



## Barnet Safeguarding Children Board

# Annual Report 2013-2014



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## Foreward by the Independent Chair

It is a great pleasure to present my first report as chair of the Barnet Safeguarding Children Board (BSCB). On behalf of the BSCB partners I want to express our gratitude to three loyal members of BSCB, all of whom have moved on to new ventures: Tim Beach the outgoing chair and his colleagues, Helen Elliott and Fiona Fernandes. I took up the role of independent chair in December 2013 and since then I have spent a hectic few months getting to know the staff that across the statutory and voluntary sector do so much to ensure the health, wellbeing and safety of Barnet's children and young people. I am glad to say that I have found Barnet's children's workforce to be motivated, determined and skilled at what they do. This report gives an account of what the safeguarding partners have achieved in 2013-14 and also looks forward to 2014-16.

In 2012-13 the BSCB had five key priorities:

- Quality assurance, challenge and scrutiny
- Risk assessment, information sharing and partnership work
- Young people at risk through peer violence and exploitation
- Early intervention
- Learning and development

We can report significant progress for each of these priorities both individually and collectively. Throughout this report you will see further evidence and information that relates to the Board's achievements in these areas. We have also redesigned and streamlined our structure and governance arrangements to improve the way we do business and hold each other to account. We have opened the Multi-Agency Safeguarding Hub where partners work together to share information and assess risks to children. I have been appointed as chair to both the BSCB and the Barnet Safeguarding Adults Board (BSAB) to ensure that links are made between these two crucial areas of safeguarding. We have decided to restructure the way these two boards operate and we have also revised the terms of reference and the purpose of our subgroups. Our restructure reflects the need to improve the way we join up services and develop partnerships.

We have taken positive steps to tackle sexual exploitation of children and now there is a dynamic cross agency meeting with robust oversight of cases where sexual exploitation of children has been identified as a risk.

Early intervention can be the key to solving long-term and complex problems and our strategy is further developed and beginning to make impact. Our numbers of children in need and on child protection plans are lower than they were two years ago and the number of children in care carries on falling. The family nurse partnership continues to deliver excellent results for teenage girls who are pregnant for the first time.

We have worked hard at developing new ways of quality assuring our learning and development to ensure that it is effective, has impact and is aligned to key priorities.

The detailed outcomes are set out in part 5 of this report.

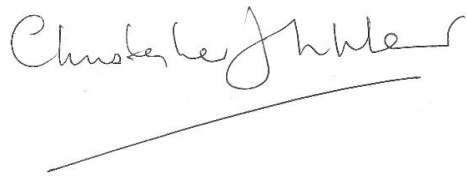
Looking forward, many challenges lie ahead. I first undertook a role on a safeguarding board as a senior police representative six years ago. Since then safeguarding has been more or less continuously in the spotlight as one difficult case seems to follow another. The role of safeguarding boards has become more complex and demanding, possibly because of media scrutiny and government overview. We are now less of a partnership sounding board and much more a strategic body, required to improve practice through organisational co-operation and a mature understanding of what partnership performance data tells us.

This enhanced role which is now the subject of specific inspection by Ofsted offers exciting opportunities and stiff challenges in equal measure. Safeguarding boards now need to show that their combined efforts actually make a real difference to children's lives and to that end Board members are required to be challenging and curious about the role that their partners play in safeguarding and promoting the welfare of children. And so they should. However, that places heavy burdens on partner agencies. It requires them to demonstrate the ability to operate flexibly in deploying resources, to change course, and to have an intelligent understanding of their own data and that of their partners.

I believe that this final point presents Barnet with its greatest challenge. Our many and varied IT systems, individual agency performance data requirements and the on-going budgetary restraints and organisational changes across partners can all militate against getting an insightful and shared understanding of what we can do to make a real difference. Over the next year, we will need to maximise progress with our priorities by ensuring that we analyse our data properly and use this to intelligently inform our work and priorities. The members of the BSCB can only perform their role of holding each other to account if all are sighted on the bigger partnership picture that welcomes challenge and innovation.

Our new Business Plan for 2014-16 comprises 4 clear priorities, Child Sexual Exploitation, E-Safety, Neglect and Domestic Abuse. These all require a co-ordinated multi-agency partnership approach to ensure the early help is secured at the right time in order to secure the best outcomes for the most vulnerable in our society. The strategic approach we have adopted in our Business Plan is to set objectives across the spectrum for prevention of abuse, early identification of abuse, provision of the right intervention and support and disruption and prosecution of perpetrators where appropriate.

Our ambition in adopting this approach is to improve performance in these 4 priority areas across the multi-agency partnership and secure better outcomes for children and families in Barnet. The work of the partnership will include but not be limited to reviewing existing policies and procedures, monitoring and evaluating the effectiveness of existing practices to identify areas for improvement, establishing baselines, analysing local and national data to set smart targets and communicating and raising awareness. We have chosen these 4 priorities because our partnership believes they are the most important issues facing children and young people in Barnet at the moment.

A handwritten signature in black ink, appearing to read 'Chris Miller', with a long horizontal line drawn underneath it.

Chris Miller

July 2014

# 1. Introduction and Executive Summary

Barnet Safeguarding Children Board (BSCB) is a partnership of a range of organisations that are committed to promoting the safeguarding and welfare of local children and young families in Barnet. We co-ordinate our activities, learn and improve practice so that Barnet's children have the best chances of thriving.

BSCB's key functions 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 Barnet; and
- Ensure the effectiveness of what is done by each person or body for those purposes.

This Annual Report provides:

- An outline of the main activities and achievements of the BSCB partnership and its sub-groups during 2013-14 through its co-ordinated approach.
- An assessment of the effectiveness of safeguarding activities in Barnet.
- Ambitions for future service developments and identification of key priorities.

All BSCB partners have reflected on and provided contributions on:

- How their organisation has improved the effectiveness of their practice in the past 12 months in relation to safeguarding and promoting the welfare of children;
- What they have learned from any reviews undertaken and how that learning has been embedded in day to day practice; and
- Future challenges and steps in train to improve practice.

The emphasis of the work undertaken by the Board and partners continues to move towards effective early intervention and prevention, focusing on promoting the child's wellbeing.

The Board is strongly committed to future strengthening its relationship with other strategic partners, including the Children's Trust Board and the Health and Wellbeing Board.

This report will be presented to the local authority's Chief Executive, Leader of the Council, the Children's Trust Board, the Children, Education, Libraries and Safeguarding Committee,

the Health and Wellbeing Board, the Safer Communities Partnership Board, the Police Borough Commander and other partnership Boards as appropriate.

Any comments about this report can be made to the independent chair or business manager at [barnetscb@barnet.gov.uk](mailto:barnetscb@barnet.gov.uk).

## 2. Local Demographic Context

*2.1 Population:* Barnet is the second largest borough by population in London with a total of 375,197 inhabitants of whom 94,940 are children and young people. This is the second largest childhood population of any London Borough and has been steadily growing over the last decade. Almost  $\frac{1}{4}$  of the Barnet population is under 19 years of age. The population is set to grow further as Barnet has experienced an increase in its live birth rate over the past two years that is greater than the London and UK averages. By 2025, the number of children and young people is estimated to grow by 18%. The increase in the child population will place additional demands on health, social care and education.

*2.2 Diversity:* Barnet's children are a diverse population and getting more so. The ethnicity of children and young people varies by ward. At ages 15-19, 46% of children are from black and minority ethnic (BME) backgrounds but the proportion of BME children steadily increases as the children get younger and for those aged 0-5 it is 54%.

*2.3 SEN:* In the School Census carried out in January 2013, a total of 59,969 pupils were on Barnet's school rolls. Of these, 6,590 are receiving School Action Support, 3,445 are receiving School Action Plus support and 1,630 have SEN Statements. This makes a total of 11,665 children receiving School Action Support, School Action Plus or with a SEN Statement, just under 20% of the total number of children on the school roll. An additional 285 children in Barnet have a SEN statement and attend schools outside of the borough. The highest numbers of children on the school rolls with SEN are concentrated within the Burnt Oak, Colindale and Underhill wards.

