows the total number of compliments recorded in Adult Social Care and Health from 1 April 2012 to 31 March 2013, compared to the total number of complaints recorded and gives a comparison to the previous two years.

Table 3c: Number of compliments and complaints			
	2010/2011	2011/2012	2012/2013
Compliments	80	48	112
Complaints	88	100	86

Table 3c: Number of compliments and complaints recorded in the last three years

d. Complaints by procedure

Table 3d below shows the distribution of complaints recorded in Adult Social Care and Health from 1 April 2012 to 31 March 2013 by complaints procedure and gives a comparison to the previous two years.

Table 3d: Complaints by procedure			
Procedure	2010/2011	2011/2012	2012/2013
Statutory complaints	78	94	81
Corporate complaints	10	6	5
Total	88	100	86

Table 3d: Number of complaints recorded by complaints procedure in the last three years

e. Complaints by procedure and seriousness or stage

Table 3e below shows the total number of complaints recorded in Adult Social Care and Health from 1 April 2012 to 31 March 2013 by type and seriousness or stage.

Table 3e: 2011/12 - Complaints by procedure and seriousness/stage			
Number of complaints recorded under the statutory social care procedure		Number of complaints recorded under Council's corporate procedure	
Straightforward (Low/Moderate risk)	80	Stage 1	4
Serious and/or Complex (High risk)	1	Stage 2	1
		Stage 3	0
Total	81	Total	5

Table 3e: Number of complaints recorded in 2011/2012 by procedure and seriousness/stage

A total of 86 complaints were recorded as received between 1 April 2012 and 31 March 2013 and of these, 81 complaints were dealt with under the statutory social care complaints procedure and 5 were dealt with under the corporate complaints procedure.

Of the 81 statutory social care complaints received, 80 were considered as Straightforward and 1 considered a Serious and/or Complex complaint.

Of the 5 corporate complaints received, four were resolved at Stage 1, but 1 escalated to Stage 2 of the process, but was resolved there. There were no Stage 3 complaint investigations.

f. Complaints by service area

Table 3f below shows a breakdown of complaints recorded in Adult Social Care and Health from 1 April 2012 to 31 March 2013 by service area, compared to the previous two years.

Table 3f: Complaints by service area			
Service Area	2010/2011	2011/2012	2012/2013
Access	8	26	27
Enablement	20		
Physical and Sensory Impairment	-		
Complex Planning	21	11	23
Older Adults	-		
Learning Disabilities	19	20	16
Mental Health	10	13	6
Performance and Supply Management	-	6	7
Strategic Commissioning	3		
Transformation and Resources	7	24	7
Total	88	100	86

Table 3f: Number of complaints recorded by service area in last three years

g. Complaints by service area and period received

Table 3g below shows the total number of complaints recorded in Adult Social Care and Health from 1 April 2012 to 31 March 2013 by service area and period received.

Table 3g: 2012/13 - Complaints by service area and period received					
Service Area	Q1	Q2	Q3	Q4	Total incl. %
Enablement and Rehabilitation	5	8	7	7	27 (31%)
Older People and Long Term Conditions	3	10	6	4	23 (27%)
Learning Disabilities	3	5	4	4	16 (19%)
Mental Health	1	2	2	1	6 (7%)
Strategic Commissioning	1	2	2	2	7 (8%)
Transformation and Resources	0	4	1	2	7 (8%)
Total	13 (15%)	31 (36%)	22 (26%)	20 (23%)	86 (100%)

Table 3g: Complaints recorded in 2012/ 2013 by service area and period received

h. Complaints by subject category

Table 3h below provides a breakdown of complaints recorded in Adult Social Care and Health from 1 April 2012 to 31 March 2013 by complaint subject and gives a comparison to the previous two years.

Table 3h: Complaints by subject category						
Category	No. of Complaints 2010/11	% of Complaints 2010/11	No. of Complaints 2011/12	% of Complaints 2011/12	No. of Complaints 2012/13	% of Complaints 2012/13
Assessment delay	6	6.8%	4	4%	2	2%
Assessment disagreement	22	25%	8	8%	12	14%
Assessment request	1	1.1%	-	-	-	-
Conduct of staff	11	12.5%	10	10%	18	21%
Ext. Ser. Prov.	-	-	13	13%	-	-
Ext. Serv. Prov. Appointment	-	-	-	-	1	1%
Ext. Serv. Prov. Care Home	-	-	-	-	2	2%
Ext. Serv. Prov. Carer	-	-	-	-	6	7%
Ext. Serv. Prov. Conduct of staff	-	-	-	-	2	2%
Ext. Serv. Prov. Equipment	-	-	-	-	1	1%
Ext. Serv. Prov. Quality of service	-	-	-	-	6	7%
Ext. Serv. Prov. Timeliness	-	-	-	-	2	2%
Financial Assessment Disagreement	-	-	10	10%	1	1%
Information	4	4.6%	3	3%	7	8%
No response to previous comm.	4	4.6%	11	11%	3	4%
Quality of service	30	34%	25*	25%	14	16%
Service delay	5	5.7%	8	8%	7	8%
Unsatisfactory assessment	4	4.6%	5	5%	1	1%
Unsatisfactory response to previous comm.	1	1.1%	3	3%	1	1%
Total	88	100%	100	100%	86	100%

Table 3h Number of complaints recorded in the last three years by subject category

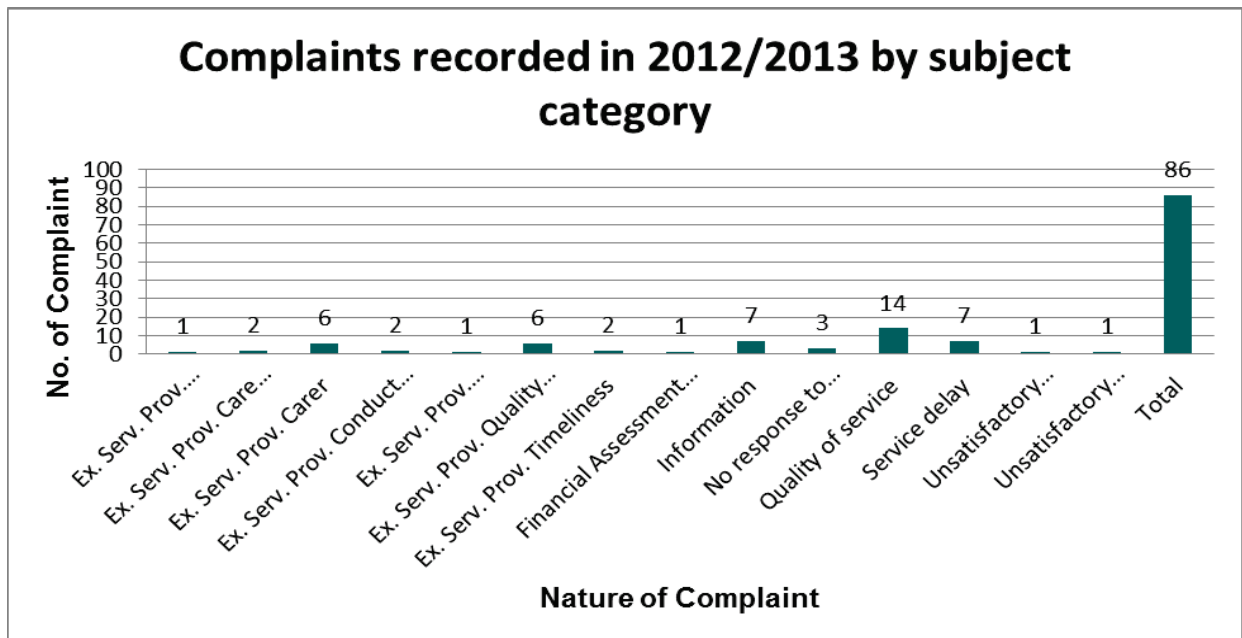
*Conduct of staff = 18 complaints – 1 (6%) upheld, 8(44%) partially upheld and 9 (50%) not upheld (see Table 3j)

It should be noted that the complaints described above are in relation to individual members of staffs working practice, rather than a systematic departmental problem. When this is the case, the issues raised within the complaint are discussed and dealt with by the line manager in 1:2:1 supervision meetings and support, advice and where necessary, training is provided to the individual and lessons learnt with reflexive practice.

In 2012/2013 significant transformational activity took place in Adult Social Care and Health, i.e. major restructuring. It was expected that during a period of significant change, complaints could increase and/or change their focus; the complaints and enquiries function closely monitored this and ensured that trends informed projects and change management activity.

i. Complaints by subject category - 2012/2013

Bar chart 3i below shows a breakdown of complaints recorded in Adult Social Care and Health from 1 April 2012 to 31 March 2013 in graphical format by subject category.



Bar Chart 3i: Number of complaints recorded in 2012/2013 by subject category

j. Complaints by outcome

Tables 3j below shows the total number of Adult Social Care and Health complaints made during the past three years that were upheld (well founded), partially upheld (partially founded) and not upheld (not founded), together with those which were carried forward into the next reporting cycle, these being incomplete at year end.

Table 3j: Statutory complaints by outcome						
Straightforward and Corporate complaints	Number of complaints 2010/2011	% of complaints 2010/2011	Number of complaints 2011/2012	% of complaints 2011/2012	Number of complaints 2012/2013	% of complaints 2012/2013
Upheld (Well founded)	30	35%	28	28%	21	25%
Partially upheld (Partly founded)	14	16%	38	38%	26	30%
Not upheld (Not founded)	42	49%	33	33%	37	43%
Withdrawn	0	0%	0	0%	1	1%
Total	86	100%	99	99%	85	99%
Serious and/or Complex complaints	Number of complaints 2010/2011	% of complaints 2010/2011	Number of complaints 2011/2012	% of complaints 2011/2012	Number of complaints 2012/2013	% of complaints 2012/2013
Upheld (Well founded)	0	0%	0	0	0	0
Partially upheld (Partly founded)	2	100%	1	1%	1	1%
Not upheld (Not founded)	0	0%	0	0	0	0
Withdrawn	0	0%	0	0	0	0
Total	2	100%	1	1%	1	1%

Table 3j: Number of complaints recorded by outcome in last three years

In 2010/2011 just over 50% of the complaints received were justified in full or in part and in 2011/2012 this increased to two-thirds (66%), which meant more complaints were found to be justified. In 2012/2013 the numbers fell to just over 50% of the complaints received were justified in full or in part.

k. Complaints by outcome and subject

Table 3k below shows the total number of Adult Social Care and Health complaints recorded from 1 April 2012 to 31 March 2013 by the outcome and subject.

Table 3k: 2012/2013 – Complaints by outcome and subject					
Complaint subject	Upheld	Partially upheld	Not upheld	Withdrawn	No. of complaints
Assessment delay	2	-	-	-	2
Assessment disagreement	4	-	8	-	12
Conduct of staff	1	8	9	-	18
External Service Provider Appointment	-	1	-	-	1
External Service Provider Care Home	-	2	-	-	2
External Service Provider Carer	2	1	3	-	6
External Service Provider Conduct of staff	1	1	-	-	2
External Service Provider Equipment	-	1	-	-	1
External Service Provider Quality of service	2	4	-	-	6
Ex. Serv. Prov. Timeliness	1	1	-	-	2
Financial assessment disagreement	-	1	-	-	1
Information	1	2	4	-	7
No response to previous communication	2	1	-	-	3
Service delay	-	2	5	-	7
Quality of service	5	1	7	1	14
Unsatisfactory assessment	-	1	-	-	1
Unsatisfactory response to previous communication	-	-	1	-	1
Total no. of complaints	21 (24%)	27 (31%)	37 (43%)	1 (1%)	86 (100%)

Table 3k: Complaints recorded by outcome and subject in 2012/2013

Complaints upheld and partially upheld vary in theme, and include some of the following:

- One carer arrived instead of two carers
- Carers not arriving on time
- Delay in assessment and arranging services. Also delay in paying Direct Payment
- Delay in providing invoices
- Social worker did not attend an arranged review meeting
- The council cancelled care package; therefore, not meeting service users needs
- Unhappy with occupational therapist and social worker who insisted on installing a iron framed bed with an inflatable rubber mattress to replace a standard orthopaedic bed.
- Unhappy with services provided by external service provider

- Concerns with lack of clarification given when speaking to a social worker
- Unhappy to receive personal budget survey letter, when have never received a personal budget
- Unhappy with community nurse behaviour
- Unhappy with the amount of care received
- Concerns at the number of inaccuracies in annual review report
- Inconsistent timings observed by carers and inconsistency in the care workers attending.
- Carer left service user in chair overnight and did not report the incident to the home care manager
- Unhappy with the lack of response to emails and letters. Unhappy that her mother is incorrectly being sent invoices, when she should be exempt from payment.
- Delay and difficulties experienced when arranging funding for care home accommodation
- Unhappy with the general quality of service from a commissioned service, including the lack of professionalism
- Concerns in relation to the attitude of staff towards the elderly when booking meetings and the installing occupational therapy equipment.
- No response to request from external service provider for an uplift in a service user's weekly fee.

Section 6 of this report outlines the lessons that have been learnt from some of these complaints and the service improvements that have been implemented.

I. Timeliness of statutory complaints acknowledgements

Table 3l below shows of the 81 statutory complaints recorded in Adult Social Care and Health from 1 April 2012 to 31 March 2013, 63 (78%) were acknowledged within the 3 working day statutory timescale.

Table 3l: 2012/2013 – Statutory acknowledgment letter/email sent			
Completed within timescale	Timescale met	Timescale not met	Total no. of complaints
Total	63 (78%)	18 (22%)	81 (100%)

Table 3l: Number of complaints acknowledged within 3 working day timescale

m. Timeliness of corporate complaints acknowledgments

Table 3m below shows of the 5 corporate complaints recorded in Adult Social Care and Health from 1 April 2012 to 31 March 2013, 4 (80%) were acknowledged within the agreed 2 working day timescale.

Table 3m: 2012/2013 – Corporate acknowledgment letter/email sent			
Completed within timescale	Timescale met	Timescale not met	Total no. of complaints
Total	4 (80%)	1 (20%)	5 (100%)

Table 3m: Number of complaints acknowledged within 2 working day timescale

n. Timeliness of complaint responses

Adult Social Care and Health target for responding to new complaints was 80%. The timescale for responding to a Straightforward complaint is 20 working days, a Serious and/or Complex complaint is 25 working days (extendable to 65 working days) and a Corporate complaint is 10 working days.

In 2010/2011, of the 88 complaints received 71 (88%) were dealt with within timescale. In 2011/2012 of the 100 complaints received, 77 (77%) were completed within timescale and in 2012/2013, of the 86 complaints received, 64 (75%) were dealt with within timescale. Although this performance in the last two years fell short of the usual standard and expectation, it is recognised that the complaints received during the said period were particularly complex in nature, requiring very detailed, robust investigations/responses.

Responding to complaints within timescales has been and will continue to be a priority for all managers within Adults and Communities and this will be reflected in their annual objectives/ appraisals

Table 3n below shows of the 86 complaints recorded in Adult Social Care and Health from 1 April 2012 to 31 March 2013, 1 complaint was withdrawn and 64 (75%) complaints were responded to within the set or agreed timescale.

Where the set or agreed timescales were not met complainants were kept informed and updated throughout the investigation process.

Table 3n: 2012/13 – Timeliness of complaint responses			
Completed within timescale	Timescale met	Timescale not met	Total no. of complaints
Total	64 (75%)	21 (25%)	*85 (100%)

Table 3n: Timeliness of complaint responses
* 1 complaint withdrawn

o. Timeliness of complaint responses by service area

Table 3o below shows the total number of complaints recorded in Adult Social Care and Health from 1 April 2012 to 31 March 2013 by service area and whether the timescale for responding to the complaint was met or not.

Table 3o: 2012/2013 – Timeliness of complaint responses by service area					
Service Area	No. of complaints	Timescale met		Timescale not met	
Enablement and Rehabilitation	27	20	74%	7	26%
*Older People and Long Term Conditions	22	18	82%	4	18%
Learning Disabilities Social Work	16	11	69%	5	31%
Mental Health Services	6	5	83%	1	17%
Strategic Commissioning	7	4	57%	3	43%
Transformation and Resources	7	6	86%	1	14%
Total	85	64 (75%)		21 (25%)	

Table 3o: Timeliness of complaint responses by service area
* 1 complaint withdrawn

p. Complaints by ethnicity breakdown

Table 3p and bar chart 3q shows the number of complaints recorded in Adult Social Care and Health from 1 April 2012 to 31 March 2013 by ethnicity.

Table 3p: 2011/12 – Comparative ethnicity data				
	No. of complaints 2012/13		No. of service users 2012/13	Barnet's population
White	57	66%	74%	66%
<i>White British</i>	44	51%	56%	46%
<i>White Irish</i>	1	1%	3%	3%
<i>White Other</i>	12	14%	15%	17%
Mixed	3	4%	1%	3%
<i>Mixed White & Black Caribbean</i>	-	-	<0.5%	0.5%
<i>Mixed White & Black African</i>	-	-	<0.5%	0.5%
<i>Mixed White & Asian</i>	-	-	<0.5%	1%
<i>Mixed Other</i>	3	3%	0.5%	1%
Asian / Asian British	14	16%	10%	17%
<i>Indian</i>	1	1%	7%	9%
<i>Pakistani</i>	-	-	1%	1%
<i>Bangladeshi</i>	-	-	<0.5%	1%
<i>Other Asian</i>	1	1%	2%	6%
Black / Black British	2	2.5%	6%	7%
<i>Caribbean</i>	-	-	2%	1%
<i>African</i>	1	1%	3%	5%
<i>Other Black</i>	-	-	1%	1%
Chinese or Any Other Ethnic Group	3	3.5%	7%	7%
<i>Chinese</i>	1	1%	1%	3%
<i>Any Other Ethnic Group</i>	2	2.5%	6%	4%
Not Stated / Unknown	7	8%	2%	-
Total	86	100%	100%	100%

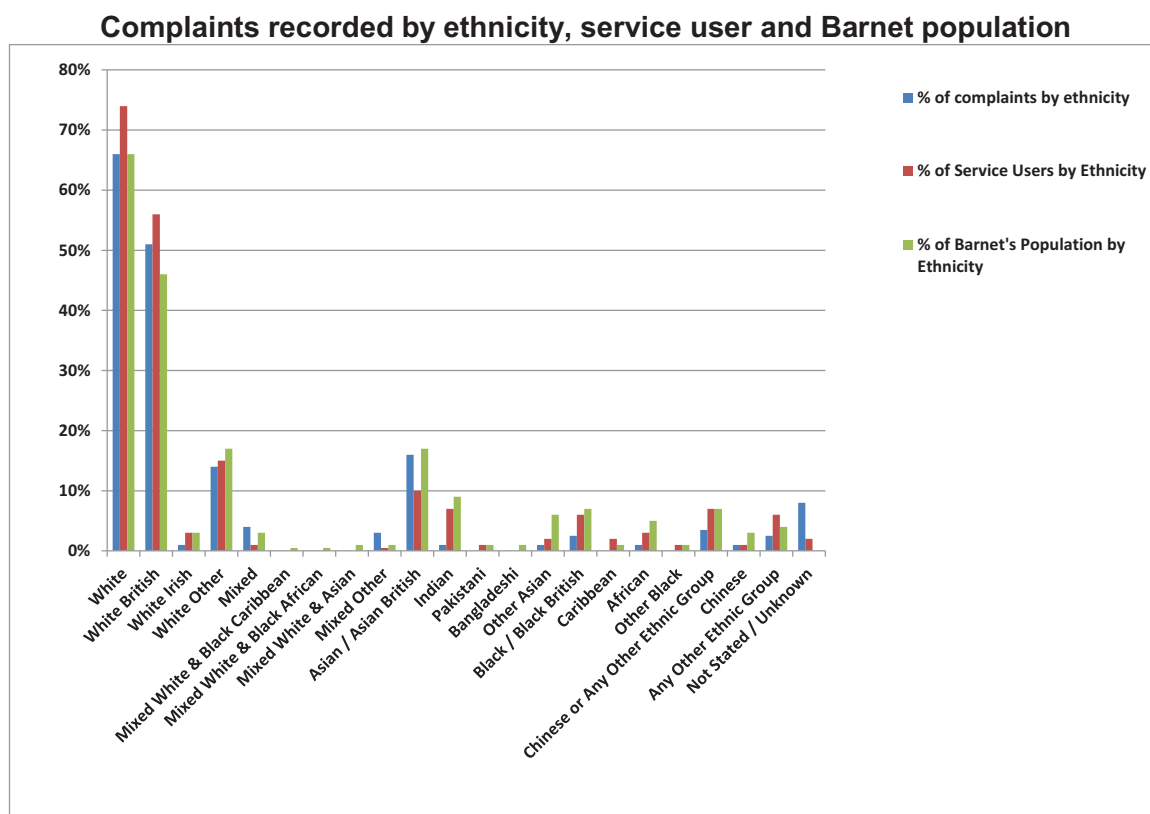
Table 3p: Comparative data between number of complaints recorded in 2012/2013, total number of services users and London Borough of Barnet adult population

Service User data source: Calculations based on data published by the Office for National Statistics via Nomis, on 25 July 2013

(ONS Crown Copyright Reserved)

Barnet's Population data source: GLA 2012 Round Ethnic Group Projections - TREND Interim
(These data are the sole copyright of the © Greater London Authority, 2013).

q. Complaints by ethnicity, service user and Barnet population



Bar Chart 3q: Breakdown of complaints recorded by ethnicity, service users and Barnet's population in 2012/ 2013

In 2011/12 the ethnic profile of complainants was found to be more reflective of the service user population than in previous years, with fewer complaints from Asian/Asian British and Black/Black British groups. The actual figures suggested the significant changes were due to small population sub-groups, where a minor change in complaints resulted in a high percentage swing.

In 2012/13 the ethnic profile of complainants remained reasonably reflective of the service user population; however, there were once again a higher proportion of Asian/Asian British complainants than would be expected from the service user demographics. Complaints from those within this ethnic group increased by over 50% (from 9 complaints in 2011/12 to 14 in 2012/13) representing 10% of total complaints received throughout 2012/13.

The percentage of complainants within the Black / Black British demographic has continued to fall; now representing just 2.5% of all complaints received.

This year was the first in which the ethnic background of some complainants was unknown or not stated.

r. Complaints by comparative ethnicity data

Table 3r below provides a percentage breakdown of complaints recorded in Adult Social Care and Health from 1 April 2012 to 31 March 2013 by ethnicity and service users and gives a comparison to the previous two years.

Table 3r: 2012/2013 – Comparative ethnicity data				
Ethnicity	2010/11 No. of complaints	2011/12 No. of complaints	2012/13 % of complaints	2012/13 No. of service users
White	71%	80%	66%	74%
Mixed	0%	2%	4%	1%
Asian / Asian British	17%	9%	16%	10%
Black / Black British	12%	4%	2.5%	6%
Chinese	0%	1%	1%	1%
Any other ethnic group	0%	3%	2.5%	6%
Not stated/Unknown	0%	0%	8%	2%
Total	100%	100%	100%	100%

Table 3r: Percentage of complaints in last three years by ethnicity and service users

10. Local Government Ombudsman (LGO)

The Local Government Ombudsman (LGO) is an external body that looks at complaints relating to local authorities. The LGO is able to investigate matters where there is an alleged or apparent 'maladministration' or service failure. There are some situations in which the LGO will be unable to investigate a complaint such as conduct of Court proceedings. During an investigation the LGO will consider whether a member of the public has suffered injustice and whether that injustice arose as a result of a fault by the Council.

The LGO may prepare a statement of reasons, instead of a report where he decides a report is not appropriate. If satisfied with the action taken or proposed by the Council, he can also publish all or part of a report or statement, or a summary of a matter which is the subject of a report or statement.

When a local authority carries out a function entirely or partly by means of an arrangement with another person, the action taken by the other person shall be treated as action taken on behalf of the Council and in the exercise of the Council's function.

The LGO is able to investigate complaints relating to failure in a service which was the Council's function to provide and is carried out entirely or partly by means of an arrangement with another person, including through a partnership with another body.

If, during the course of an investigation into a complaint, a service failure or apparent maladministration comes to the attention of the LGO, his office may investigate, even where no one has complained of that particular service failure or maladministration.

The LGO may also make a finding of 'service failure', even where there is no maladministration.

The LGO, in a report where there is no injustice, is able to recommend action.

A complainant has the right to raise a complaint with the LGO at any time. Under the 'Council First' procedure the LGO in summary, requires all complainants to go through all stages of their local authority's own complaints procedure before the Ombudsman will consider the complaint.

However, the LGO has decided that the following complaints will normally be treated as exceptions to this general requirement:

- Complaints where the subject means the matter is clearly urgent
- Complaints where the complainant's circumstances indicate a need for priority

- Complaints where the LGO or the Council decide that completing the Council's own procedure would be to the detriment of the complainant, (for example due to delay or to avoid different timescales for different procedures in a complaint which is made against two authorities within the jurisdiction of the LGO, or within the jurisdiction of the LGO and Parliamentary and Health Service Ombudsman).

In addition the LGO have the power to deal with complaints from people who self fund or arrange their own personal social care. The service will give self-funded users the same access to the LGO service as those who have assistance from the Council. Previously, a person using services under a private contract had no remedy other than to go to court if they had an unresolved dispute with their provider.

Care providers have been written to with information relating to the protocol with regard to dealing with self funders, reinforcing the first point of contact should be the company/care provider and the second port of call should be the LGO office. For Council service users the second port of call is the Adult Social Care and Health Department.

11. Local Government Ombudsman enquiries and complaints

a. Enquiries and complaints via the Local Government Ombudsman

Table 4a below shows the total number of new LGO enquiries and complaints received in Adult Social Care and Health from 1 April 2012 to 31 March 2013, compared to the previous two years.

Table 4a: Enquiries and complaints via the Local Government Ombudsman			
	2010/2011	2011/2012	2012/2013
Enquiries	3	6	2
Complaints	7	15	2
Total	10	21	4

Table 4a: Number of enquiries and complaints involving the LGO in the last 3 years

In 2010/2011, 10 LGO enquiries and complaints were received and in 2011/2012, 21 were received. The number of LGO enquiries and complaints were high, and could have been as a result of the number of stages within the complaints process being reduced from three to one, following the introduction of the 2009 statutory adult social care complaints regulations, and complainants wanting an independent authority to adjudicate and sort out their issues of concern. However, in 2012/2013 4 LGO enquiries and complaints were received, which was significantly less than in two previous years.

Tables 4b, 4c and 4d below shows the number of enquiries and complaints received involving the LGO for the last three years and summarises the outcomes.

Where a complaint has not been considered under the Council's complaints procedures and the LGO refers the complainant back to the local authority. Such complaints are described as 'premature'.

b. LGO enquiries and complaints - 2010/2011

Table 4b: 2010/2011 - Complaints via Local Government Ombudsman (LGO)		
LGO	Number of decisions	Outcome
Enquiries	3	3 x Rejected as premature
Complaints (Closed)	7	1 x Outside LGO jurisdiction 1 x Complaint withdrawn 3 x No or insufficient evidence of maladministration (no report) 1 x Local settlement (no report) 1 x LGO to discontinue investigation
Total	10	

Table 4b: Number of complaints involving the LGO concluded in 2010/2011, with the decision

c. LGO enquiries and complaints - 2011/2012

Table 4c: 2011/2012 - Complaints via Local Government Ombudsman (LGO)		
LGO	No. of decisions	Outcome
Enquiries	6	6 x Rejected as premature
Complaints (Closed)	14	1 x No or insufficient evidence of maladministration (no report) 7 x To discontinue investigation (no report) 4 x To discontinue investigation: injustice remedied (no report) 1 x Local settlement (no report) 1 x Investigation complete, satisfied with authorities actions (no report)
Complaints (Active)	1	1 x Investigation incomplete
Total	21	

Table 4c: Number of complaints involving the LGO concluded in 2011/2012, with the decision

d. LGO enquiries and complaints – 2012/2013

Table 4d: 2012/2013 - Complaints via Local Government Ombudsman (LGO)		
LGO	Number of decisions	Outcome
Enquiries	2	2 x Rejected as premature
Complaints (Closed)	2	1 x To discontinue investigation (no report) 1 x Investigation complete, satisfied with authorities actions (no report)
Total	4	

Table 4d: Number of complaints involving the LGO concluded in 2012/2013, with the decision

At the time of writing this report, one complaint continues to remain outstanding from 2011/2012 and is still being investigated by the LGO. The decision on the outstanding complaint will be reported in the 2013/2014 Annual Complaints Report.

In 2012/2013 the number of complaints that escalated to the LGO was significantly less than in the previous two years.

The LGO decisions did not find maladministration or fault against the council in the reported cases.

e. Local settlements

In 2010/2011 the LGO found an element of maladministration or fault against the council in only 1 (14%) of the 7 complaints investigated by the LGO and in 2011/2012 again just 1 (7%) of the 14 complaints required a local settlement by the council.

In 2012/2013 the LGO did not find maladministration or fault against the council in any of the complaints brought to its attention.

This indicates that the LGO considers the department's intervention when investigating complaints to be fair and reasonable and the outcomes reached by the council, just and appropriate.

The LGO have not reported formally on any of the complaints received in the last three years.

	2010/2011	2011/2012	2012/2013
Complaints	1 (14%) out of 7 cases	1 (7%) out of 14* cases	0(0%) out of 2 cases

Table 4e:

Number of complaints investigated by the LGO in the last three years and where maladministration or fault was found

* = 1 complaint incomplete and remains active

f. LGO Annual review - 2012/2013

The LGO annual review report of Barnet is for the whole of Barnet and the statistics include the number of enquiries and complaints received by the LGO Advice Team. The report states that from 1 April 2012 to 31 March 2013, ASCH received 5 enquiries and complaints (including one premature). The LGO made 6 decisions. The fifth complaint the LGO refers to was dealt with by Environmental Health and reported by them as it relates to their handling of a Disabled Facilities Grant application. The extra/additional/sixth decision was reported in 2011/2012 Annual Complaints Report. Decisions are sometimes made in a different year to the year in which the complaints were received.

The enquiries and complaints received were varied and ranged from the disagreement with a Community Care assessment, to the disagreement with the Council's invoicing process, to being unhappy with the decision of an external service provider.

The LGO reports that there are no concerns in relation to ASCH response times and there are no issues arising from any of the complaints referred to within the report.

12. Complaints managed by contractors (external service providers)

Adult Social Care and Health welcome complaints as a way of measuring how well the Home and Community Support Providers are providing services. Only complaints that are escalated are recorded by the Council, with Home and Community Support Providers also recording their own. Complaints and compliments are monitored by the Council when attending regular site visits carried out by the Supply Management Team and are also discussed in detail with the lead providers at the regular contract management meetings.

In 2012/2013 the total numbers of complaints escalated through Supply Management were 119. This figure represents a decrease of 20 from last year 2011/12. Further this decrease represents a decline of 14.38%.

a. Complaints managed by contractors (external service providers)

Table 5a below shows a breakdown of complaints managed by contractors (external service providers) on behalf of Adult Social Care and Health from 1 April 2012 to 31 March 2013, compared to the previous two years.

Table 5a: Complaints managed by contractors (External service providers)			
	2010/2011	2011/2012	2012/2013
Complaints	114	139	119

Table 5a: Number of complaints managed by contractors (external service providers) recorded in the last three years

13. Complaint User Survey

A complaint user questionnaire was sent to all the 2012/2013 complainants. The report containing the results from the survey captures the level of overall satisfaction with the complaints process, and includes the outcomes from the complainants' perspective (See Appendix 1).

Based on the survey's findings, a number of key actions to improve the complaints journey for future complainants have been established.

The Complaints and Representations Team will review the standard Comments, Compliments and Complaints booklet and decide whether it can be simplified, or whether to routinely provide the easy-read version to all complainants.

To deliver these actions, the Complaints and Representations Team will also continue to work closely with managers to ensure that:

- The Comments, Compliments and Complaints booklet is distributed on receipt of each new complaint received by their teams
- They speak to complainants on receipt of each new complaint, where appropriate, a meeting is offered and that they:
 - Take the complaint seriously. Demonstrate empathy and real concern
 - Obtain as much information and facts about the complaint as possible
 - Inform the complainant about the complaints process, i.e. plan of investigation (interviews, files, policies, procedures, legislation)
 - Inform the complainant when they can expect a written response to their complaint.
 - Manage the expectations of the complainant in relation to outcomes
- Face-to-face discussions (resolution meetings) with complainants is offered
- The whole complaint is investigated and addressed in the response letter
- All the reasons for decisions taken are detailed in the response provided to complainant
- Managers do what they say they will do as a result of the complaint

The Complaints and Representations Lead will remind managers to continue to be mindful of their audience and to ensure all responses are clear, using plain English and to refrain from using complicated language, jargon, abbreviations or acronyms.

14. London and North West London Complaints Network

The Complaints and Representations Manager continues to work closely with colleagues from the London and North West London Complaints Managers groups to ensure that Adult Social Care and Health are kept informed and in a position to adopt as consistent an approach to complaints handling as possible.

15. Training

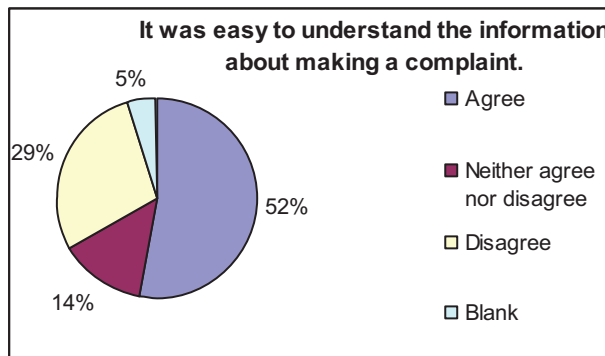
Between October 2012 and May 2013 Corporate Customer Services ran a number of Customer Care training sessions and ASCH staff were invited to attend. The offer was accepted and attended by 89 members of staff. Adhering to good customer care also forms part of all Adults and Communities workers annual objectives/appraisals.

In 2013/2014 effective complaints handling training has been commissioned by the Workforce Development Team from the Local Government Ombudsman and will be attended by Heads of Services, Service Managers and Team Leads across adult social care. The aim and expectation is that complaints handling across the delivery unit will improve and as a result customer satisfaction improves.

Appendix 1 - Outcome of 2012/2013 Complaints User Survey

In 2012/2013, questionnaires were sent to each complainant, 86 in total. Reminder letters were sent to complainants who had not returned their questionnaire. In addition, the complainants were contacted by telephone in the hope of completing unreturned questionnaires. Of the 86 questionnaires sent out, 21 (24%) were completed and returned.

Question 1 It was easy to understand the information about making a complaint.		
Agree	11	52%
Neither agree nor disagree	3	14%
Disagree	6	29%
Did not answer/left blank	1	5%
Total	21	100%

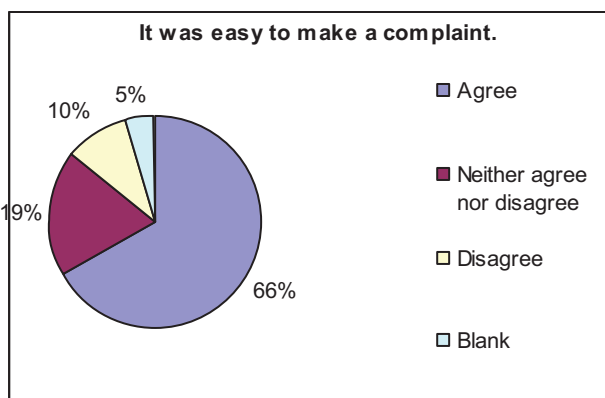


A Comments, compliments and complaints booklet explaining how to make a comment, compliment and/or a complaint and the statutory adult social care complaints process is sent to all complainants on receipt of their correspondence.

Of the 21 participants who took part in the survey 52% found it easy to understand the information provided about making a complaint.

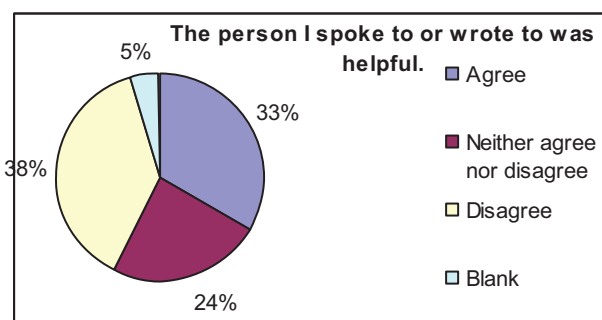
The Complaints and Representations Team will review the standard Comments, compliments and complaints booklet and decide whether it can be simplified, or whether to routinely provide the easy-read version instead.

Question 2 It was easy to make a complaint.		
Agree	14	66%
Neither agree nor disagree	4	19%
Disagree	2	10%
Did not answer/left blank	1	5%
Total	21	100%



Of the 21 participants that took part in this survey, 14 participants - over 65% found it easy to make their complaint.