*2.4 Disability:* Of the 4,860 children on Barnet's maintained school rolls (excluding nursery schools) who have a statement of SEN or are in receipt of School Action Plus support, the main presenting needs are:

- speech, language and communication needs (898 children),

- behaviour, emotional and social difficulties (634 children), and
- autistic spectrum disorders (500 children).

*2.5 Deprivation:* Barnet is a relatively affluent borough with pockets of deprivation, as measured by the Index of Multiple Deprivation. Barnet has 210 'Lower-layer Super Output Areas' (small areas with about 1700 residents - LSOAs) about which the Government keeps and publishes data for the purposes of decisions on spending and resource allocation. Of these, 30 LSOAs fall within the 30% most deprived areas nationally. These are predominantly located in the west of the borough and no Barnet LSOAs are within the 10% most deprived nationally.

*2.6 NEET:* not in education, employment or training : Barnet's NEET population at 3.5% of the 16-18 population in 2012 was the lowest compared to its statistical neighbours, and much lower than the London average, which was 4.7%.

*2.7 Children's Health and life expectancy:* The early health of children is a vital component in their ultimate life chances and, therefore, BSCB examines data that reveals what is happening in the early lives of Barnet's children. The Joint Strategic Needs Assessment 2013-14 notes the concern about the rise of childhood obesity and of such obesity persisting into adulthood. The risk of obesity in adulthood and risk of future obesity-related ill health are greater as children get older. The health consequences of childhood obesity include increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying. The life expectancy for boys living in Barnet is 80.8, while for girls it is 84.2.

*2.8 Infant Mortality, Maternal Smoking and Breastfeeding:* Barnet's infant mortality rate at 3.5 per 1,000 live births is lower than in London or England. The percentage of mothers smoking at the point of delivery in Barnet reduced notably between 2007 and 2012 from 14.4% to 5.9%, and now Barnet is in line with the rest of London, which is much better than the rest of the UK. The proportion of Barnet's babies that are breast-fed is high at 80%. This is 10% higher than the UK average and represents a significant increase on the Barnet figure of 2008 which stood at 45%.

*2.9 Teen Conception rates:* Barnet's rates of teenage pregnancy have been 40% below the national average for the past 15 years and continue to be so; our local rates are now 12 per 10,000 females under 18 compared to a national figure of 27.9 per 10,000.



### 3. Co-ordinating local work to safeguard and promote the welfare of children

#### 3.1 Barnet Safeguarding Children Board Structure

BSCB is now closely linked with Barnet Safeguarding Adults Board (BSAB). They operate as separate boards but have a series of shared sub-groups tasked with delivering the core business of the Boards. The broad structure is set out in Figure 1, although it is important to note that there is significant activity and co-ordinated effort in the form of evolving task groups, workshops and other partnership meetings that are not captured in this chart (for example MASE, E-Safety Task Group). We have endeavoured to secure membership of partners at the right level at the main board as well as all of the sub groups, task groups and workshops. We have woven into the activity of all groups core principles, namely, securing the voice of the child, sharing information intelligently and effectively and continuously learning and improving.

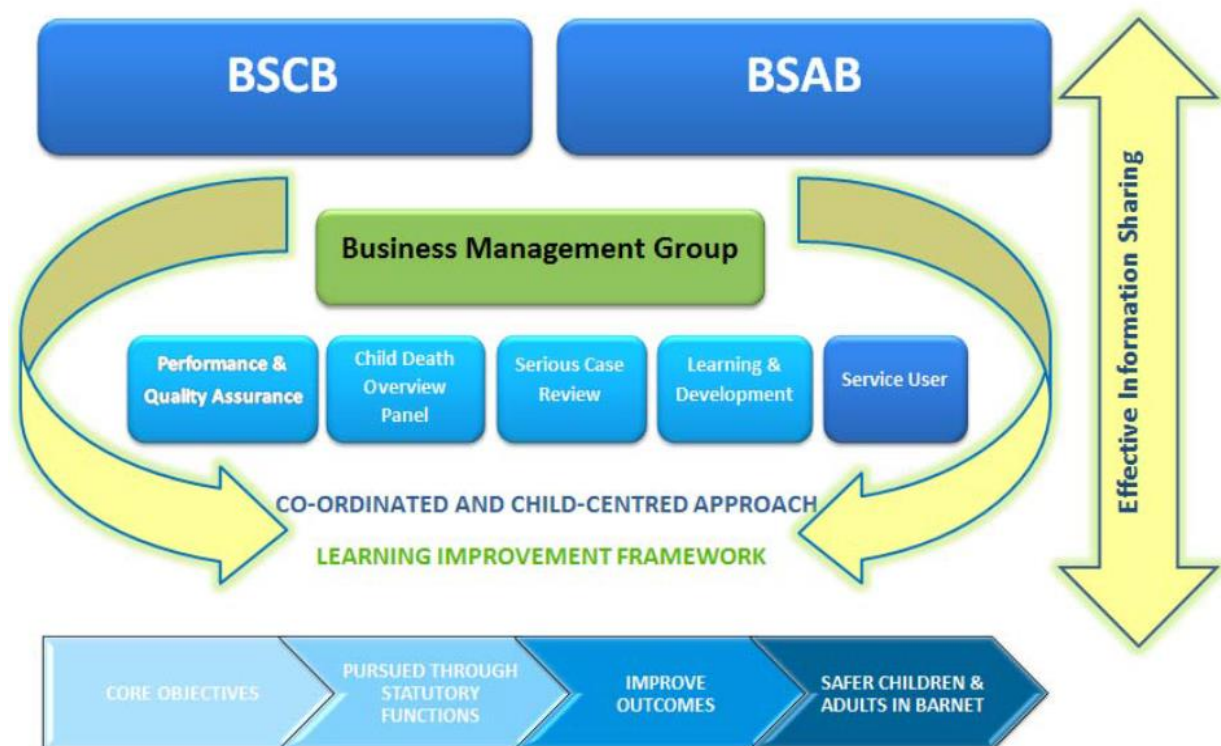


Figure 1: BSCB Structure

Full details of the functions of the board and its sub-groups as well as the links with other boards and accountability are set out in the BSCB Terms of Reference. A very brief summary of the sub-groups is set out below.

**The Business Management Group (BMG)** is made up of a small number of senior officers from the main board and its job is to ensure that the strategy laid down by the boards is being delivered by partners. It also agrees and monitors spend.

**The Performance and Quality Assurance sub-group (PQA)** scrutinises partner data and ensures that the BMG and the main boards are sighted on any performance issues and emerging trends. It also oversees audit and review.

**The Child Death Overview Panel** scrutinises all deaths of children normally resident in Barnet, with a view to establishing whether a death was preventable. The aggregated findings from all child deaths inform local strategic planning, including the local Joint Strategic Needs Assessment. The overall principle of the child death review process is to learn lessons and reduce the incidences of preventable child deaths in the future.

**The Serious Case Review sub-group** assesses cases to determine whether the criteria for a serious case review (SCR) are met and makes a recommendation to the BSCB chair on whether or not a SCR should be undertaken. It oversees reviews of complex cases which could provide learning for Board partners, monitors and drives progress of action plans from reviews or learning events. It also liaises with the learning and development sub-group to ensure learning is disseminated, embedded and the impact of learning is evaluated and highlights learning from National or other reviews or thematic audits.

**The Learning and Development sub-group** oversees and ensures the effectiveness of single and multi-agency safeguarding learning and development. This seeks to ensure that our workforce is properly equipped, that we learn from experience and improve our services. All groups are driven by the learning and improvement framework to ensure we continuously learn from experience and improve services and performance as a result.