Question 3 The person I spoke to or wrote to was helpful.		
Agree	7	33%
Neither agree nor disagree	5	24%
Disagree	8	38%
Did not answer/left blank	1	5%
Total	21	100%

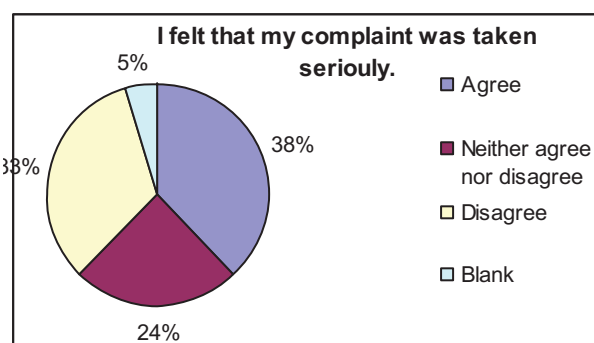


Of the 21 participants that took part in this survey, 7 (33%) complainants agreed that the person they spoke to was helpful.

There is a need for managers to consider the spoken or written tone when communicating with complainants.

The Complaints and Representations Team will remind all managers who deal with complaints that they must endeavour to be helpful and provide as much information about our services. If appropriate to sign post people.

Question 4 I felt that my complaint was taken seriously.		
Agree	8	38%
Neither agree nor disagree	5	24%
Disagree	7	33%
Did not answer/left blank	1	5%
Total	21	100%



Of the 21 participants that took part in this survey, 7 (33%) participants felt that their complaint was not taken seriously enough.

The Complaints and Representations Team encourages managers to speak to complainants and/or service users very early on during the complaints process, normally within 5 working days of the complaint being received by the council, and during that initial conversation they are advised to:

- obtain as much information and facts about the complaint as possible
- inform the complainant about the complaints process, i.e. plan of investigation (interviews, files, policies, procedures, legislation)
- inform the complainant when they can expect a written response to their complaint.

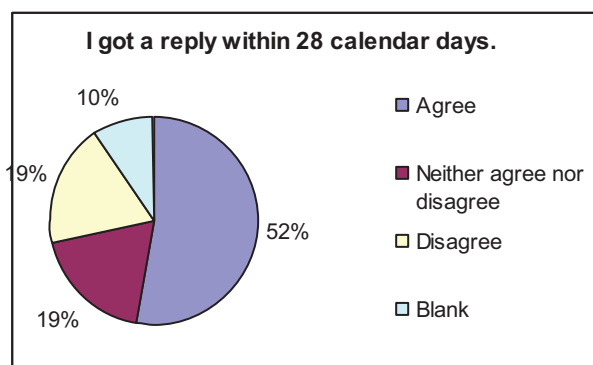
It is also expected that this conversation is used to manage the complainant's expectations in relation to the possible outcome of their complaint, together with showing empathy and real concern.

Managers are also asked to consider the benefits of face-to-face discussions with complainants and/or service users when investigating complaints.

The Complaints and Representations Lead will remind all investigating managers on allocation

of a new complaint of the requirements and expectations within that initial conversation when speaking to the complainant and that it may also be helpful to arrange to meet with the complainant in order to discuss the concerns raised in detail.

Question 5 I got a reply within 28 calendar days.		
Agree	11	52%
Neither agree nor disagree	4	19%
Disagree	4	19%
Did not answer/left blank	2	10%
Total	21	100%



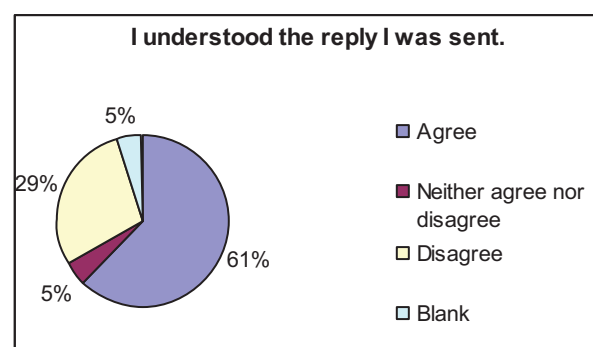
Of the 21 participants that took part in this survey, 19% of participants were dissatisfied with the time it took to respond to their complaints.

It is the department’s aim to respond in writing to Straightforward complaints within 20 working days and Corporate complaints within 10 working days. In 2012/2013 of the 86 complaints received, 75% (64) were dealt with within timescale.

Managers are consistently reminded of keep an eye on the timescales and are encouraged to make every effort to achieve them; however, it is noted that the complaints received tend to be multifaceted and difficult by nature by the time the department is made aware of the concerns.

The Complaints and Representations Lead and the Practice Governance Group has recently reviewed the timescales for managers responding to statutory complaints and it was considered that on average 20 days is reasonable.

Question 6 I understood the reply I was sent		
Agree	13	62%^
Neither agree nor disagree	1	5%
Disagree	6	28%
Did not answer/left blank	1	5%
Total	21	100%

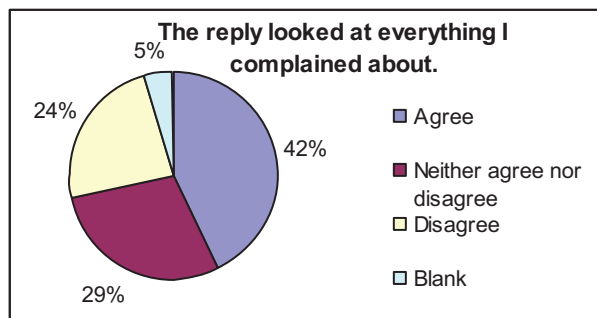


Over 60% of participants that took part in the survey said it was easy to understand the response to their complaint and that is probably because all responses are generally in plain English.

Of the 21 participants that took part in this survey, only 28% of participants said they did not understand the response provided.

The Complaints and Representations Lead will remind managers to continue to be mindful of their audience and to ensure all responses are clear, using plain English and to refrain from using complicated language, jargon, abbreviations or acronyms.

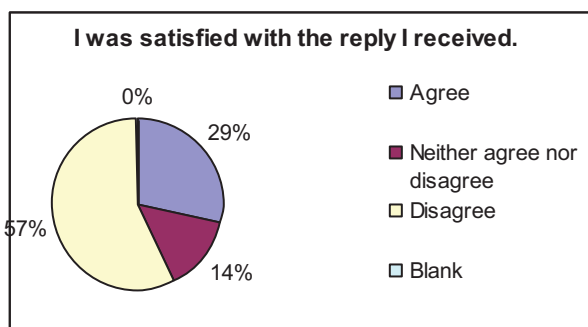
Question 7 The reply looked at everything I complained about		
Agree	9	43%
Neither agree nor disagree	6	28%
Disagree	5	24%
Did not answer/left blank	1	5%
Total	21	100%



Of the 21 participants that took part in this survey, 24% said managers did not address or respond to each issue raised. This may be because the initial, early telephone conversations are not routinely happening or when they are, not enough information is being sought and so managers are only responding to the written complaints received.

The Complaints and Representations Team will monitor this to ensure that conversations are taking place and that the whole complaint is being captured and addressed in the response letters.

Question 8 I was satisfied with the reply received		
Agree	6	29%
Neither agree nor disagree	3	14%
Disagree	12	57%
Did not answer/left blank	0	0%
Total	21	100%

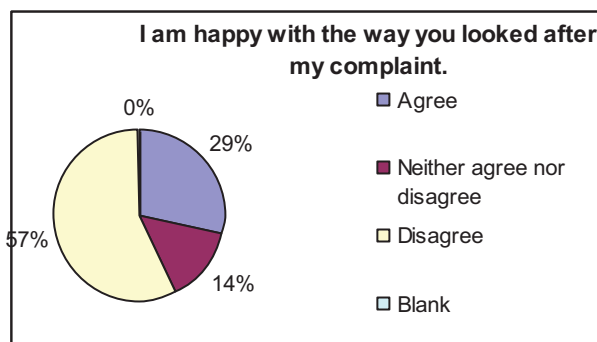


Of the 21 participants that took part in this survey, over 50% of participants said they were unhappy with reply to their complaint.

A 43% of all complaints received were not upheld or considered justified, so this may explain the reason for complainants remaining unhappy.

The Complaints and Representations Team will monitor this through receipt of the completed Complaints Recording Form (Action Plan and Feedback Form) and regular discussions with investigating managers.

Question 9 I am happy with the way you looked after my complaint		
Agree	7	29%
Neither agree nor disagree	2	14%
Disagree	12	57%
Did not answer/left blank	0	0%
Total	21	100%



Of the 21 participants that took part in this survey, over 50% were unhappy with the way their complaint was looked after.

Having said that, 43% of all complaints received were not upheld, which could have an impact on this result.

The Complaints and Representations Team will give consideration to how to improve complainants experiences.

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Meeting	Safeguarding Overview & Scrutiny Committee
Date	23 October 2013
Subject	Post Decision Scrutiny: Safeguarding in Barnet
Report of Summary	Overview and Scrutiny Office The Safeguarding Overview and Scrutiny Committee have requested to undertake post decision scrutiny of the “Safeguarding in Barnet” report (Appendix A) that went to Cabinet on 24 September 2013.

Officer Contributors	Anita Vukomanovic, Overview & Scrutiny Officer
Status (public or exempt)	Public
Wards affected	All
Enclosures	Appendix A – Safeguarding in Barnet Cabinet Report
Function of	Council

Contact for further information:
 Anita Vukomanovic, Overview & Scrutiny Officer, Assurance Group – 0208 359 7034
anita.vuokomanovic@barnet.gov.uk

1. RECOMMENDATION

- 1.1 That the Committee consider the attached report that went to Cabinet on 24 September 2013 (Appendix A – Safeguarding in Barnet Cabinet Report) and make comments and ask appropriate comments to the Cabinet Members and Officers.**

2. RELEVANT PREVIOUS DECISIONS

- 2.1 Cabinet: 24 September 2013 (Decision Item 6) Cabinet received the report referred to in Appendix A, and requests full Council to note the content of this report which outlines governance arrangements and activity as it relates to the Council and partners' safeguarding responsibilities.
- 2.2 The Safeguarding Overview and Scrutiny Committee 9 September 2013 (Decision Item 10) The Committee resolved to request that the "Safeguarding in Barnet" report (Appendix A) be received by the Committee at their next meeting for post-decision scrutiny.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 The Overview and Scrutiny Committees, Panels and Task and Finish Groups must ensure that the work of Scrutiny is reflective of the Council's priorities.
- 3.2 The three key priorities set out in the 2013-16 Corporate Plan are: –
- Supporting families and individuals that need it – promoting independence, learning and wellbeing,
 - Improving the satisfaction of residents and businesses with the London Borough of Barnet as a place to live, work and study,
 - Promoting responsible growth, development and success across the borough.

4. RISK MANAGEMENT ISSUES

- 4.1 Relevant risk management issues which relate to Safeguarding in Barnet are set out in the report attached at Appendix A.

5. EQUALITIES AND DIVERSITY ISSUES

- 5.2 Pursuant to the Equality Act 2010 ("the Act"), the council has a legislative duty to have 'due regard' to eliminating unlawful discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act; advancing equality of opportunity between those with a protected characteristic and those without; and promoting good relations between those with protected characteristics and those without. The 'protected

characteristics' are age, race, disability, gender reassignment, pregnancy, and maternity, religion or belief and sexual orientation. The 'protected characteristics' also include marriage and civil partnership, with regard to eliminating discrimination.

5.2 In addition to the Terms of Reference of the Committee, and in so far as relating to matters within its remit, the responsibility of the Committee is to perform the Overview and Scrutiny role in relation to:

- The Council's leadership role with respect to diversity and inclusiveness; and
- The fulfilment of the Council's duties as employer including recruitment and retention, personnel, pensions and payroll services, staff development, equalities and health and safety.

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

6.1 None in the context of this report.

7. LEGAL ISSUES

7.1 Relevant legal issues which relate to the "Safeguarding in Barnet" report are set out in the report attached at Appendix A.

8. CONSTITUTIONAL POWERS

8.1 The scope of Overview and Scrutiny Committees is contained within Article 6 of the Constitution.

8.2 The Terms of Reference of the Scrutiny Committees are in the Overview and Scrutiny Procedure Rules. The Safeguarding Overview and Scrutiny Committee have within its terms of reference the following responsibilities:

- To scrutinise the Council and its partners in the discharge of statutory duties in relation to safeguarding.
- To scrutinise the provision of Adult Social Care services (including those who have physical disabilities, sensory impairment, learning disabilities, mental health needs or other special needs) to ensure that residents are safeguarded and supported to lead as independent lives as possible in their own homes.
- To scrutinise the Council's procedures in relation to the protection and welfare of children.

9. BACKGROUND INFORMATION

9.1 At their meeting on 9 September 2013, the Safeguarding Overview and Scrutiny Committee considered the Advanced Notice of Executive Decisions.

9.2 Members expressed dissatisfaction that the “Safeguarding in Barnet” report scheduled to go to the Cabinet on 24 September 2013 had not come to the Safeguarding Overview and Scrutiny Committee for pre-decision scrutiny. Following discussion, the Committee advised that they would like to receive the report following Cabinet on 24 September 2013 (as set out in Appendix A) in order to conduct post-decision scrutiny. Cabinet Members and Officers will be present at the meeting to respond to questions from Members.

10. LIST OF BACKGROUND PAPERS

10.1 None.

Meeting	Cabinet
Date	24 September 2013
Subject	Safeguarding in Barnet
Report of	Cabinet Member for Education, Children and Families Cabinet Member for Adults Cabinet Member for Safety and Resident Engagement Cabinet Member for Public Health
Summary	This report provides Members with an overview of governance arrangements and activity as it relates to the Council's safeguarding responsibilities.

Officer Contributors	Kate Kennally, Director for People Dawn Wakeling, Adults and Communities Director Karen Jackson, Assistant Director, Adult Social Care Ann Graham, Assistant Director Social Care, Family Service Sue Smith, Safeguarding Adults Manager Teresa DeVito, Interim Head Safeguarding and Quality Assurance, Family Service
Status (public or exempt)	Public
Wards Affected	All
Key Decision	No
Reason for urgency / exemption from call-in	Not applicable
Function of	Executive
Enclosures	Appendix 1: The governance of safeguarding in Barnet Appendix 2: Further information on the key safeguarding governance structures in Barnet
Contact for Further Information:	Gail.Jackson@barnet.gov.uk Tel: 0208 359 7682

1 RECOMMENDATIONS

- 1.1 Cabinet requests full Council to note the content of this report which outlines governance arrangements and activity as it relates to the Council and partners' safeguarding responsibilities.**
- 1.2 That Cabinet notes and comments on the progress made in relation to safeguarding since last year.**
- 1.3 That Cabinet requires an annual report on safeguarding to continue to be submitted to Cabinet and Council.**
- 1.4 That Cabinet requires that safeguarding across the Council and partners continues to be strengthened through the full engagement of all providers of health services, including through the Health and Wellbeing Board.**

2 RELEVANT PREVIOUS DECISIONS

- 2.1 Cabinet 18th April, 2013, Decision item 8: 'Children and Young People's Plan 2013-16'.
- 2.2. Cabinet 17th July 2012, Decision Item 6: 'Safeguarding in Barnet' (Report of Cabinet).
- 2.3 Council, 12th July 2011, Decision Item 4.1.1: 'Safeguarding in Barnet' (Report of Cabinet).
- 2.4. Cabinet, 15th June 2011, Decision Item 5: 'Safeguarding in Barnet' (Report of the Cabinet Members for Education, Children and Families, Cabinet Member for Adults, Cabinet Member for Community Safety and Cohesion and Cabinet Member for Health).
- 2.5 Council, 3rd November 2009, agreed to note safeguarding activities and governance arrangements set out in the Cabinet Members' report.
- 2.6 Cabinet, 21st October 2009, Decision Item 5: 'Safeguarding in Barnet' (Report of the Cabinet Members for Children's Services and Community Services).

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 Safeguarding is a key priority for the Council and partners and is reflected in strategic partnership goals including the Corporate Plan 2013 - 14, Health and Well-being Strategy, Sustainable Community Strategy and Commissioning Strategy.

- 3.2 The Corporate Plan includes the strategic objective 'to create better life chances for children and young people across the borough' with an emphasis on early intervention and support and a further objective 'to promote family and community well-being' with a commitment to 'strengthen our approach to safeguarding'.
- 3.3 Safeguarding children and adults from avoidable harm or abuse underpins everything we do and is the responsibility of everyone who works for or with the London Borough of Barnet. A survey of residents' concerns for Barnet (2012) identified crime as the top concern of Barnet residents. Our aim is to work with partners such as the police, the NHS and with residents to ensure that Barnet remains a place where people want to live and where people feel safe. These are reflected in both Adults and Communities and Family Service's business plans.

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 Children's Service, whilst failure to keep vulnerable adults safe is a key risk in the Adults and Communities 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. Governance structures are in place to ensure that other lead stakeholders, including health and the police, are represented to ensure that practice across the partnership meets safeguarding requirements.
- 4.2 There are a number of strategic boards with oversight of safeguarding, as outlined in appendix 1 of this report. Links between these boards have been strengthened in recent years to support joined up working. The Health and Well-Being Board has had a strong focus on quality and safety issues to help ensure that the right leadership arrangements are in place to keep patients safe in the new NHS system. Furthermore, a single Overview and Scrutiny Committee helps provide Councillors with greater oversight of safeguarding issues across the Council. There remain ongoing challenges to ensure that learning related to safeguarding is effectively coordinated and disseminated across service areas and partner agencies.
- 4.3 There are a number of areas where the Council and its partners are undergoing significant change in terms of governance and practice in relation to economic challenge, and service improvement. This paper outlines the current arrangements to safeguard the outcomes for children and vulnerable adults. Barnet's Safeguarding Children Board, Adult Safeguarding Board and the Safeguarding Overview and Scrutiny Committee will be kept updated and will be consulted with regard to any changes.
- 4.4 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; the 2012 Ofsted and

CQC inspection of safeguarding and looked after children judged safeguarding services and outcomes for looked after children as good overall in Barnet. Nevertheless, a risk remains should insufficient regard be paid to the Council's statutory responsibilities relating to safeguarding.

- 4.5. The Council over the last twelve months has implemented a new senior management structure separating out strategic commissioning responsibility from operational service delivery. The risks of fragmenting responsibility for safeguarding in this new structure have been addressed through a clear protocol setting out roles and responsibilities of the key statutory officers and senior managers along with bi-monthly focused 'assurance' meetings of the Strategic Commissioning Board, reviewing safeguarding activity, information, developments and trends in detail. The Leader of the Council holds safeguarding review meetings on a quarterly basis, with those cabinet members and senior officers who hold statutory safeguarding responsibilities. These are the Cabinet Member for Education, Children and Families, Cabinet Member for Adult Services, statutory Director for Children's Services (Director for People) and statutory Director of Adult Social Services (Adults and Communities Director).
- 4.6. Elected members are involved in overseeing safeguarding arrangements through a dedicated Safeguarding Overview and Scrutiny Committee which meets 6 times per year. The Council will need to ensure that if it chooses to change its governance arrangements from an executive model of decision making to a committee system, that there remains a Lead Member for Children's Services in line with statutory guidance and that there remain opportunities for elected members to be assured of the robustness of local safeguarding arrangements.
- 4.7. The current Safeguarding Overview and Scrutiny Committee receive the Annual Reports of both the Adults and Children Safeguarding Boards and the annual complaints reports for adults and children's social care. Over the last 12 months the committee have examined quality and safety issues within residential care, examined arrangements for young people's involvement in children's safeguarding; considered proposals for joining up the work of the Adults and Children Safeguarding Board, as well as the outcomes from 'enter and view' visits undertaken by the Barnet LINK (now Barnet HealthWatch) into social care establishments and the outcomes from elected member visits to Children's Homes run by the borough. Barnet LINK formally became Barnet HealthWatch in April 2013, as part of the national changes to patient involvement in health, brought about by the Health and Social Care Act 2012. HealthWatch will continue to carry out 'enter and view' visits and will continue to play a vital role in local safeguarding and quality assurance arrangements.

5. EQUALITIES AND DIVERSITY ISSUES

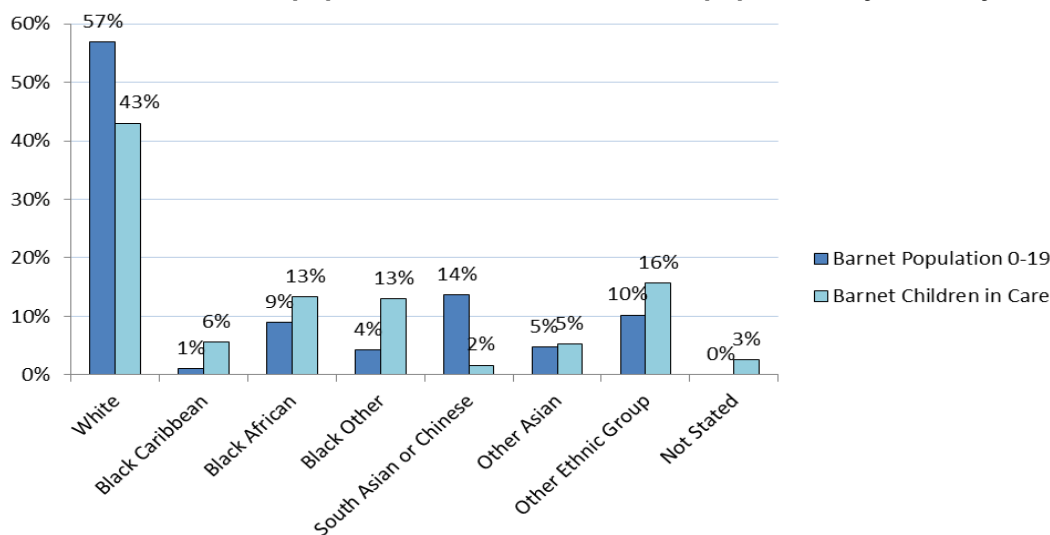
- 5.1 Equality and diversity issues are a mandatory consideration in decision-making in the Council pursuant to the Equality Act 2010. This means the Council and all other organisations acting on its behalf must have due regard to the equality duties when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day

to day business requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review.

5.2 Children’s Service - Ethnicity:

5.2.1. Chart 1 shows the distribution of children by ethnicity in the care of Barnet Local Authority as compared with the 0-19 population of Barnet as a whole¹.

Chart 1 – Barnet’s 0-19 population and Children in Care population by ethnicity



This indicates that:

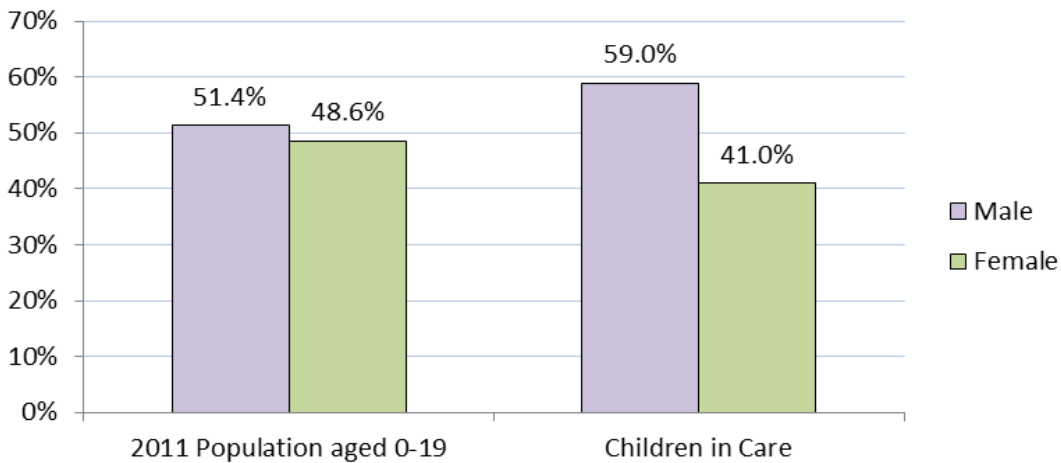
- White children, and South Asian or Chinese children, are under-represented in care compared to the wider population.
- Black African, Black Caribbean, and Black Other children are over-represented in care in comparison with their proportion of the overall population.
- Children categorised as ‘Other’ are also over-represented.

5.3 Children’s Service – Gender

5.3.1 Chart 2 indicates that male children are over-represented in Barnet’s Children in Care population, as compared to female children.

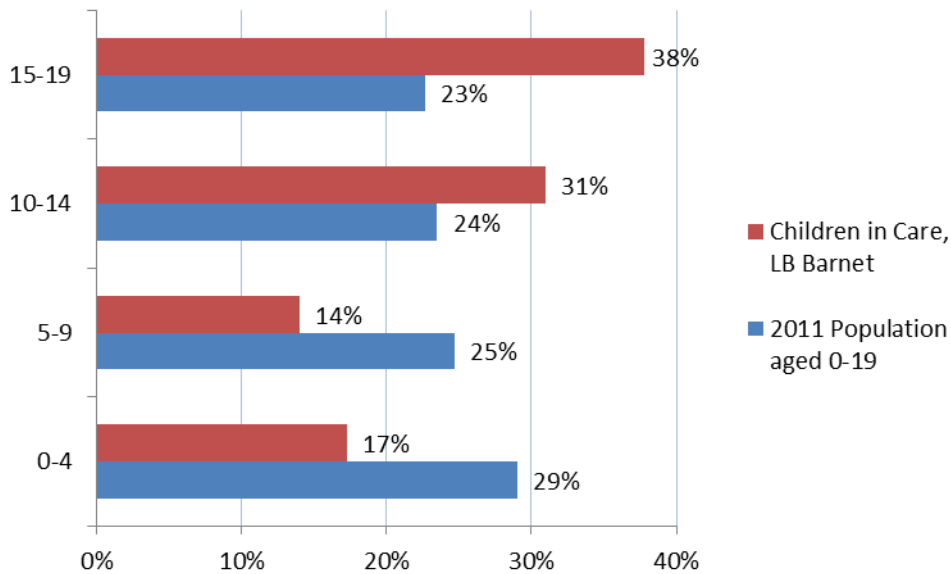
¹ Population group estimates are taken from Barnet’s Children and Young People’s Profile, based on ONS mid-year estimates and Census 2011 data. Mixed race ethnicities have been added into ‘other’ categories as per the GLA standards (e.g. Mixed British and Asian is added to the Asian other category). In order to protect information about our children in care, some ethnicity categories have been combined where numbers within individual categories are small.

Chart 2 – Gender breakdowns of Barnet’s population 0-19 and Children in Care



5.3.2 Finally, when considering the age profile of Barnet’s Children in Care, it can be seen in chart 3 that the proportion of children aged 10-19 is higher than in the population at large, while the proportion aged 0-9 is lower.

Chart 3 – The distribution of the child population and Children in Care in Barnet by 5-year age bands



5.4 Adults at Risk - Age

67% of the adults referred were over the age of 65 , with a third of these aged 85 or over. This largely reflects the age profile of Barnet service users receiving statutory social care packages. However, compared to last year the proportion of people over 85 has increased.

Table 1: Adults at Risk referred - Age

Age	18-64	65-74	75-84	85+	Unknown
2011/12					
Safeguarding cases	246	65	97	126	6
	46%	12%	18%	23%	1%
Care packages	35%	65%			-
2012/13					
Safeguarding cases	204	65	138	199	6
	33%	11%	23%	33%	1%
Care packages	37%	63%			-

N.B. The number of cases involving older people will differ from the number of adults over the age of 65+, as client categories are based on the adults at risk primary needs.

5.5 Adults at Risk - Gender

As in previous years, there were more referrals concerning women in all client groups, except learning disabilities where 56% of alerts were for men.

Table 2: Adults at risk referred - Gender

	Older People	Learning Disability	Mental Health	Physical Disability	Other
Male	120	41	37	25	0
Female	261	32	61	27	3
Unknown	3	0	2	1	0

5.6 Adults at Risk - Ethnicity

5.6.1 The proportion to cases involving white residents has seen a 6.5% increase from the previous year. The proportion of cases involving residents in all other ethnic backgrounds fell by an average of 3.6% from the previous year.

5.6.2 Based on general Adult Social Care figures, the number of alerts for Black / Black British and Asian/Asian British adults is lower than might be expected. This may be explained at least in part by an increase in cases where ethnicity was not recorded. However, over the coming year the faith and communities sub-group of the Adult Safeguarding Board will consider what further work should be undertaken to address under-representation in these groups.

Table 3: Ethnicity adults at risk referred

Ethnic grouping	2008/09	2009/10	2010/11	2011/12	2012/13
White	282	313	379	385	481
Asian / Asian British	21	34	46	49	38
Black / Black British	17	29	32	49	28
Any Other Ethnic Group	23	24	18	40	40
Ethnicity not known	2	20	21	11	25

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.
- 6.2 The demographic funding pressure of an ageing population and the likely requirement for additional resources in Adult Social Services has been recognised in the Medium Term Financial Strategy. £800,000 has been allocated to the Adults & Communities budget for each financial year; 2013/14, 2014/15 and 2015/16.
- 6.3 The increasing demand for Children's safeguarding and social care services has been recognised as a pressure over the next three years, with £750,000 allocated each year for demand led statutory and targeted services. In 2011/12, the Children's Service invested £1m in early intervention and prevention services, providing earlier support to reduce the number of children and families experiencing complex problems.
- 6.4 Safeguarding training is currently provided and is allowed for within Children's Services and Adults and Communities budgets.
- 6.5 The current annual budget of the Barnet Safeguarding Children Board (BSCB) is £155,390, which includes the contributions made by partner agencies, of which the local authority contribution is £98,000. Most of the budget covers staffing requirements including the Independent Chairs of the BSCB and the Serious Case Review Panel.
- 6.6 The current annual budget for the Safeguarding Adults Board is £174,791 most of which covers three specialist safeguarding posts and the post of independent Chair and training for the health and social care workforce. In 2012/13 the board secured a financial contribution from most of the statutory partners towards these costs and is in the process of reviewing this.

7. LEGAL ISSUES

- 7.1 The Primary functions of Local Safeguarding Children Boards (LSCBs) are set out in S14(1) of the Children Act 2004. These are "to co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area of the authority by which it is established and; to ensure the effectiveness of what is done by each such person or body for those purposes".
- 7.2 The detailed functions are set out in LSCBs Regulations 2006/90 (The Regulations). Regulation 5 states that the functions of LSCBs in relation to its objective (as defined in section 14(1) of the Act 1) are as follows:
1. Developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority.

2. Communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so.
3. Monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve.
4. Participating in the planning of services for children in the area of the authority.
5. Undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.

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

- 7.3 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. Upon being satisfied that the relevant criteria are met and that an Order is necessary for the protection of the child, the Court may grant an interim care or supervision order as an interim measure when care proceedings are commenced. An interim care order (placing the child in the care of the Local Authority) will give the Local Authority parental responsibility whereas an interim supervision order will put the child under the supervision of the Local Authority. At the conclusion of the proceedings the court will determine whether a final care or supervision order should be made.
- 7.4 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. It created a statutory framework for local co-operation between local authorities, key partner agencies (health, police, schools, housing, early years, youth justice, probation etc) and other relevant bodies including the voluntary and community sector, in order to improve the wellbeing of children in the area. This provided for the framework for Children's Trusts within which agencies have been able to integrate commissioning and delivery of children's services with arrangements for pooled budgets. Barnet has chosen to keep a Children's Trust Board and to publish a Children and Young People Plan each year. The Act also imposes a duty on the relevant agencies 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.

In addition, sections 18 and 19 of the CA 2004 impose a duty on the children's services authority to appoint a director of children's services (DCS) and a lead

member for children's services (LMCS) respectively for the purposes of the functions conferred on or exercisable by the authority as prescribed by statute.

- 7.5 In April 2012, the Department for Education updated the statutory guidance on the roles and responsibilities of the DCS and the LMCS. Pursuant to s18 (7) of the CA 2004 a children's services authority *must* have regard to any guidance given to them and should only depart from it with good reason. One of the key aspects of this guidance is that given the breadth and importance of children's services functions that the DCS and LMCS cover, local authorities should give due consideration to protecting their discrete roles and responsibilities before allocating to them any additional functions other than children's services.
- 7.6 The CA 2004 also requires Local Authorities to establish LSCBs for their area and it has been a requirement for local authorities to have a board since 2006. The LSCB replaced the former non statutory Area Child Protection Committees. The intention of Parliament was for the LSCB to have a wider remit than ACPCs and to be more pro-active. The Apprenticeships, Skills, Children and Learning Act 2009 subsequently introduced a requirement for the LSCB to produce and publish an annual report on the effectiveness of safeguarding in the local area.
- 7.7 Statutory guidance Working Together to Safeguard Children (2013) was revised following the Munro Review and 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's Act 2004.
- 7.8 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 which confer certain protections to people who lack capacity in care and health settings. 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.
- 7.9 "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 multiagency policies and procedures to protect vulnerable adults from abuse.

- 7.10 The Law Commission undertook a review of adult social care legislation and reported in May 2011. It provided the foundation for the most significant reform of adult social care law in 60 years through a single, unified adult social care bill that would consolidate, modernise and simplify the law which will bring much needed clarity and accessibility to this key area of the law for service users and practitioners. The Care and Support Bill 2012, which is currently being passed through Parliament aims to reform the law relating to care and support for adults and the law relating to support for carers and to make provision about safeguarding adults from abuse or neglect and to make provision about care standards.
- 7.11 The Bill is expected to become law in spring 2014. It will put Safeguarding Adults Boards on a statutory footing with the Council, NHS and Police as core members. Councils remain the lead agency for safeguarding.
- 7.12 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.
- 7.13 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.
- 7.14 A range of legislation such as the Equality Act 2010, Racial and Religious Hatred Act 2006, Public Order Act 1986, Criminal Justice Act 2003, confer certain powers and responsibilities on authorities to ensure that Hate Crime is treated with a specific focus.
- 7.15 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 13th 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 as highlighted within this section of the constitution.
- 8.2 This is not a key decision as it does not involve significant expenditure and does not require a decision that could impact on more than one ward.

9. BACKGROUND INFORMATION

9.1 The Council has a statutory duty to promote the safeguarding of both children and vulnerable adults.

9.1.1 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.

9.1.2 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.

9.1.3 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.

9.1.4 In 2011 it was resolved that an annual report on safeguarding in Barnet would go to Cabinet and Council to support effective scrutiny and oversight. This report provides an update on recommendations approved by Council on 17th July 2012. It also highlights key developments over the past 12 months and sets out some emerging challenges and opportunities.

9.1.5 Further information on the safeguarding activities of the Barnet Safeguarding Children Board and the Safeguarding Adults Board can be found in their respective 2012/13 annual reports, which will be presented to the Safeguarding Overview and Scrutiny Committee.

9.2 Safeguarding Governance

9.2.1 A robust governance framework is in place and is set out in appendix 1. Further detail on the key structures providing oversight of safeguarding is contained in appendix 1. In summary they are:

- Safeguarding Overview and Scrutiny Committee
- Barnet Partnership Board
- Safer Communities Partnership Board
- Children's Trust Board
- Health and Wellbeing Board
- Barnet Safeguarding Children Board
- Barnet Safeguarding Adults Board

9.2.2 In addition there are some key internal mechanisms which provide assurance to these boards: safeguarding processes are embedded into HR and recruitment; safeguarding services are monitored and trends analysed.

9.2.3 Audit and quality assurance frameworks are also in place in Children's Service, Adults Services and Health Services to ensure that responsibilities in relation to safeguarding are being effectively undertaken. The recent Social Care Institute of Excellence (SCIE) Review and Ofsted Inspection of Safeguarding and Looked After Children have strengthened Children's Service audit work over the past year, and the updated Working Together 2013 guidance requires LSCBs to maintain a learning and improvement framework. Barnet's adult safeguarding function was subject to a Local Government Association Peer Review in March 2013, which has further strengthened audit and quality assurance. Barnet has not been involved in a serious case review for over three years but during 2012/13 we have undertaken three reviews using the SCIE systems methodology using a collaborative approach and reports (with action plans) of the updated review process are being considered at the Standing Serious Case Review Group which has an independent chair and this group functions in line with Working Together 2013 guidance.

9.3 Listening to the Views of Service Users

9.3.1 Listening to the Views of Children and Young People

The work of Youth Shield was recognised as an example of good practice when they won the London Safeguarding Children Board Award 2012. During this year young people were involved in designing a CAMHS leaflet for young people regarding allegations, and Youth Shield have proposed a work plan including roll out of healthy relationship peer to peer training and a mystery shopping exercise of different services.

9.3.2 Listening to the Views of Adults Service Users

The Barnet Safeguarding Adult Service User Forum meets quarterly; and this year they have been involved in questioning, challenging and influencing the board including the proposal of priorities for the coming year. They tested information on abuse on the Barnet website and fed back to Barnet & Chase Farm NHS Trust on keeping patients safe. They also developed interview questions for the Safeguarding Service user experience survey. The Carers Forum has also been re-launched this year. The Barnet Safeguarding Adults User Forum was recognised as an example on good practice by the Local Government Association Peer Review Team.

9.4 Safeguarding in Health Services

9.4.1 Local health services have been continuing to improve the quality and safety of local services:

- i. All NHS partners have established an internal Safeguarding Group to ensure that patients in hospital and those receiving health services are treated with dignity and respect, that the most vulnerable patients receive the care they need, and that if things go wrong this is taken seriously, investigated thoroughly, and work done to prevent it happening again. The Safeguarding Adults Board requires each Health partner to report on their plans and the progress they have made on a scheduled basis.