The **child's voice** is secured in all activities of the Board and sub-groups through representatives from a number of forums including Youth Shield, Barnet Youth Board, the Bobby Panel and the Role Model Army. This ensures that that we have a child-centred approach to everything the Board does. Youth Shield representatives attend the main board meetings and have informed and influenced the priorities and action plans for the year ahead.

### **Child Sexual Exploitation and Missing Children**

The Task Group in 2013 culminated in the establishment of a specialist **multi-agency sexual exploitation group** (MASE) which meets every month and 'Missing Protocols' which were

developed with regard to children missing from home, children missing from care and children missing from education. The BSCB has appointed an experienced CSE Co-ordinator to drive forward the CSE Strategy and MASE, which is both operational and strategic. At the time of writing we are in the process of establishing a strategic sub-group which will have oversight of CSE and missing children. It is proposed that the sub-group will report quarterly to the main board.

MASE's key functions are to maintain robust oversight of cases where child sexual exploitation (CSE) has been identified as a risk, gain a better understanding of the prevalence of CSE in Barnet and to continue to develop expertise in dealing with this problem. The CSE Strategy sets out key information such as the early warning signs, referral pathways, the role of partners in combatting CSE, the intervention and range of support for victims and disruption strategies. MASE reports bi-annually to BSCB on the prevalence of CSE in Barnet, trends and hot spots and the effectiveness and impact of strategies on prevention, early identification, intervention and support for victims, disruption activity and prosecution of perpetrators.

Effective strategies are in place to monitor and help children and young people who go **missing** from home, care or education. 2014 will see the start of regular meetings to ensure that the three strands of missing (home, care, education) are joined up and have a direct line into the MASE group as we are aware that a proportion of missing young people are also at risk of sexual exploitation.

**The Service User sub-group** reports to BSAB as its membership comprises users of adult services. The child's voice is secured via the mechanisms cited above.

In addition, task groups (for example, those set up in 2013 for E-Safety, missing and CSE) will be established as appropriate to draw on specialist expertise and complete clearly defined projects.

### 3.2 Governance and accountability

Membership and Attendance: Co-operation and co-ordination of effort are fundamental to a good Safeguarding Children Board. In Barnet, all partners realise the importance of participating and engaging in the business of the Board. To that end we continue to work at ensuring we achieve a high level of attendance in the wide variety of meetings through which we transact our business. Partner attendance at main board and business management group is shown in Figure 2 below. We have made significant progress with securing representation at the right level and attendance and engagement is good. To

ensure we sustain this improvement in 2014-15 we will continue to monitor representation is at the right level as well as attendance.

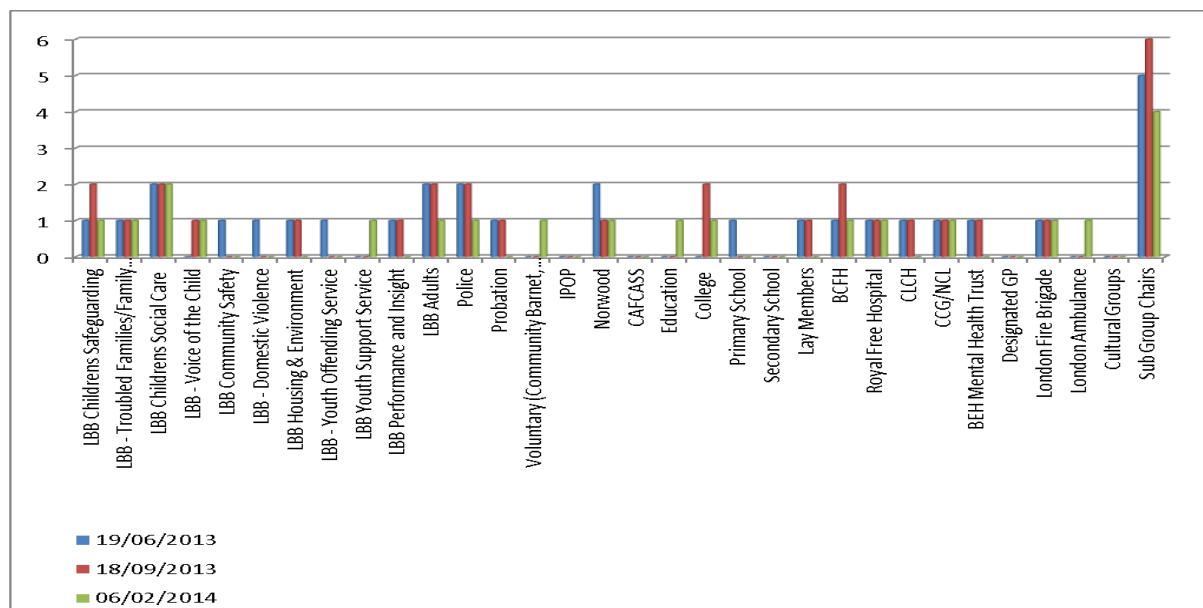


Figure 2: Attendance at Board meetings

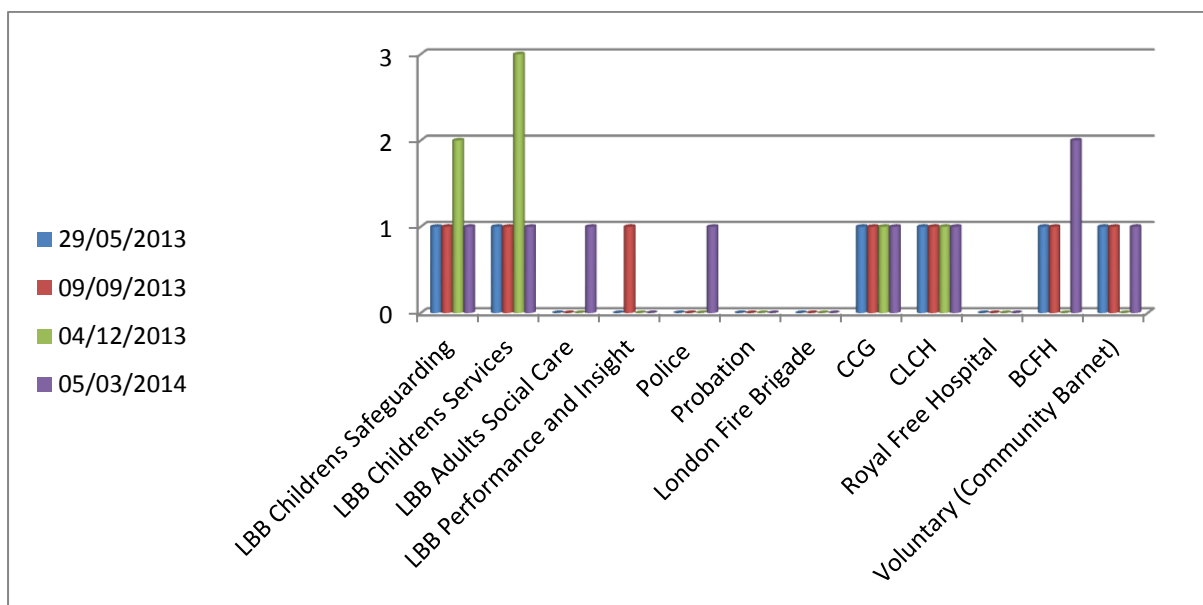


Figure 3: Attendance at Executive Board / Business Management Group

A Development Day was held on 18 December 2013 in place of the Board meeting and a subsequent half day convened on 29 January 2014 to examine the existing structure and design and inform the new structure and terms of reference of the board and sub-groups.

The objective was to improve and ensure the effectiveness of the Board, align children safeguarding with adult safeguarding, refine the structure and membership to make it more effective and efficient, reduce the need to attend multiple meetings by having fewer and shorter meetings where appropriate, introduce the new independent chair to all partners and facilitate good discussion to secure ownership of how the board will progress going forward.

The Executive Board ceased to function at the end of the relevant financial period in 2014. Following the restructure of the Board and sub-groups, the Business Management Group (BMG) was established. The BMG serves both safeguarding boards for children and adults and held its first meeting in March 2014.

To strengthen membership, we have reviewed the structure and composition of the Board and its subgroups and reviewed and updated the terms of reference. Our new structure launched in 2013-14 fosters closer links between BSCB and BSAB. There is much cross over activity between the two boards as children's welfare is often compromised by adults who should be caring for them but are in fact themselves very vulnerable. We believe that our restructure will enhance our chances of making a difference and deliver lasting improvements.

We also now have two lay members for the Board who bring the public voice into our discussions. As representatives of the local community, they also ensure that what we do is subject to independent lay challenge, can offer alternative perspectives, share experience and discuss good practice. We have strengthened education members and in 2014-15 will secure attendance of Head Teachers for special, primary and secondary schools at a range of board and sub-group meetings. We have secured attendance from CAFCASS at 2014-15 board meetings and voluntary sector representation at a range of meetings, including the main board. We have seen a significant improvement in attendance by our named GP and designated doctor who are enthusiastic, engaged and provide informed insight at the main board and sub-groups.

Business planning: As well as revising our structure another priority for 2013-14 was to develop a Business Plan that identified the key safeguarding priorities for all partner agencies. Through this we will deliver improvements to children's safety and wellbeing.

We held facilitated workshops to inform and develop objectives for the 4 priorities. The BSCB priorities for 2014-2016 are the 4 most important safeguarding issues it perceives concerning children in Barnet. The Business Plan for 2014-16 sets out these priorities, smart

objectives and will evolve as the year progresses in response to emerging trends, analysis and local and national policy and statutory requirements.

Communication strategy: Sharing learning from the work of the Board. We are keen to ensure that what we do and what we decide is known to the wider children's workforce and so following each Board meeting we publish the minutes on the BSCB website and circulate a newsletter to all partners and schools which provides for the quick dissemination of key information. Our learning and improvement framework will ensure that as a partnership we continuously learn and improve to secure better performance, services and outcomes for children and families in Barnet.

## 4. Progress on priorities and key achievements in 2013-14

In our 2012-2014 Work Programme the Board identified the following 5 priorities:

- Quality assurance, challenge and scrutiny
- Risk assessment, information sharing and partnership work
- Young people at risk through peer violence and exploitation
- Early intervention
- Learning and development

BSCB partners have all contributed to this report in relation to the above priorities on how their organisation has improved the effectiveness of their practice in the past 12 months in relation to safeguarding and promoting the welfare of children in Barnet, what they have learned and how that learning has been embedded and what they perceive as future challenges. Full partner responses are available upon request and we have highlighted below their key achievements and outcomes against the objectives set in the work programme for the reporting period. Each priority is addressed in turn:

### Quality assurance, challenge and scrutiny

#### What we said:

We would 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.

What we did:

Through the activity of the board and sub-groups we provided challenge, had informed discussions and held each other to account. The PQA kept oversight of audit activity, whilst the SCR sub-group and CDOP retained oversight of complex cases and child death reviews to ascertain what we could do differently and how we can improve our performance. Below we have set out how partners contributed to developing the scrutiny of the BSCB in monitoring and evaluating the effectiveness of safeguarding activity and improved practice as a result. Individually and collectively, we have secured improvement in processes that have a direct positive impact on children and families in Barnet.

**Local Authority, Children's Social Care:** We have made quality assurance central to our work. We have a quality assurance team based in our safeguarding division and have completed a large number (over 800) of case file audits as well as a number of in depth themed audits aligned to the board priorities or highlighted by the board or its subgroups. We include all our services in quality assurance including early intervention services and we have commenced an in depth evaluation of the M A S H to assess impact and identify areas for improvement. Having trained and involved team managers in qualitative self-auditing and having re-designed the file audit form, we now have a more comprehensive quality assurance framework. Our new audit programme includes consulting the family as part of nearly every audit that is completed. Our quality assurance programme includes all staff from Director to all practitioners.

We have improved the quality of assessments. The Single Assessment form was designed taking into account learning from other authorities who had already implemented the process and also the views of front line practitioners, with a focus on hearing the child's voice and analysing their experience of their world rather than just gathering information.

We also have more robust management oversight of assessments. Although the Single Assessment process can take up to 45 days, we have implemented a 10 day management oversight requirement to improve assessment planning and avoid drift.

**Local Authority, Youth Offending Team (YOT):** The HMIP Inspection regime has been redesigned and the YOT was inspected in June 2014. The HMIP found that there had been a significant improvement in performance in all aspects of the work of the YOT since the previous inspection in September 2011 and was 'confident that Barnet has a well performing YOT'. There is a significant focus on the experience of service users of agency involvement and outcomes for young people and we have developed a more targeted 'needs led approach' to specifically address aspects of safeguarding within the delivery of

our programmes. Governance has been strengthened and clear links established between the YOT and the BSCB which will continue to secure effective monitoring and evaluation.

**Barnet Clinical Commissioning Group (CCG):** The CCG Safeguarding team continues to seek assurance from all local health providers regarding their compliance with Children's Safeguarding Outcomes agreed within the North Central London framework. The team holds a bi-monthly Safeguarding Children Advisory Group (SCHAG) which is attended by safeguarding leads for all directly commissioned health services for children across Barnet. There is also representation from some independent services for children who are commissioned by NHS England and by the ambulance service. The group has both an assurance and a supportive function for these professionals.

The Designated safeguarding Professionals and CCG Quality team have worked with the Royal Free team to ensure that the acquisition of Barnet and Chase Farm hospital does not impact on the safeguarding needs of the local child population.

In addition, the Care Quality Commission (CQC) are in the process of carrying out reviews nationally of how health services keep children safe and contribute to promoting the health and wellbeing of looked after children and care leavers. This review process began nationwide on 30 September 2013 and will run until April 2015. The reviews focus on:

- Evaluating the quality and impact of local health arrangements for safeguarding children.
- Improving healthcare for children who are looked after.
- They will check whether healthcare organisations are working in accordance with their responsibilities under Section 11 of the Children Act. This includes the statutory guidance, Working Together to Safeguard Children 2013.

The Director of Quality and Safety Barnet CCG resourced an independent consultant to audit health provider input to CQC planning. It is anticipated that this review will be further developed in Autumn 2014 with a cross health audit of a child's journey.

**Barnet and Enfield Mental Health Trust (BEHMT):** Every fortnight we meet with social care to discuss complex cases involving child and adolescent mental health problems, to ensure proper progress. Further information with regard to this development is set out below on page 25.



**Metropolitan Police:** We have improved our response to Domestic Abuse through a 'Be the Victim's Voice' approach and delivering training to all front line staff. Body worn cameras have been introduced to capture initial evidence and support cases where the victim's (including children) maybe too frightened to support a prosecution.

**CommUNITY Barnet:** CommUNITY Barnet has a close working link with Safe Network (see below on page 21) which has strengthened challenge and contributions to audits. We have also been workstream leads on a couple of Serious Case Review Learning Events disseminating learning and good practice to the wider sector and we have secured funding for a pilot to improve parenting skills for adults whose children are assessed to be at risk.

**Royal Free Hospital:** We continue a rolling audit of management of children in the emergency department. This is the highest risk area for failing to identify both children who may be at risk of harm and also adults who present a risk to children.

**Central London Community Healthcare NHS Trust (CLCH):** School nursing and community nursing have IT friendly tablets to give children the opportunity to give feedback on our services.

**Barnet and Chase Farm Hospital (BCFH) Acacia project:** This project has enabled us to identify vulnerable women early in pregnancy to ensure specific and appropriate support to facilitate better outcomes for unborn and infants.