- ii. Central London Community Healthcare NHS Trust (CLCH) has appointed two full time Safeguarding Adults Professionals who are supported by a Safeguarding Adults administrator.
- iii. Central London Community Healthcare (CLCH) and the London Ambulance Service have reviewed their Safeguarding Adults at Risk policies to make sure they include new guidance on PREVENT, the deprivation of liberty safeguards (DoLS), management of allegations against staff and duty to whistle blow.
- iv. Central London Community Healthcare (CLCH) has implemented a programme to enable patients to give feedback on services.
- v. Barnet General Hospital and the Royal Free Hospital each have an Acute Liaison Nurse for people with learning disabilities to ensure they can access services within the hospital, and that staff on wards can make reasonable adjustments to make sure their health needs are met. This year the nurse has worked with the day surgery unit to improve access and has given training to staff including student nurses.
- vi. Barnet and Chase Farm Hospital Trust ran a “We Care” campaign and have introduced a ‘Quality of Interaction Observational Tool’ to improve the quality of communication between staff and patients. The Trust’s Patients and Relatives Group undertake monthly audits to see how it is working.
- vii. Barnet and Chase Farm Hospital Trust is planning some environmental changes as part of its dementia strategy, and extending the use of colour and symbols to help patients identify specific areas. There is an extensive dementia training programme in place for staff and a range of information and advice sheets are now available to patients, staff and their relatives. The Trust has also implemented a ‘green cup’ scheme for patients with dementia to prevent dehydration.
- viii. The London Ambulance Service made 583 referrals to Adult Social Care for residents who they thought may require an assessment. They have appointed a Head of Safeguarding Adults and have a local lead for all safeguarding Boards.
- ix. Barnet, Enfield and Haringey Mental Health Trust carry out case file audits to ensure their staff are safeguarding people with Mental Health problems.
- x. Barnet CCG is responsible for ensuring that all Barnet health organisations have effective arrangements in place to safeguard adults at risk of abuse or neglect and they are responsible for implementing the Francis Report’s recommendation in Barnet. The final report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (also known as the Francis Report) was published in February 2013. The Inquiry investigated how conditions of appalling care were able to flourish in the main hospital, and how a culture of corporate self interest and cost control allowed this to happen. The Report made 290 recommendations designed to make sure patients come first by creating a common patient centred culture across the NHS. The CCG will be asking all the services they commission to carry out a review of what happens in their own organisations and identify any actions they need to take to ensure that what happened in Stafford does not happen here in Barnet.

9.5 Trends and Issues

In 2012/13, several trends and potential issues have been identified in relation to safeguarding, which have required further analysis.

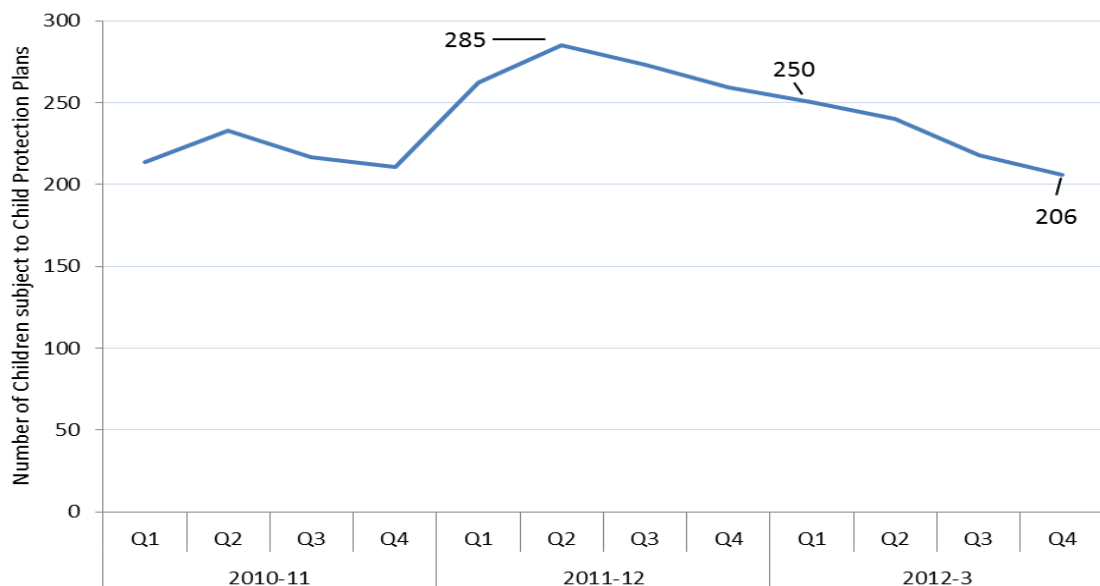
9.5.1 Children's Service: Numbers of Children on Child Protection Plans Reduces Significantly

While 2012/13 saw a small rise in initial assessments, a significant rise in core assessments and a rise in Section 47 child protection investigations, the number of children on a child protection plan reduced significantly.

This compares well to the previous year 2011-12 where there were concerns about increasing numbers of children being placed on child protection plans compared to similar Boroughs.

- Over the 2012/13 year, the number of children subject to a Child Protection Plan in Barnet has fallen by 20%.
- This is a reduction from 258 children (March 2012) to 206 (March 2013), while the under-18 population has increased².
- This follows a peak of 285 children in September 2011

Chart 5 – Number of Children in London Borough of Barnet subject to a Child Protection Plan, quarterly, 2010-11 to 2012-13



9.5.2 Revolving Door in Child Protection

There has been a continuous downwards trend over the past two years showing a reduction in the number of children who become the subject of a child protection plan for a second or subsequent time.

² GLA population projections suggest that the population of 0-17 year olds in Barnet has increased from 84,845 in 2012 to 86,809 in 2013.

Table 4 - Proportion of children subject to CPP for second or subsequent time

Proportion of children becoming subject to CPP for a second or subsequent time			
	2010/11	2011/12	2012/13
%	18%	13.8%	9.6%
Numbers	37	35	22

In 2011-2012, the proportion of children becoming the subject of a child protection plan for a second or subsequent time decreased to 13.8% (35 children) from 18% (37 children) in the previous year. This trend continued in 2012-13 with 22 (9.6%) of children made subject of child protection on plans for a second or subsequent time. The following actions have been in place to tackle this 'revolving door' and support the reduction of subsequent child protection plans:

- Strengthening support when children cease to be subject of a child protection plan with improvements to our Early Intervention services including the intensive work of Family Focus (Troubled Families).
- Carrying out the style of audits recommended by Professor Eileen Munro (see 9.5.2) to draw out organisational issues and other key themes to improve practice.
- A newly developed Protection Panel now meets on a monthly basis to examine the findings of case audits in detail and make recommendations both in terms of thematic organisational issues that emerged.

9.5.3 Adults Services

The table below shows the breakdown of all our safeguarding alerts by the adult at risk's primary need. As in previous years, most alerts we receive concern the abuse of older people; however this year has seen a substantial increase for this client group with 121 more cases than in 2011/12. This increase can be attributed to better awareness of partner agencies such as Central London Community Health Care who have increased the number of alerts from 28 to 51 this year. The vast majority of these relate to older people.

Despite this increase in alerts, the percentage of those investigated has slightly reduced in 2012-13. In 136 cases a more proportionate response was made to the alert such as an assessment of need or referral onto another more appropriate agency to help.

Alerts relating to adults with learning disabilities were at their lowest in 5 years with a fall of 51% on last year. This change in pattern was identified by the Safeguarding Adults Board who requested a review of the issue; the findings indicated that whilst safeguarding practice gave no cause for concern, issues were identified in relation to the completion of monitoring data. Measures have been put in place to address this process issue and the new financial year, 2013/14, has seen alerts return to previous levels.

A total of 173 adults referred were recorded as having dementia. This is an increase from 142 last year and 95 the year before.

Table 5 - Safeguarding alerts by primary need

Primary Client Group	2009/10	2010/11	2011/12	2012/13
Older People	44%	47%	49%	63%
Learning Disability	23%	29%	28%	12%
Mental Health	20%	18%	16%	16%
Physical Disability & Sensory Impair.	13%	5.5%	7%	8%
Substance Misuse	-	0.5%	-	-

9.5.4 Drugs and Alcohol

Substance misuse covers both drugs and alcohol. Alcohol use is a growing concern, given the new guidelines for GPs which dictates mandatory alcohol screening and scoring; this could 'reveal' a new type of alcohol user, who has not traditionally identified themselves as having a problem, being diagnosed as requiring help.

Substance misuse in Barnet is still below national levels. In 2012/12 a total of 365 people entered treatment; this was due to rigorous performance management and setting of monthly targets. Within the year 140 successfully completed treatment drug free. Research is underway to identify any commonalities for those who drop out of treatment (177 people this year) and those who represent into treatment (a successful completion is defined by someone completing treatment and not returning for a minimum of 6 months).

The rate of Opiate and Crack Users (OCUS) engaging in support provision is currently running at 84%, an increase on the figure last year of 56% and comparing well to the regional figure of 69% and nationally at 68%; this has been as a result of a targeted approach to bring those into treatment who cause the most harm to themselves and the community.

The number of treatment completions across OCUs is quite low (140). Reviews have taken place with the main treatment providers and some research is underway to identify any commonalities for those who drop out of treatment.

16% of the 365 entering treatment in Barnet are parents with children living at home. A whole family approach needs to be adopted to ensure effective treatment and appropriate safeguarding. There is already a seconded drugs/alcohol worker based in Family Focus (troubled families) however anecdotal reports suggest there are many more drug using parents in Barnet who are not entering treatment, and we need to consider how to resource this.

One of the key tools in protecting the public is vaccinations and there has been good uptake of vaccinations with 48% of those in treatment being vaccinated for blood borne viruses.

9.5.5 Integrated Offender Management

We continue to monitor offenders in the borough with a view to:

- Working with key partners and services to risk-assess and track offenders and ex-offenders who live with or have direct contact with children to ensure those children are kept safe and to challenge intergenerational criminality.
- Identifying and working with victims of crime, who have been or may have been targeted as vulnerable, with a view to enhancing their sense of safety and security, minimising the risk of repeat victimisation and supporting them to live independent lives free of the fear of crime.
- Tackling key issues and barriers to reducing reoffending via a co-located, multi-agency team that includes mental health and substance misuse provision.

9.5.6 Early Intervention and Prevention

There is a key commitment to early intervention and prevention across the Council and partners. The key developments in 2011/12 are as follows:

Following the implementation of the new commissioning Council a Safeguarding Data set is prepared monthly and submitted to the Chief Executive in order that we can monitor our early intervention on a regular basis.

The Multi Agency Safeguarding Hub (MASH) was established in July 2013 and fully operational from August this year. The MASH provides a fire-walled secure co-location which allows the sharing of information to be undertaken safely and is seen as a key tool to building strong partnership work to identify vulnerable children earlier and help services intervene at an early stage. It brings together a core membership including Children's Social Care, Police, Probation, Mental Health, Education, Housing, Youth Offending Service and Health. Information on how referrals to the MASH will link to existing CAF and Social Care referrals are now incorporated into all Safeguarding training for practitioners.

Barnet's Family Focus work continues to provide early interventions to build families' resilience; concentrating on supporting families with multiple problems to improve parenting skills and relationships within the family and improve outcomes for vulnerable children and young people. We are currently undertaking a cost analysis project on our Troubled Families work to ensure we fully understand the impact of the work.

9.6 **Key Achievements**

9.6.1 Working Together to Safeguard Children 2013

The revised Working Together to Safeguard Children 2013 was implemented in April this year and an action plan has been established through the Safeguarding Children Board in order to ensure implementation. All actions are now completed except the work on assessments which is due for completion by March 2014*.

1. The board have published a widely accessible Threshold document to ensure widespread understanding of the processes for early intervention and referral to social care.
2. A report is being prepared for the BSCB on the completed audit of all relevant agencies using S11 guidance.
3. The Barnet Safeguarding Children Board has an independent chair and from October 2013, the independent post will also chair the Safeguarding Adult Board.
4. In order that the BSCB maintains a local learning and improvement framework, cases are referred to the Board where there are areas of poor practice and where good practice is recognised to allow learning to be shared. A comprehensive audit of a child's journey has been introduced to focus in depth with the involvement of all relevant agencies.
5. Regular reviews are in place using the recommended SCIE model as recommended by Profession Munro, and outcomes reported to the BSCB.
6. The Serious Case Review group follows guidance and reports to the BSCB Chair.
7. Final reports of SCRs findings are published on the council's website and the LSCB's website for a minimum of 12 months.
8. Child Death Review processes are in place and follow national guidance. Reported to BSCB through an Annual report from Paediatrician lead for child deaths.
9. Work to address the revised nature of initial and core assessments is under way and will be completed by March 2014.*

9.6.2 Implementing the Ofsted Inspection Plan Action Plan

1. BSCB were required to ensure that all schools adopted the correct safeguarding procedures. Guidance was refreshed and re-issued to schools and presented at relevant heads and safeguarding leads meetings. Additional training was also arranged with an input from the police Child Abuse Investigation Team and schools were encouraged to take up training including that related to allegations management.
2. Attendance at board meetings was not consistent. The BSCB chair held discussions with relevant agencies and attendance has improved and continues to be monitored.

- 3 BSCB was asked to strengthen its management oversight. Changes were made to the Executive Group that have provided additional detail scrutiny to areas of focus such as case reviews and the examination of data.
- 4 The board was asked to be more robust in scrutiny of data and it has developed changes to the presentation of data using an information dash board which highlights areas of significant change or priorities.

9.6.3 BSCB Audit with Partner Agencies

BSCB carried out a focused section 11 audit in 2013 with partner agencies to review compliance with safeguarding duties. The findings from this be will reviewed through the BSCB in quarter 3 of 2013/14, however one of the emerging priorities is in relation to improving information sharing across the agencies. Establishing a MASH will improve information sharing and from the start of a referral to children's social care. As part of the response to the most recent case review, it has been agreed that the BSCB will undertake work on information sharing.

9.6.4 Munro Demonstrator Pilot

Children's Services in Barnet were selected as a Munro Demonstrator site the purpose of which is to improve practice and for learning to be shared between local authorities in implementing the Munro recommendations. A significant focus of that work has been around addressing neglect. Barnet social care and partner agencies worked with Action for Children and Sterling University in the development of a Neglect Resource Pack for use by practitioners across agencies.

9.6.5 Sexual Exploitation

A renewed focus on sexual exploitation linking with arrangements to safeguard missing children is a priority for BSCB. Sexual exploitation training is being delivered including gangs training with input from young people who have been affected by gangs. A conference on trafficking and sexual exploitation has been held jointly with Enfield Safeguarding Children's Board.

9.6.6 Personality Disorder Pilot

Working with families where a parent or care had a personality disorder was a key issue in a recent case review. The BSCB has developed a pilot of support and consultation for staff working with families where personality disorder is a feature, helping practitioners manage cases more effectively without the need to escalate. Early reports are that staff find this support helpful and effective in their work with families.

9.6.7 Violence Against Women and Girls

Barnet has agreed to move the response to Domestic Violence so that it is placed within the wider Violence against Women and Girls (VAWG) agenda with a new strategy and action plan. This is in line with national and London

Policy, and will prioritise a wider range of issues affecting safeguarding of women and girls including forced marriage, trafficking and Female Genital Mutliation.

9.6.8 Learning From Others - Peer Audit of Adult Safeguarding Arrangements

Barnet Safeguarding Adults Service underwent a Local Government Association peer review by a team of professionals from other local authorities and the LGA Lead on Safeguarding. Several aspects of our approach have been shared via the LGA national network as good practice and we are acting on suggestions for improvements by introducing family conferencing for adults at risk who have difficult situations within their families, and leading work with Health and care homes on the management of pressure ulcers.

The review team identified a number of strengths and good practice such as:

- The Safeguarding Adults Board had strong multi-agency ownership and was effectively led.
- That partners felt that the Board held them to account and that it accounts to the population through a strong annual report.
- Barnet safeguarding practice was high quality and focused on what service users and carers wanted and made sure they were involved.
- That safeguarding was quality assured through an 'innovative practice' governance framework case audits, practice forums, learning events, and evaluation interviews with users, finding out what people who use services thought of them.
- Our work in gathering feedback from users to improve people's experience of safeguarding
- Barnet's adult safeguarding communication materials, which give people information in an accessible way.
- The work of the safeguarding service user forum

9.6.9 Keeping A Focus on Safeguarding in the New NHS

Barnet's Health and Well-Being Board has agreed to take an approach to forward planning that ensures it considers a number of key responsibilities it has - one of these is 'Quality and Safety'. To date, Barnet's Health and Well-Being Board has played a key leadership role in overseeing the safeguarding agenda, and ensuring that the commitments made in the Winterbourne View Concordat are achieved.

The Health and Well-Being Board Chairman signed off the Winterbourne View stock take in June 2013, having been satisfied with the progress being made locally to address safeguarding concerns as set out in the Winterbourne View Concordat. The Barnet Safeguarding Adults Board held a conference to ensure learning was shared on the Winterbourne View failures was also held in March for 84 staff across commisioned services, health and adults social care.

The Board has also played a pivotal role in holding partners to account following the release of the Francis Inquiry report, which required local providers and wider stakeholder such as Healthwatch to consider how to improve their practices to ensure patients are protected from poor care. The Chairman of the Health and Well-Being Board sent letters in early February 2013 to the four major NHS Trusts serving Barnet asking how they were addressing the recommendations arising from the Francis Inquiry report and inviting them to a Health and Well-Being Board meeting.

Specific achievements recognised at this meeting included:

- The CCG had put governance arrangements in place to support the delivery of high quality care, and uses and acts upon hard and soft intelligence including from GPs to ensure quality care is delivered.
- All complaints handled at Barnet and Chase Farm Hospital NHS Trust were being signed by the CEO or someone of a senior level and if the responses are not accurately written then the CEO would request that they are rewritten to address the concerns
- The Royal Free Hospital set out their ambition for a world class programme which would engage staff and patients and clarify what would be their priorities from the Francis report. Collaborative work with other Trusts would also be developed including through a UCL partners work stream on this issue.
- Central London Community Healthcare (CLCH) reported that quality and patient safety was of paramount importance to them and the recommendations from the Francis report being taken forward included a recently refreshed quality strategy; four listening events across four boroughs with involvement from staff and patients; support from a quality action team; a safety thermometer and feeding this data back to frontline staff.
- Healthwatch is setting up a sign-posting service and explained that the intention was to speak to individual providers and feedback this information, and to initiate more public meetings to support on-going communication with patients and the public

The Health and Well-Being Board will request further reports throughout 2013/14 on how all relevant players in the system are working together to implement the Francis report, including how feedback from patients, relatives and staff is being brought together.

9.6.10 Establishing 'Safe Places' for Vulnerable People

Your Choice Barnet, Barnet Mencap and the Metropolitan Police have worked together to create 'Safe Places'. This aims to offer trusted safe places in local shops and businesses which can provide reassurance to vulnerable people. Local people will be trained to ensure they can respond to people in need or difficulty. This is initially targeted at people with Learning Disabilities but if successful could be adopted by other vulnerable groups. Local, trusted safe spots will be recognisable by the sticker placed in the window. Five safe

places are now in operation in Golders Green, North Finchley and Edgware, with a further ten safe places to be identified for training to bring them in as part of the scheme.

9.6.11 Improving Fire Safety

The London Fire Brigade carried out 2435 free home fire safety visits to Barnet residents in 2012-13 many of whom are vulnerable people. They were also able to reduce the number of dwelling fires to 236 in a year (which succeeded their target of 240), and have started working with Neighbourhood Watch schemes and the Metropolitan Police Safer Neighbourhood Teams to identify people at risk so they can work with them to reduce the risk of a home fire.

9.6.12 Quality In Care Homes

Care homes are one setting where safeguarding issues are of particular importance. The Social Care Institute for Excellence identified that “most safeguarding activity relating to care homes occurs as a result of poor practice and poor quality of service rather than malicious intent. The impact of poor practice and neglect can be just as significant as intentional abuse and yet it is arguably far easier to prevent” (2012). Barnet has one of the largest number of care homes in Greater London providing 3,068 beds for a range of older people and younger people with disabilities. Adults and Communities has established a Quality in Care Homes Team’ as part of our drive to improve quality and develop good practice to reduce the number of pressure ulcers and improve standards of care. The Integrated Quality in Care team includes social workers, a CQC inspector, a tissue viability nurse, a mental health social worker and a registered care manager. This provides the team with a multi-disciplinary background to support working in partnership with homes to develop their services. This team will also work with CQC and Health Watch to ensure early intervention with relevant homes.

9.6.13 Excellent Detection Rates For Hate Crimes

Barnet has achieved excellent detection rates for all hate crimes (homophobic, racial and domestic), exceeding all the targets set for this performance year. The hate crime action plan for 2013/14 is complemented by having 21 third party reporting sites in the Borough.

9.7. Future Challenges and Opportunities

9.7.1 New Children’s Service Inspection Framework

Ofsted moved away from its proposed multi agency inspection framework for implementation in 2013 and has returned to a single agency approach. Ofsted is developing a single agency framework for inspecting local authority child protection, children in need, and services for looked after children, including those leaving or who have left care. The consultation on the new frameworks will take place in Autumn 2013.

The single framework proposes an evaluation of help, protection and care for children including the arrangements for local authority fostering and adoption services. As part of service improvement, Barnet is strengthening its provision of services in line with the recommendations of the Munro Review and findings from the 2012 Ofsted inspection of safeguarding and looked after children.

9.7.2 Reducing Resources, But Increased Demand

Barnet's total population has grown by 16.5% over the past decade, to approximately 375,000³. Over the next 5 years, Barnet's population is expected to increase by a further 8.7%, including significant growth in the 0-19 age group (8.4%) and those aged 65-84 (10%) and proportionally high growth in those aged 85 and over (16.6%). 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.

1. The Safeguarding Children Board has identified the threat of diminishing resources available to member agencies to safeguard children as a risk which has been logged and will continue to be monitored.
2. There are concerns that the financial impact of changes to grants and funding to voluntary and community sector services may have an impact on safeguarding in this sector.

9.7.3 Strengthening Partnerships across the Children's and Adults Safeguarding Boards

At the request of the Cabinet Member for Education, Children and Families and Cabinet Member for Adult Services to examine how the work of the two safeguarding Boards can be brought closer together to strengthen safeguarding practice, a single independent Chair for both Boards will be appointed during autumn 2013. Joint subgroups for training, working with faith and BME communities, and communications will support both Boards to take a wider whole systems approach to safeguarding.

9.7.4 Adult Services Work to Support Family Carers

The Carers Hub will be raising awareness of abuse among carers, and will be working to reduce the stress in families that can lead to abuse. Workshops for carers will be taking place on the Mental Capacity Act and we will be fully involving carers in assessments and reviews of the people they care for.

Family carers play an essential role in safeguarding adults, whether they are the sole family carer or receive some support with their caring role. *Carers and Safeguarding Adults – working together to improve outcomes (July 2011)* has been used in work with carers and staff to identify how we can work better with family carers on safeguarding issues. It focuses on three areas:

³ Based on GLA population projections

1. Carers speaking up about abuse or neglect within the community or within different care settings
2. Carers who may be experiencing harm from the person they are trying to support. This could be unintentional.
3. Carers who may harm the person they support, this might be due to the stress they are under, and the fact that they are not receiving enough support with their caring role.

9.7.5 Focusing on What Matters - Quality of Care

The Health and Wellbeing Board will continue its focus on quality and safety of local health and care services, alongside the ongoing leadership of Safeguarding by the Council and the Adults and Children's Safeguarding Boards. Barnet Healthwatch has come into being as a consumer's champion, adding an extra dimension to local monitoring to quality and safety in care.

This is being led by a consortium of organisations including Community Barnet Age UK, Barnet Mencap, the Carers' Centre and Jewish Care, commissioned by the Council.

9.7.6 Community Safety Developments

Further developments will include the introduction of Neighbourhood Justice Panels, a restorative programme aimed at supporting and empowering victims of crime. Work will also be undertaken to review the wider criminal justice system from point of arrest through to court disposal to ensure appropriate support is in place for vulnerable clients and, in particular, those with learning disabilities.

9.7.7 Community Safety - Tackling Hate Crime

Building on the success from last year Barnet remains a safe borough and in line with the governments blueprint to tackle hate crime 'Challenge it, Report it, Stop it' we have enhanced our commitment to tackle three key areas:

1. Preventing hate crime from happening by challenging the attitudes and behaviours that foster hatred, and encouraging early intervention to reduce the risk of incidents escalating.
2. Increasing the reporting of hate crime that occurs by building victims' confidence to come forward and seek justice, and working with partners at national and local level to ensure the right support is available when they do
3. Working with the agencies that make up the Criminal Justice System to improve the operational response to hate crime. We want a more effective end-to-end process, with agencies identifying hate crimes early, managing cases jointly and dealing with offenders robustly.

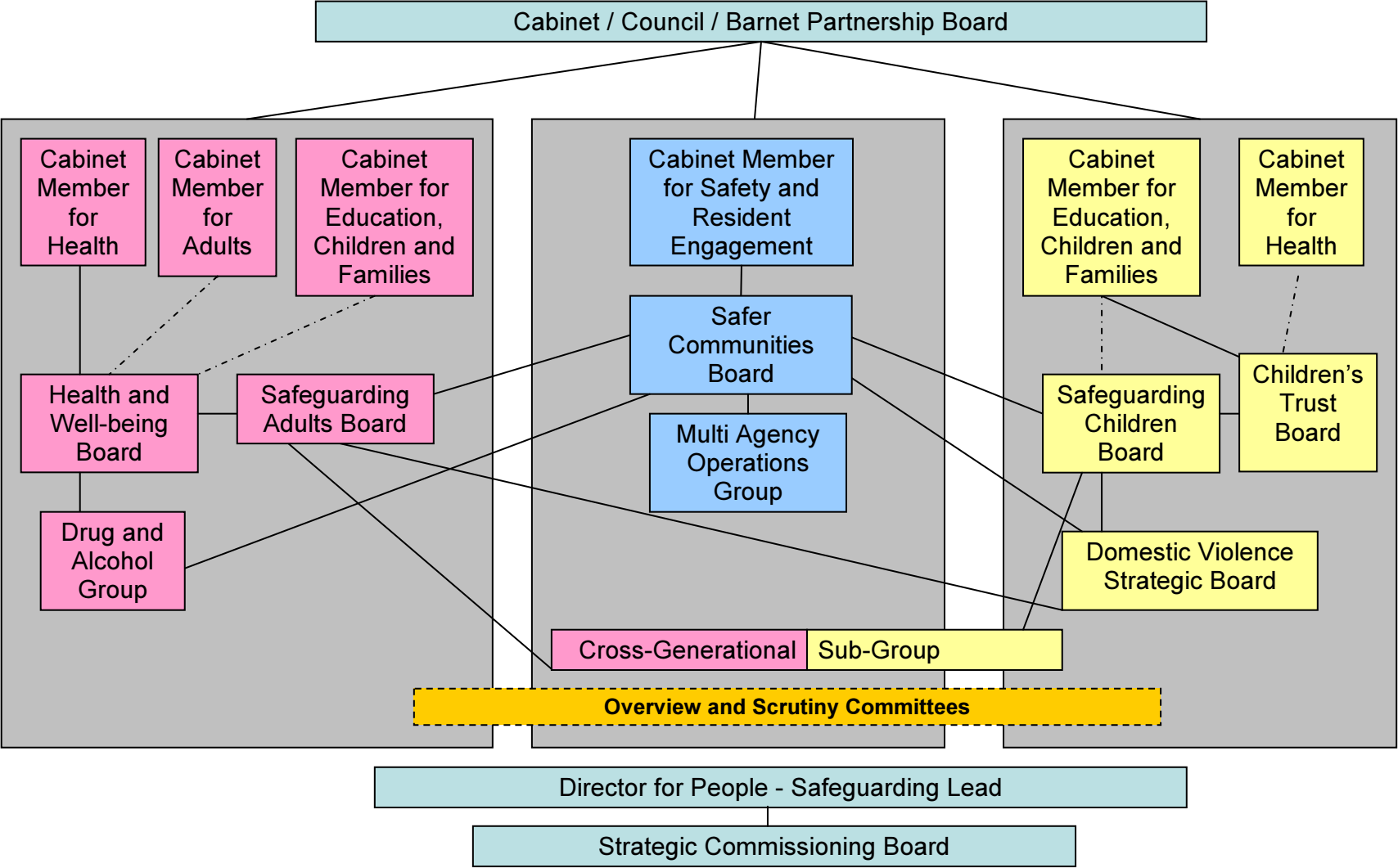
4. In addition there will be four hate crime awareness seminars to improve under reporting. We have also received funding to continue with the safer homes scheme. This scheme helps people who have been burgled or who have been affected by hate crime to make their property safer by replacing locks, and cutting back hedges.

10. LIST OF BACKGROUND PAPERS

- (i) [Working Together to Safeguard Children 2013](#) Department for Education 2013
- (ii) Department for Education. May 2011. *The Munro Review of Child Protection: Final Report*
- (iii) Ofsted. April 2012. *Framework for the inspection of Local Authority arrangements for the protection of children*
- (iv) Ofsted and CQC. February 2012. *Inspection of safeguarding and looked after children services: London Borough of Barnet*
- (v) *Draft Barnet Safeguarding Children Board Annual Report 2012/13*
- (vi) *Barnet Safeguarding Adults Board Annual Report 2012/13*

Cleared by Finance (Officer's initials)	FB – 19 August 2013
Cleared by Legal (Officer's initials)	LC – 16th August 2013

APPENDIX 1: The Governance of Safeguarding in Barnet



Appendix 2: Further information on the key safeguarding governance structures in Barnet

Safeguarding Overview and Scrutiny Committee provides Member scrutiny of the Council and its partners in the discharge of statutory duties in relation to safeguarding

The **Barnet Partnership Board** meets in public and is an overarching partnership board that takes an overview of the cross-cutting challenges facing the Borough. The Council agreed new arrangements for the Board in February 2012.

The **Safer Communities Partnership Board** (SCPB) recognises safeguarding as a priority and is the inter-agency mechanism in Barnet to reduce crime and anti-social behaviour and reoffending, and to promote social cohesion. Reports from the Children's and Adults' safeguarding boards are a standing item on the SCPB. The Safeguarding Adults Manager is also now a member of the Safer Communities Partnership Board.

The **Barnet Children's Trust Board** provides inter-agency governance to ensure that partners in Barnet are working together effectively, to improve the wellbeing of children and young people. Responsibilities cover the needs of all children and young people in Barnet under the age of 19 as well as young people under who are leaving care, up to the age of 21 or 25 (depending on whether they are in education) and young people who have learning difficulties and/or disability, up to the age of 25.

The **Health and Wellbeing Board** provides the function of joining up commissioning of local NHS services, social care and health improvement at a strategic level and support integration across health, adult social care and children's services.

Barnet Safeguarding Children Board is the key statutory mechanism for agreeing how organisations will co-operate to safeguard and promote the welfare of children. There are four 'task groups': Faith and Cultural; Audit of a Child's Journey; E-Safeguarding; Missing & Sexual Exploitation, and four sub groups in addition to the Standing Serious Case Review (SCR) Panel and the Child Death Overview Panel (CDOP). The sub groups are;

- Cross -Generational Sub Group/Joint Services
- Performance and Quality Sub Group
- Training and Development Sub Group
- Professional Advisory Sub Group

Barnet Safeguarding Adults Board co-ordinates activity between agencies. It monitors and audits progress in safeguarding vulnerable adults. Membership has been reviewed and changes have been made to extend membership to include the Domestic Violence Co-ordinator, a GP representative, and London Probation Service. A representative from the London Ambulance Service was secured earlier in the year. Barnet Safeguarding Children Board continues to be represented at Safeguarding Adults Board and the Safeguarding Adults Manager attends the Barnet Safeguarding Children Board to promote links at a strategic level.

Meeting	Safeguarding Overview and Scrutiny Committee
Date	23 October 2013
Subject	Barnet Safeguarding Children Board Annual Report 2012/13
Report of	Barnet Safeguarding Children Board Cabinet Member for Education, Children and Families
Summary	This report provides an overview of the effectiveness of safeguarding arrangements in Barnet including an assessment of the performance of the Local Authority and partners in delivering outcomes for children. It reviews progress during the last year and identifies challenges and priorities for the year ahead

Officer Contributors	Tim Beach : Independent Chair Helen Elliott : Board Manager Teresa DeVito: Interim Head of Safeguarding and Quality Assurance Other contributors as outlined in the report
Status (public or exempt)	Public
Wards affected	All
Enclosures	Appendix A– Annual Report of the Barnet Safeguarding Children Board
Reason for urgency / exemption from call-in	Not applicable

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1. RECOMMENDATION

- 1.1 That the Committee note the work of the Safeguarding Children Board;**
- 1.2 That the Committee note the progress made and the specific challenges in the forthcoming year, including continued financial support;**
- 1.3 That the Committee endorse the objective that safeguarding across the council and its partners continues to be strengthened through the full engagement of all providers of health services, including through the Health and Well Being Board, and also dialogue with the Clinical Commissioning Group.**

2. RELEVANT PREVIOUS DECISIONS

- 2.1 Safeguarding Overview and Scrutiny Committee 12 December 2012 – Decision Item 10: Members' Visits to Barnet's Children's Homes and Young People's Hostels – Options Paper
- 2.2 Safeguarding Overview and Scrutiny Committee 10 September 2012 – Decision item 9: Barnet 's Barnet's Independent Safeguarding Children's Board Annual Report 2011/12

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1. Safeguarding is a key priority across the council and partners and is reflected in strategic partnership goals, including the Corporate Plan 2013-14, Health and Well-being Strategy, Sustainable Community Strategy and Commissioning Strategy. The Corporate Plan includes the strategic objective 'To create better life chances for children and young people across the borough' with an emphasis on early intervention and support and a further objective is: 'to promote family and community well-being' with a commitment to 'strengthen our approach to safeguarding'.

4. RISK MANAGEMENT ISSUES

- 4.1 A failure to keep children safe represents not only a significant risk to residents but also to the reputation of the Council and partners. The role of the Safeguarding Board is to monitor and challenge the performance of all partner agencies in Barnet to ensure that they are meeting requirements and carrying out their safeguarding responsibilities effectively. A well-functioning Safeguarding Board is essential to reducing the risk of harm to children and young people in Barnet.

5. EQUALITIES AND DIVERSITY ISSUES

- 5.1 The Public Sector Equalities Duty (s149 Equalities Act 2010) consists of a general equality duty which came into force on 5 April 2011. The legislation refers to the following nine protected characteristics: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- 5.2 The Act explains that having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

- 5.3 The implications of the application of the general equality duty in the context of safeguarding children is to ensure that all children and young people from protected groups e.g. those with a disability; lesbian/ gay/transgender young people; those from all religions and beliefs, are safeguarded as well as all other children and young people.
- 5.4 Ensuring that all children and young people are safeguarded, particularly those that are vulnerable (e.g. with a disability, or children in care), is a key role of the Barnet Safeguarding Children Board. The Faith and Cultural task group and other sub groups of the board work closely with faith, cultural and community groups within Barnet to ensure that safeguarding is embedded and that any children at risk are identified and appropriately supported. Youth Shield, who won the prestigious London Safeguarding Children Award in 2013 are giving young people a strong voice in the work of safeguarding in Barnet.
- 5.2 The BSCB, in exercising its scrutiny function, has regard for the public sector equality duty in reviewing partnership data

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

- 6.1. The Annual Report of the Barnet Safeguarding Children Board (BSCB) has been produced as part of the work of the board. The board is funded by the London Borough of Barnet and from contributions from partner organisations. The current annual budget of the Barnet Safeguarding Children Board (BSCB) is £155,390, which includes the contributions made by partner agencies, of which the local authority contribution is £98,000. Most of the budget covers staffing requirements including the Independent Chairs of the BSCB and the Serious Case Review Panel. Priorities identified for 2013/2014 will be contained within existing approved budgets which partners have agreed to maintain.

7. LEGAL ISSUES

- 7.1 The functions of a Local Safeguarding Children Board (LSCB) are set out in primary legislation (Sections 13, 14 and 14 A of the Children Act 2004) and regulations (Local Safeguarding Children Regulations 2006, SI 2006/90). The core objectives of the LSCB are as follows:
- a) to co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area of the authority; and
- b) to ensure the effectiveness of what is done by each such person.

7.2 These functions are more fully explained in Regulation 5 of the Local Safeguarding Children Regulations which states:

The functions of an LSCB in relation to its objective (as defined in section 14(1) of the Act are as follows:

- a) Developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to-
 - I the action to be taken where there are concerns about a child's safety or welfare including thresholds for intervention
 - II training of persons who work with children or in services affecting the safety and welfare of children
 - III recruitment and supervision of persons who work with children
 - IV investigation of allegations concerning persons who work with children
 - V safety and welfare of children who are privately fostered;
 - VI co-operation with neighbouring children's services authorities and their Board partners;
- (b) communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done, and encouraging them to do so;
- (c) monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children, and advising them on ways to improve;
- (d) participating in the planning of services for children in the area of the authority;
- (e) undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.

7.3 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.

8. CONSTITUTIONAL POWERS

8.1 The scope of Overview and Scrutiny Committees is contained within Part 2, Article 6 of the Constitution.

8.2 The terms of Reference of the Scrutiny Committees are in the Overview and Scrutiny Procedure Rules (Part 4 of the Constitution). The Safeguarding Overview and Scrutiny Committee has within its terms of reference the following responsibilities:

- To scrutinise Barnet's Safeguarding Children Board and any relevant Sub-Groups, including policies, procedures, and performance through consideration of the Board's Annual Report.

- To scrutinise the Council and its partners in the discharge of statutory duties in relation to safeguarding.
- To scrutinise the provision of the education (children and adults), special education needs provision, and the protection and welfare of children. To scrutinise the Council's procedures in relation to the protection and welfare of children

9. BACKGROUND INFORMATION

- 9.1 The Barnet Safeguarding Children Board is tasked with monitoring and challenging the performance of all organisations in Barnet to ensure that children and young people are kept safe. Working Together 2013 sets out a requirement for the Board to produce an annual report outlining the activities it has undertaken over the past year. This is attached as Appendix 1. The Munro review has given further emphasis to the independence of LSCBs in being able to exercise their scrutiny role effectively.
- 9.2 As outlined in the body of the report, there are a number of key initiatives and opportunities to consolidate partnership working in relation to safeguarding children. This has included the establishment of a Multi-Agency Safeguarding Hub to improve access to information at the first point of contact and risk assessment tools to support timely provision of help.
- 9.3 The report identifies a key challenge and risk being the continued prioritisation and capacity to deliver safeguarding at a time of budgetary restraint and change across a range of partners, particularly the local authority, Probation, Cafcass, Health and community sector partners.
- 9.4. A further development has been the agreement to appoint a single Chair for both the Adult and the Children's Boards which will be implemented in the coming year.
- 9.5. The Barnet Safeguarding Children Board has a key role as a vehicle of learning and improvement and has spearheaded the new approach to learning from reviews in accordance with the recommendation of the Government.
- 9.6. A focused audit for partner agencies to comply with safeguarding duties has been completed and has highlighted much positive work taking place as well as areas for action in the coming year.
- 9.7. A Sexual Exploitation Task & Finish group chaired by the police has been established in order to focus attention on young people at risk through exploitation, and to promote further training on this issue.

10. LIST OF BACKGROUND PAPERS

- 10.1 [Working together to safeguard children March 2013](http://www.workingtogetheronline.co.uk/chapters/contents.html)
<http://www.workingtogetheronline.co.uk/chapters/contents.html>

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Barnet Safeguarding Children Board

Making Safeguarding Everybody's Business

Annual Report 2012-2013



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Foreword by Independent Chair

Welcome to the Annual Report of the Barnet Safeguarding Children Board.

On a personal level it has once again been a privilege to be the Independent Chair of the Barnet Safeguarding Children Board (BSCB) and to work with the representatives of the agencies that make up the BSCB. The most notable achievement in my view over the last year was the further recognition of the contribution that young people in Barnet have made to Safeguarding through Youth Shield. The detail of their work is outlined at page 51 of this report but the significance of that work and their ability to sustain it was reflected in their receiving the London Board's Safeguarding award for 2012 having been runners up in 2011.

The intention of the report is to outline the progress that has been made in the last year against the priorities that the Board set for itself, to identify work that needs to be carried out to improve safeguarding in Barnet and to assess the performance of the Local Authority and partners in delivering safeguarding outcomes for children young people and their families in Barnet.

In order to do that the Annual Report reflects the completion of a number of actions specific to the BSCB that were required by Ofsted following their last inspection in January 2012 and also a comprehensive assessment of the progress made in relation to the Board's own Work Programme.

As with the previous Annual Report each of the main agencies and partners to the Board has been asked to identify their own internal governance structures for safeguarding, their achievements over the last year in terms of impact for children and young people and their plans to further improve it over the next year. The Board continues to feel it important that agencies highlight their own individual contribution to overall safeguarding in Barnet so that it is possible for the wider public and the Board to make a judgement about the quality and quantity of the work being carried, out and more importantly how this translates into improving the lives of children and young people in Barnet. To that end each of the partners has been asked to highlight the positive outcomes for children and young people.

The Annual Report records a good deal of impressive work, jointly and individually, with the highlight being the work of Youth Shield being recognised through an award at the Annual London Safeguarding awards in December 2012 (and to which the Board has recently agreed to provide additional substantial funding), but there have been many other areas of positive work which are reflected within the Report.

Children's Services in Barnet offered themselves in late 2012, as a Munro Demonstrator pilot site which is intended to implement the recommendations of Professor Eileen Munro (who completed a report for Government into Child Protection and Safeguarding). A significant focus of that work has been around addressing neglect and related issues through early intervention and through the Board it has been possible to drive that agenda across the partnership. Whilst that work is still developing and being evaluated, the early signs are that it is effective and that the principles are shared by all the partner agencies. That focus on neglect has been adopted by the Board as a priority over the coming years because a number of case reviews that have been carried out over the last year have reflected major themes around neglect and the sharing of information. One of the existing priorities for the Board has been encouraging and supporting the creation of a Multi Agency Safeguarding Hub (MASH) where a range of partners can share information more quickly and appropriately at an early stage. The full implementation of the MASH from late July 2013 will go a large way to addressing many of the issues.

There are a number of other concerns which are likely to be major challenges over the next year which the Board will monitor and those are outlined in detail below;

Challenges facing the BSCB

- A key challenge will be the continued priority and capacity to deliver safeguarding at a time of budgetary restraint and organisational change across a range of partners, particularly the Local Authority, Probation, CAFCASS and Health. Despite efforts to protect children's services across the partnership, the threat of diminishing resources available to member agencies to safeguard children

and young people remains. This has been logged as a risk and will continue to be actively monitored by the Board. This is particularly significant given that the Ofsted proposals currently subject of consultation propose Ofsted will make a separate judgement in relation to the overall performance of the Board as well as Safeguarding across the partnership.

- Following the restructuring of Primary Care Trusts into Clinical Commissioning Groups (CCG's) on 1st April 2013, arrangements for the Safeguarding of children remain a priority for Barnet's Clinical Commissioning Group. The Director of Quality and Governance, Designated Nurse and Designated Doctor Safeguarding Children represent Barnet on the Safeguarding Children's Board. The CCG Clinical Director for Quality and Safety and, the CCG Children's Lead represent the CCG on the Health and Well Being Board. As yet NHS England representation on Safeguarding Boards has not been agreed.
- The community and voluntary sector has experienced a significant impact from the changes to allocation of grants and funding to grassroots services. There are real concerns that over the next year that may impact on their ability to work with children and families.
- Learning from review in Barnet has highlighted concerns regarding professionals' access to information about children and families with whom they work. The prevailing culture of caution in relation to information, driven by recent breaches of data protection, is viewed as a barrier to information sharing on the ground. The Board considers this to be a risk that potentially undermines good risk assessment practice. It is hoped that the implementation of the Multi Agency Safeguarding Hub (MASH) will improve safety in this regard. As part of the response to the most recent case review, it has been agreed that work will be carried out regarding access to the information systems.
- The continued independence of the Board and its role as a 'critical friend' is paramount. The position of the BSCB within the revised structure of Barnet should be monitored for impact in terms of any perceived dilution of that role or variance with the position outlined in Working Together 2013
- Ensuring that the lessons learned from local case reviews and case file; audits become embedded in local practice and improve the quality of the provision of services to children.
- Ensuring that the views of children and young people are taken into account in service planning and provision including setting priorities for staying safe.
- Continuity of key staff will continue to be an issue throughout the forthcoming year as we are about to lose the BSCB Manager
- The proposal to strengthen links with adult services through the appointment of a single Chair for both the Adults and Children's Boards will need to be implemented and should be reviewed to identify benefits and any associated risk.

Tim Beach
Independent Chair

Context:

Definition of Safeguarding: Safeguarding and Promoting the welfare of children is defined within the Working Together 2013 Guidance as

- Protecting children from maltreatment
- Preventing impairment of children's health or development

- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care: and
- Taking action to enable all children to have the best outcomes

The Children Act 2004 requires Local Authorities to establish Local Safeguarding Children Boards (LSCB) for their area as the key statutory mechanism for agreeing how organisations will co-operate to safeguard and promote the welfare of children.

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

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

Working Together 2013, Chapter 3

This report is prepared in line with the statutory requirements outlined in Working Together to Safeguard Children 2013. The report will be submitted to the Chief Executive and Leader of the Council, The Mayor's Office for Policing and Crime, and the Chair of the health and wellbeing board. The report will also be submitted to the Children's Trust Board (CTB) and will be published as a document in the public domain.

The report forms part of the LSCB scrutiny function that should provide challenge in driving improvement.

The report should provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action. The report should include lessons from reviews undertaken within the reporting period. (Working Together 2013:3:17)

The document has been structured to a template which is recommended for national use. The intention is to both reflect progress made but also capture the priorities and areas which will need to be subject to additional focus over the coming year

This report will cover the extent to which the functions of the LSCB as set out in "Working Together 2013" are being effectively discharged. The scope of the LSCB continues to be very broad and encompasses broader prevention as well as early intervention and child protection services: Within this framework, children at risk of harm will be a priority for consideration. The report will therefore include:

- The priorities of the Board: Why these areas have been identified as particular priorities and progress in relation to the priorities.
- Governance and Accountability of the Board: Effectiveness of the board and its sub groups.
- Monitoring & Evaluation/Quality Assurance Activity.
- Future challenges.

Summary of outcomes for the BSCB

Key activity and achievements of the Board itself over the last year include the following;

Ofsted Action Plan Update:

Barnet had a full inspection of its services in relation to safeguarding and looked after children in January 2012 and was judged to be good in all areas with the exception of quality of provision for safeguarding and looked after children services which were adequate.

An action plan was developed to address areas identified as a priority for improvement and the key area for the BSCB was as follows:

The BSCB to ensure that all schools adopt the correct safeguarding procedures by referring appropriate safeguarding concerns to either the LADO or children's social care before interviewing children in detail or undertaking any further investigative actions before a strategy discussion or meeting has been held

Action: In response to this, refreshed guidance was re issued to schools and the procedures were highlighted at relevant heads and safeguarding leads meetings. Schools have also been encouraged to take up training provided in relation to allegations management as well as safeguarding and child protection.

Additional training was also arranged with an input from the police Child Abuse Investigation Team (CAIT)

The LSCB was also identified as the lead for 3 additional issues, as below, that were raised in the Ofsted report, but which had not been included within the 15 recommendations and did not have a fixed time frame.

1. *Attendance at BSCB by all members is not consistent*

Action: Attendance at the Board continues to be monitored and subject to discussion between the Chair, Board Manager and individual agencies as appropriate and overall has improved

2. *BSCB needs to strengthen its management oversight of the impact and quality of work undertaken on its behalf*

Action: The change to the arrangements for the Executive Group have been effective in shaping the agenda for the main Board and providing additional detailed scrutiny to areas of focus such as case reviews and the examination of data

3. *Whilst the BSCB receive safeguarding performance information, scrutiny of this data is not robust and there is limited evidence that the board's oversight is having an impact in driving improvements*

Action: The BSCB does receive performance information directly and work is ongoing to refine that information so that the Board can fulfil its strategic role whilst being alerted to issues of real concern or risk. This involves the development of an information dash board which indicates areas significant change or agreed priorities.

S11 Audit:

A focused audit for partner agencies to review compliance with the safeguarding duties contained in Section 11 of the Children Act 2004 has been completed between March and May 2013. This report will be fully considered at the Performance and Quality Assurance Group and the Board and an action plan developed and monitored over the coming year. The returns for the S11 Audit have generally been of a better quality in terms of the level of analysis and the detail of the supporting evidence provided by the agencies than has been the case previously. This reflected well in terms of the thought and effort which had gone into completing the Audit. The Audit highlighted a great deal of positive work but also a number of areas that will require planning and focus.

Key areas highlighted for focus by the report are as follows:

1. The monitoring of S11 requirements and maintaining standards in relation to commissioned services is a significant area of work for the BSCB, particularly the Performance sub group
2. Identified gaps in some services systems to capture the views of children and young people and how they contribute to service development, especially in relation to diversity policies
3. Induction training regarding safeguarding was not universal
4. Training in diversity appears to be a gap for some services
5. Agencies did not evidence impact of training in many cases and the training sub group will need to address this.
6. The Safer Recruitment Procedures standard had a number of elements which highlighted gaps in relation to assuring safer recruitment practice across commissioned services, training, knowledge and understanding of allegations management processes, support for staff and audit activity which will require follow up by the Performance sub group and monitoring by the Board.
7. The S11 audit also highlighted several areas for development in relation to the monitoring of attendance at meetings, demonstrating outcomes in terms of children and families and consultation with children and young people.

In the BSCB Annual Report from 2011/12, the Board identified the following priorities and below we assess our level of success in addressing them:

What we said	What we did
<p>Quality Assurance, Challenge and Scrutiny To further develop scrutiny of BSCB in monitoring and evaluating the effectiveness of safeguarding activity across the partnership so that children and young people in Barnet are safe from abuse, neglect, violence and sexual exploitation</p>	<p>We have a strong basis to move forward as we have secured engagement of all key partners in our Performance and Quality Sub-group which is a well functioning group. Audit activity during the last year has included health, children's social care and other partners and work is in progress to agree an outcome based framework in line with Munro. Partners have played an active role in bringing their own QA processes to the scrutiny of the group. A S11 audit has been conducted based on an agreed London wide tool. This will be considered at the PQ group and the BSCB over the year.</p>
<p>Risk Assessment, Information Sharing and Partnership Work Seek to develop tools /Protocols to promote improved information sharing, risk assessment and partnership working, including support for development of MASH</p>	<p>The BSCB through its Professional Advisory Group piloted a multi-agency risk assessment tool designed to be used as an 'aide memoir' to support universal services in the identification of risk. This has also been used to good effect to review cases in supervision. Information sharing continues to be a priority and has emerged as an area of concern in our partnership reviews. This is now being reviewed in response to the</p>

	learning from the SCIE review. Work has also progressed on the development of a Multi-Agency Safeguarding Hub – MASH which will begin in July 2013. A multi-agency steering group includes representation from the BSCB Independent Chair in order to provide oversight. A programme of training to support implementation has been developed by the London Safeguarding Children Board.
Young People at risk through peer violence and exploitation To focus on peer to peer violence including Gangs/Sexual Exploitation/Anti Bullying/E safety	This remains a national and local priority and a reconvened task group led by Police colleagues will drive forward implementation of a coherent strategy based on the Pan London Multi-agency operating procedures. Training in sexual exploitation is being rolled out and the training programme also includes gangs training that features input from young people who have been gang affected. E safety training is also planned and a task group will update the BSCB e safety strategy. The work of Youth Shield has included training in peer support and will strengthen the contribution of young people in Barnet in providing peer support and education to promote healthy relationships
Early Intervention Promoting and evaluating a model of early help for children and families which reduces demand and cost (Munro)	Working Together 2013 sets out the importance of early help for children and the role of the LSCB in evaluating the impact of early help. Barnet has an early help offer that provides a coherent framework for family support. Many examples have been provided within the report below of how this can help families in practice, for example, through the therapeutic work in relation to domestic violence which has helped to improve safety for children. The Board will have an important role in monitoring the effectiveness of these arrangements
Learning and Development To strengthen the BSCB role in promoting learning and development across the partnership	As outlined in the report, BSCB has played an active role in promoting learning and development across the partnership. A number of reviews have already been conducted using the SCIE methodology and improvements made as a result of learning. Further reviews are in progress and the Board places a high priority on continuing to promote a culture of learning

Additional Outcomes

- Completion of 3 multi-agency case reviews using the Social Care Institute for Excellence (SCIE) model, which has identified important learning for all partners. This will be outlined in further detail later in the report.
- An audit to track the journey of a child from needing help to receiving help through a range of universal and targeted services
- Strengthened governance and accountability through the repositioning of the Executive Group which has oversight of policy, strategy and performance in respect of safeguarding children. The Executive is also responsible for establishing the BSCB budget and agreeing agency contributions which will be reviewed annually.
- Continued work with faith and cultural groups to increase safeguarding awareness in partnership with CommUNITY Barnet.

- Enhanced arrangements for quality assurance using a dashboard which is currently in development. This will be monitored via the Independently Chaired Performance and Quality Sub-Group.
- Continued involvement of children and young people through the work of 'Youth Shield' and an expanded remit to further drive their contribution
- A renewed focus on tackling sexual exploitation linking with arrangements to safeguard missing children. A group has been reconvened which will be led by representatives from the Met Police with the task of developing a coherent operational structure based on multi-agency Operating Procedures across London developed by the Met Police. Training has also been delivered which aims to build capacity and confidence in identifying and responding to concerns about CSE.
- Learning and development events including a conference on trafficking and sexual exploitation held with a neighbouring authority, Enfield.
- Maintaining a focus on Safeguarding in challenging financial climates and organisational change. The LSCB has managed to maintain funding from contributing partners at current levels.
- Continued engagement with schools to identify and respond to safeguarding and welfare issues and the involvement of schools in a self audit of their safeguarding responsibilities
- Promotion of the Strengthening Families approach to Child Protection Conferences which has been found to be an effective way of engaging families in bringing about improved safety for children.
- The pilot of support and consultation for staff working with families where personality disorder or challenging behaviour is a feature. This initiative was developed in response to learning from review which evidenced the impact on professionals and the risk of loss of focus on the child. Evaluation of the pilot has shown that this is a valued opportunity for consultation which has helped practitioners to manage some elements of casework more effectively, for example, a complex case initially referred to the Multi-Agency Group was able to be managed without the need to escalate which would have required more intensive resources.

Governance and Accountability Arrangements

The Board has an Independent Chair who formally reports to The Chief Executive, who, drawing on partners and where appropriate the Lead Member, holds the Chair to account for the effective working of the LSCB. The Independent Chair is a member of the Children's Trust Board where the work of the Board is tabled, including the annual report outlining the work of the BSCB which is also presented to the Overview and Scrutiny Committee. This ensures appropriate challenge where necessary.

The Lead member for Children's Services is a participant observer of the BSCB in accordance with the directive in Working Together 2013 and the Director of Children's Services a member of both the Executive and BSCB.

Barnet Safeguarding Children Board has recently seen a change in Lead Member and we are pleased to welcome Councillor Reuben Thompstone to this role. Councillor Thompstone replaces Councillor Andrew Harper whose contribution to the Board was greatly valued as a passionate and enthusiastic champion for children in Barnet.

The Board has continued to evolve structure and governance arrangements to ensure a sharper focus on scrutiny and monitoring. There is currently a two part structure with an Executive that meets in advance of the full Board meeting. Executive Members are responsible for policy, strategy and performance in respect of safeguarding children. They are also responsible for establishing the BSCB budget and agreeing agency contributions which are reviewed annually.

The role of the Executive has been further strengthened in the last year through a revised schedule of meetings to assure greater oversight of the BSCB agenda and maximise ownership of partnership working improvements.

The BSCB has established a large membership to include a wide range of partners, including Community (Lay) members and Youth Shield.

Attendance is actively monitored with gaps followed up and this is likely to be a continued challenge given the demands on partner agencies time and resources and overlapping structures that require some partners to service more than one LSCB. A breakdown of agency attendance is provided as an appendix and despite these challenges it is noted that attendance has improved significantly in the last year.

A further key development has been the work of the Joint Services Governance Group which has identified a number of opportunities for improved collaboration across Adults and Children's Services, including the appointment of a single Chair for both Boards, following the retirement of the current Chair of the Safeguarding Adults Board

The Board works to an agreed constitution and work plan and a number of sub groups are responsible for carrying out elements of the work programme and reporting back on progress at each Board meeting. This structure is also supported by a number of task and finish groups that are mandated to carry out specific pieces of work. Details of all of these groups are contained in Appendix 4.

BSCB Sub Groups:

There are currently four sub groups in addition to the Standing Serious Case Review (SCR) Panel and the Child Death Overview Panel (CDOP). These are as follows:

Performance and Quality Assurance Sub Group: The Performance and Quality Assurance Group (PQA), chaired by the Independent Chair, has a remit to scrutinise the performance of partners in relation to safeguarding activity and report back to the Board. The development of a coherent framework of multi-agency data has been led previously by work across London in relation to a Dataset Project.

Barnet actively participated in this work but unfortunately funding was no longer available to extend the project beyond the initial start up phase. This coincided with the need to review data so as to reflect Munro indicators and incorporate a multi-layered approach that captures the views of children and professionals as well as 'hard' performance data. The London Board and Chairs Forum have recently started work across London Boards to create a shared or comparable dataset and Barnet has supported this work.

The London Borough of Barnet data analysis team has provided input in reviewing the dataset and a revised framework is in development. The Board needs to continue to explore creative methods for capturing data from children and young people, drawing on work done by partners in this area, for example, patient experience data in health and the work of Youth Shield in the forthcoming year.

Partners are also being encouraged to report improved outcomes for children and young people and a number of examples have been provided from a range of services using a 'Positive Outcomes' proforma. This has enabled us to build an 'evidence bank' of the impact of our interventions which will give a picture of how measured activity has made a difference to the lives of children and families.

The PQA has also enabled partners to report on their own internal audit and monitoring processes. Health partners, Children's Social Care, Police and Probation have given informative presentations in this regard.

A further key vehicle of assessing multi-agency performance is the audit based on compliance with the requirements of S11 of the Children Act 2004.

The S11 audit recently completed has been presented to the PQA group and in turn the Board in the near future. Additional detail is outlined below within the report.

Training and Development Sub Group: The LSCB is responsible for the strategic overview of safeguarding training both by single agencies (to their own staff) and interagency training. The Training and Development sub group discharges this function in collaboration with the Children's Workforce Development Team to ensure that both single and multi-agency training is delivered to a consistently high standard and that a process exists for evaluating its effectiveness. Recent work has focused on the quality assurance role of the group and it has been agreed that the group will take an active role in reviewing course evaluations. Alongside this, the workforce development team will be introducing a system of impact analysis using follow up questionnaires.

Professional Advisory Sub Group: The Professional Advisory Group (PAG) includes members with direct operational knowledge and its function is to ensure that all policy and procedure is both appropriate and operable. It also oversees the work of a number of Task and Finish Groups which have a remit to develop policy or examine specific issues and report back to the PAG, and through that the LSCB, for example, in relation to sexual exploitation. During the last year the PAG developed a directory of professional guidance and resources which have been uploaded on the BSCB website. The group has also successfully piloted a Multi-Agency Risk Assessment tool for universal services. An E-Safety task group has been reconvened in order to review and update the E-Safety strategy on behalf of the PAG and has created its own action plan for work over the next year. There has also been work focusing on child sexual exploitation and the links with missing children that is also reflected upon within the report.

Cross-Generational Sub Group/ Joint Services Governance Group: This group operates as a cross service group responsible to both adults and children's safeguarding boards. The aim is to ensure that services collaborate as far as possible in promoting the safety and welfare of children and a holistic approach to working with families. The group has not been operational during the last year as this work

has been subject to review as part of the wider review of adults and children's joint governance arrangements which has identified areas for development in working across the interface.

Child Death Overview Panel: This panel is responsible for the specific functions relating to child death as outlined in Working Together 2013. Its purpose is to review all child deaths and identify any matters of concern in relation to any child death in Barnet and its work is covered in greater detail on page 26.

Standing Serious Case Review Sub Group: The Standing Serious Case Review Sub-Group (SCR) links to the Child Death Overview processes when a child has died or been seriously harmed and abuse or neglect is believed to be a factor. Independent Chair arrangements further enhance the capacity to exercise scrutiny and challenge. The serious case review sub-group has a wider remit in supporting learning from reviews and has carried out 2 case reviews using the SCIE systems methodology following an initial case review as part of a London pilot. This has identified learning and improvements in practice for a range of multi agency staff. A number of learning events have been held throughout the last year with further events to follow. The work of the group is outlined in greater detail on page 19.

Monitoring and Evaluation

The figures below reflect the current reporting period 2012/13 and cover children and young people within Barnet considered to be at the higher levels of risk.

Generally the statistics for Barnet in comparison with other London Boroughs are on the face of them reassuring in that the figures are relatively low when examined against population figures. However in 2011 as reported previously there were concerns at increasing numbers of children being placed on child protection plans which was greater than similar Boroughs. Some internal audit work was carried out by LBB and BSCB and whilst no single cause was clearly identified some focused work was carried out on monitoring those trends.

The figures below and the historic data in Appendix 1 reflect a more reassuring picture in that whilst 2012/13 saw a small rise in initial assessments, a significant rise in core assessments and a rise in Section 47 child protection investigations, the number of children on a child protection plan reduced significantly. Similarly the numbers of children being returned to a plan or remaining on a plan for over two years also reduced. The additional focus by Children's Services and partners in assessment and early intervention appears reflect better joined up planning and to have led to a reduction of children being subject to child protection plans without increasing the numbers of children having to be returned to plans at a later date.

Children's Social Care in 2012-13



277 children Subject to Initial Child Protection Conferences (inc Pre-births & Transfer-Ins)(2012/13)



311 Children in Care



229 children Subject of a Child Protection Plan (2012/13)



1,118 Children in Need (2012/13)



**3,468 referrals
to Children's Social Care (2012/13)**



**86,809 children
aged 0-18**

The Effectiveness of Safeguarding in Barnet:

Making an informed judgement as to the quality of work to safeguard children and generating consistent activity to make improvements where they are needed is probably the most difficult task facing an LSCB. The Annual Report is intended to reflect the most significant work that has gone on in the last year in Barnet that we judge to have had a real outcome in safeguarding children and families in Barnet.

Key outcomes are provided with some narrative throughout the report and within Appendix 3 from the agencies individually.

Much of the work is concerned with activity or output. It is not always easy to identify the outcome, or result of the actions we take but our aim is always to try and maintain a focus on actions that make a difference to a child or young person.

Partners have been helping the Board to build an 'evidence bank' of positive outcomes which demonstrate the effectiveness of interventions. Below are some of the examples which reflect the range and effectiveness of the safeguarding partnership within Barnet:

Children's Social Care Services worked with Targeted Youth and Housing to support a vulnerable young person in transition.

Positive outcome *The young person was helped to apply for and secure a place on the "Get Real Project". The Get Real project offers shared accommodation and ongoing support to young people who show a commitment to education, training or employment. The scheme is aimed at breaking the culture of antisocial behavior, alcohol and drug abuse and welfare dependency that frequently exists among young people in temporary accommodation. The Young person is now thriving and is acting as a role model to other young people taking an active role in community projects aimed at encouraging young people from Black and Minority Ethnic Communities to engage in education and enterprise.*

Junior Role Model Army (Young People in Care) Film Production

The issues which the film highlighted were the following;

- *Children and young people having to move repeatedly until the right placement becomes available.*
- *Leaving family members*
- *Issues around trust*
- *Changing social worker*

The positive outcome *was that the children and young people's voices were heard, this was done by showing the film to the Lead member and Councillors from the Corporate Parenting Advisory Panel group. The film has been used for training with foster carers, designated teachers for looked after children and Educational Psychologists. It has been shown at a Social Care service study day, to ensure staff and professionals had the opportunity to hear the young people's journey through care. Having a film is an effective tool for raising awareness and understanding of issues with professionals across the Children's service (e.g. with colleagues in education).*

Norwood

Issues highlighted - History of allegations of physical and verbal abuse by the parents towards the children. Three separate concerns were raised historically. Parents denied this, and also said that they would never use physical chastisement as this is wrong. Social care closed the case accepting the parents and communities assertions that this was a malicious referral.

Child disclosed to school that the father was using physical chastisement. When parents were questioned over

this, father said that he did not know that this was inappropriate, and it was a cultural method that he was using, and now that it had been highlighted he would stop.

Complex cultural issues within the family.

Mother and one child has a learning disability, which seems to impact on ability of mother to take on board parenting advice. Mother becomes tearful.

Parents are refusing to get youngest child assessed by a paediatrician as there are concerns around developmental delay.

Positive outcome - *Barnet allocated social worker did some excellent investigative work, taking into consideration the historical concerns and Norwood's Significant events record to help the assessment, and liaising with all professionals involved.*

Children's wellbeing is being monitored and services accessed to ensure that their needs are met.

Continuous monitoring of parents ability to meet the needs of these children, ensuring that concerns are not minimised.

Referral to CIN team.

Barnet, Enfield and Haringey Mental Health Trust

Issues highlighted - Current statutory guidance states that children under eighteen should not be admitted to adult ward. Although an assessment suite is not a ward, it is within a mental health unit and there was a lack of clarity in the statutory guidance about the use of assessment suites for children and young people under eighteen who were experiencing an acute mental health difficulty in the community.

At the same time as this local event, there was national recognition of the impact of the admission guidance for children and young people in these situations. Although highly unusual for a younger child it is an increasing problem for 16-17 year old young people.

Subsequently the organisation that monitors health providers, the Care Quality Commission, published revised guidance in the form of a briefing suggesting that there may be circumstances that it was in the child's interest to admit to an appropriate adult facility for a short period with oversight by a child psychiatrist to enable an assessment and the provision of an appropriate care setting to be organised. This will avoid children and young people waiting in inappropriate settings.

Positive Outcome - *There is no indication that the child concerned suffered harm because of the delay in admission. There was good communication between the police, A&E, children's ward and the mental health Trust and during the delay the child was seen by a paediatrician. They were subsequently assessed in the assessment suite, seen by a psychiatrist and found a bed in a specialist out of borough mental health facility for those under twelve, early the following morning*

Barnet and Chase Farm Hospitals NHS Trust

Issues highlighted from several cases were Domestic violence ; allegations of physical and sexual abuse; maternal alcohol , learning difficulty and mental health issues ; maternal drug dependency issues in pregnancy ; neglect ; teenage alcohol issues; teenage pregnancy ; teenagers at risk of sexual exploitation ; vulnerabilities of looked after children; parental responsibility;

Positive Outcome - *Seeking to ensure the safety of children at potential or actual risk of significant harm. Ages of children range from neonates to teenagers and the vulnerabilities are diverse, as highlighted above.*

Ensuring engagement of relevant agencies including local Social Care Early Intervention and Troubled Families Teams, Child and Adolescent Mental Health Team, local sexual health clinic, School Nurses and Special Educational Needs Coordinators, and on occasion Social Care professionals from outlying boroughs.

Solace Women's Aid

Issues highlighted - When a family first arrived at the refuge, child was observed to be quite rough in his play with other children. Due to the language barrier child found it difficult to communicate his wishes and feelings and would hit and push where he became frustrated and to get someone's attention.

Along with this frustration child's experience of relationships also taught him that violence was a part of communication with others.

Due to his rough play other children would shy away from playing with him. When child started school they also

flagged up concerns about child's ability to interact appropriately and to make friends

Child's mother was initially referred to Strengthening Families, who were running a parenting group in her native language. However, she decided that he did not feel safe attending this group as she was worried by attending a group with members of her community she might meet someone with a connection to her husband, whom she was fleeing.

Positive Outcome - *Since coming to the refuge child has been able to access one to one play therapy and is now accessing this support within a group. The refuge has worked closely with school and they have been able to offer extra support, such as working with mother to look at supporting Child with his homework. In the refuge child and mother were supported to start using a star chart which mother says has helped greatly. Within play sessions held twice weekly in the refuge and in general day to day interactions staff supported the Child by mirroring positive interactions and praising where he played gently.*

Mother was referred to picking up the pieces – a parenting programme for mothers who have experienced domestic violence. An interpreter was provided for this group, enabling her to engage well and to contribute to the group. Mother was also referred to an ESOL class at the local children centre, especially aimed at mothers supporting bilingual children.

Through this support school have reported that child is calmer. Child is able to access breakfast club which has helped with his punctuality. He also attends twice weekly after school clubs – supporting him to build a network of friends.

The play therapist reported that following his one to one sessions child was better able to demonstrate his affection and interact with her by using gentler and more peaceful means. She continues to provide support through group play therapy.

Through accessing parenting classes and through one to one work with the FSW mother has been able to build her knowledge of the effects of DV on her child and how best she can support him.

Safeguarding Division

Issues highlighted:

- *Child being left unsupervised outside of the family home since the age of 4*
- *Allegations that the child had been physically chastised by parent*
- *Concerns re : children's clothes too small worn out or dirty*
- *Parents bereaved - Mother recently lost an unborn child and father lost his father*
- *Children hungry and packed lunch for school sparse*
- *Lack of stimulation in the home*
- *Mother finding it difficult supervising the children*
- *Family are from Afghanistan and children are allowed to play out unsupervised there , family thought this was alright*
- *Child struggling at school*
- *Child playing in an aggressive way*
- *Child being left outside unsupervised*
- *Parents depressed and living in crowded accommodation*
- *Child had behavioural issues at school*
- *Child was made the subject of a CP Plan under the category of neglect*

Positive outcome - *The family have moved to a house in another area and the family have a garden*

- *The child has not been left unsupervised outside of the home and the parents understanding the risks of this*
- *The parents are interacting more with the child is making good progress at school and behaviour is good*
- *Parents are proud of the child's achievements at school*
- *The child seems happier is clean and well presented and has school dinners now*
- *both parents have engaged with professionals and are learning new ways of stimulating their children*
- *Children made subject of CIN Plans after 7 months*

Children's Social Care

Issues highlighted

- *Child wanted to return to a family he had previously been placed with by his mother under a Private Fostering arrangement. Child had been happy living with this family, however, sadly his mother had fallen out with this family and could not see that, if she was not in a position to care for him then it was in his best interests to*

return to somewhere he felt happy and was familiar with rather than foster carers who were strangers to him.

- *Some of the family circumstances of the proposed family that Child wished to return to, presented challenges for the assessing social workers. Despite this, a sensible and proportionate response to the issues of concern has been taken and the child's wishes to return have been taken seriously.*
- *Contact continues to be an issue as child does not wish to have contact with birth mother and siblings.*
- *DBS traces on adults in the household*

Positive Outcome

- *Returned to a placement that he was happy and comfortable in where his cultural, developmental and emotional needs are being met.*
- *Emotional health. Child is happy and feels content and supported in placement.*
- *Child is settled in school and is awaiting CAMHS input for further emotional support. The carers have been proactive at supporting this to happen.*
- *Child re-established since being in care, relationship with birth father – once monthly contact.*
- *Carer is supporting indirect letterbox contact with birth mother as an on-going process of re-introducing future contact.*

Central London Community Healthcare (CLCH)

Issues highlighted

This child was at risk largely due to her two older brothers having a long history of criminal activity. They were both involved in drugs and gang culture and were living in the family home where a series of threats had been made

Concerns regarding the mother's ability to protect her daughter from the activities of her two sons (who were both young adults).

Positive Outcome

- *Mother moved house into Barnet so she and her daughter were removed from the ganga culture that her sons were involved in.*
- *Referral to safer families' project*
- *Good engagement with professionals*
- *Mother maintained safe environment away from her sons*
- *One son was re-housed in a different part of the country with the help of probation service, whilst the other son is currently serving a prison sentence with a view to him being re-housed in a different area on his release.*
- *Concerns reduced sufficiently to enable the child to become subject to a CIN plan early this year.*

The Munro review identifies the LSCB as having a crucial role as the vehicle for scrutiny of safeguarding activity across the partnership. The Performance and Quality Assurance Sub-Group leads on this work and has responsibility for monitoring and evaluation through an agreed multi-agency programme of audit and review. Chair arrangements provide an opportunity for independence and challenge which has enabled the group to develop a strong basis with improved attendance and representation over the last year.

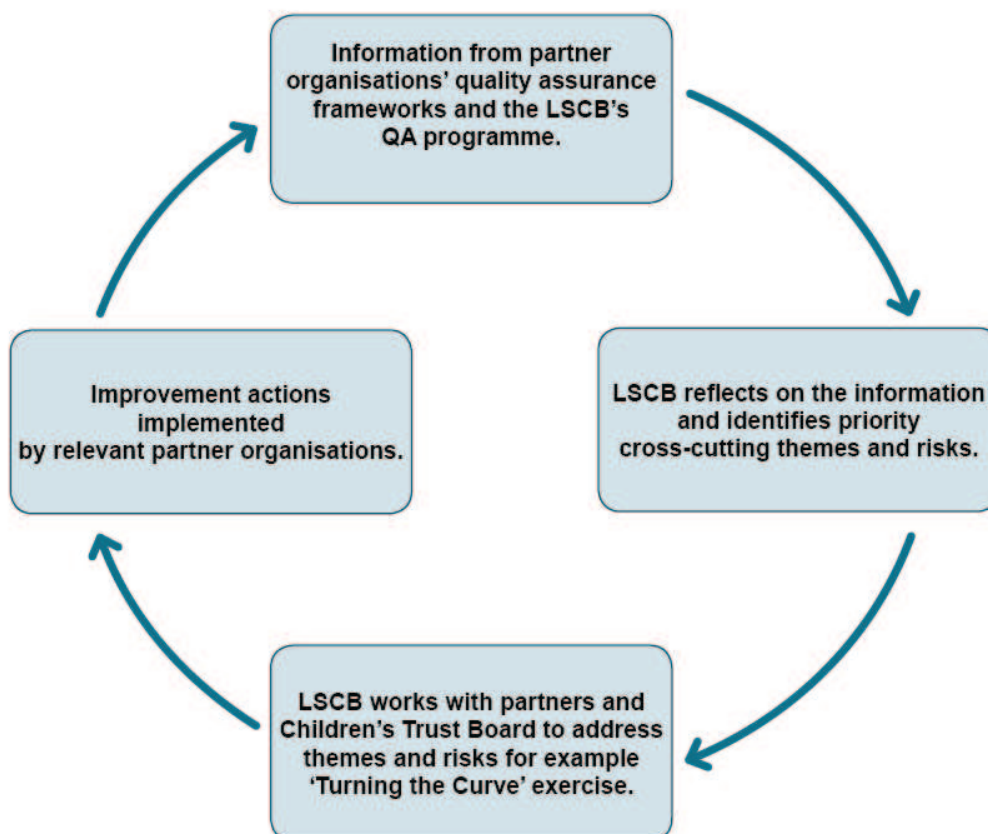
"LSCBs play an extremely valuable role and will remain uniquely positioned within the local accountability architecture to monitor how professionals and services are working together to safeguard and promote the welfare of children. They are also well placed to identify emerging problems through learning from practice and to oversee efforts to improve services in response".(Munro Chapter 4)

A review of partners Quality Assurance frameworks over the last year across a range of partners has provided assurance of robust processes within single agencies as well as across the partnership. Barnet has continued to review partnership data across the range of outcomes for children. Interrogation of the dataset has highlighted several areas of note, such as the stabilising of referral rates to children's service, which had been appropriately flagged as an area of risk and subject to ongoing monitoring and levels of participation and General Practitioners in case conferences. The latter issue allowed focused

work with GPs to be carried out to assist their involvement in the provision of information appropriately in individual cases.