**London Fire Brigade:** Both safeguarding polices (Adults at Risk and Safeguarding Children) are currently under review by the central community safety development team. Work is underway to update data transfer methods and compile a centrally held safeguarding referral database which will identify safeguarding trends pan London and those who have been previously referred.

## Risk Assessment, Information Sharing and Partnership Work

### What we said:

We would seek to develop tools and protocols to promote improved information sharing, risk assessment and partnership working, including support for development of MASH.

### What we did:

By maintaining a strong commitment to the continuous improvement and challenge through oversight we have supported and improved frontline safeguarding practice. Partners' involvement in the development of MASH has contributed greatly to improving

these three key issues. The Partnership's understanding of thresholds is guided by the multi-agency Threshold Policy which outlines levels of need. Embedding thresholds is supported by the work of the Multi-agency Safeguarding Hub (MASH), the Multi-agency Support Team (MAST) and the Multi-agency Groups (MAGs). MASH went live in Barnet in August 2013, bringing together a variety of agencies into an integrated multi-agency team, where they share intelligence on vulnerable children and families. Together they decide on the appropriate level of intervention, making use of their shared expertise. The hub is firewalled, keeping MASH activity confidential and separate from operational activity, providing a confidential recording system. This process allows research on repeat referrals and analysis of emerging need. Agencies that make up the MASH are the Police, the local authority's Children's Social Care Service, Family Support and Early Intervention Service, Education, Health, Probation, Housing, Adult Mental Health, SOLACE and the Westminster drug project.

**The Local Authority, Children's Social Care (CSC):** We have made significant progress in these areas including being one of the key MASH partners. We have introduced the new Single Assessment to ensure consistency of approach to cases that are allocated and a high quality assessment for each family. We have delivered specialist assessment and analysis training to the majority of social care staff and managers. Going forward we will evaluate the impact of the new assessment and training to continuously improve our learning and processes.

We have also established and jointly facilitated with the police the Multi Agency Sexual Exploitation (M A S E) meetings which has greatly improved information sharing and risk assessment of children at risk of sexual exploitation.

We have also strengthened our representation at M A R A C by ensuring that Children's Social Care are represented at each meeting with detailed research to aid planning and risk assessment.

Our key achievements include:

- a) MASH which is now fully operational with a clear business process and Information Sharing Agreement in place.
- b) Partnership work with Adult Mental Health: Regular meetings take place between managers across CSC, Early intervention, CAMHS and Adult Mental health to discuss joint working and learn from case examples. A conference for all staff took place in

January 2014 to promote understanding of safeguarding children living with parents with mental ill-health.

- c) Partnership work with Welfare Reform Task Force: The early identification of families affected by welfare reform and the sharing of key information has assisted in preventing homelessness and safeguarding children.
- d) Risk Management Panel: This continues to take place fortnightly and offers social care practitioners a space to share concerns with senior managers and to be both challenged and supported in managing risk.

**The Local Authority, Education and Skills:** The team has fully supported and co-operated with MASH enquiries by providing information on education, identifying schools, parents and their contact details, gathering information from schools, alerting MASH of any issues identified on education data systems or by schools and contributing to MASH meetings. Our protocols for children missing from education and children missing from school are well embedded and the fortnightly pupil placement panel and the weekly excluded pupils' placement panel are well attended to facilitate effective and speedy risk assessments and decision-making. We work effectively with schools, the police, children's social care teams (including looked after children, family focus) and the pupil referral unit to ensure each partner properly understands their role and responsibility with regard to children missing from school and with regard to children who are moving schools, children who are moving areas and are not allocated a school place or children notified to us by the Home Office. Upon receiving a report from a school we conduct immediate home visits and work with the police to secure a 'safe and well visit'.

**Metropolitan Police:** We have widened the remit of the Safer Schools Police Officers so that all secondary schools are now covered by a nominated officer who will be present at the school on at least one day a week (tier system created based on risk to decide how many days a week an officer is present). The positive impact of this has been very evident, for example by their very useful intelligence gathering and direct work with victims of sexual exploitation discussed at the MASE meetings.

**Barnet Clinical Commissioning Group (CCG):** NHS England is now responsible for the commissioning of Primary Care Services, however, in light of the high level of importance the CCG places on the Safeguarding of vulnerable children and adults Barnet CCG have continued to provide safeguarding children training for Barnet General Practices. This training plan has been discussed at the Clinical Quality Review Committee and a decision has been made that due to the possible risk to children and young people within Barnet of a

Primary Care practitioner failing to identify risk to a child that the CCG would continue to support training by the CCG safeguarding team.

Local Authority statistics show improved General Practitioner engagement in the Child Protection Case Conference process. The numbers of General Practitioners providing reports for case conference has improved. This follows a large scale piece of work by the Barnet CCG Safeguarding Team in conjunction with social care and Local Authority Safeguarding Administration Managers. Invitations to Child Protection case conferences are now being sent directly by secure email to General Practitioners. This is in response to the fact that previous issues raised pertained to late receipt of invitations.

The Barnet CCG Safeguarding Team has worked both regionally and locally to ensure guidance for registration of children at General Practice surgeries acknowledges the need to be assured that they are protected and possible vulnerabilities recognised.

The Barnet CCG Safeguarding Team has worked with staff within the Barnet Multi-agency Safeguarding Hub to improve its communication with the General Practice population and to raise awareness across the General Practice population regarding requirements for timely information sharing with the Hub.

The Barnet CCG Safeguarding Team has worked to raise the profile of the need to recognise signs and possible evidence of a child having experienced or being at risk of experiencing Female Genital Mutilation. Work is on-going regionally and nationally regarding health response to this issue.

**Barnet and Chase Farm Hospital (BCFH):** Development and improvements in Accident and Emergency Department and Urgent Care Centre and exclusive multidisciplinary psycho-social meetings. These developments have improved communication and information sharing to safeguarding children.

**Central London Community Healthcare NHS Trust (CLCH):** Working with our partners CLCH achieves high level of compliance in regard to participation in multi-agency forums and meetings. We secured 100% compliance at MARAC, MAPPA and MASE. Attendance at initial and review case conferences was 89%.

**Probation:** In the past 12 months London Probation Trust has had a dedicated probation officer assigned to the Multi Agency Safeguarding Hub (MASH). They attend the hub on a once weekly basis and are the single point of contact for all enquiries at any other time

during the week. Due to the multi-agency nature of this role the probation officer has been able to work alongside other professionals in identifying and planning safeguarding actions and strategies on live cases and cases of concern.

**Royal Free Hospital:** We have made amendments to the self-referral process for women into maternity services to ensure that we get correspondence from the GP which includes any safeguarding concerns.

**Youth Offending Service:** Monthly multi-agency High Risk and Deter & Serious Youth Violence 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. There is representation at a senior level from YOS at the MASE meetings to ensure that links between serious youth violence and sexual exploitation are identified and dealt with at the earliest opportunity through a co-ordinated approach.

**CommUNITY Barnet:** We played an active role in establishing the Multi-Agency Sexual Exploitation Network to increase the voluntary, community and charity sector's knowledge and awareness about sexual exploitation and also to share information they may have about the victims, perpetrators and locations of CSE. We have close working links with the national Safe Network (a partnership venture between Children England and the NSPCC) to promote shared safeguarding standards across the sector and we have entered into an agreement to be their ambassadors within the borough. This activity and up skilling of the sector will consolidate a coherent practice across the sector thereby enabling it to contribute more effectively to Section 11 Audits.

**Youth and Community:** We have improved effectiveness as part of the working group with the new MASH team creating access to daily contact with the youth team. We regularly attend the MASE meetings as many of the young people discussed are known to youth services or may be referred to them post MASE discussion.