The Safeguarding dataset discussions need continued work at local and pan London level if the national and local performance indicators recommended by the Munro Review are to be adopted. This work has been accepted by the Board and Sub Group as part of their contribution to the Munro Action Plan being managed through Children's Services and as one of the four priority areas for the Board. This work including the development of feedback from service users and the workforce, will therefore assist in identifying the outcomes for children and families and remains work that needs to be completed. Substantial work has gone into producing useful quantitative data, but the progress in obtaining qualitative data from service users has been slower and is therefore a priority over the next year.

The Sub-Group has adapted the London Safeguarding Children Board Quality Assurance Framework for local use so that we have a comprehensive means of assessing how well we safeguard children in Barnet, based on key priority areas. This is based on recognised good practice. A diagrammatic representation of the process is shown below. It should be noted that there is current work in progress through the London Safeguarding Board to develop that framework and share it as widely as possible across London and Barnet has played its part in that work through the London Board and the Chair's Forum.



Audit Activity:

A number of audits have been undertaken in the last year including the following:

Journey of the Child: In line with the Munro report, a multi-agency audit group drawn from membership of the Professional Advisory Group piloted an audit intended to provide a picture of a child's journey from needing to receiving help through a range of universal and targeted services. An audit tool was developed which enables a qualitative judgement of practice outcomes in line with existing gradings used by Ofsted. This audit tool is structured to reflect the child's journey from early years to transition to adulthood. These stages of the child's journey broadly relate across to Barnet's current Children and Young People Plan 2013-2016 which was reviewed in late 2012.

The case selected was that of a young person who had experienced a number of services and following an initial scoping meeting in which services were identified, each provided a return which enabled the child's journey to be tracked over time. The case group met to analyse each of the reports and an overview report of key findings will be produced and reported to the PQ group. It is felt that this has generated valuable learning and the model will be used to audit cases at varying levels of need which will help inform knowledge and contribute to the improvement of multi agency planning. The audit reflected largely good work across the partnership with a complex case and required a significant commitment across the partnership.

S 11 Audit: As outlined in the earlier section of the report on Page 7, the S11 audit highlighted a number of areas that the Board and partners will need to focus upon. The move towards an increased commissioning role of the Local Authority and some partners for a significant number of services will mean that there is a concomitant responsibility to ensure that those services fully reflect all the necessary safeguarding commitments. Similarly the Action Plan will need to address some organisations not having robust mechanisms in place to seek and respond to the views of children and young people when planning services.

Schools Audit: A small sample of a range of schools under S175 Education Act 2002 where subject to audit in parallel with the S11 process. The results have been collated and reported to the Performance and Quality sub-group. The audit reflected that schools have appropriate safeguarding arrangements in place and compliance with training and Ofsted requirements.

Future Audit: Audit work around neglect and information sharing has been agreed for the coming year. Additional audit programme work will be informed by, learning from the SCIE reviews. The Section 11 and schools audit will also identify areas for development.

Joint Work: We have also explored the potential for peer audit with Enfield and had a useful cross borough review of data from Barnet and Chase Farm Hospital which illuminated difference in thresholds between boroughs. It is anticipated that the implementation of the MASH will have a positive impact on the consistency and response to initial reports of concern about a child.

A revised Children's Social Care Quality Assurance framework and audit programme has been agreed which will include a heightened role for Independent Reviewing Officers and Case Conference Chairs in scrutiny through identification of 'practice alerts'

Routine audits are now undertaken on an ongoing basis on children subject to Child Protection plans for 2 years or more and those re-registered'. This is to prevent 'drift' in those cases which can sometimes occur as a result of turnover of staff.

Following a successful pilot which the BSCB supported across the partnership the safeguarding division has implemented the 'Strengthening Families' approach to the conference process which has been found to be an effective way of engaging families in bringing about improved safety for children. In adopting the 'Strengthening Families' approach to Child Protection, and moving from a more traditional conference model, Barnet has aimed to create more effective partnerships between families and professionals. Barnet staff were invited to outline that work at a workshop at the London Board Safeguarding Conference in December 2012.

Professionals who have attended Child Protection Conferences are on the whole enthusiastic and supportive of the new approach. Feedback evidences that the structure is helpful and generally people have commented on the use of a visual tool for the headings.

There is generally positive feedback from families attending Child Protection Conferences. During the year 62 questionnaires have been completed.

The majority of the questionnaires reflected the fact that both families and professionals felt that the arrangements enabled them to better contribute to the process and produce more effective plans.

The London Borough of Barnet Cabinet and Overview and Scrutiny Committee receives annually an overall Safeguarding Report which covers both Adults and Children's Services. This document reflects the general picture of Safeguarding within Barnet across the Partnership.

Serious Case and other Reviews

The Standing Serious Case Review Group is chaired by an Independent Consultant Sally Trench and has a remit to promote wider learning from review

The panel has been responsible for ensuring action plans have been completed in respect of previous SCRs and these will continue to be monitored as required via the Performance and Quality Assurance sub-group.

Barnet has not been involved in a Serious Case Review for over 3 years. However, a key area of activity during 2012/13 has been reviews carried out using the SCIE systems methodology. This is a collaborative approach, drawing on the contribution of the professionals involved, which explores the underlying conditions that affect professional decision making in the journey of a case.

Barnet is therefore well placed to fulfil the requirement of Working Together 2013 to adopt a systems approach to learning from review.

In relation to the initial review, BSCB has successfully delivered a series of learning events which have been attended by over 250 staff. The BSCB is actively implementing the findings of the review which have been collated into a composite thematic response from all the agencies involved.

2 further reviews have been conducted using this model and the reports are currently in the process of being finalised and agreed with SCIE and will be brought back to the group for consideration. Both cases featured children who had suffered neglect, albeit in very different circumstances. One case involved transfer from another area and has enabled both areas to share findings about professional practice.

The reviews have powerfully illuminated the challenges for professionals in the identification and management of neglect and have also highlighted failures in information sharing and the process to refer concerns. Central to the action plan agreed as a response to the second full case review is work to improve information exchange and, as is highlighted elsewhere within the report, the MASH and work supporting its introduction are seen as fundamental to addressing this particular challenge.

A further review looked at a case involving an unexplained injury to a very young baby and provided useful learning about inter agency practice across hospital , police and social care services and the application of parallel processes for child protection and allegations investigations.

The group has also discussed in detail the case of a teenager who died by hanging and had an overview of all the Health reports produced for the health SUI review process.

The case raised issues about communication with private health providers and their standards, as well as about support for a school where such an incident has occurred. Liaison with a neighbouring authority has enabled a review of the schools safeguarding practice to be carried out, following concerns expressed at the inquest.

Several members of the group have recently undertaken the SCIE Foundation training which will enable increased capacity for review using this model.

Two colleagues who completed the training are now acting as internal reviewers to assist an independent reviewer in conducting a further review. An initial meeting has agreed the scope of this review which will commence in September. The review will focus on a case involving both adults and children's services and will explore practice across the interface of services which will inform the joint services work in development.

The SCR group has functioned in line with Chapter 4 of Working Together 2013 which requires LSCBs to maintain a learning and improvement framework. This provides a timely opportunity to refresh the terms of reference and consider renaming the group to reflect its wider role in promulgating learning from review.

Managing Allegations against Adults working with Children

One of the prime responsibilities for the BSCB is to monitor allegations against professionals and a comprehensive report is prepared each year for the Board. The report outlines below a substantial increase in allegations being reported. The view of the Safeguarding staff is that this is linked to the high level of media attention to these issues which has in turn increased awareness and the level of alertness to these issues.

The allegations against staff arrangements continue to be supported by the Local Authority Designated Officer (LADO) and a full time Investigations Officer to complete case work tasks. In 2012 Barnet Social Care was inspected by Ofsted and a recommendation made that the LADO arrangements should be subject to review. A review took place in June 2012 and reported as follows.

The systems for managing allegations against people who work with children, or LADO arrangements, in Barnet, are effective, well-managed, and child-centred. They are compliant with all aspects of procedures contained within Working Together to Safeguard Children 2010, including Appendix 5,

(Procedures for managing allegations against people who work with children). There is a clear distinction between the roles of the LADO and the Investigations Officer, with the LADO making well-considered and thorough initial evaluations, and directing the work. She consistently reviews progress and makes a final evaluation, which identifies lessons to be learned from the case. Each case ends with a written outcome sent to the referrer which ensures clarity and a proper ending. The Investigations Officer role is one which is distinctive to Barnet. This role enables the service to offer more support to referring agencies and services, and also ensures expertise in the complex area of conducting investigations and involving children appropriately. In other councils, the LADO role is often an isolated one, but strength in Barnet is the distribution of responsibilities between the Divisional Manager, LADO, and Investigations Officer. This facilitates debate and a teasing-out of the issues, leading to better outcomes on individual cases, and on wider developments.

The recommendations to be made are minor. A strength of the service, as detailed within the body of the report, is that there is a proactive approach to learning lessons from casework involvement. This means that there is an inbuilt system of continuous improvement. Plans to strengthen the service further, through making direct contact with a wide range of Barnet organisations; and to publicise the service through a leaflet, will have a beneficial effect. Some stakeholders who provided feedback on the service also had ideas for developing the service further which should be considered.

It is clear that key senior managers in partner agencies and services in Barnet are aware of procedures and work well with the service. However, a challenge is to ensure that all employees working in a position of trust with children, and the general public, are also aware of safe working practices and how to report concerns. This of course is a challenge nationally, and not specific to Barnet. Plans to broaden the training workshops to groups of employees; to take a proactive approach to meeting Barnet organisations; and to dissemination of the publicity leaflet, will contribute to this goal. But it may be helpful to consider increasing of awareness as an overriding objective, and to undertake a range of actions which will help to meet it.

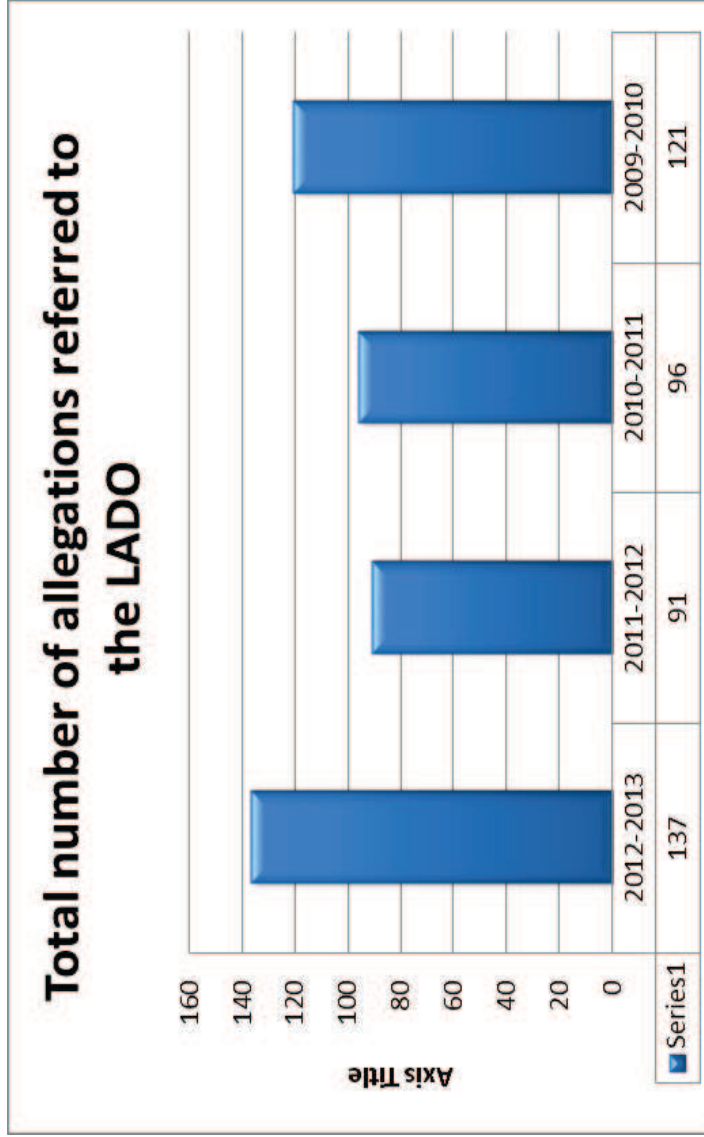
Since the review a leaflet has been completed detailing the LADO arrangements within Barnet and publicising the contact details for making a referral. There is now a dedicated LADO webpage on the Barnet Safeguarding Board website which includes the leaflet as well as other information regarding safer working and how to access training. This material has been publicised via the BSCB newsletter as well as directly to partner agencies for example within health, the voluntary sector and to head teachers and governors at breakfast and twilight briefings. All referrers are directed to this information. Training by the LADO is available to all multi agency partners 6 times per year and is well attended by a broad range of agencies. A leaflet designed by young people explaining the process to children will be available shortly.

Data below indicates there has been a rise in referrals to **137** the figures being **121** (2009/10) **96** (2010/11) and **91** (2011/12). There has been an increase in referrals from social care which may indicate greater awareness and a broadening of the sources of referrals. Physical contact continues to represent the biggest category of referrals, with the vast majority being of a minor nature and not requiring any statutory follow up. There has been an increase in referrals regarding sexual abuse, this may reflect a greater number of those working with children being arrested for downloading child abuse images as well as for historic sexual offences, the latter perhaps a reflection of the "Savile" effect. These referrals reflect a proportion of those requiring child protection and criminal investigations the remainder relating mainly to physical abuse allegations. In terms of timescales for completion of LADO input there has been an increase in those completed within 1 month and over 90% are completed within 3 months. Of those remaining more complex support is required to resolve the case with only a tiny minority remaining outstanding, in the main where there is a criminal trial underway or there has been a prolonged police investigation.

More detailed analysis will be available in the full LADO report which will be presented to the Board at a later date.

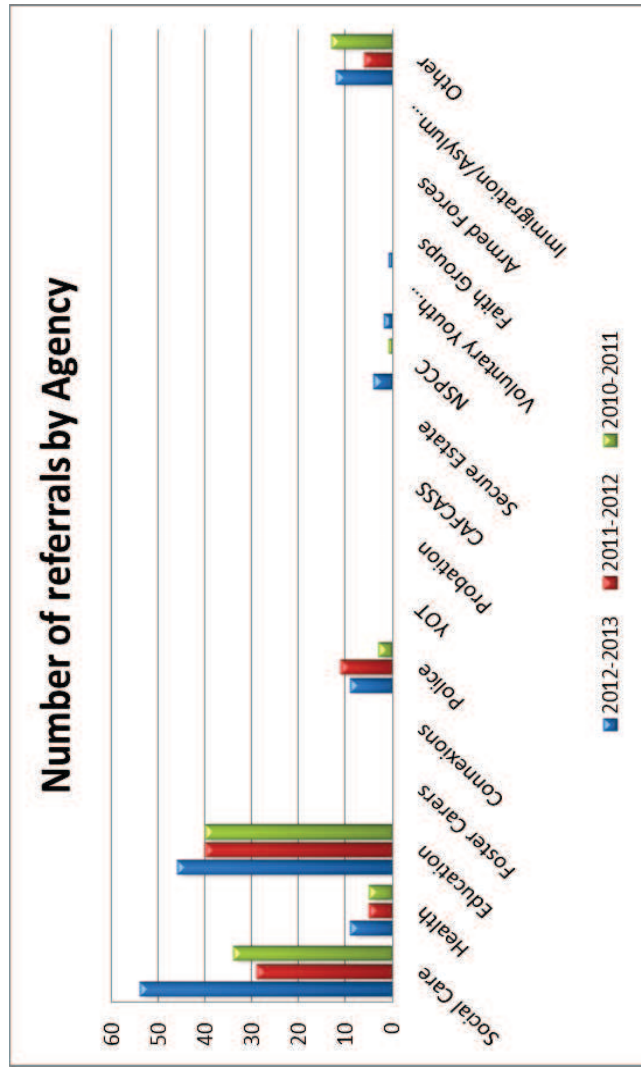
1. Total number of allegations referred to the Local Authority Designated Officer (LADO) from 1st April 2012 to 31st March 2013 in comparison to previous years:

Total for 2012-2013: **137** Total for 2011-2012: **91** Total for 2010-2011: **96** Total for 2009-2010: **121**



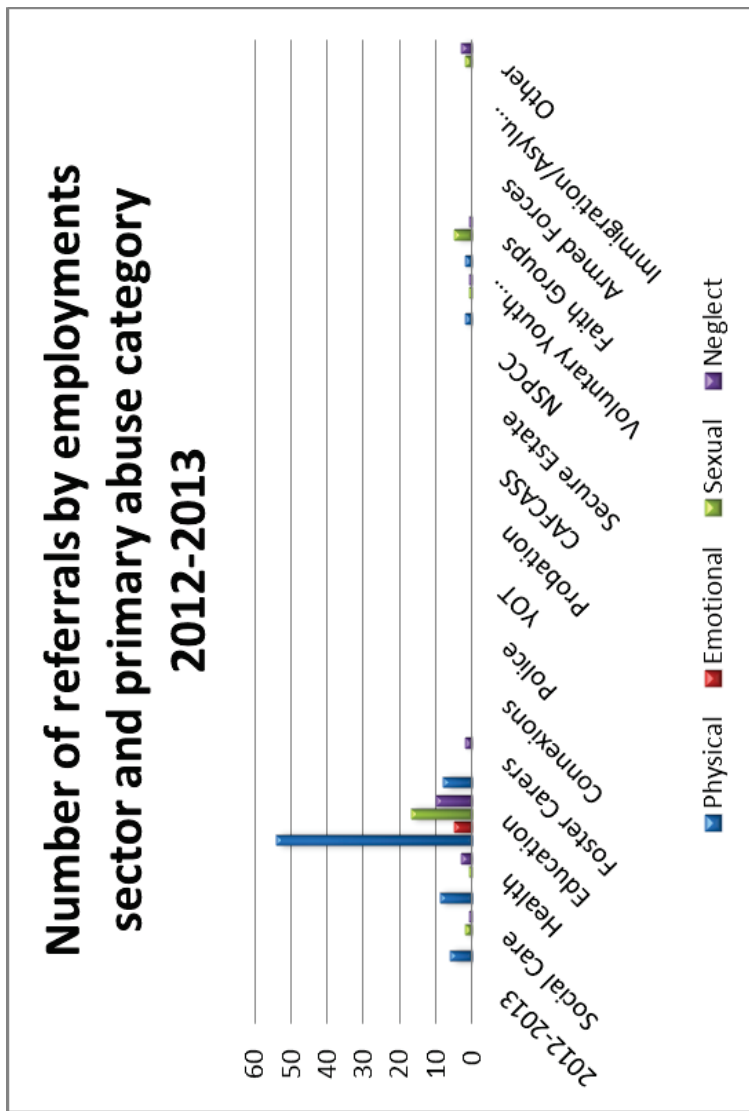
2. Number of referrals by agency for 2012-2013 in comparison with previous years:

Agency:	2012-2013	2011-2012	2010-2011
Social Care	54	29	34
Health	9	5	5
Education	46	40	40
Foster Carers	0	0	0
Connexions	0	0	0
Police	9	11	3
YOT	0	0	0
Probation	0	0	0
CAF/CASS	0	0	0
Secure Estate	0	0	0
NSPCC	4	0	1
Voluntary Youth Organisations	2	0	0
Faith Groups	1	0	0
Armed Forces	0	0	0
Immigration/Asylum Services	0	0	0
Other	12	6	13
Total (should equal question 1)	137	91	96

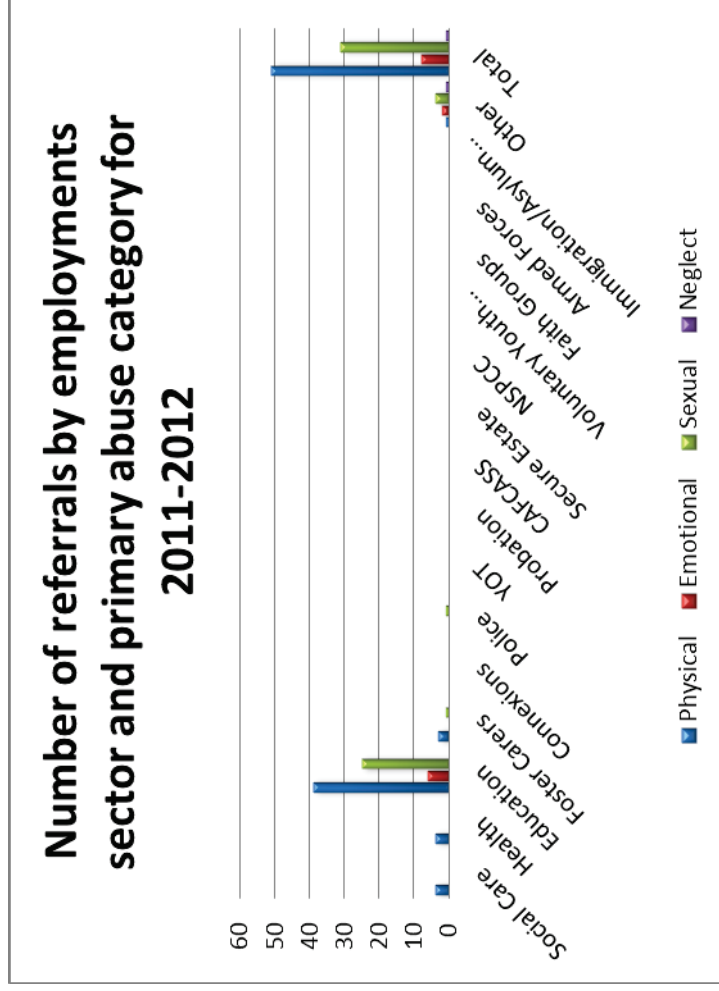


3. Number of referrals by employments sector and primary abuse category for 2012-2013 in comparison with previous years:

Agency:	2012-2013					Total
	Physical	Emotional	Sexual	Neglect	Total	
Social Care	6		2	1	9	
Health	9		1	3	13	
Education	54	5	17	10	86	
Foster Carers	8			2	10	
Connexions						
Police						
YOT						
Probation						
CAFCASS						
Secure Estate						
NSPCC						
Voluntary Youth Organisations	2		1	1	4	
Faith Groups	2		5	1	8	
Armed Forces						
Immigration/Asylum Services						
Other			2	3	5	
Total	81	5	28	21	135	

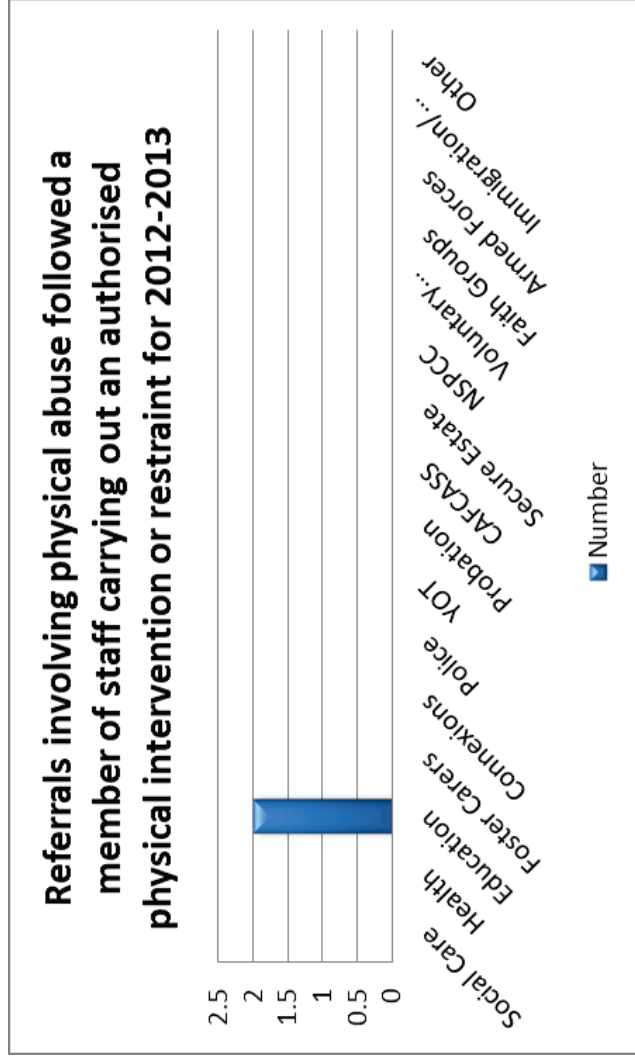


Agency:	2011-2012					Total
	Physical	Emotional	Sexual	Neglect		
Social Care	4					4
Health	4					4
Education	39	6	25			70
Foster Carers	3		1			1
Connexions						
Police			1			1
YOT						
Probation						
CAFCASS						
Secure Estate						
NSPCC						
Voluntary Youth Organisations						
Faith Groups						
Armed Forces						
Immigration/Asylum Services						
Other	1	2	4	1		8
Total	51	8	31	1		91



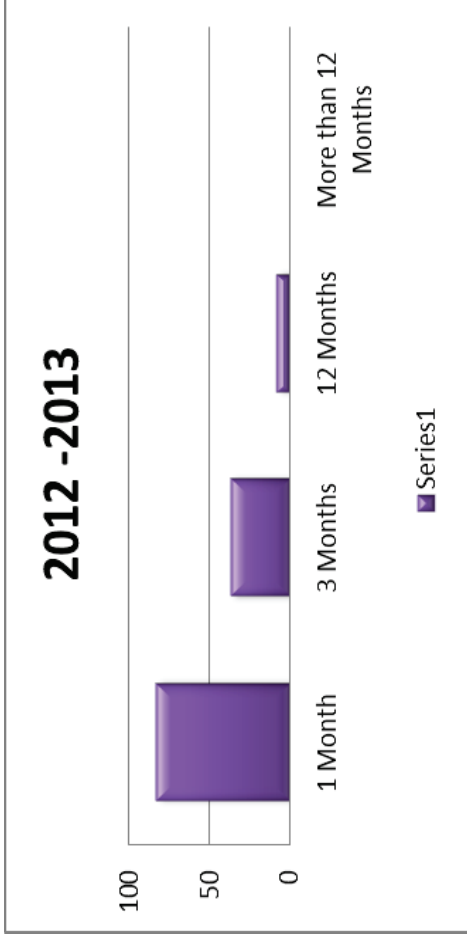
1. How many of the referrals involving physical abuse followed a member of staff carrying out an authorised physical intervention or restraint for 2012-2013?

Agency:	Number
Social Care	
Health	
Education	2
Foster Carers	
Connexions	
Police	
YOT	
Probation	
CAFCASS	
Secure Estate	
NSPCC	
Voluntary Youth Organisations	
Faith Groups	
Armed Forces	
Immigration/Asylum Services	
Other	
Total (should be less than question 1)	2

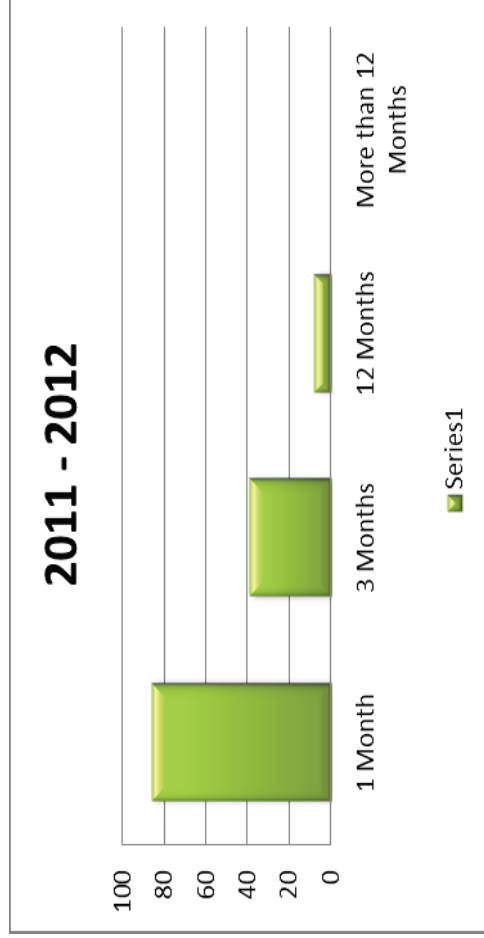


2. At the point of conclusion, the number of referrals that were resolved within the following timeframe:

2012-2013	
1 Month	83
3 Months	37
12 Months	8
More than 12 Months	

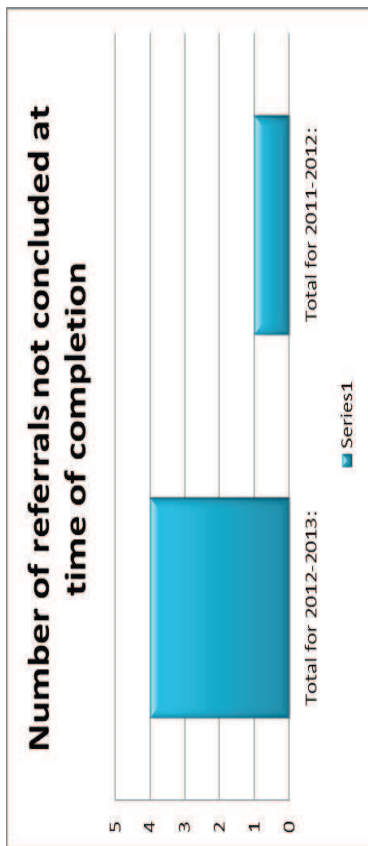


2011-2012	
1 Month	86
3 Months	39
12 Months	8
More than 12 Months	



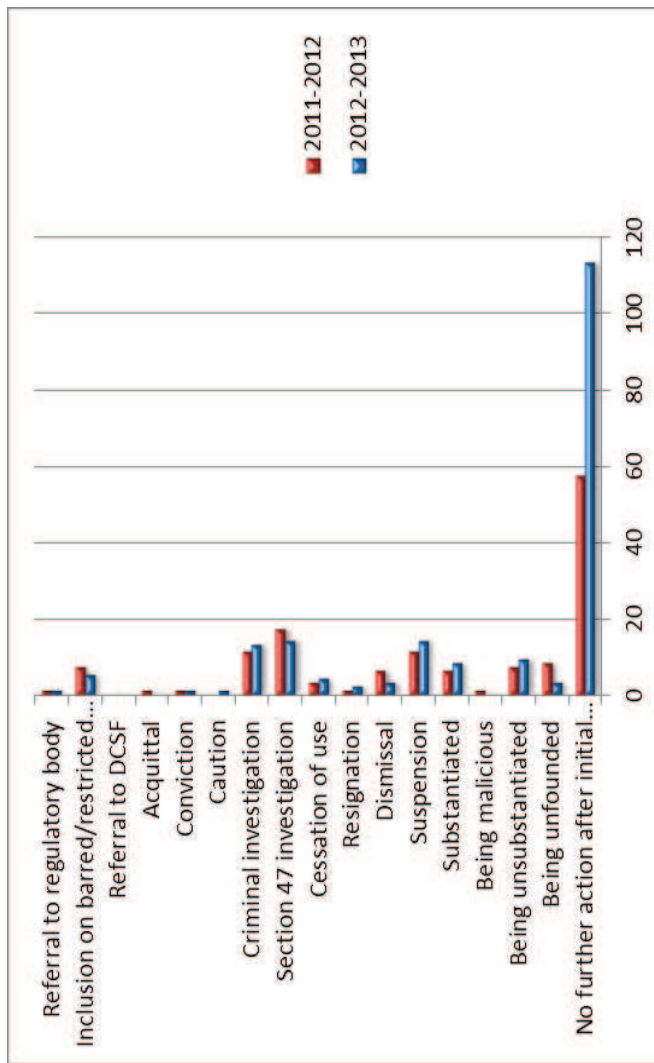
3. Number of referrals not concluded at time of completion 2012-2013 in comparison with 2011-2012:

Total for 2012-2013:	4
Total for 2011-2012:	1



4. Number of concluded referrals that resulted in (for 2012-2013 in comparison with 2011-2012):

	2012-2013	2011-2012
No further action after initial consideration	113	57
Being unfounded	3	8
Being unsubstantiated	9	7
Being malicious		1
Substantiated	8	6
Suspension	14	11
Dismissal	3	6
Resignation	2	1
Cessation of use	4	3
Section 47 investigation	14	17
Criminal investigation	13	11
Caution	1	
Conviction	1	1
Acquittal		1
Inclusion on barred/restricted employment list/Referral to DBS(ISA)	5	7
Referral to regulatory body	1	1



Measuring Performance and Progress in Other Policy Areas

The policy areas and priorities for BSCB have largely been reflected in the work of the Sub Groups and Task and Finish groups operating throughout the year, and the progress and performance is as outlined below;

Child Death Overview Panel:

Of the 28 cases reviewed during the period 1st April 2012 to March 31st 2013, 15 were female and 12 were male, one was recorded as 'blank'. They were aged in the range of 0 day to 15 years, with 53.6% of deaths occurring prior to the age of one.

- Of the cases 28 child death cases reviewed for this period 5 were categorised as a Perinatal/neonatal event, 14 were chromosomal, genetic and congenital anomalies, 2 due to malignancy, 1 due to infection, 1 due to a chronic medical condition, 2 due to suicide or deliberate self-inflicted harm, 2 sudden unexpected deaths and 1 acute medical or surgical condition.
- Ethnically, there was a higher prevalence of "white other" cases. However in 9 cases no ethnicity was recorded as they were recorded as 'blank' or 'unknown'.
- On analysis Golders Green and Burnt Oak wards appear to have highest number of child death cases.
- 8 of the 28 child deaths were categorised as preventable/potentially preventable with the remainder noted as not preventable.
- Currently there are 6 outstanding cases, with 6 'ready to be discussed' at the September CDOP meeting.
- Neonatal deaths – There were 6 of the 28 cases which were primarily due to congenital abnormalities, whether known or unknown and or due to extreme prematurity with some life limiting chronic underlying conditions
- Unexpected deaths – There were 12 of the 28 cases in this category. Primarily these cases were due to congenital abnormalities.
- Expected deaths – There were 16 of the 28 cases in this category and again these deaths were due primarily to congenital abnormality.
- Sudden Unexplained Death of an Infant (SUDIs) – There were 2 cases reviewed. One of the cases reviewed three key contributory factors to cot death were present. They were co-sleeping, alcohol and smoking. The issues identified were recognised by the panel as contributory factors to cot death.
- Suicide or deliberate self-inflicted harm – There were 2 cases reviewed. Each of the cases had issues identified, learning points and recommendations. In case one the issues identified were social networking, interface between private healthcare and statutory services. The learning points for this case were the consistent equitable support to all (professionals in schools and the children). Nationally it would be helpful review these deaths.
- In case two the issues identified were; communication between private care and NHS; access to record between GPs from children that are in boarding school; ambulance services and police need to follow the set protocol. The matter was referred to SCR however it did not meet the criteria. The learning point for this case is that the protocol for suicides is being developed. Recommendations made for this case were that the Chair of Barnet Safeguarding Children Board wrote to the Chair of Hertfordshire's Safeguarding Board regarding the management of bullying within the school setting.

Number of Deaths by Quarter (statistics reported by date of CDOP review 1st April 2012 – 31st March 2013)

Quarter	Number of Deaths
1st April 2012 – 30th June 2012	9
1st July 2012 – 30th Sept 2012	7 (one out of borough)
1st Oct 2012 – 31st Dec 2012	8
1st Jan 2013 – 31st Mar 2013	4 (one out of borough)
Total	28

Category of deaths reviewed 2012-13:

	Gender Breakdown							
	No.	%	Male	%	Female	%	Blank	%
Deliberately inflicted injury, abuse or neglect	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Suicide or deliberate self-inflicted harm	2	7.1%	0	0.0%	2	7.1%	0	0.0%
Trauma and other external factors	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Malignancy	2	7.1%	0	0.0%	2	7.1%	0	0.0%
Acute medical or surgical condition	1	3.6%	1	3.6%	0	0.0%	0	0.0%
Chronic medical condition	1	3.6%	0	0.0%	1	3.6%	0	0.0%
Chromosomal, genetic and congenital anomalies	14	50.0%	7	25.0%	6	21.4%	1	3.6%
Perinatal/neonatal event	5	17.9%	3	10.7%	2	7.1%	0	0.0%
Infection	1	3.6%	0	0.0%	1	3.6%	0	0.0%
Sudden unexpected, unexplained death	2	7.1%	1	3.6%	1	3.6%	0	0.0%
	28	100.0%	12	42.9%	15	53.6%	1	3.6%
	28							

Preventability of Death (of total deaths listed)

	No.	%
Preventable	5	17.9%
Potentially Preventable	3	10.7%
Not Preventable	20	71.4%
Inadequate Information	0	0.0%
	28	100.0%

Expected and Unexpected Deaths

	No.	%
Expected death: planned palliative care	3	10.7%
Expected death: other	10	35.7%
Unexpected death: Found dead/collapsed	2	7.1%
Unexpected death: Active withdrawal/cessation of treatment	2	7.1%
Unexpected death: Brain stem death	0	0.0%
Unexpected death: other	4	14.3%
(Blank – not stated)	7	25.0%
	28	100.0%

Key Outcomes:

- The current backlog of child death cases to be reviewed stands at 6. For the majority of these cases there appears to be a delay due to information that is still required from one or more agency.
- Coronial engagement at CDOP panel meetings remains a challenge. For the CDOP process to work well and for the aggregated findings from all child deaths in Barnet to feed into strategic planning in a timely way, engagement across Coronial service needs to improve significantly. Particularly as this also appears to be impacting on the transfer of the information required to support the Rapid Response and thus CDOP process. The issue has been raised in the past with the Coroner's Office and will need to be again.
- CDOP panel meetings for the last year have now reverted back to being held on a quarterly basis as the backlog of cases from the previous years (2008 – 2010) have all been reviewed.
- To improve the efficiency and timeliness of the Rapid Response process the designated Doctor for Child Death has set aside regular once weekly meetings to accommodate any unexplained child deaths that occur which would require activation of the Rapid Response process.
- Terms of Reference have been updated
- Clarity around resource (staff & finance) availability has impacted on the timeliness of implementing a robust process for communicating and engaging with families around the CDOP process. The process for informing parents about CDOP has now been implemented. Continued funding to support the CDOP process has been agreed.
- The number of child deaths remains small and as such it remains difficult to establish any clear trends or patterns.

Child Sexual Exploitation Task Group /Missing Children Sub Group:

This continues to be a high priority in Barnet and nationally with several high profile cases giving further impetus to the work of the Children's Commissioner's enquiry, now in its second year.

Work has focused in the last year on bringing together work streams linking sexual exploitation and missing children in recognition that they are one of the groups most vulnerable to sexual exploitation. A sexual exploitation and missing children task group has been reconvened to promote a more coherent approach to the management of risk in this area. The group will oversee the implementation of the Metropolitan Police Pan London Child Sexual Exploitation Operating Protocol created in conjunction with the NSPCC and recently piloted in two inner London Boroughs with the aim of establishing consistent

approaches to operational practice across Barnet. This work is regarded as fundamental to the work of the Barnet MASH.

Barnet has also been represented at a cross borough group convened by Enfield and a joint conference on sexual exploitation and trafficking was successfully held in Jan 2013

Following a review which identified the need for better assessment tools, a Protocol and Risk Assessment Tool for children missing from care or from home (Part 1 and Part 2) has been developed for multi-agency staff and carers in order to guide decision making in relation to assessing risk and defining action. It has been written with the assistance of Barnet Missing Persons Unit and Barnet Police Jigsaw Team and was piloted successfully with staff in residential homes before being issued.

Training has been commissioned and delivered to raise awareness and build capacity of staff to identify and work with children and young people to prevent sexual exploitation and reduce risk.

Key Outcomes:

- Protocols and Risk Assessment tool launched for children missing from home and from care
- Reconvened multi-agency task group
- Sexual Exploitation training being rolled out to multi-agency staff to support identification and responses
- Cross borough collaboration and a Conference with L.B.Enfield attended by around 100 multi-agency staff
- Adoption of the Metropolitan Police Pan London Child Sexual Exploitation Operating Protocol by all partners at the BSCB

Practice Examples

- *Hospital staff were able to help safeguard a 15 year old girl, missing for several months after running away from foster care, and considered to be at risk of being forced to be a street-worker, who had absconded from the inpatient ward after admission following assault. A Regional Police Alert was put out, of which the teenager became aware, and she presented herself to a North London police station.*
- *Safeguarding of 15 year old girl, admitted for deliberate self-harm, who made allegations of sexual exploitation by gang members. In patient mental health placement found and referred to police and social care.*
- *Deliberate self-harm by a 13 year old girl in foster care, also considered to be vulnerable to possible sexual exploitation. Referred to CAMHS and close liaison with social care.*

Priorities for 2013-14

- Build the capacity of professionals to identify and support young people at risk of sexual exploitation, using the existing multi-agency framework.
- Review and work towards implementation of the Pan London Child Sexual Exploitation Operating Protocol
- Link with work of Youth Shield in developing peer support for healthy relationships

Safeguarding Across Faith and Cultural Groups:

The Faith and Cultural task group aims to establish and promote dialogue with a range of faith and other community groups that represent Barnet's diverse population. It operates as a cross cutting group that includes representation from adults services. CommUNITY Barnet has made a significant contribution to this agenda through its network of voluntary and community sector organisations. Through this umbrella organisation, a safeguarding advisor has established liaison with a range of community groups and has run safeguarding surgeries to offer advice and support, including training which is culturally accessible, for example, to a local Mosque.

Following the retirement of the previous Chair, this role has now been taken over by the Borough Commander Adrian Usher and membership of the group has expanded to include representation from the Britsom Somali network. A successful event was held in safeguarding month to explore safeguarding across different communities through themed case scenarios. The focus of the group will be faith groups. In particular the work that is currently being undertaken with the orthodox Jewish community. The group will also be focussing on faith groups where there has been no connection so far to partnership working.

Barnet has recently participated in a partnership review (involving a number of boroughs) which was commissioned following the death of a young person in Newham who was killed by family members in the belief of spirit possession.

The family had briefly lived in Barnet as one of a number of boroughs.

The focus of the review was to assess impact of local learning since January 2011 including progress in relation to the National Action Plan (NAP) which includes a particular focus on spirit possession. Although this was considered by the group as a consultation document, there is a need to review and consider local implementation of the action plan going forwards.

The review has enabled key areas for development to be identified which build on progress to date. This includes establishing liaison with local community and faith leaders to enable them to act as champions for safeguarding in their community. A learning event is planned later in the year for the 6 boroughs to disseminate learning and share good practice.

The group has also begun a mapping exercise to update information in the 'Faithbook' directory about local faith groups.

Key Outcomes:

- Contribution of members to events in safeguarding month
- Recruitment of new members and links with Somali community

Priorities for 2013-14

- Review national action plan to identify how it can be applied locally
- Consider and identify resources to take this work forward
- Continue to seek opportunities to work with faith leaders to enable them to become champions of safeguarding in their local communities
- Review literature, for example, through Project Violet, that may potentially be distributed to schools, health services and other universal services to ensure key messages on harmful cultural practices are effectively highlighted

Domestic Violence:

Domestic Violence (DV) continues to be a concern for many children and families in Barnet and a high proportion of families known to Children's Services are affected by domestic abuse at some level. The Children's Service restructuring has enabled closer alignment of this work through locating the Domestic Violence co-ordinator role within the safeguarding and quality assurance division.

A range of early intervention services are provided to families through the Safer Families Project in partnership with our Family Focus team and Solace, the contracted providers of DV support services. This includes therapeutic work for children and mothers affected by DV which aims to promote support and safety planning. In some cases this has enabled children to be stepped down from CP planning. Within social care, there are three specialist DV workers who work with and support families affected by domestic violence who are deemed to be vulnerable and high risk.

The Multi Agency Risk Assessment Conference (MARAC) reviews and responds to high risk cases with the aim of reducing harm and makes a vital contribution to the protection of women and children. Regular MARAC training sessions continue to be delivered across the partnership, including to GPs to raise awareness and ensure the MARAC system is effective and high risk victims of domestic violence and their children are supported.

Barnet has recently agreed to move the response to DV so that it is placed within the wider Violence Against Women and Girls (VAWG) agenda in line with national and London policy. A strategy for 2013-16 has been developed which aims to coordinate services in Barnet in support of the wider safeguarding agenda. An action plan in development.

The recent Government change to the definition of DV to include young people is welcomed, as it will help raise awareness that young people experience domestic violence in their own intimate relationships as highlighted by the work of Youth Shield. This will mean that our safeguarding children systems in Barnet will need to be reviewed to ensure that are equipped to respond appropriately to younger victims.

As part of implementing the strategy for VAWG, BSCB will need to ensure strategic partnership responsibilities are clarified for responding to the strands which apply to children and young people, in particular

- Definition of DV
- Sexual abuse
- Sexual exploitation (including involvement in serious youth violence)
- Female genital mutilation

Key Outcomes:

- An early intervention project to support families (with children aged 0-11yrs) affected by domestic abuse including therapeutic work for children
- Specialist social workers to work with high risk DV cases involving children
- Provision of services for survivors, children and perpetrators by Solace Women's Aid

Practice Example

Child aged 5 and his mother resides in a Women's Refuge, having fled Domestic violence. When the family first arrived at the refuge Child was observed to be quite rough in his play with other children. He became frustrated by language barriers and Child's experience of relationships also taught him that violence was a part of communication with others. Due to his rough play other children would shy away from playing with him. When Child started school they also flagged up concerns about Child's ability to interact appropriately and to make friends. Mother admitted to finding it difficult to get Child to listen to instructions and best respond to Child's needs.

Positive outcome; *Since coming to the refuge Child has been able to access one to one play therapy and is now accessing this support within a group. The play therapist reported that following his one to one sessions Child was better able to interact with her by using gentler and more peaceful means. Through accessing parenting classes and through one to one work with the family support worker mother has been able to build her knowledge of the effects of DV on her child and how best she can support him.*

Priorities for 2013-14

- Focus on domestic abuse in the context of young people's relationships.
- Ensure MASH arrangements extend to DV issues
- Contribute to implementation of VAWG as appropriate

Training Sub-Group:

The Training Sub Group is responsible for the strategic overview and quality assurance of safeguarding training, both by single agencies (to their own staff) and interagency training (where staff from several agencies train together).

The work of the group is driven by the requirements outlined in Working Together 2010, the Inter Collegiate Framework for health partners and the London Safeguarding Children Board 'Competence Matters' framework

As well as working in collaboration with the Barnet workforce development group, there is an active link with the London Safeguarding Board to promote a consistent approach.

Barnet has an excellent training programme and offers a wide range of courses that are generally well attended and positively evaluated across the partnership.

There has been active involvement in supporting the delivery of single agency training to a wide range of staff including GPs, health service clinicians, schools, faith and community groups, caretakers, and others.

Partner agencies have played a key role in contributing to some of this training and in particular colleagues from the Police Child Abuse Investigation Team and Children's Social Care have made a significant contribution to GP training that has been very well received.

Safeguarding sessions have also been provided for elected members as part of their development programme.

There will inevitably continue to be some pressures on resources and the possibility of cross service and cross borough collaboration in commissioning training should be explored as a way of maximising access to training.

The core safeguarding and child protection courses are over subscribed and BSCB provided funding for additional courses to meet demand in the last quarter. Courses have continued to be provided free of charge for Barnet agencies but this should be kept under review and the BSCB would endorse implementation of the penalty for non-attendance as a means of mitigating some of the cost.

Training Data:

The table below shows the number of courses and attendance broken down by agency, together with the %age that were quality assured. That feedback was overwhelming positive. The planning of the training is carried out annually and reflects the priorities of both the BSCB and the Children's Trust. The recently reviewed Children's Trust Plan 2013/15 was deliberately planned following wide consultation to fit with a structure reflecting the Journey of the Child.

It should be noted that the chart refers to the workforce development/BSCB rolling programme and does not include specific or bespoke training which is shown separately. Take up of the on line programme by agency has also been included and identified gaps are being acted upon in planning training delivery. It should also be noted that some of our partners work across Boroughs and may therefore access training in neighbouring authorities. Some services such as Police and Probation provide their own training. It has been a matter of concern in Barnet and elsewhere in London that with the exception of specialist staff there is very limited take up of multi agency training by the police given their pivotal role in safeguarding. The concern has been raised locally and through the London Independent Chair's Forum with senior officers within the Metropolitan Police. It has been agreed that the Metropolitan Police will create additional training days to address the issue.

The recent S11 audit provides assurance that staff in all agencies are provided with safeguarding training. However, induction training appears to be less clear. An area requiring development is to demonstrate impact of training on practice and improved outcomes. There were also a number of returns which did not evidence training to enhance awareness of diversity issues, although training is available in this area as part of the multi-agency safeguarding training programme. Take up of Safer Recruitment Training also needs to be increased as not all managers had accessed this. These are all issues which will be followed up by the Training Sub Group

Description	11/12 outturn	12/13 outturn	Qtr 1 12/13	Qtr 2 12/13	Qtr 3 12/13	Qtr 4 12/13
Number of LSCB safeguarding children training courses provided in the past year	56	61	9	11	17	24
Agency attendance total						
Local Authority	259	351	31	46	108	166
Police	1	0	0	0	0	0
Health	154	132	35	13	21	63
Mental Health	38	77	2	10	15	50
Youth Sector		38	0	5	17	16
<i>Voluntary</i>	190	165	24	46	33	62
<i>Private</i>	181	164	23	23	33	85
<i>Education</i>	274	344	37	75	107	125
<i>Probation</i>	0	0	0	0	0	0
<i>Service Users</i>	0	0	0	0	0	0
<i>Other</i>	0	3	0	0	0	3
Online Safeguarding Introduction Training						
Agency total						
Local Authority	6	4	1	2	0	1
Police	0	0	0	0	0	0
Health	0	12	11	0	0	1
Mental Health	0	0	0	0	0	0
<i>Voluntary</i>	86	13	5	2	5	1
<i>Private</i>	71	102	18	26	22	36
<i>Education</i>	25	35	13	6	11	5
<i>Probation</i>	0	1	0	1	0	0
<i>Service Users</i>	0	0	0	0	0	0
<i>Other</i>	0	0	0	0	0	0
% of courses that were quality assured/evaluated/ audited	100%	100%	100%	100%	100%	100%

Other BSCB Events:

SCIE/DHR Learning Events Total Number 263

Agency	Number
Adults	30
Children's Service	105
Drugs/Alcohol Services	1
DV/community Safety	3
Early Years/Children's Centres	9
Fire Service	6
GPs/Hospital	7
Health (CLCH)	27
Housing	12
Mental Health	28
Police	3
Probation	9
Schools/Education	17
Voluntary/Independent	7

Sexual Exploitation and Trafficking Conference January 2013

Agency	Number
CAFCASS	2
Children's Service	8
Education/Schools	3
Health	21
Housing	1
Mental Health	1
Police	2
Probation	1

Personality Disorder Workshops October 2012 – February 2013

Agency	Oct	Dec	Jan	Feb	Total
Adults	0	0	3	3	6
CAFCASS	0	0	0	1	1
Children's Service	2	1	11	7	21
Domestic Violence Services	1	2	2	1	6
Early Intervention and Prevention	4	8	3	3	18
Health	2	5	3	2	12
Mental Health	1	0	0	0	1
Probation	1	2	1	1	5
Schools/Education	9	1	3	4	17
Vol Sector	0	0	1	1	2
Youth/YOS	0	0	5	3	8

Personality Disorder Consultation Slots

Agency	Number
CAMHS	1
Children's Service	2
Early Intervention and Prevention	3
Education/Schools	1
Health	1
Voluntary Sector	1

Priorities for 2013-14

- Implement quality assurance framework to demonstrate impact of training
- Encourage greater take up of the safer recruitment and safeguarding and diversity training
- Ensure learning events reflect messages from review.

Work of Youth Shield:

The Barnet Safeguarding Children Board (BSCB) is committed to ensuring that the views and experiences of children and young people play a key part in driving the agenda of the Board. Much work has been done in laying the groundwork to enable young people in Barnet to play an active role in the work of the BSCB. In order to support this process, the BSCB commissioned CommUNITY Barnet to consult with children and young people on the safeguarding agenda and this has helped to inform the work programme.

Youth Shield members have a standing invitation to the BSCB and report back regularly on their activity. At other times the Chair and Board Manager attend meetings with the young people.

The work of Youth Shield was recognised as an example of good practice through an award at the London Safeguarding Children Board in 2012 and the subsequent commendation at the full council meeting in Barnet.

Work carried out during 2012-13 has included giving young people a voice on health issues, for example, the CAMHS 3 year plan and designing a leaflet for young people regarding allegations.

Youth Shield members have also been involved in training to become peer facilitators in relation to healthy relationships and have piloted this in some of our youth provision.

Looking forward to the next year, as outlined in their section, Youth Shield have recently recruited new members and have put forward proposals for an expanded work plan that includes the roll out of healthy relationship peer to peer training and a mystery shopping exercise of different services. Youth Shield made a detailed Business Development Proposal to the BSCB for substantial funding and this was agreed.

Cross Generational Work:

This has been taken forward through the Joint Services Governance Group which has identified areas for increased collaboration including induction training and the appointment of a single Chair for both

Boards. The existing faith and cultural group is also cross cutting as there are common concerns linked to how we work with faith and cultural groups to promote safeguarding in all communities.

Barnet has also adopted the recommended national strategy for Young Carers and this is an issue highlighted by one of our case reviews during the last year.

A further significant area of progress is the implementation of protocols with Barnet, Enfield and Haringey Mental Health Trust and Children's Services. Following a successful launch in 2011, the protocols have been updated following a multi agency review in Jan 2013. Implementation of this protocol is being supported through a system of operational interface groups that enable complex cases or issues to be considered by social care and mental health service managers with a view to promoting collaboration in practice and resolving areas of professional difference. These are reported to be working very effectively in supporting work on the ground.

Practice Example

The Mental Health Trust has also developed systems in relation to young people who require emergency assessment and treatment following an incident in which a child became acutely ill and required inpatient treatment. There was a concern about the child being admitted to an adult facility and a lack of clarity in the existing guidance

***Positive outcome;** Agencies worked together to devise an agreed response to such situations in the future.*

Key Outcomes:

- Protocol between Children's Services and Adult Mental Health updated
- Interface meetings continuing to improve collaboration between services.
- Review of joint working through adults and children's services governance

Priorities for 2013-14:

- Joint Services Governance has identified areas for increased collaboration
- Young Carers strategy to be promoted

Communications Strategy

After a considerable period of planning and negotiation, and at times not a little frustration, we are delighted to report that BSCB now has its own independent website which includes sections for children, young people and families, professionals and members of the public. The website includes a directory of information for professionals which was developed by the Professional Advisory Group and provides a basis to further develop communications.

The website is regularly maintained by the BSCB Administrator and is a valuable resource to ensure key information is readily available.

The website also includes the BSCB newsletter which is produced after each meeting with the aim of providing a digest of the meeting and updates on new and emerging policy and guidance. Board members are asked to cascade the newsletter to front line staff. The Independent Chair carries out 'spot checks' from time to time to assess awareness of the Board on the ground but ensuring information reaches a wide ranging audience remains a challenge

As part of the work to create the website all the existing guidance and policies and procedures were formally reviewed and a directory created on the website to increase the ease of access to professionals but also allow access to a wider public.

BSCB actively contributes to the annual November Safeguarding Month in Barnet which enables messages to reach a wider audience both within the council and externally.

There is also regular communication with schools through the School Circular and meetings with safeguarding leads and Heads.

We intend to further develop communication with young people through the work with Youth Shield who have designed an allegations leaflet for young people as part of their work during the last year.

Key Outcomes:

- Website now launched
- Improved awareness of the work of the BSCB including contribution to safeguarding month.
- Newsletter regularly circulated to front line staff.
- Participation by young people in developing accessible information.
- Review of policy and procedures and creation of an accessible directory

Priorities for 2013-14

- Continue to build and develop website
- Work with Youth Shield to develop accessible information for young people

Safeguarding Month

'Safeguarding is Everybody's Business':

November 2012 saw a repeat of the successful initiative safeguarding month at Barnet Council and, as part of this, a range of events took place to emphasise the message that safeguarding is everybody's responsibility. Safeguarding month has been a good opportunity to raise awareness about safeguarding and the challenge now is to keep up the momentum, building on best practice and ensuring that safeguarding issues are integrated into everyone's day to day work.

Key Outcomes:

- An informative presentation from the Lucy Faithfull Foundation regarding sexual abuse prevention. This was followed by the provision of free training sessions to a small number of Barnet Schools and Children's Centres. Further opportunities for this training to be delivered to a specific cultural group have recently been identified and will be explored via the Faith and Cultural Sub-Group.

- Wide range of events including express training sessions on how to spot and report a safeguarding concern to events about sexual exploitation of young people, trafficking, e safety and domestic violence.
- An event focused on faith and culture led by colleagues in the Somali Britsom organisation which included colleagues from both children's and adults services

Looking to the Future

The priorities for the BSCB remain similar to those of last year and reflect the Board's Work Plan 2012/14 agreed in 2012. Additional focus has been made on issues of neglect, child sexual exploitation and reviewing e safety policies.

In May 2013 the BSCB held a planning day with a focus on the learning from the SCIE Case Reviews which had been completed and reviewing our existing Work Plan priorities.

The consensus from the day taken in conjunction with significant feedback from multi agency "Learning Events", with frontline staff which had been carried out through the year resulted in an agreed focus on the priorities below and with a strong emphasis on the fundamental role that the MASH will play in continuing to develop both the culture and operational practice across the partnership in Barnet;

BSCB Priorities for 2013/14:

Quality Assurance, Challenge and Scrutiny:

To further develop scrutiny of BSCB in monitoring and evaluating the effectiveness of safeguarding activity across the partnership through a combination of S11 and multi-agency audit together with shared performance information, so that children & young people in Barnet are safe from abuse neglect, violence and sexual exploitation

Risk Assessment, Information Sharing and Partnership Work:

Seek to develop Tools/Protocols to promote improved information sharing, risk assessment and partnership working, including support for development of **MASH**

Young People at risk through peer violence and exploitation:

To focus on peer to peer violence including Gangs/Sexual exploitation/ Anti Bullying/e safety

Neglect/ Early Intervention:

Promoting and evaluating a model of early help for children and families which reduces demand and cost as part of the Munro Demonstrator pilot with a particular focus on issues of neglect.

Learning and Development:

To strengthen the BSCB role in promoting learning and development across the partnership.

Conclusion

This Report is intended to reflect the current state of safeguarding activity across Barnet, highlighting the level of work undertaken, outcomes and those areas which need additional focus. It is clear that a great deal of extremely positive work is either underway or has been completed.

On the whole it has been reflected in that the statistics above for Barnet, in comparison with other London Boroughs, are on the face of them reassuring. The figures are relatively low when examined against population figures. However in 2011 as reported there were concerns at increasing numbers of children being placed on child protection plans at a rate of increase that was greater than similar London Boroughs. Internal audit work was completed by LBB and BSCB, and whilst no single cause was clearly identified, some focused work was carried out on monitoring those trends.

The figures below and the historic data in Appendix 1 reflect a more reassuring picture in that whilst 2012/13 saw a small rise in initial assessments, a significant rise in core assessments and a rise in Section 47 child protection investigations, the number of children on a child protection plan reduced significantly. Similarly the numbers of children being returned to a plan or remaining on a plan for over two years also reduced. The additional focus by Children's Services and partners in assessment and early help reflects improved planning and appears to have led to a reduction of children being subject to child protection plans without increasing the numbers of children having to be returned to plans at a later date. That is a significant achievement and needs to be maintained.

Other significant strands of work that are currently being carried out also reflect a determination to improve the quality of services to children, young people and their families.

In particular the work to embed the MASH structures will undoubtedly continue to improve information sharing arrangements and thereby assist in the integration of the early intervention and child protection processes to the benefit of children and young people. There is already good evidence of that work being effective across the partnership wider than just the local authority. Similarly the courage in taking up the challenge of being a Munro Demonstrator site has given a clear message that improvement and professionalization of social work in its widest sense is something which is desired in Barnet.

Finally the additional substantial funding that has been agreed to support Youth Shield will enable them to assist the Board in developing services that are built around the needs of vulnerable children and also to test the efficacy of the Board and individual agencies in delivering them over the next year.

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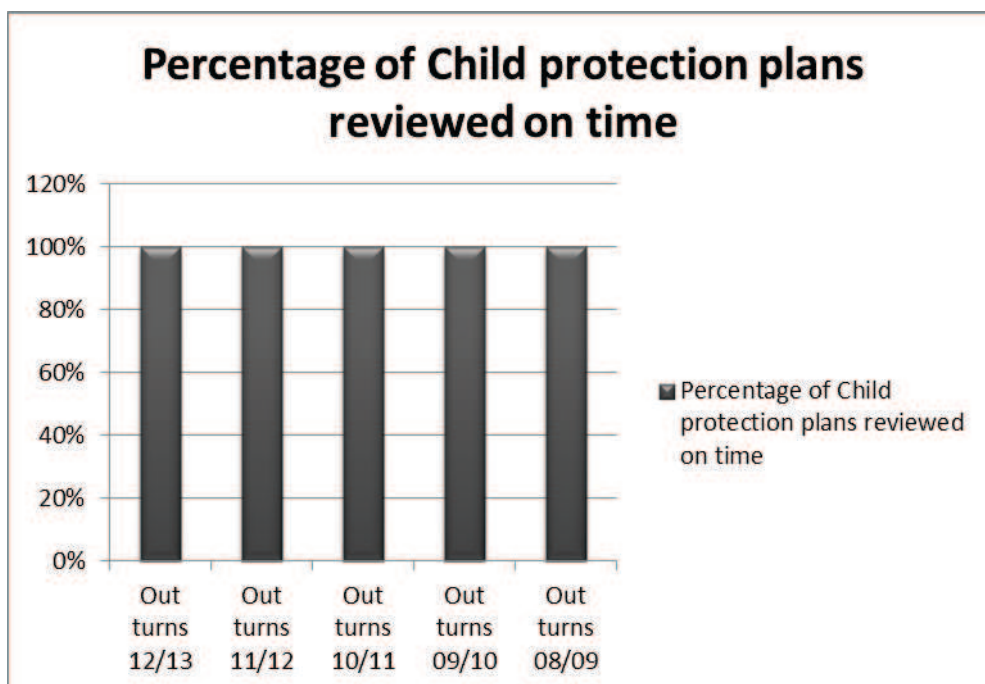
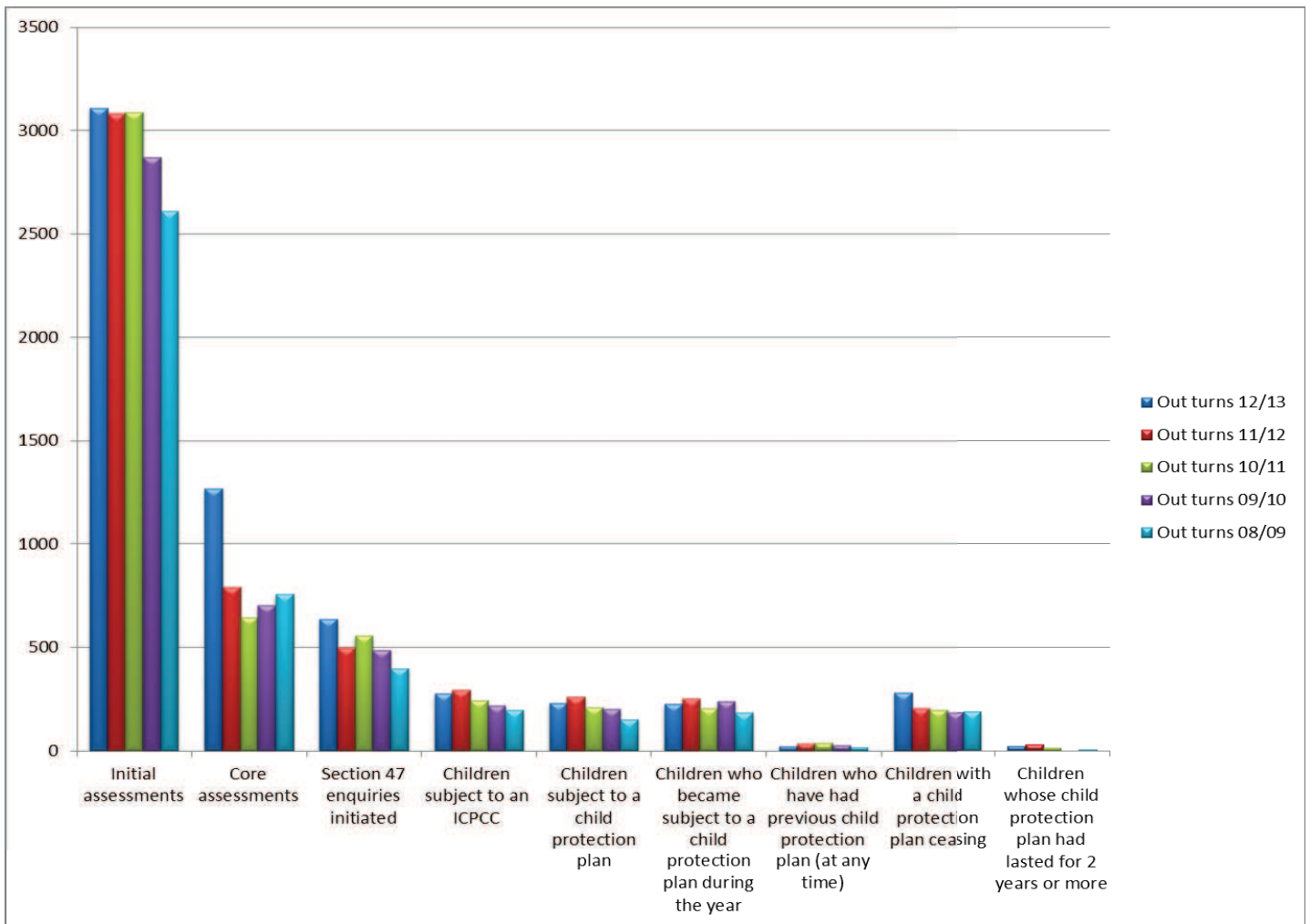
Fiona Fernandes: BSCB Administrator: Fiona.fernandes@barnet.gov.uk

Partner Contributions as identified

Copies of the document can be obtained on request from the Board Administrator, Fiona Fernandes: Fiona.fernandes@barnet.gov.uk

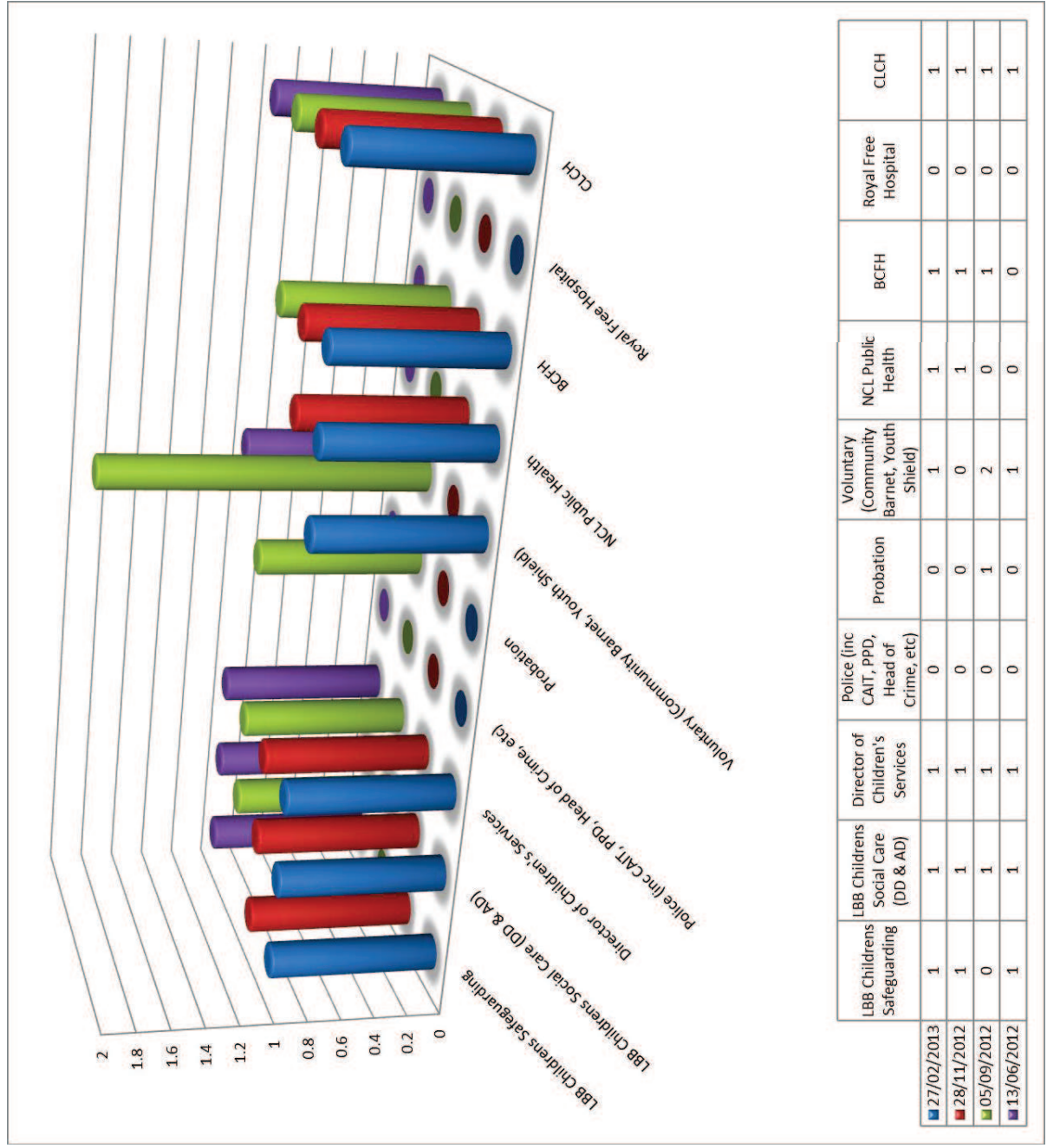
July 2013

Appendix 1: Indicators for Barnet Safeguarding Children Board

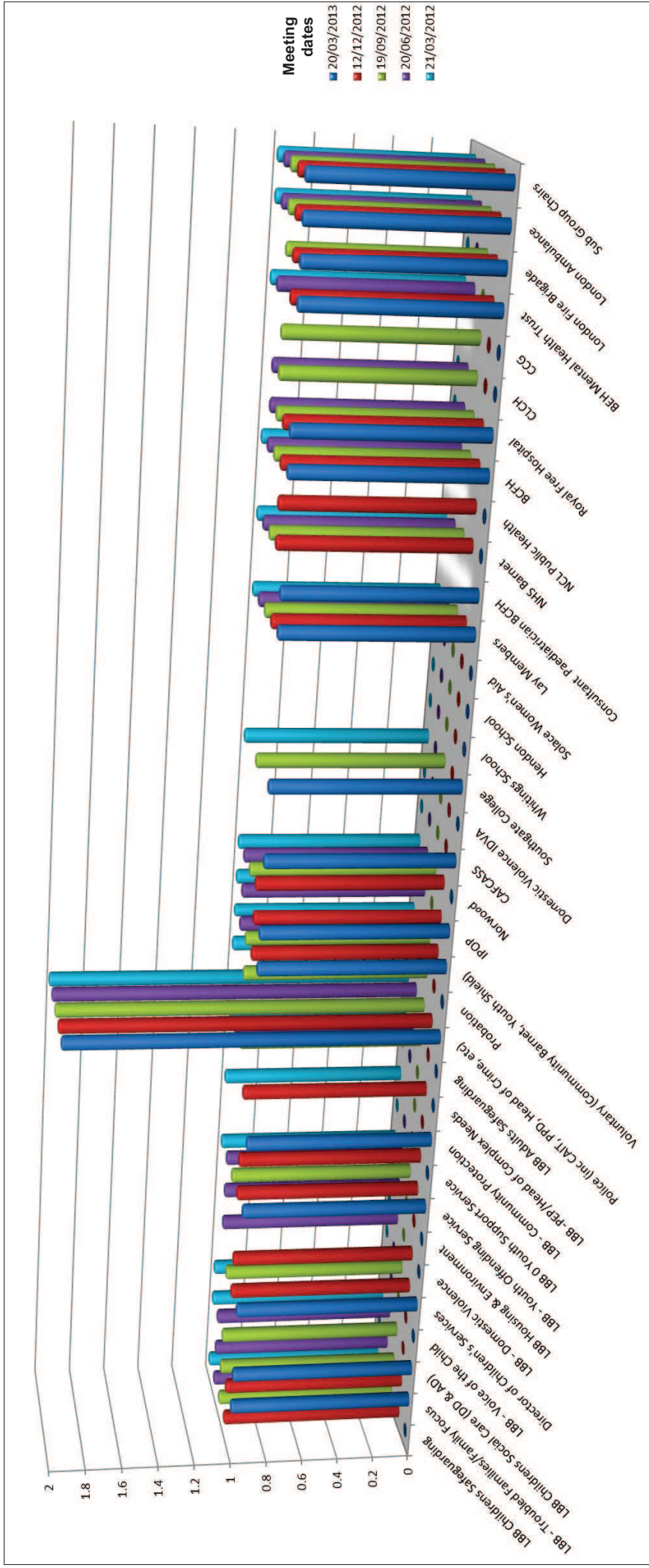


Appendix 2: Barnet Safeguarding Children Board Agency Attendance

Executive Board Meeting Attendance



Board Meeting Attendance



Appendix 3: Barnet Safeguarding Children Board Agency Updates

Organisation: Children's Social Care

Internal arrangements for governance regarding safeguarding children at risk:

- In accordance with legislation and statutory guidance, local authorities have a duty to safeguard and promote the welfare of children in need living in their area.
- As part of ensuring effective partnership working, the local authority has a responsibility to ensure that arrangements are in place to promote cooperation with partners and others, as appropriate working with children in the local area.
- Children's social care carries out these duties working with other services and agencies both internal and external to the council.
- Children's Social Care works within the framework set out by the Barnet Safeguarding Children Board and adheres to the required policy and procedure, for example, the London Safeguarding Board procedures.
- The Chief Executive is the chief paid Officer of Barnet Council. The Director for People who is the Council's statutory Director of Children's Service reports directly to the Chief Executive. The Assistant Director for Children's Social Care is the Council's senior officer with day to day responsibility for safeguarding arrangement and children's social care and, reports to the Family Services Director who is accountable to the Director for People.
- The Council's organisation structure is available on the council website and shows the relationship between Children's Social Care and other services across the council. For more information on the functions within Children's Social Care, please see either the Children and Young People Plan or Barnet's Children's Service Plan both available through the internet.
- All social workers undertaking statutory functions in Children's Social Care hold a recognised qualification and are currently registered through General Social Care Council as required. From 31 July 2012, the registering body will be the Health Professions Council. All GSCC registered social workers will retain their registration.
- Social workers undertake regular training to maintain their registration.
- Children's Social Care is represented at the BSCB, Children's Trust Board, Health and Well Being Board, Domestic Abuse Strategic Board and other strategic groups relevant to promoting the welfare of children and young people.
- Safeguarding and promoting the welfare of children and young people is a strategic priority for the council. The performance of Children's Social Care is central to achieving the Council's objectives. Please see the Council's Corporate Plan.
- Within the Council, the Assistant Director for Children's Social Care attends the Assurance Meeting of the Strategic Commissioning Board which is chaired by the Chief Executive on a bi-monthly basis to report on safeguarding matters and risks related to children and young peoples. The Director for People is a member of the SCB. The Assistant Director is also a member of the Children's Service Senior Leadership team and other relevant teams within Children's Services.
- The AD CSC works with staff across Children's Social Care to continually improve outcomes for children and young people.
- The Governance of Children's Social Care is inspected by Ofsted as are many of its functions such as its fostering service, adoption service and children's homes.