**Barnet, Enfield, Haringey Mental Health Trust (BEHMHT):** Information is now collected and logged routinely on Rio from all adult mental health patients as to whether they care for children to inform risk assessments. Our lead psychiatrist and clinical social worker also provide 3 weekly consultations to social workers in the children's social care duty and assessment and children in need teams on complex cases to provide professional input at an early stage as to whether CAMHS should be engaged or whether the case should be referred to the specialist safeguarding clinic. This early information sharing and partnership

working has resulted in securing early help and better outcomes for children and families in Barnet.

## Young People at risk through peer violence and exploitation

### What we said:

We would focus on peer to peer violence including gangs, sexual exploitation, anti-bullying and e-safety.

### What we did:

One of the board's objectives was to embed a local protocol for sexual exploitation and build capacity of multi-agency staff to engage in prevention. We have continued to address the increasingly high profile risk relating to child sexual exploitation and young runaways. A Sexual Exploitation task group drove this forward in 2013 and reported to the Board in January 2014. One of the key outcomes was the launch of MASE (the multi-agency sexual exploitation group) to understand the prevalence of CSE in Barnet and maintain robust oversight both strategically and operationally. At the time of writing this report, MASE has met on 6 occasions. MASE analyses emerging trends with regard to victims, runaways, perpetrators, links to gangs, hot spots as well as impact and effectiveness of interventions. It will report to the BSCB on the prevalence of CSE in Barnet, trends, effectiveness of strategies in place on prevention, early identification, intervention and support for victims, disruption activity and prosecution of perpetrators. The board now has a CSE strategy which is being finalised at the time of writing and will be driven forward by a CSE co-ordinator working across all partner agencies at a strategic and operational level. The CSE co-ordinator is funded by the board as part of a pilot scheme.

In addition, the local authority is participating in a local area audit and working closely with the MsUnderstood Partnership which will further inform the development of CSE, a continuing board priority for 2014-16. MsUnderstood is a partnership between University of Bedfordshire, Imkaan, and the Girls against Gangs project with the aim of addressing young people's experiences of gender inequality. The project will deliver a 3 year programme of work on peer-on-peer abuse: teenage relationship violence, peer-on-peer exploitation, and serious youth violence. In addition to developing local responses to peer-on-peer abuse, the findings of this work will be used to inform the 'MsUnderstood participation programme: engaging young women and young men to influence the policy and services that affect their lives' and National Government policy on violence against women and girls, child protection and safeguarding, and youth justice. The Home Office and the Youth Justice Board sit on the MsUnderstood Expert Advisory Panel.

The Task Group developed an Action Plan for E-safety and put steps in train to drive this multi-agency project forward. E-Safety is a board priority for 2014-16 and work has commenced to build on the foundations in place and deliver the objectives set in close liaison with the Barnet Partnership School Improvement Team, primary and secondary schools, Youth Shield and the voice of the child co-ordinator.

**Local Authority, Children's Social Care:** We have been key in setting up the MASE meetings and attending the monthly youth violence meetings. Work has begun with our early intervention services to develop a specialist response to young people exiting gangs and being involved in serious youth violence and sexual exploitation. We are determined to better help these young people by offering intensive services at an earlier stage and to do that we need workers skilled and specialist in these areas. We have agreed spot purchasing of specialist services to help young people who are very heavily involved in peer-to-peer violence and exploitation. We have delivered training to equip our staff to better deal with these issues.

We have ensured that serious youth violence and exploitation have had the strategic attention required to commission the right services to meet the growing needs through establishing the Youth Crime Prevention Strategic Partnership Board, chaired by the Assistant Director for Early Intervention and Prevention, and involving a wide range of local partners in the development of an action plan and key indicators to measure our success in reducing youth violence and gangs.

**Local Authority, Youth Offending Service (YOS):** Having made peer violence and exploitation key priorities, an inspection in June 2014 reported that our "well performing" service was making progress on these issues. The service was said to have made significant improvement since its last inspection in 2011, with some key strengths identified as: strategic leadership on gangs, supportive partnership work to protect the public from risk of serious harm; management of vulnerability issues; young people's involvement in their assessment and plans; and enforcement of court orders. The monthly multi-agency High Risk and Deter & Serious Youth Violence Panel meetings has informed the "keeping young people safe" (KYPS) project, which facilitates proper risk assessment and strategies regarding some of the most vulnerable young people known to the YOS. In order to reduce the number of young people identified in the gang matrix, we developed 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 the Targeted Youth Service.

**Local Authority, Youth and Community:** Informed by problem profiling from the monthly multi-agency High Risk and Deter & Serious Youth Violence Panel meetings, we established

a pilot programme called 'Keeping Young People Safe' (KYPS) in Burnt Oak and surrounding areas with focused work using youth work and case workers working alongside police, housing, health and local community groups aimed at reducing youth violence, and reducing the risk for children exiting gangs and affected by sexual exploitation in one geographical area. One of the workers will be solely dedicated to CSE.

**Police:** We have introduced processes, along with a specific Met-wide unit to investigate cases of Child Sexual Exploitation (CSE) and provided training on recognising and responding to the signs of CSE, to all front line staff. Together with the local authority we established the Multi-Agency Sexual Exploitation monthly meeting to provide the best possible joined up response to those at risk. Together with our partners, we implemented a Gangs Strategy and an operational group and developed a Gangs 'call-in' programme for prevention and introduced gangs workers into key hotspot areas in the borough.

**Barnet and Chase Farm Hospital:** Development of links with the regional Chronic Sexual Abuse clinic at University College Hospitals Foundation Trust. This has improved services and training and outcomes for children.

**Central London Community Healthcare NHS Trust (CLCH):** 'Prevent' is part of CLCH mandatory training that is delivered to all staff. Prevent referral pathways and additional information is found on the CLCH intranet HUB Safeguarding Team pages.

## Early intervention

### What we said:

We would promote and evaluate a model of early help for children and families which reduces demand and cost. We tasked the Executive Management Group (as it was then) to undertake a review of Family Focus and IFF (as it was known then) with a view to reducing numbers of children at the higher tiers of intervention (including children in care) and better targeting of interventions. Working Together 2013 sets out the importance of early help for children and BSCB must have greater oversight in monitoring and evaluating the impact and effectiveness of early help provision.

### What we did:

Developing the "Early Help" Agenda: We all know that early identification and the offer of the right support can prevent needs from escalating and can reduce longer term problems developing. Through Barnet's successful partnership, we have a range of early help and early intervention services including the thirteen Children's Centres, the delivery of the



Family Nurse Partnership (FNP) which offers intensive support to every first time teenage mother in the Borough, the Safer Families project which intervenes in families where domestic abuse and conflict is a feature of their lives, but who do not reach the threshold for social care, intensive key worker interventions and collaborations with other agencies using a 'whole family' approach.

**Local Authority, Children's Social Care:** MASH was launched in August 2013 which was a significant achievement for all partners. It has strengthened information sharing between partners, and therefore, properly equips the front door to provide a better assessment, apply thresholds consistently and embed a better understanding of thresholds. This has led to cases being referred to appropriate services more efficiently, for example, being signposted to early intervention services at the right time. A comprehensive evaluation of M A S H in its first 12 months is underway to ensure we understand the impact and identify areas of good practice as well as areas for improvement. The report will be presented to BSCB for further challenge.

The local authority's **Early Intervention and Prevention Service**, aligned to the Board's priority developed its early intervention and prevention strategy based on a needs analysis and service analysis using local data. This will underpin a remodelled early help offer. The strategy identified 3 guiding principles for how good early intervention should be done and 8 key themes around the problems most likely to drive poor outcomes for children and families in Barnet. We developed an analytical framework to measure success of the strategy in terms of performance around the Common Assessment Framework (CAF). We have modelled tangible cash savings and cost avoidance linked to early intervention work. Work as part of the transformation programme is seeking to redesign our early help offer in line with this evidence, with full implementation in the next financial year 2015-16. In particular, we are working on a redesign of the family support service (Intensive Family Focus), a recommendation of the BSCB last year. We have also carried out an extensive Early Years Review, which will lead to a new model for children's centres and health visitors in particular, with the aim of improving early identification and support for the most vulnerable families to reduce demand for longer term, more costly interventions later on.