Key outcomes and achievements for 2012/13

- Work has progressed on integrated safeguarding arrangements through the development of a Multi-Agency Safeguarding Hub – MASH. The MASH will begin in July 2013. The Independent Chair of the BSCB has provided oversight of the delivery arrangements through a steering group.
- Early Intervention for families to prevent their needs escalating to a point where statutory intervention is needed. This includes preventing admission into care, helping troubled families, and providing on-going support when children are no longer subject to child protection plans or return home.
- Implementation of a Strengthening Families model of Child protection Conferences
- Work has started on the development of a new single assessment to replace the current initial and core assessments and this is due to be implemented in March 2014.
- The implementation of the Family Justice Review and reduced timescales for Family Courts is underway
- Revision of the Quality Assurance Framework which includes a revised audit process. Increased scrutiny and oversight of children subject to CP plans and children in care by Child Protection Chairs and Independent Reviewing officers through practice alerts which will inform future workforce development.

Work Planned for 2013/14

- Making sure through Quality Assurance audits and performance management that our staff, are challenged and supported and learn the lessons from the review of serious cases and incidents.
- Assessments and interventions are of a high quality and plans are outcome focussed.
- All managers are confident and competent in the provision of good supervision, reflective decision making and service development.
- Ensure the views and experiences of children, young people and families inform practice and service development.

Ann Graham

**Assistant Director of Children's Service
Barnet Children's Service**

Organisation: Barnet Borough Police

Internal arrangements for governance regarding safeguarding children at risk:

- The Metropolitan Police Service (MPS) has a specific policy and standard operating procedure for Safeguarding Children; awareness of which is delivered, through training, to all operational staff.
- We have centrally managed, dedicated Child Abuse Investigation Teams (CAIT) based at Borough level, with specialist knowledge and skills to investigate child abuse cases.
- Barnet Police has a Detective Chief Inspector lead for Public Protection matters, which incorporates Safeguarding. Along with a dedicated Detective Sergeant with responsibilities to provide a link between local police staff and the central CAIT unit, part of the role includes championing Safeguarding matters and learning.
- Existence of a Police Community Safety Unit (CSU) which is dedicated to the investigation of all hate, domestic violence and ensuring that matters relating to safeguarding children are referred to appropriate bodies e.g. Child Abuse Investigation Command.
- All CSU staff undertake a specific two-week course to be able to understand and effectively investigate the above crimes

- Representation on the Children’s Safeguarding Board through attendance of senior police leaders, from the local Borough and the CAIT (minimum Detective Superintendent and Detective Inspector level).
- Daily Management meetings, chaired by a member of the Senior Leadership Team, where risk and harm for all crime is assessed and appropriate resources allocated. All matters involving children at risk/victims/perpetrators of crime are listed and reviewed at the daily meeting at local Borough level and CAIT unit.

Work undertaken and achievements in 2012/2013

- Implemented Phase 1 of a Multi-Agency Safeguarding Hub (MASH), to ensure a more dynamic and holistic approach to safeguarding victims.
- Worked with partners to implement a co-located Integrated Offender Management Unit, allowing a more joined up and speedy response to offender’s risks and needs.
- Supported the multi-agency homicide review processes, designed to capture learning and improve our ability to prevent serious crimes of violence.
- Delivered two mentoring programmes with Barnet Education Business partnership and Friern Barnet School Blue Skies project.
- Continued to support Youth Shield.
- Fully supported the Troubled Families project.
- Undertaken Junior Citizens scheme for year 6 pupils approaching transition.
- With Partners introduced a new multi-agency ‘operational approach’ to Gangs to reduce youth violence, reduce opportunities/desire to join gangs and offer alternatives to gang involvement/lifestyle.

Work Planned for 2013/2014

- Implement a new local policing model (‘go live’ date 24/06/13), with the aim of improving performance, public satisfaction, and enhancing capability, particularly in respect to crimes of violence and risk.
- Implement the final phase of MASH; whereby the multi-agency team will be completely co-located, to ensure timely risk assessment and action in relation to vulnerable children across the partnership.
- Continue to provide information, support and resources into the Troubled Families project, to concentrate partnership resources on those families with the most complex needs across all agencies.
- CAIT developing a plan to increase staff to allow greater focus on risk/harm caused by sexual exploitation of children.
- Continue with a strong safer schools team concentrating on support and identification of threat, harm and risk. Running a 2013 Junior Citizens scheme.
- Undertake further mentoring programmes where police staff support Year 11 students at local schools.
- Continue to develop the newly formed multi-agency gangs approach
- Work with Youth Shield and other youth groups to improve confidence in police, including establishing which areas in the Borough young people do not feel safe and why.

Mark Strugnell
Detective Superintendent,
Neighbourhoods and Crime
Metropolitan Police Service
(Barnet Borough)



Organisation: Barnet Youth Offending Service

Internal arrangements for governance regarding safeguarding children at risk:

- The Youth Offending Service have a statutory responsibility to have regard for the welfare of children and young people in the Criminal Justice System; Safeguarding is therefore threaded through all areas of practice.
- Barnet YOS forms part of the Children's Service organisational structure. All YOS staff are required to update their Safeguarding training on a periodic basis which they access through the Barnet internal multi-agency Safeguarding programme.
- The YOS Management Board provides strategic oversight and direction, and coordinates the provision of youth justice services by the YOT and partner organisations, of which Social Care is a key partner.
- The YOS complies with safer recruitment policies and processes and all staff, including volunteers are CRB checked and these are periodically renewed. There are two GSCC registered, qualified Social Workers on the YOS staff team, one of whom is an Operational Team Manager holding delegated responsibility as the Safeguarding lead and the other is a Senior caseworker. The staff base also includes a designated Nurse, a Clinical Psychologist and there is a strong partnership with Drugs Counsellors and Psychiatrists through Barnet Young People's Drug and Alcohol Service.
- The Youth Justice Board assessment framework requires the Youth Offending Service to undertake assessments of vulnerability for all young people who receive YOS service. Vulnerability Management Plans are drawn up to identify how needs will be addressed. These assessments and plans are regularly reviewed.
- A corporate target for the YOS is to reduce the number of children and young people remanded or sentenced to custody, with resources dedicated to creating robust bail support programmes and community sentences.
- The Legal Aid, Sentencing and Punishment of Offenders Act 2012, received royal assent in May 2012 and became effective in the courts from December 2012. This has brought about some key significant sentencing changes which have an impact on the YOS' way of working, including the implementation of new Out of Court Disposals in April 2013 which removed the automatic escalation through the Youth Justice System. The Act has also for the first time, devolved its remand budget to each Local Authority and each young person remanded into custody is now considered a "Looked After Child"; potentially eligible for a leaving care service. Barnet Children's Service has created a multi-agency task group to ensure that the Local Authority has a shared understanding of the implications of this legislation. This group is responsible for identifying and implementing targeted approaches to minimise remand episodes and creating protocols around shared responsibilities and roles.
- As of April 2013, the Youth Justice Board has introduced a new set of National Standards that are less prescriptive and provide the YOS with the opportunity to implement a more flexible approach which promotes more direct, targeted work with young people. The emphasis is also on professional judgement and accountability for risk led decisions.
- The HMIP Inspection regime has been redesigned and the YOS are expected to undergo a multi-agency Full Joint Inspection between 2013/14. There is a significant focus on the experience of service users of agency involvement and outcomes for young people.
- The YOS are represented on the Children's Safeguarding Board and relevant sub-groups, the Children's Leadership Team and Safer Communities Partnership Board.
- Monthly multi-agency High Risk and Deter Panel meetings, at which Social Care is represented, address the needs of young people known to the YOS who are assessed as presenting a high risk of vulnerability. Vulnerability Management Plans are discussed and agreed with appropriate resources allocated.

- Assessments of victims of crime are conducted by the YOS Restorative Justice Co-ordinator. These victims are then supported and encouraged to engage with restorative interventions designed to repair the harm that has been caused by their offender.

Work undertaken and achievements in 2012/2013

- Significant progress has been made in relation to work identified in our HMIP Inspection Improvement Plan 2011/12 and key practice improvements are highlighted below:
- All YOS staff have undertaken refresher Safeguarding training relevant to their needs and role/responsibilities.
- Barnet YOS has been a key member of the sector led improvement project which comprises of 16 London YOS' and was brought together in order to develop an improved way of assessing and planning interventions. This has resulted in the new, streamlined Integrated Action Plan document which Barnet has implemented in full since December 2012.
- This initiative, together with the new National Standards for Youth Justice 2013, will allow the YOS to focus on delivering high quality interventions to young people in order to effectively reduce the involvement of children and young people in crime and anti-social behaviour; a strategic priority for 2013-16.
- There is a greater focus on more creative ways of working with and engaging young people and families and a Home Visits policy was re-launched in 2012; this ensures that young people are regularly visited in their homes, in the presence of a parent/guardian to facilitate an improved assessment of living arrangements and family circumstances.
- Barnet YOS has worked hard with the voluntary sector to increase and improve reparation projects throughout the Borough; all reparation staff are trained in Safeguarding and supported via consistent supervision. All new Referral Order volunteers have been trained in restorative approaches and the aim is to incorporate this way of working in future panels.
- Through the continued successful partnership with Barnet Police and Targeted Youth Support, we have successfully reduced the number of First Time Entrants to the Criminal Justice System by 21.9% in the last year through the use of a Triage model. This is an ambitious reduction rate to maintain, but the YOS is committed to continual reduction.
- There have been nominal reductions in the number of custodial sentences imposed in the last year and reoffending rate, which is in line with the national picture.
- The YOS have established links with partners to implement a co-located Integrated Offender Management Unit, allowing a more joined up and speedy response to offender's risks and needs.
- We have worked closely with Social Care colleagues to develop the MASH (multi-agency safeguarding hub) and have committed resources to the hub once this is implemented. All young people in Court will undergo a MASH screening process.
- A Family Support Practitioner from Troubled Families is now seconded to the YOS. This has helped to consolidate our partnership with Troubled Families joint agendas address and promote the welfare of children and young people through a systemic approach.
- YOS practitioners continue to contribute to Child Protection Plans through attendance at strategy meetings, Child Protection case conferences and other relevant multi-agency meetings. They also share Vulnerability Management Plans with Social Workers to ensure plans are joined up.
- YOS practitioners continue to work in close partnership with Social Care, Young People's Drug and Alcohol Service, CAMHS and Housing to ensure that targeted work is completed to safeguard young people and this work forms part of their Court Orders.
- Restorative Justice interventions with young victims of crime is a developing area of practice; the RJ co-ordinator has overseen successful RJ conferences resulting in verbal and written apologies to victims and victim information is now frequently represented at Initial Panel Meetings.

Work Planned for 2013/2014

- Our HMIP Inspection Improvement Plan review 2013-14 includes targets to revise our Quality Assurance process to make it shorter, more focused and facilitate professional accountability and to also include theme based audits on safeguarding practice; to produce timely and good quality assessments of vulnerability and have plans in place within National Standards which are specific about what will be done to safeguard the young person and make them less likely to reoffend and minimise the risk of them causing harm to others.
- We have set a team plan target to reduce the use of custody by 5% in 2013-14 and in order to achieve this, we will offer the Court robust alternative community sentences. This work will entail more creative use of our Intensive Supervision and Surveillance Programme and Bail Supervision and Support packages, working with the Remand Steering Group to develop the use of Remand Fostering placements and more robust RILAA (Remands into Local Authority Care) packages.
- In order to reduce the number of young people identified in the gang matrix, we will develop a joined up and co-ordinated approach to serious youth violence, including a joint Local Authority action plan and increase intervention input from Police and TYS.
- In order to further enhance our Education interventions with young people, we will develop the use of accredited programmes to facilitate progression with literacy and numeracy skills and with speech, language and communication difficulties to assist young people to achieve their potential.
- As part of support offered through the High Risk and Deter Panel, YOS Police Officers will undertake home visits for young people leaving custody, or who are deemed to be high risk of vulnerability or harm to others. Closer liaison and information sharing will be developed with Parenting workers, the intensive family focus team and social care managers to ensure that existing home visiting provision is captured in YOS case recording and contributing to assessments.
- Partnership working will be strengthened via the High Risk and Deter Panel, IOM, PPO, MAPPA and Gang Strategy group and this will facilitate improved intelligence sharing with the Police and other agencies.
- The Barnet Restorative Justice Co-ordinator is working towards developing the service Barnet offers to victims and in expanding the use of Restorative Justice between young people and their victims. We are aiming to contact 100% of victims and engage at least 20% in Restorative Justice interventions.
- TYS staff will be trained in Restorative Justice in order to address the needs of victims in intervention delivery for Out of Court Disposals.
- We will focus on quality, accurate assessments, targeted planning of interventions, the delivery of which, will meet, where possible, the learning style of the young person.
- Feedback from young people and parents to be collated and used to inform service improvements, facilitate accurate targeting and allocation of resources.
- Our team training plan for 2013-14 aims to enhance practitioner skills in engaging young people and families and affecting positive, sustainable changes. Mandatory courses for all staff due to take place include Speech, Language and Communication Needs, Working with Families using a Systemic Approach and Cognitive Behavioural Therapy.

Meeta Mahtani

Operational Team Manager

Barnet Youth Offending Service

Organisation: Central London Community Healthcare (CLCH)

Internal arrangements for governance regarding safeguarding children:

Summary - CLCH Key achievements:

1. **Development of a CLCH Safeguarding Adults Team:** CLCH has a commitment to link adults and children services to ensure transitions are managed and risk assessed. The development of a CLCH Safeguarding Adults team which works closely with the CLCH Safeguarding Children's teams and CLCH Looked after Children teams supports the identification and assessment of issues related to the transition from children to adult services and also offers support and advice in cases where the parent is an adult at risk. This ensures CLCH health professionals in children and adults services are aware and contribute to child in need and child protection plans.
2. **CLCH has a workforce that is trained and supported by robust safeguarding supervision.** Safeguarding supervision in CLCH has been extended across allied health professionals and walk-in centres (quarterly reporting of compliance) and audited annually regarding compliance to CLCH policy and supervisee experience. Compliance with safeguarding children training at levels 1 / 2 / 3 is published in the CLCH Safeguarding Declaration - CLCH external website. CLCH Declaration updated April 2013
3. **CLCH has a shared record and common understanding of risk and need:** CLCH in 2013 has implemented a version of Rio (electronic records) which is shared across the CLCH boroughs and links up children services. There is a robust system on flagging - placing an alert on records - where there are known vulnerabilities such as disability / Child in need plan / CP plan / domestic abuse incident. There is a common understanding of risk and vulnerability across CLCH children services with children and families assessed at a level of need 1 - 4 (CLCH Threshold of Need Procedure). This is recorded on Ri0 and reported on in CLCH quarterly reports.
4. **CLCH robust incident reporting:** all referrals to social care / police are recorded on CLCH internal incident report system DATIX. This would include all child deaths. This system assesses risk including action planning and is escalated to Board level. Deaths are reported to NHS England (London) and investigated as serious incidents (Si) parallel to the CDOP processes.
5. **CLCH contributes and participates in child protection processes.** CLCH achieved a high level of compliance with regard to attendance to child protection case conferences (reported on quarterly)
6. **CLCH HUB** – CLCH has dedicated safeguarding pages on the CLCH intranet – HUB so promoting ease of access to policies, procedures, training, updates and all matters relating to safeguarding.
7. **CLCH achieved 100% attendance at MARAC.** CLCH participates and contributes to the safety planning of high risk domestic abuse cases – this includes the sharing of information and 'flagging' of the Ri0 electronic record.
8. **CLCH has in place a Named Doctor** - interim arrangement. This was an action from the 2012 OFSTED inspection.

CLCH safeguarding priorities 2012/13

- **CLCH FGM** - CLCH had developed and delivered in house training to CLCH staff on FGM in 2012/ 2013 with additional sessions planned in 2013/ 14.
- **Response to national issues** - CLCH Safeguarding has considered the issues raised by the 'Savile Allegations' and reported on these to the CLCH Board.

Key multi-agency safeguarding lessons from 2012/13

1. **Management of the CLCH electronic record** - ensuring all family members are linked and information shared.

2. **Escalation of concerns / professional disagreement** - CLCH Safeguarding Procedure has been highlighted so that staff has greater clarity as to the process of the raising of concerns and professional disagreement within and external to CLCH.
3. **Management of allegations against staff** - CLCH Safeguarding Procedure has been highlighted so that staff has greater clarity as to the process of managing an allegation against a member of staff within CLCH and external in relation to the role of the LADO.

Monitoring and evaluation/quality assurance activity

1. Quarterly safeguarding adults and safeguarding children reports to CLCH Safeguarding Committee (SC). SC is chaired by Chief Nurse and Director of Governance Quality - with executive lead role at Board for safeguarding.
 2. Annual report to CLCH Board
 3. Annual Safeguarding declaration / statement on external website.
 4. Audit of CLCH safeguarding supervision records / online supervisee feedback audit / safeguarding 'flagging' audit.
1. **CLCH Quality Account 2012/13.** CLCH has in place Patient Reported Experience Measures (PREMs) across services to ascertain the views of parents, young people and children. This is evidenced in the CLCH Quality Report.
 2. **Looked After Children** - implementation of an experience measure / feedback from looked after children. This has been adapted to ensure younger children 5- 10 years are able to give feedback as well as older children and young people.
 3. **Child Friendly complaints / compliments** project is being piloted in schools using an online web based feedback system.
 4. **Staff feedback:** Staff engaging in safeguarding supervision has completed an online audit of the supervision process and their experience of being supervised. The results / outcomes have been reported back to both teams delivering supervision and staff receiving supervision.

CLCH Quarterly Safeguarding reports include:

- i. numbers of children at each threshold of need 1-4
- ii. numbers of children subject to plan and category
- iii. numbers of child in need plans
- iv. numbers of children with a disability subject to child protection plan.
- v. numbers of police notification received by Borough
- vi. numbers of referrals made to social care (also DATIX – incident reporting mechanism)

CLCH Partnerships

1. **Participation and understanding of the MASH.** CLCH has been actively involved in the development of the Barnet MASH. The Heath Representatives will be managed by the CLCH Safeguarding Team. CLCH staff have been made aware of the MASH – purpose and function through 1-1 supervision and staff updates at team meetings. CLCH Safeguarding professionals have been briefed at the 2013 CLCH Safeguarding Away Day. (April 2013).
2. **MARAC** – CLCH Safeguarding children and adult professionals attend the MARAC. CLCH records are 'flagged' to alert health professionals accessing the records that there is a high level concern relating to domestic abuse. The risks are known and shared across partner agencies.

CLCH Priorities for the 2013/14

Training – CLCH staff to be trained in safeguarding to a level appropriate to their role and responsibility and receive additional training on specific topics / subject areas as they emerge.

1. **FGM** – CLCH will ensure that staff are aware of the issues of FGM and responsibilities – 4 training sessions planned for 2013/14.
2. **Domestic Abuse** - CLCH has in place a programme of Domestic Violence Awareness training (Level 3)
3. **Internet safety** – CLCH to participate in the LSCB work on internet safety.

Supervision of CLCH staff – CLCH to engage in supervision compliant with CLCH policy.

1. Reported in relation to compliance %
2. Reported in relation to supervisee experience

Safer Workforce – CLCH adheres to safer recruitment policies and procedures (NHS Employers)

1. Reported on in Safeguarding Declaration
2. CLCH Safeguarding Procedures and Whistleblowing Policy give staff clear guidance on reporting concerns at work.

Engaging children and Young people – CLCH will continue to develop systems to ascertain the views, opinions and feelings of families, children and young people relating to the delivery of CLCH services.

Liz Royle
Head of Safeguarding

Organisation: NHS Barnet Clinical Commissioning Group CCG

Internal arrangements for governance regarding safeguarding children at risk:

On 1st April 2013 responsibility for children's safeguarding was handed over to Barnet Clinical Commissioning Group (CCG) from North Central Health commissioning cluster.

The CCG is currently responsible for the commissioning of services for children from both Acute and Community provision within Barnet i.e. Barnet Hospital services, Barnet, Enfield and Haringey Mental Health services, Royal Free Hospital services and CLCH.

Specialist services utilised by Barnet such as paediatric services at Great Ormond Street Hospital, tier 4 mental health services for Children and Young people and Primary care are now commissioned by NHS England (London), as are Primary Care Services.

NHS Barnet CCG has a General Practitioner who is the CCG board member for Quality and Risk who also chairs the CCG Quality and Risk Committee and in conjunction with the Director of Quality and Governance has responsibilities for Safeguarding across both adult and children's services.

The CCG seeks assurance from its commissioned providers that they have arrangements in place to safeguard children under Section 11 Children Act 2004. Quarterly reporting regarding safeguarding children assurance from commissioned providers was developed within the NCL structure and is ongoing within the new commissioning framework with the support of the CSU. Information is routinely collected through CQRG clinical quality and Risk Group meetings with providers. These reports will be monitored through the CCG Quality and Risk Committee. Safeguarding compliance is also part of the quality contract schedule within the contract framework agreed within the National framework with providers.

Internally NHS Barnet host a Safeguarding Children's Advisory group (SCHAG) which is attended by both its NHS providers, including The London Ambulance service, General Practice Out of Hours Services and also some independent providers within the borough.

The SCHAG group has both a governance and also a professional advisory and support function, and the group reports directly to the Quality and Risk Committee, which in turn reports to the CCG main board and the Local Children's Safeguarding Board. The Terms of Reference, for the SCHAG and also the forward plan is agreed annually.

Key Outcomes and Achievements in 2012 /2013:

In 2012/ 2013 health organisations in Barnet continued their role in ensuring that Barnet children were safeguarded both internally by ensuring that their arrangements were in line with CQC recommendations and also externally with their work with the Local Safeguarding Board.

Health services are represented and contribute to the multi-agency safeguarding agenda in Barnet.

Each health organisation provides a programme of safeguarding children training for their staff in addition to the multi-agency programme delivered by the local authority. This training is updated in line with findings from Serious Case Reviews/ SCIE reviews and other issues highlighted nationally.

Bespoke training was provided throughout 2012/ 2013 for Independent Health Contractors .This training was supported by colleagues in the Metropolitan Police and Barnet Social care as required. Since NHS England now commission primary care services the Designated Nurse for Barnet is a member of a work group to develop training for independent contractors to include General Practitioners, Dentists, Pharmacists and Optometrists.

Health agencies were actively involved in the Social Care Institute of Excellence reviews carried out in 2012/ 2013 and was represented in both the Review teams and the case teams and are in the process of ensuring that themes learned are disseminated to all staff.

The appointment of Director of Quality and Governance to the Barnet CCG Board has been made, and the post holder will represent the CCG at the Barnet LSCB executive board.

Resources for the Designated Doctor Safeguarding Children within Barnet were increased to enable the incumbent to engage more proactively with the safeguarding economy and become more involved in integrated work with other agencies. Monitoring of resources required to fulfil the role within the new commissioning framework is ongoing, particularly with regard to the proposal being made for NHS(London) to delegate responsibilities to the CCG Designated Professionals for Safeguarding Children and also with respect to recent Royal College of Paediatrics and Child Health advice for CCGS.

The CQC/Ofsted inspection of Safeguarding and Looked after Children Barnet in January 2012 resulted in an outcome of “good” for health across the board. The resulting action plan identified a need for a Designated Doctor for Looked after Children to support the role of the Health Looked after Children’s team and the Primary Care practitioners currently providing Looked after Children Medical Assessment. Health has agreed provision of a full time Specialist health visitor to be part of the MASH process with Barnet.

Improvement of training statistics for Royal National Orthopaedic Hospital was achieved following regular support and supervision for its Named Nurse for Safeguarding Children from the Designated nurse for Safeguarding Children NHS Barnet CCG.

Work Planned for 2012/2013:

- Designated professionals will continue to support the CCG in their Safeguarding commissioning role.
- Role of Lead CCG GP for Safeguarding to be developed and supported
- Continue to work with cluster Designated Professionals to develop the strategic work programme for safeguarding children across the former NCL area.
- Ensuring that Safeguarding Children remains high on Barnet CCG Quality agenda.
- Ensuring that the local focus and partnership working relationship remains excellent...
- Clarifying the ongoing framework for Independent contractor training. The Designated Nurse is part of a work group at NHS England to develop some consistency in safeguarding training for independent contractors.
- Develop the roles of named safeguarding professionals within provider organisations
- Embedding learning from 2 ongoing SCIE review across health agencies in Barnet. 2013/14.
- Continue to work with providers to ensure that the health representation on the Multi-Agency Safeguarding Hub (MASH) is functioning appropriately and to support information sharing as required.
- Review Health visitor Liaison services at BCFH
- Develop the CCG capacity to recognise and manage safeguarding through its governance processes
- Ensure safeguarding is incorporated into the OD plan for the CCG
- Ensure all transitions issues are identified and supported by clear risk management plans

Vivienne Stimpson
Director of Quality and Governance
Barnet CCG

Organisation: Barnet, Enfield and Haringey Mental Health Trust

The Trust is a large NHS provider of integrated mental health and community health services. In Barnet this includes adult, child and adolescent mental health services and the Barnet Drugs Advisory Service.

The Executive Director of Nursing, Quality and Governance is the Trust’s Executive lead for Safeguarding. There is an Assistant Director of Safeguarding Children and a matrix of a lead nurse, a Nurse Consultant, four Named Doctors and a safeguarding children champion (usually the manager) in each clinical team to help provide the training, support and supervision to over 3000 staff.

Key Outcomes and Achievements in 2012/2013:

There is a strong commitment to provide a wide range of preventative and responsive safeguarding children services throughout the Trust. The evidence from quality assurance activity indicates that this is being both achieved and evidenced across trust services. There has been a continued increase in the amount of safeguarding activity at a strategic, quality assurance and individual case level over the last three years.

Key Achievements
The development of the Trust's Domestic Violence and Abuse Protocol.
Active engagement in the strategic and operational Multi-Agency Safeguarding Hub (MASH) development in Haringey, Barnet and Enfield.
Joint quarterly meeting with Children's Services Social Care in each borough to encourage building of relationships and discuss arising interagency safeguarding issues at an early stage.
The publication of the multi-agency protocol "Safeguarding Children where there are concerns of Parental Mental Health" Fact sheet in March 2013. A training morning around the interface between Mental Health services and Social Care, when dealing with adults with mental health problems was held in Barnet and attended by 101 staff from children's services and mental health the Trust.
The level of attendance at level one and two safeguarding children mandatory training is above the 80% standard.
The Trust has contributed to multi-agency case reviews held under the provisions of statutory guidance. This includes three Domestic Homicide Reviews (Barnet, Enfield and Hertfordshire); three Serious Case Reviews (two in Haringey and one in Brent); three Social Care Institute of Excellence (SCIE) Reviews in Barnet and two multi-agency case reviews in Enfield.
The Trust's Forensic Services have been commissioned by Barnet LSCB to provide training and consultation to LSCB partner agencies in working with parents who have a personality disorder. These are now well established and feedback is very positive.
Increased the number of referrals to Children's Social Care in each borough (total 128) and increased the number of children that Trust staff are recorded as involved with safeguarding (total 744) from the previous year's. This helps to indicate an awareness of safeguarding issues amongst Trust staff.
Our work in providing specialist advice about the assessment and management of stalking cases nationally continues to develop.
Barnet CAMHS have developed a new protocol for emergency management of 16-17 year olds presenting at Barnet Hospital with mental health problems, which includes recommendation for joint assessments with Social Care.
Taken part in routine in-depth case audits with Enfield and Barnet LSCBs.
CAMHS-Social Care consultation workshops, clinic or advice sessions have been further developed and are held in Barnet and Haringey and Enfield.
Our Complex Care Teams offer systemic couple and family treatment when staff have concerns regarding child safeguarding or domestic violence and their intersection with parenting
The Trust's Forensic Services have been commissioned by Barnet LSCB to provide training and consultation to LSCB partner agencies in working with parents who have a personality disorder. These are now well established and feedback is very positive.
Completed action plans in respect of all the case reviews excepting the three Serious Case Reviews where the reviews themselves are not yet completed.

Work planned for 2013-2014:

The Trust aims for 2013-14 support its commitment to safeguarding children and includes:

- Providing consistently high quality services to patients, delivered with kindness and compassion.
- Developing stronger collaborative partnerships.
- Developing our staff to work more effectively and flexibly, in line with patients' needs.

The Trust's safeguarding children and young people priorities include:

The development of practice in responding effectively to Domestic Violence and Abuse.

Achieve at least 80% of eligible staff having attended appropriate level three safeguarding children training through continued improvement in attendance and recording of attendance at in-house training and Local Safeguarding Children Board Training.

The development of a child protection leaflet for children and young people.

The development of a leaflet for parents and carers to support them in accessing local resources to support parenting.

Ensuring that there is adequate specialist safeguarding resource within the Trust.

The Trust's safeguarding children work plan will guide the achievement of these priorities and is outlined in the Trust's Safeguarding Children and Young People Annual Report.

Deborah Perriment

**Assistant Director – Safeguarding Children
BEH Mental Health Trust**

Barnet, Enfield and Haringey 
Mental Health NHS Trust

Organisation: Royal Free London NHS Foundation Trust

Internal arrangements for governance regarding safeguarding children:

The Royal Free London NHS Foundation Trust has all the required safeguarding professionals in post: Named Nurse, Named Midwife and Named Doctor. We also have dedicated administrative support and a safeguarding children training facilitator.

Internal governance is provided to the Trust Board by the Director of Nursing who is the Board lead for Safeguarding. The Safeguarding Children committee meets two monthly. The Trusts Board lead for safeguarding and the designate nurses for Barnet and Camden are members. The safeguarding committee reports into the Clinical Governance and Risk Committee which is chaired by the Medical Director and reports to the Trust Board.

The Trust undertook an annual section 11 audit to ensure that arrangements are in place to safeguard children.

The requirement to ensure Safeguarding people who use services from abuse Outcome 7 NHS Provider Compliance Assessment is reviewed quarterly. The most recent CQC unannounced inspection in October 2012 judged the trust to be compliant with outcome 7.

In January 2013 we responded to the Director of Quality and Safety NCL following the Saville allegations that our safeguarding procedures, policies, structures, staffing and reporting are assured and robust.

The Trust Board receive a bi-annual safeguarding Children report. This report provides a summary of work and activity undertaken by the safeguarding Children's team including progress with annual work plan, progress with any action plans, details of any incidents, training and development updates, audit outcomes, case conference attendance, supervision and safeguarding activity data.

The Trust Board also seek assurance through external inspection.

The named professionals provide governance through internal multi-disciplinary meetings, through audit of the management of every child who is admitted and has a diagnosis of child maltreatment and through supervision.

The Royal Free London NHS Foundation Trust was inspected in February and December 2012 by the CQC as part of the joint inspection with Ofsted. On both occasions health services were rated as 'good'

The Director of nursing is a member of Barnet Safeguarding Children Board. The named nurse is a member of the Professional Advisory sub- group and the training facilitator is a member of the Training Sub- group

Key Outcomes and Achievements in 2012:

The main focus of the safeguarding team's work has been concentrated on the Emergency Department to further embed the lessons learnt from two Serious Incidents. These SI's were reported externally. Both were fully investigated and both have had action plans which are now closed off.

As a result of this process we have:

- Developed new paediatric multidisciplinary documentation for the ED
- Strengthened participation at our weekly ED meeting to include Adult mental health and plastic surgery
- Reviewing all safeguarding cases at the weekly ED meeting to ensure safe processes and safe children
- Using the weekly ED meeting for teaching and learning
- Producing a weekly written summary of the ED meeting that is distributed to all senior staff that contains details of non-compliance, good practice and attendees - to enable feedback to relevant teams and to maintain training records
- Audit compliance with ED processes relating to safeguarding
- All new ED nursing staff as part of their orientation have specific tuition in ED safeguarding processes
- New teaching programme for ED Doctors provided by a member of the safeguarding team

Other outcomes and Achievements 2012:

Training and Development

We continue to review our mandatory & statutory training programme in line with guidance and recommendations. We continue to be active members of the training sub-groups for both Barnet & Camden safeguarding Children Board sub-group.

The figures at the end of May 2013 are level 1 100% level 2 72% level 3 90%. There is an action plan in place to address the shortfall in level 2.

Our level 3 programme consistently gets excellent evaluation. In the level 3 monthly updates we are able to be flexible in relation to both local and national drivers. We provided training that reflected lessons learnt from the SI's. We have also provided training and have further sessions planned to raise awareness of sexual exploitation following recent national guidance and as requested by NCL.

Inspection

Camden was invited by Ofsted to join their Pilot Multi-Agency Inspection. This new Inspection process has been devised following the recommendations made in the Munro Review of Child Protection taking in account the effectiveness of the contributions of all local services, including health, education, police, probation and the justice system. The CQC was the partner agency to inspect the Health providers. The inspection, which took place in December 2012 concluded an all-round finding of 'good' across the partnership.

Some of the positive points raised in relation to the health providers were:

- Multi-agency work contributing to the safety of unborn children at risk of abuse is outstanding,
- A culture of learning, support and mutual challenge is evident in and across all child protection services,
- The protection of children is given high priority by health service leaders and senior managers with suitable arrangements in place to deliver core responsibilities.
- The high priority to safeguarding children is demonstrated through the named and designated child protection lead roles working across health agencies.

The key areas across Health providers which required improvement were

- Improve the process to notify primary care staff of children's attendance at the accident and emergency departments so that information is consistently shared in a timely way

RFH- *The acute Trusts and primary care have met with the designate staff to ensure this happens. The current position for RFH is that we share information consistently within agreed timescales*

- Ensure health practitioners routinely receive regular structured safeguarding supervision

RFH- *We have reviewed our supervision processes. Dr Ben Lloyd has a more formal structure for providing and recording supervision to consultant colleagues. Supervision data is recorded monthly*

- Ensure that key professionals attend children in need and child protection meetings as a matter of course and that written reports are routinely submitted by all relevant agencies

RFH- this is part of the monthly data collected. Currently we only record attendance and reports submitted to child protection case conferences. We are not able to robustly collect data for children in need

- Develop an overarching strategy across the partnership for tackling child sexual exploitation

RFH- *The Named professionals to contribute to this ongoing work. Sexual exploitation is included in both level 2 & 3 safeguarding training*

Think Family

The previous Ofsted/ CQC inspection in February 2012 highlighted that all agencies needed to embed the “Think Family” message across all areas. Think family requires staff in all areas to consider the family and their wider family. The Staff in the Emergency department are highlighting concerns where adults attending for their own Health needs have children. This is reflected in the referral figures to social services and the cases discussed at the weekly ED safeguarding meeting. The “Think Family” approach is to be rolled out on two adult wards as a pilot.

Supervision

Currently the Assurance metrics only contain details of the number of staff who have received formal recorded supervision. This does not reflect the great numbers of staff who receive ad-hoc supervision from the named professionals via the phone or face to face. Nor does it reflect the many staff who receive safeguarding children supervision by attending the weekly multi-disciplinary team meetings which are held in all the paediatric areas, the Emergency Department and in midwifery.

The named professionals are working with colleagues from other Acute Trusts and the designate professionals to look at how to capture this information in a way that would be useful. This information is necessary to provide assurance to the Board that staff are receiving supervision and also to enable the named professionals to target the supervision appropriately.

Work Planned for 2013/2014:

On-going work plan

- Use the flagging system to support further audit programmes
- Develop mechanisms to capture data about formal, non-formal or ad hoc supervision that are meaningful to external scrutiny
- Implement systems that support audit of supervision and promote service improvement
- Improve governance of case conference attendance and reports
- Develop more robust process to ensure that all referrals are copied to the named nurse
- Respond to assurance requests from the CCG’s

Deborah Sanders
Royal Free Hospital

Positively **welcoming** Actively **respectful** Clearly **communicating** Visibly **reassuring**

Royal Free London 
NHS Foundation Trust

Organisation: Lay Advisers Report

This is our 3rd year sitting on the Barnet Safeguarding Children Board as Lay Members.

This has been a year which has seen much development in many areas and we have found it a privilege to sit on the Board, to listen to the thoroughly professional, caring and detailed reports of the various groups and to partake in the ensuing discussions.

We would like in particular to draw attention to the SCIE review and the auditing developments, with the significant and sensitive procedures evolving for retrospectively individual cases. Other issues which have emerged as important to us as lay members this year are the discussions on sexual exploitation and trafficking, the consultation on internet safety for young people and their families with its recommendations, the fantastic contribution by youth shield members on 'hot spot safety' and of course their award from the London Safeguarding Children Board. And finally of course, the launch of the website with its accessibility, wealth of information for young people, parents and carers, professional and the extensive links for information for all.

There are also areas around which we have concerns as lay members and residents of the Borough of Barnet, in particular the effects that outsourcing aspects council work may have on the provisions for safeguarding, along with any cuts in services connected with children and their safety. We hope and trust that as lay members who are not involved in the day to day work of professionals across the agencies, we can reflect back our observations on practice as affected by these changes.

We are delighted to be part of a Board that has been highlighted as one which has good methods for involving lay members and would like to thank the Chair and Administrators for ensuring that we can continue to feel as involved and valued as part of the on-going work.

We look forward to the coming year and further opportunities to utilise our skills

Naomi Burgess and Maxine Zeltser
Lay Members to the Board

Organisation: Community Barnet & Youth Shield

Community Barnet

Community Barnet's Head of Children's Services sits on the Barnet Safeguarding Children's Board as a representative of the voluntary sector within the borough. We also, with the support of a safeguarding officer, attend relevant sub groups. This participation allows us not only to contribute to discussions but also to inform the board / the sector of the findings / rising trends etc. Allowing us make the relevant changes in training / support so that we are enabled to make a positive contribution to help keep the children of Barnet safer.

Being part of the board facilitates the free flow of information between statutory partners and the voluntary sector. It also allows for the VS to be represented at SCIE reviews and other pertinent overviews, where learning is a vital part in moving forward in the protection and safeguarding of all children within the borough.

Our aims are clear - to continue to support the work of the BSCB and represent the sector accordingly.

We also support/facilitate Youth Shield through our participation officer. We will continue to work with the YSB to allow it to grow and therefore offer a wider service / level of support to children and young people of the borough.

Youth Shield

Youth Shield members have a standing invitation to the BSCB and report back regularly on their activity. At other times the Chair and Board Manager attend meetings with the young people.

The Barnet Safeguarding Children Board (BSCB) is committed to ensuring that the views and experiences of children and young people play a key part in driving the agenda of the Board. Much work has been done in laying the groundwork to enable young people in Barnet to play an active role in the work of the BSCB. In order to support this process, the BSCB commissioned CommUNITY Barnet to consult with children and young people on the safeguarding agenda.

Key Outcomes and Achievements 2012/2013:

- Recruited new members to Youth Shield who represent: Barnet Young Carers and Siblings, LGBT young people's group: Rainbow Head, GRT community, local schools and young volunteers
- Represented young people on Barnet LINK, giving young people a voice on health issues
- Sat on interview panels
- Attended a full council meeting
- Completed an Allegations Leaflet for young people
- CAMHS subgroup contributed to new 3 year CAMHS plan
- Winners of London Safeguarding Children Awards 2012 from the London Safeguarding Children Board. Our work was recognised as an example of best practice.
- Provision of a Workshop available to all London Boroughs to spread our good practice which was well attended



Healthy Relationships peer to peer training

Context:

We did a survey for young people in Barnet (Barnet Young People's Safeguarding Consultation 2011). 60% said they do not receive enough relationships education in schools. 15.8% said they had been grabbed, pushed or shoved by a boy or girl they were going out with and 69.5% thought that domestic violence exists in teenage relationships.

16-24 year olds are most likely to experience abuse from someone they know and every week 2 women are being killed by a partner or ex-partner here in the UK.

- Piloted the Healthy Teenage Relationships Training: a project for young people to become peer trainers and deliver sessions in schools and youth settings to 14 year olds.
- Delivered healthy relationships training at youth clubs, young people at the Barnet Youth Crime Conference and to adults as part of Safeguarding Month at NLBP
- Developed an in depth proposal to extend the healthy relationships project to reach a wider number of young people in schools and to train up 30 peer trainers a year.

Feedback from the Healthy Relationships Training:

"The best part of the training was the play we read out showing the beginning of an unhealthy relationship"

"I liked that the trainers are young because they can communicate with us on the same level"

"I thought it was good the trainers were young people because it was comfortable to speak to them about this topic."

Key Outcomes and Achievements 2013/2014:

- Created a survey for young people around their experiences and attitudes towards the Police, Youth Services and Social Care. Survey ready to launch summer 2013 (this will include going to youth events in Barnet to target young people).
- Taken part in the BSCB Review Day
- Continued healthy relationships training
- The approval by the BSCB of the Youth Shield Business Development Proposal to provide substantial funding to Youth Shield

Youth Shield

Youth Members of the Board



Organisation: Barnet Youth and Community Service

Internal arrangements for governance regarding safeguarding children at risk

- Youth & Community Service deliver/operate all safeguarding processes within the Children's Service guidance and policy
- All Youth Support Service staff are recruited with an enhanced CRB and undergo a Warner Interview

- Members of the Management Team are represented on the Children's Safeguarding Board, Professional Advisory Sub Group, Raising Educational Achievements (REA) for Looked After Children, Inclusion and Tracking Transition group, Multi-Agency group (MAG) ,Pupil Placement Panel and the MASH
- All staff are required to attend Safeguarding training within 3 months of being employed and are responsible for updating their training at required periods
- Quarterly Health & Safety meetings include Safeguarding with details of accidents and incidents
- Head of Service attends special review child protection case conferences as required

Work undertaken and achievements in 2012/2013

- Supporting delivery of the Junior Citizens Scheme – attendance at workshops and funding
- Contributed to the CAF Practitioners forum and CAF steering Group
- Delivery of Positive Activities (to 1,921 young people) to targeted areas and groups of vulnerable young people during school holidays and evenings and work programmes for NEET young people
- Development of counselling provision at 2 drop-in sites
- Delivered Evolve training to all staff for risk assessment inputting
- Implementation of Court Assessment meetings in relation to attendance
- Delivery of targeted work on a casework basis
- Targeted Youth Support early intervention multi-agency approach
- Meetings held with Practitioners working with young people in Barnet from the statutory, voluntary and private sectors. The meetings during 2011-12 included focus on Safeguarding, Safer Places for young people and gangs. Each meeting was attended by between 70 to 90 Practitioners with additional communications going out to over 700 Practitioners
- Further development of the Barnet Youth Board which is the youth council for the Borough of Barnet. It represents 13-19 year old young people across Barnet secondary schools, colleges and many community groups. It aims to give young people a voice and allow them to take their views to decision makers. As well as schools (including PRU's), there are members representing children in care, young carers, faith groups, Youth Shield, BLAB (Barnet Libraries advisory board) and disabled young people.

Work Planned for 2013/2014

- Continued targeted delivery of Positive Activities to targeted areas and groups of vulnerable young people during school holidays and evenings and work programmes for NEET young people
- Training to all providers in Child Protection awareness
- Training to all providers in Risk Assessments
- Partnership in the Junior Citizens 2012
- Targeted 'gangs' work through courses e.g. boxing and mechanics.
- Alternative education provision packages for non-attendees and young people at risk of exclusion
- Regular meetings with Practitioners which will include updates/information on safeguarding developments
- Continued delivery of targeted work on a casework basis.
- Implementation of 'Detached' and 'Outreach' work.
- Development of UKYP and the youth voice through the Participation strategy group in line with the 'United Nations Convention on the Rights of the Child.'
- Embed Counselling Provision for young people
- Support and inform the Young Carers agenda
- Develop and deliver Sexual Health and information programmes to individuals and groups. This includes information on 'staying safe'.

- Identification of positive interventions to prevent and divert young people from low level offending through the 'Out of Court disposals' route.
- Partnership work with the CIC team, delivering group work to the young people in foster care and their carers.
- Collaboration with the IFF team in relation to co working cases particularly in relation to School Attendance issues.

Karen Ali

Operational Manager

Youth & Community Service

Organisation: London Fire Brigade

Internal arrangements for governance regarding safeguarding children:

- London Fire Brigade (LFB) has a policy specifically for Safeguarding Children which is known by all fire officers.
- If an officer suspects there may be a safeguarding issue, details are forwarded to the duty Assistant Commissioner who will decide whether to make a referral to the Local Authority or not.

Key Outcomes and achievements in 2011/2012:

- LFB has started a new partnership arrangement with Barnet's Neighbourhood watch schemes and the MPS to identify at risk people to ensure that home fire safety visits are targeted at the individuals who most need them.
- The initiative commenced last year to identify premises in the borough that have had more than one fire in the home over the past two years has now been reinforced and is being promoted right across the North West area of London. As these premises are identified, LFB staff ensure that a Home Fire Safety Visit has been provided and that all appropriate measures have been considered to prevent further fires occurring. This includes liaison with other agencies including Barnet Social Services.
- LFB is actively campaigning to promote domestic sprinklers and fire suppression systems. We continue to work closely with Barnet Homes and other housing providers to look for an appropriate solution for our most at risk individuals.

Work Planned for 2012/2013:

- Continued working with the Children's Safeguarding Board, seizing opportunities to make vulnerable people safer.
- Continued working with all identified partners, improving links when necessary to make vulnerable people safer.
- We will continue to promote the LFB's Juvenile Firesetters Intervention Scheme to partners.
- We will continue working with YOS, promoting the LFB's Local Intervention Fire Education programme.
- We will again be an active partner at Barnet's 4 week Junior Citizen event.
- We will continue to work with various youth groups, engaging with children to promote fire safety.
- We will have an Open Day at Finchley Fire Station on 1st September 2013, the day will primarily be for promoting fire safety to young people.
- LFB will carry out over 2600 Home Fire Safety Visits within Barnet during 2013/14, with at least 80% of these to vulnerable people or within areas that we have identified as being at higher risk of fire.
- Focus working with individuals at risk of fire due to rough sleeping /squatting/beds in sheds.

- Focus working with individuals at risk of fire due to hoarding tendencies.
- Develop closer links with Barnet mental health trust and voluntary mental health charities in the borough to identify high risk individuals.

Steve Leader
Borough Commander
Barnet



Organisation: The Barnet Group

Internal arrangements for governance regarding safeguarding children at risk:

- The Barnet Group is a local authority trading company, owned by Barnet Council. We are the parent company to Barnet Homes, a social landlord which manages 15,000 council homes, and Your Choice Barnet, a social care organisation providing services to people with learning and physical disabilities
- The Barnet Group staff and contractors may come into contact with children in a number of ways and many people who use the service will themselves be parents, grandparents or related to children in some other way. Some of these adults may have difficulties that have an impact on their children, for example, alcohol or substance misuse or domestic violence, and it is important that staff are alert to potential risks of harm or other concerns about children.
- Barnet Homes have specific policy and procedures for safeguarding children. Awareness training is given to all staff and Barnet Homes complies with all safer recruitment processes. All mobile working staff are CRB checked and these are periodically renewed.
- Barnet Homes have a standing invitation to the BSCB and has a its own safeguarding group who meet monthly.

Key outcomes and achievements 2012/2013:

- Safeguarding had been included the latest Barnet Group Business Plan to implement best practice safeguarding across the Group.
- The Barnet Group have implemented phase 1 of MASH and our representative for MASH is Afi Hossein.
- Our Domestic violence procedure was reviewed in 2013 and a referral must be made to Children's services/MASH where children are considered to be at harm.
- Representative from Barnet Homes will be on the newly formed Gangs Strategic Meeting Group.
- Our Internal Safeguarding group has developed and now has a senior manager from LBB's Children's Services as a member for partnership working and best practice sharing

Work Planned for 2013/2014

- MASH awareness training for all staff.
- Review to take place of all safeguarding policies and procedure. Safeguarding triggers and monitoring to be incorporated into our new I.T. systems due to go live throughout 2013/14.

- Audit of safeguarding within Barnet Homes has/to take place? *Gladys I noticed on previous minutes this was mentioned but I do not know anything more*
- Continue to work with the Intensive Family Focus Team.
- Work with the Gangs Strategic Meeting Group.
- Continue to communication and promotion of safeguarding across the Group

Helen Faith/Gladys Mhone

Vice Lead/Lead persons for Children Safeguarding for the Barnet Group

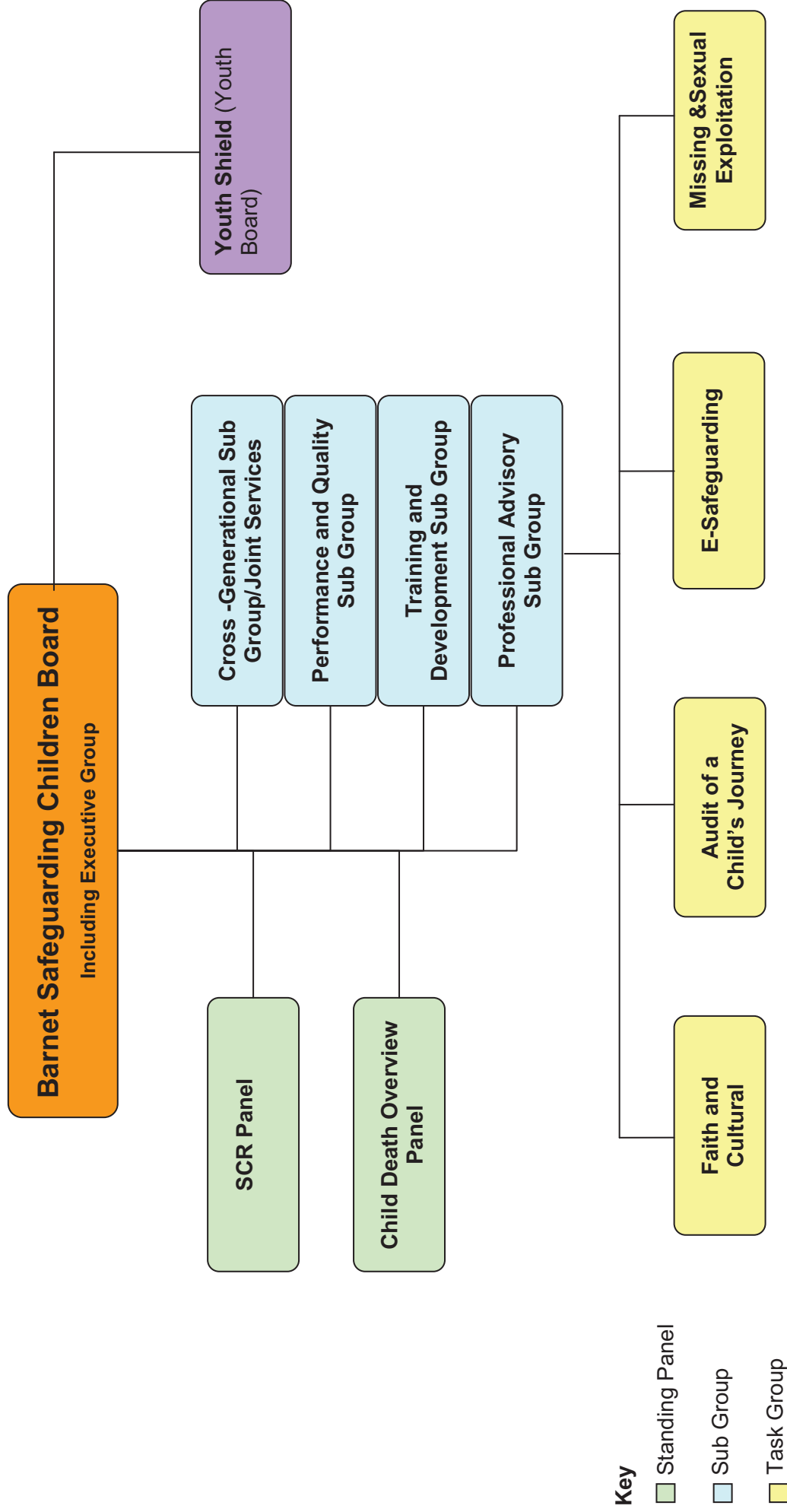
Appendix 4: Barnet Safeguarding Children Board Sub Groups

Chair's Name	Group	Email	Reporting Schedule
Tim Beach	Performance and Quality Sub-Group	tim.beach@barnet.gov.uk	Quarterly
Teresa DeVito (interim)	Professional Advisory Group	Teresa.deVito@barnet.gov.uk	Quarterly
Delphine Garr	Training and Development Sub Group	Delphine.Garr@barnet.gov.uk	Quarterly
Laura Fabunmi	Child Death Overview Panel	Laura.Fabunmi@harrow.gov.uk	Quarterly
Ann Graham	Cross -generational Sub-Group	ann.graham@barnet.gov.uk	Quarterly
Sally Trench	Serious Case Review Panel	swtrench@btinternet.com	Quarterly
Adrian Usher	Faith and Cultural Sub-Group	Adrian.usher@met.police.uk	Quarterly

Barnet Safeguarding Children Board Task and Finish Groups

Chair's Name	Task and Finish Group	Email
Sharon Harrison (interim)	E-Safeguarding	sharon.harrison.clt@gmail.com
Teresa DeVito (interim) & Mark Strugnell	Child Sexual Exploitation incorporating Missing	Teresa.deVito@barnet.gov.uk Mark.Strugnell@met.pnn.police.uk
Teresa DeVito (interim)	Audit of a Child's Journey	Teresa.deVito@barnet.gov.uk

Appendix 5: Barnet Safeguarding Children Board Structure Chart



Key

■ Standing Panel

■ Sub Group

■ Task Group

Appendix 6: Barnet Safeguarding Children Board Budget and Expenditure

Barnet Children's Safeguarding Board Budget Statement at 19/3/2013

	£	£	Balance Remaining/ Carried Forward
Balance B/Fwd 2011/12	35,520.00		
Income / Contributions			
London Borough of Barnet	97,840.00		
London SCB (Met Police)	5,000.00		
Probation	2,000.00		
CLCHT (Community Health)	12,500.00		
Chase Farm NHS Trust	12,500.00		
BEH MH Trust	12,500.00		
Royal Free Hospital Trust	12,500.00		
CAFCASS	550.00		
	190,910.00		
Grant Monies transferred (Munro/ Police Contribution)	34,245.00		
Expenditure			
Staffing Costs		78,956.00	
Independent Chair		24,400.00	
JKB Consulting		4,325.00	
Other Services		10,126.00	
Conferences		957.25	
Youth Shield		4,000.00	
Healthy Relationships (Youth Shield)		4,630.00	
Serious Case Review		2,360.00	
GMK Consulting (Case Review)		9,320.00	
Income written off from previous years (2008/09)		12,000.00	
		151,074.25	
Commitments			
Printing / Photocopying		1,729.00	
Catering		4,081.00	
Mobile phones		98.00	
Miscellaneous Expenses		668.75	
		6,576.75	
Totals	225,155.00	157,651.00	(67,504.00)

Meeting	Safeguarding Overview & Scrutiny Committee
Date	23 October 2013
Subject	Advanced Notification of Executive Decisions
Report of	Scrutiny Office
Officer Contributors	Anita Vukomanovic Overview and Scrutiny Officer
Status (public or exempt)	Public
Wards affected	All
Enclosures	Appendix A: Advanced Notice of Executive Decisions
Reason for urgency / exemption from call-in	N/A
Contact for further information:	Anita Vukomanovic Overview & Scrutiny Officer 020 8359 7034 anita.vukomanovic@barnet.gov.uk

1. RECOMMENDATION

- 1.1 That the Committee comment on and consider the Advanced Notification of Executive Decisions when identifying areas of future scrutiny work.**

2. RELEVANT PREVIOUS DECISIONS

- 2.1 None.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 The Overview and Scrutiny Committees must ensure that the work of Scrutiny is reflective of the Council's priorities.
- 3.2 The three key priorities set out in the 2013-16 Corporate Plan are: –
- Supporting families and individuals that need it – promoting independence, learning and wellbeing,
 - Improving the satisfaction of residents and businesses with the London Borough of Barnet as a place to live, work and study,
 - Promoting responsible growth, development and success across the borough.

4. RISK MANAGEMENT ISSUES

- 4.1 None in the context of this report.

5. EQUALITIES AND DIVERSITY ISSUES

- 5.1 Pursuant to the Equality Act 2010, the Council has a legislative duty to have 'due regard' to eliminating unlawful discrimination, advancing equality and fostering good relations in the contexts of age, disability, gender reassignment, pregnancy, and maternity, religion or belief and sexual orientation.
- 5.2 In addition to the Terms of Reference of the Committee, and in so far as relating to matters within its remit, the role of the Committee is to perform the Overview and Scrutiny role in relation to:
- The Council's leadership role in relation to diversity and inclusiveness; and
 - The fulfilment of the Council's duties as employer including recruitment and retention, personnel, pensions and payroll services, staff development, equalities and health and safety

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

6.1 None in the context of this report.

7. LEGAL ISSUES

7.1 The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 removes the requirement for local authorities to public a Forward Plan of Key Decisions. This has been replaced with a requirement to publish an Advance Notification of Executive decisions which the Council has been compliant with since the regulations came into force on 10 September 2012.

8. CONSTITUTIONAL POWERS

8.1 The scope of the Overview and Scrutiny Committees are contained within Article 6 of the Council's Constitution

8.2 The Terms of Reference of the Scrutiny Committees are included in the Overview and Scrutiny Procedure Rules in the Council's Constitution.

9. BACKGROUND INFORMATION

9.1 Under the current overview and scrutiny arrangements, the Safeguarding Overview & Scrutiny Committee will ensure that the work of scrutiny is reflective of Council priorities, as evidenced by the Corporate Plan and the programme being followed by the Executive.

9.2 The Advanced Notification of Executive Decisions will be included on the agenda at each meeting of the Safeguarding Overview Scrutiny Committee as a standing item.

9.3 The Committee is encouraged to comment on the Notification.

9.4 The Committee is asked to consider items contained within the Advanced Notification of Executive Decisions to assist in identifying areas of future scrutiny work, particularly focussing on areas where scrutiny can add value in the decision making process (pre-decision scrutiny).

9.5 When identifying items for pre-decision scrutiny, the Committee are requested to provide specific information on the rationale behind the pre-decision scrutiny request and the expected outcome to enable Cabinet Members and officers to prepare appropriately.

9.6 Any further Advanced Notices which become available will be tabled at the meeting.

10. LIST OF BACKGROUND PAPERS

10.1 None

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London Borough of Barnet Decisions Taken Under Executive Functions – Advance Notice of Proposed Items for Decision and Parts of Meetings which will not be held in public session ('subject to exempt report').

This notice gives details of proposed decisions due to be taken under Executive functions, together with information as to whether any proposed decisions are subject to an exempt report, consideration of which will not be in public session. The document below is also indicative of the decisions which at this stage are intended to be classified as 'key'. For the purposes of complying with the The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 however, all prospective decisions listed below are to be regarded as potentially key or potentially subject to a separate exempt report (not held in public session).

Please note: this plan lists prospective decisions. The final agenda for each meeting, which may not include all prospective decisions listed for that meeting on this document, will be published five clear working days prior to the meeting on the authority's website: <http://barnet.moderngov.co.uk>

Title	Description of proposed decision	Cabinet Member	Key Decision (Y/N).	Subject to Exempt Report (Y/N).
CABINET, 4 NOVEMBER 2013				
Hendon Town Hall, The Burroughs, NW4 4BG				
Business Planning 2014/15 – 2015/16	To approve the budget proposals, and to allocate £4m to be spent on roads & pavements.	Leader of the Council	Yes	No
CABINET RESOURCES COMMITTEE, 4 NOVEMBER 2013				
Hendon Town Hall, The Burroughs, NW4 4BG				
Outline Business Case: Sport and Physical Activity Review	To consider options and agree the future provision of sport and physical activity within the borough.	Cabinet Member for Customer Access and Partnerships, Cabinet Member for Public Health and Cabinet Member for the Environment	Yes	No
Extension of Term Maintenance Contracts	To extend the existing Term Maintenance Contracts for building, mechanical, electrical, lifts, water hygiene and fire beyond the contracted dates for a period of four months.	Cabinet Member for Resources and Performance	No	No
Procurement Forward Plan 2014/15	To seek approval of Procurement Forward Plan	Cabinet Member for Resources and Performance	No	No
Arboricultural Contracts - Extension	To seek approval for extensions of the three Arboricultural contracts for two years with City Suburban Tree Surgeons Ltd.	Cabinet Member for Environment	Yes	No

Pavilion Way HA8 Disposal of the Site with provision of community sports facility	To consider options and agree the future use of the site at Pavilion Way, Deansbrook, Burnt Oak	Cabinet Member for Resources and Performance	Yes	Yes
Disposal of former nursery site Burtonhole Lane, Mill Hill	Approval sought for disposal of freehold.	Cabinet Member for Resources and Performance	No	Yes
NLWA – amendment to levy	The report seeks agreement to a change to the North London Waste Authority levy arrangements relating to a proposed Household Waste Recycling Centre at Western Road, Haringey.	Cabinet Member for Environment	No	No
Community Focus – Extension of Funding Agreement, 2014/15	The report seeks approval to extending funding of Community Focus through an existing agreement to 31 March 2015.	Cabinet Member for Customer Access and Partnerships	No	No
Clear the allocation of funds for the Big Society Innovation Bank	The report seeks approval for the Community Panel's recommendations for projects to be awarded funding through Round 3 of the Big Society Innovation Bank.	Cabinet Member for Customer Access and Partnerships	No	No
Contracts Extension and Regularisation Report	Waiver of the Contract Procedure Rules and approval to enter into and extend contracts with providers delivering social care services to vulnerable people.	Cabinet Member for Adults	Yes	No
Appointment of Resident Independent Advisor Service for Dollis Valley, West Hendon and Grahame Park	The Council's Independent Resident Advisor Service provider for Dollis Valley, West Hendon and Grahame Park has closed for business and emergency interim 6 month contracts have been put in place to secure the continuation of this critical service provision. This report confirms the action taken.	Leader of the Council	Yes	No
CCTV Camera Transmission	This report seeks approval to continue renting BT Redcare circuits for camera transmission to LB Barnet's CCTV control room, until 31st March 2014, pending appointment of a new provider within the Borough	Cabinet Member for Safety and Resident Engagement	No	No

Award of Contract to Family Fund	Report notifying of decision to award a contract to Family Fund for the fulfilment of Crisis Fund awards.	Cabinet Member for Resources and Performance	Yes	No
Review of Registration and Nationality Service – Outline Business Case	Barnet's Registration & Nationality Service has undergone a review and an options appraisal and business case has been produced for the future delivery of its service.	Cabinet Member for Customer Access and Partnerships	Yes	No

Notice published: 7 October 2013

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Meeting	Safeguarding Overview & Scrutiny Committee
Date	23 October 2013
Subject	Safeguarding Overview & Scrutiny Committee Forward Work Programme
Report of	Scrutiny Office
Summary	This report outlines the Committee's work programme for 2013/14.

Officer Contributors	Anita Vukomanovic, Overview and Scrutiny Officer
Status (public or exempt)	Public
Wards affected	All
Enclosures	Appendix A – Safeguarding Overview and Scrutiny Work Programme 2013/14
Reason for urgency / exemption from call-in	Not applicable

Contact for further information: Anita Vukomanovic, Overview and Scrutiny Officer:
020 8359 7034, anita.vukomanovic@barnet.gov.uk

1. RECOMMENDATION

- 1.1 That the Committee consider and comment on the items included in the 2013/14 work programme of the Safeguarding Overview & Scrutiny Committee (Appendix A).**

2. RELEVANT PREVIOUS DECISIONS

- 2.1 None.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 The Overview and Scrutiny Committees must ensure that the work of Scrutiny is reflective of the Council's priorities.
- 3.2 The three key priorities set out in the 2013-16 Corporate Plan are: –
- Supporting families and individuals that need it – promoting independence, learning and wellbeing,
 - Improving the satisfaction of residents and businesses with the London Borough of Barnet as a place to live, work and study,
 - Promoting responsible growth, development and success across the borough.

4. RISK MANAGEMENT ISSUES

- 4.1 None

5. EQUALITIES AND DIVERSITY ISSUES

- 5.1 In addition to the Terms of Reference of the Committee, and in so far as relating to matters within its remit, the role of the Committee is to perform the Overview and Scrutiny role in relation to:
- The Council's leadership role in relation to diversity and inclusiveness; and
 - The fulfilment of the Council's duties as employer including recruitment and retention, personnel, pensions and payroll services, staff development, equalities and health and safety.
 - The Council is required to give due regard to its public sector equality duties as set out in the Equality Act 2010 and as public bodies, Health partners are also subject to equalities legislation; consideration of equalities issues should therefore form part of their reports.

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

- 6.1 None in the context of this report.

7. LEGAL ISSUES

7.1 None in the context of this report.

8. CONSTITUTIONAL POWERS

8.1 The scope of the Overview and Scrutiny Committees is contained within Part 2, Article 6 of the Council's Constitution.

8.2 The Terms of Reference of the Scrutiny Committees are included in the Overview and Scrutiny Procedure Rules (Part 4 of the Council's Constitution).

9. BACKGROUND INFORMATION

9.1 The Safeguarding Overview & Scrutiny Committee's Work Programme 2013/14 indicates items of business previously considered by the Committee and forthcoming items.

9.2 The work programme of this Committee is intended to be a responsive tool, which will be updated on a rolling basis following each meeting, for the inclusion of areas which may arise through the course of the year.

9.3 The Committee is empowered to agree its priorities and determine its own schedule of work within the programme.

10. LIST OF BACKGROUND PAPERS

10.1 None

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**London Borough of Barnet
Safeguarding Overview and
Scrutiny Committee
2013/14**

Contact: Anita Vukomanovic, Overview and Scrutiny Officer, 020 8359 7034 anita.vukomanovic@barnet.gov.uk

Subject	Decision / Decision requested	Cabinet Member	Author
19 June 2013			
Telecare Update	Committee to receive a report on the Council's Telecare Strategy.	Cabinet Member for Adults	Adults and Communities Director / Community Well-being Assistant Director
Local Account of Adult Care Services	Committee to receive a report on the Council's Account of Adult Care Services	Cabinet Member for Adults	Adults and Communities Director / Community Well-being Assistant Director
Peer Review of Safeguarding Arrangements	A report on the Peer Review of Safeguarding Arrangements and arising actions	N/A	Adults and Communities Director / Community Well-being Assistant Director
Members' Visits to Hostels for Young People	Standing Item	N/A	Scrutiny Office
9 September 2013			
Tackling Sexual Exploitation, Abuse and Grooming	The Committee has requested to receive a report that outlines the Council's actions in relation to tackling the sexual exploitation, abuse and grooming of children.	Cabinet Member for Education, Children and Families	Children's Social Care Assistant Director
Working Together to Safeguard Children	Committee to receive a report which outlines the Council's response to new statutory guidance on 'Working Together to Safeguard Children'	N/A	Children's Social Care Assistant Director

Subject	Decision / Decision requested	Cabinet Member	Author
Barnet Multi-Agency Safeguarding Adults Board Annual Report 2012-13 and Safeguarding Strategy 2013-15	This report documents the work of the Safeguarding Adults Board 2012/13 and presents the strategy and work programme for 2013-2015.	Cabinet Member for Adults	Adults and Communities Director
Enter and View	Committee to receive Enter and View Reports from Barnet HealthWatch	N/A	Barnet HealthWatch
Members' Visits to Hostels for Young People	Standing Item	N/A	N/A
23 October 2013 (Special Meeting)			
Adults and Communities Delivery Unit Annual Complaints Report 2012/13	Adults and Communities Delivery Unit Annual Complaints Report 2012/13 (Formally Adult Social Care and Health) are required under statutory regulations to report annually to the relevant Council committee on adult social care complaints and to compile an annual report	Cabinet Member for Adults	Adults Social Care Assistant Director

Subject	Decision / Decision requested	Cabinet Member	Author
Safeguarding Children's Board Annual Report 2012-13	This report provides an overview of the effectiveness of safeguarding arrangements in Barnet including an assessment of the performance of the Local Authority and partners in delivering outcomes for children. It reviews progress during the last year and identifies challenges and priorities for the year ahead. The Committee have requested that this report also includes an update in relation to what action the board has taken to tackle the sexual exploitation, abuse and grooming of children.	Cabinet Member for Education, Children and Families	Chairman of Safeguarding Children's Board
Safeguarding in Barnet	The Committee have requested to undertake post decision scrutiny on the "Safeguarding in Barnet" report scheduled for Cabinet on 24 September 2013	Cabinet Member for Education, Children and Families Cabinet Member for Adults Cabinet Member for Safety and Resident Engagement Cabinet Member for Public Health	Overview and Scrutiny Office
27 November 2013			
Analysis of Children Subject to Child Protection Plan 2012/13	TBC	Cabinet Member for Education, Children and Families	Children's Social Care Assistant Director
OFSTED Inspection Frameworks	This report updates the committee on the new OFSTED Inspection Frameworks for child protection and looked after children	Cabinet Member for Education, Children and Families	Children's Social Care Assistant Director

Subject	Decision / Decision requested	Cabinet Member	Author
Your Choice Barnet Task and Finish Group	Committee to receive the final report on the work of the Your Choice Barnet Task and Finish Group.	N/A	Scrutiny Office
National Winterbourne View Programme – Barnet’s Response & Compliance Report	Committee to receive a report on Barnet’s Response to the Winterbourne View Programme. The report is also to include compliance report on the CQC Inspection Programme in Barnet, presenting inspection and compliance report, and learning from the Winterbourne View Report and Francis Report.	N/A	Karen Jackson – Adults Social Care Assistant Director / Adults and Communities Director
14 January 2014			
Enter and View	Committee to receive Enter and View Reports form Barnet HealthWatch	N/A	Barnet HealthWatch
Multi Agency Safeguarding Hub	Committee to receive an update report on the Barnet MASH.	Cabinet Member for Education, Children and Families / Cabinet Member for Adults	Children’s Social Care Assistant Director
Members’ Visits to Hostels for Young People	Standing Item	N/A	N/A
10 April 2014			
Social Care Reforms White Paper	Committee to receive a report on the Social Care Reforms White Paper	Cabinet Member for Adults	Adults and Communities Director

Subject	Decision / Decision requested	Cabinet Member	Author
Application of Mental Capacity Act 2005 and Deprivation of Liberty Safeguards	Committee to receive a report on the application of The Mental Capacity Act 2005, and Deprivation of Liberty Safeguards	Cabinet Member for Adults	Adults and Communities Director
Member's Visits to Hostels for Young People	Standing Item	N/A	N/A
Items to be Allocated			
Children and Families Bill	Committee to determine whether they wish to receive a report on the implications arising from the Children and Families Bill	Cabinet Member for Education, Children and Families	Family Services Director
Crime and Disorder	The Committee requested to receive a report relating to youth issues and youth crime in relation to Safeguarding. To focus on the changes to the status of children who are remanded to become looked after children	Cabinet Member for Safety and Resident Engagement	Education and Skills Director
Community Advice Contract	Committee to receive a report on the provisions of the Community Advice Contract	TBC	TBC
Corporate Parenting Advisory Panel Annual Report 2012/13	To be received following CPAP meeting receiving the 2012/13 annual report	Cabinet Member for Education, Children and Families	Children's Social Care Assistant Director
Early Help (Early Intervention) Offer for Children and Families in Barnet	To cover services and outcomes for Barnet's children and young people	Cabinet Member for Education, Children and Families	Children's Social Care Assistant Director
Annual Adoptions Report & Annual Fostering Report	NB: this could be received as an appendix above	Cabinet Member for Education, Children and Families	TBC

Subject	Decision / Decision requested	Cabinet Member	Author
HealthWatch Enter and View	Standing Report	N/A	Overview and Scrutiny Office / HealthWatch Coordinators (BarnetLINK)

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