**Local Authority, Youth Offending Service (YOS):** 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; 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.

**Local Authority, Youth and Community:** The library service has been running a fresh round of staff training for new recruits. The intention is for all staff working for the service to have attended one half-day session.

**Barnet and Enfield Mental Health Trust (BEHMHT):** We have a number of initiatives by working in partnership with the local authority that have successfully diverted children and families from the higher tiers of intervention. The 3 weekly consultations with the local authority duty and assessment and children in need teams will identify complex cases to be referred to our specialist safeguarding clinic. The key outcome from this specialist safeguarding clinic is that we have successfully worked with a number of families by devising highly individualised programmes to improve their parenting skills, secure early help and prevent escalation. Another example of working in partnership, sharing information and securing early help is the protocol we have in place in line with pan London procedures with regard to children referred to A&E who have self-harmed, overdosed or have suicidal ideation. These highly vulnerable children are admitted to hospital, referred to CAMHS and the local authority and a joint assessment involving a CAMHS clinician and clinical social worker is undertaken without delay to evaluate risk and inform speedy, sound decision making with regard to next steps and lead agency. The clinician social worker from CAMHS also provides advice and guidance to all CAMHS clinicians (including family therapists, child psychiatrists, child psychologists, art therapist) with regard to any safeguarding issues and referrals to MASH in order to secure early intervention and prevent drift in cases.

**Barnet Clinical Commissioning Group (CCG):** By working closely with local GP practices and ensuring guidance is accessible, children are protected and vulnerabilities recognised at an early stage. Communication with GPs has improved information sharing with MASH to inform proper risk assessment and decision-making. We are now striving to achieve a coherent and co-ordinated response to Female Genital Mutilation and securing early help at the earliest opportunity.

**Police:** We have trained all Police Community Support Officers to be able give presentations at primary schools in relation to child safety issues.

**Barnet and Chase Farm Hospital:** The Acacia project identifies vulnerable women early in pregnancy and secures specific and appropriate support to facilitate better out comes for unborn and infants.

**Central London Community Healthcare NHS Trust (CLCH):** The Family Nurse Partnership (FNP) is a service CLCH delivers in Barnet. FNP is a service of intensive visiting by a nurse

which is targeted to young pregnant women (20 years and under) and continues until the child is 2 years. The service is evidence-based and results in positive outcome for these young mothers and their children: increased uptake of immunisations, registration with GP and health services, increased rate of breast feeding, reduction in child accidents, improved maternal mental health and self-esteem and better outcomes in terms of children meeting their developmental milestones.

**Royal Free Hospital:** We have evidenced an increase in Domestic Violence screening throughout parts of the Trust. The appointment of an IDSPA (Independent Domestic and Sexual Violence Advisor) from Camden Safety Net has strengthened the support for both patients and staff.

**CommUNITY Barnet:** We have close working links with the national Safe Network (a partnership venture between Children England and the NSPCC) to promote shared safeguarding standards across the sector and we have entered into an agreement to be their ambassadors within the borough. This activity and up skilling of the sector will consolidate a coherent practice across the sector thereby enabling it to contribute more effectively to Section 11 Audits.

## Learning and Development

### What we said:

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

### What we did:

The Learning and Development sub-group led on this objective and was tasked with ensuring there is appropriate safeguarding training and development provided across the partnership, mapping provision and developing a quality assurance framework for assessing the impact of training delivered. The Learning and Development sub-group has ensured that the workforce across the partnership has access to quality learning and development opportunities that will enhance their practice and enable them to properly discharge their safeguarding responsibilities. The board maintains a local learning and improvement framework which is shared across the partnership working with children and families.

**Local Authority, Children's Social Care:** We provided a comprehensive programme of learning and development in 2013-14. In total, 1447 participants across the multi-agency partnership accessed a variety of safeguarding training courses in this period. The highest

take up came from Education with 398 participants (28%) followed by the statutory sector with 305 participants (21%). Participants from the private sector total 273 (19%) and those from voluntary sector total 205 (14%). BSCB in partnership with the Child Protection Company has secured 12,000 licenses for a varied range of on-line safeguarding courses across the partnership.

As a lead in the learning and development sub-group we introduced a comprehensive mechanism for quality assuring all safeguarding courses in Barnet to inform the validity and rationalisation of safeguarding courses in the workforce development programme.

Going forward all new and existing courses will be regularly quality assured to ensure that they are fit for purpose. Our training is aligned to the multi-agency priorities in the BSCB Business Plan 2014-2016 as well as emerging national and local issues such as FGM in order to continue to raise awareness across Barnet.

In addition, **Children's Social Care** has embedded the following:

*ADAM* (Assessment of disorganised attachment and maltreatment): A significant number of practitioners across CSC and the Early Intervention and Prevention Service have been trained to use tools to assess disorganised attachment. This includes direct work with children and interviewing techniques with parents. An ADAM Practitioners group meets regularly (normally monthly) to share experiences and encourage use of the tools. The tools provide a means to assess attachment and the positive impact is that there is now a clearer focus on direct work with children and securing their voice in case planning.

*ASYE* (assessed and supported year in employment): All newly qualified social workers who join CSC are now participating in a robustly assessed first year in practice, with provision of mandatory training and off-line mentoring. We have strengthened our assessment tools and social workers at the completion of the AYSE will have demonstrated compliance and development against 9 key social work competences.

**Local Authority, Education & Skills:** We confirm that Child Protection Training for Schools (Level 1) has been delivered as follows:

- Whole school staff trained in 11 settings this academic year (2 in the private sector)
- 2 in house school staff trained to deliver CP Training Level 1
- Updating presentation to reflect changes

- Communicating the MASH process to schools
- Ensure staff are aware and can utilise their child protection and safeguarding procedures
- Sharing of knowledge of different types of abuse and signs and symptoms of abuse to raise awareness

**Local Authority, Youth Offending Service:** 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.

**Police:** We trained more staff who have then gone on to undertake mentoring of year 11 students at 2 schools, provided training on recognising and responding to the signs of CSE to all front line staff and trained all Police Community Support Officers to be able give presentations at primary schools in relation to child safety issues.

**Barnet Clinical Commissioning Group (CCG):** Training for Primary Care Practitioners has been adapted in response to local and national reviews to include medical responses to issues of neglect and raising awareness of the risk to vulnerable young people of online chat rooms and social media and also research evidence of risk to children and young people of domestic violence both from adults and from young person to young person. Going forward we will inform and be informed by the work of the board on these priority areas and continue to learn and improve our knowledge and practice to safeguard children.

**Barnet and Enfield Mental Health Trust (BEHMHT):** Risk and Safeguarding information recorded systematically for all new patients and updated regularly. Youth and Community Casework reviews have led to clear identification of 'gaps' within the borough provision for further preventative programme delivery. We reviewed data protection policies and practice and implemented changes to day-to-day practice.

**CommUNITY Barnet:** One of our key pieces of learning over the past 12 months has been the importance of cascading findings and recommendations from Serious Case Reviews to the voluntary and community sector and more importantly to build their confidence and capability when they are presented with children or families with challenging behaviour. In a recent review involving a family and the local church, both parties welcomed CommUNITY Barnet's involvement in the process but more importantly, said that they had felt empowered and had more confidence during the process as a result.

**Royal Free Hospital:** Learning from a Serious Incident in 2012 has changed the practice in the Emergency Department and the weekly meeting and enthusiastic engagement from the multi-disciplinary team has embedded and carried forward significant service improvement.

**Probation:** There has been a large increase in home visits undertaken on cases currently known to probation. This has been to the great benefit of probation officers and being able to get a deeper understanding of service users' lives, this is especially important if a service user has a child who is known to social services. Probation officers will often arrange joint visits with social workers which is excellent for joint working and discussing any concerns.

**Central London Community Healthcare NHS Trust (CLCH):** Deceptive compliance – staff have been alerted to the issue of deceptive compliance and how this can lead to drift in cases. We have improved our practice through formal training sessions and in safeguarding supervision.

## **5. Monitoring the effectiveness of local work to safeguard and promoted the welfare of children:**

### **Activity of Sub-groups**

The work of the board is driven forward by the Business Management Group and largely delivered by its sub-groups and task groups. The key achievements of these groups are set out below:

#### **5.1 The Executive Group (now known as the Business Management Group)**

This Group focused on the following areas:

- CSE: It highlighted CSE in Gangs and Groups in May 2013 and identified that although training was being delivered more needed to be done. It proposed that the Metropolitan Police chair the Missing and Sexual Exploitation Task Group, that we learn from other London Boroughs piloting new strategies and utilise police analysts as in other areas to gather and analyse intelligence. The Task Group then drove forward the CSE strategy which is being finalised at the time of writing.

- Learning from National SCRs and local SCIE Reviews: Learning is routinely shared and has informed the work of the BSCB and learning and development. The group kept robust oversight, drove forward the Action Plans and held partners to account. A key outcome is improved attendance of children at child protection case conferences and securing the child's voice in case planning and service provision. Other recommendations include clarification on how feedback is given to referrers and a set of workshops led by a forensic psychologist on personality disorders and disguised compliance.
- Budget: Close monitoring resulted in funds being carried forward to 2014-15 as a result of provision having been made for serious case reviews, which was not required. Significant contributions of £35,000 and £32,000 respectively were made to Youth Shield to fund specific safeguarding projects and to the local authority's workforce development team to commission safeguarding training for Board partners.
- Audit activity: The s11 audits were completed in 2013. In particular, the methodology for schools was developed in order to secure a representative sample (to include special, primary, secondary and Ofsted assessed 'good' as well as 'requiring improvement').
- Datasets: The group's oversight led to analysis of numbers of health visitors in Barnet, GP attendance at child protection case conferences and submission of GP reports at conferences. This resulted in an improvement in GP engagement, in particular, by securing a new designated doctor for the board and a large scale piece of work by the Barnet CCG Safeguarding Children's Team in conjunction with children's social care and the local authority safeguarding administrators.

## 5.2 Performance and quality assurance group

### Performance management and quality assurance framework

#### Dataset: trends

A dataset collated by children's social care was analysed by PQA at each meeting to scrutinise and maintain robust oversight of performance to inform reports to the Executive Meeting and the main board on the partnership's ability to challenge and drill down into the 'story behind the data.' The dataset *included* but was not limited to contacts and referrals through the 'front door' (subsequently MASH), safeguarding and child protection (including

an oversight of child protection case conferences), 'looked after children', children leaving care, core assessments completed within 35 days, s47 enquiries initiated and numbers proceeding to child protection case conference, referrals to CAMHS and the number of CAMHS assessments, GPs invited to and their attendance / submission of reports at child protection case conferences and social care case allocation.

This analysis resulted in reviewing our processes to secure better attendance of children at child protection case conferences and how statutory visits were recorded on the Children's Social Care case management system (ICS). We also reviewed the threshold document and maintained oversight for commissioning single, multi-agency and thematic audits or deep dives (for example, children who became subject to a child protection plan for a second or subsequent time or children who remained on a child protection plan for longer than 2 years).

This dataset provided great insight on the local authority's performance, however, the sub-group's analysis and evaluation going forward requires all partners to provide datasets aligned to the board's priorities in order to be better placed to advise the board on impact of strategies, quality of performance and areas for improvement. The revised datasets are aligned to the new Business Plan 2014-16 priorities: Neglect, Child Sexual Exploitation, Domestic Abuse and E-Safety.

### **Audit activity**

In the latter part of 2013 the Performance and Quality Assurance sub-group of the BSCB commissioned a multi-agency review using the SCIE methodology on a case that involved a number of children who had been exposed to long term neglect and domestic abuse from adult family members and friends. The multi-agency action plan was monitored by the SCR sub group and held to account by the board. The learning from this case led to practice changes including, how we can improve on existing practices to secure the child's voice, share information, apply thresholds and undertake reflective supervision. We also delivered interactive learning events based around this case and other local case reviews. Our business plan for 2014-16 directly reflects what we need to do to improve. In particular, in our new business plan we have tasks to improve our processes concerning information sharing, dealing with thresholds for neglect and managing families where domestic abuse is committed by women and peers as well as men.

Our rolling programme of multi-agency training events delivered by our partners will ensure that learning from local audits and reviews is captured and disseminated to partners, that areas for improvement in practice are identified and changes are applied and embedded to



improve performance and that the impact of learning is evaluated. The events to date have been well attended by multi-agency partners and feedback has been very positive.

### **S11 Audits**

In 2012 the board agreed that section 11 audits will be conducted biennially and for consistency the revised format developed by the London Safeguarding Children Board would be used. 20 agencies completed the audit and the methodology and overview report was presented to the Performance and Quality Assurance sub-group which will hold each agency to account on completing outstanding actions.

The audit was based on the 8 requirements as follows:

- Senior management commitment to the importance of safeguarding and promoting children's welfare
- Clear statement of the agency's responsibilities towards children, available for all staff
- Clear line of accountability within the organisation for work on safeguarding and promoting the welfare of children
- Service development that takes account of the need to safeguard and promote welfare and is informed, where appropriate by the views of children and families
- Staff training on safeguarding and promoting the welfare of children for all staff working with or (depending on the agency's primary functions) in contact with children and families
- Safe recruitment procedures in place
- Effective inter-agency working to safeguard and promote the welfare of children
- Effective information sharing

### **Outcomes**

In general, the returns were of a better quality than in previous years and there was a high degree of compliance with all 8 requirements. Where standards were partially met, actions have been identified to improve effectiveness. These are set out in the overall review report and partners will be held to account at the Performance and Quality sub group and partner challenges sessions in 2014. The auditing process was itself audited by the Local Authority's Internal Audit team as satisfactory and steps are in train to complete the recommendations to improve this going forward.

All schools were not included in the initial s11 audit, however, it was agreed that the forward plan will prioritise a school focused self-audit that would provide a snapshot of safeguarding compliance in schools. An audit was sent to a dip sample of 12 schools, of which 5 completed the audit.

As referred to on page 16 above, the CQC will review whether healthcare organisations are working in accordance with their responsibilities under s11 as well as compliance with Working Together 2013.

The next phase must incorporate audit of contracted services and voluntary and independent sector organisations.

In addition, a multi-agency child's journey audit was commissioned by PQA and partners will be held to account on outstanding actions in the challenge sessions to be held in 2014-15.

## **Inspections**

The HMI Inspectorate of Probation (HMIP) undertook an inspection of the local authority **Youth Service** in July 2014. Inspectors examined cases that were live for the relevant period of this annual report (April 2013 to March 2104). The inspection found that an initial assessment of vulnerability and safeguarding was well done in 16 of the 20 sample cases inspected and that there were suitable plans to manage safeguarding and vulnerability in 18 out of the 20 cases inspected. The report finds that there is consistent evidence of good multi-agency practice working with children's social care including joint planning meetings undertaken as required. All case managers were aware of local policies and procedures as well as the rights of looked after children.

## **5.3 Learning and Development sub-group**

The Learning and Development sub-group oversees and ensures the delivery and effectiveness of safeguarding training and development. Like all sub-groups, it reports quarterly to BSCB, which provides further challenge and scrutiny. BSCB's learning and improvement framework seeks to further strengthen and support this learning culture across all agencies in Barnet who work with children and young people. The group liaises with the SCR and PQA sub-groups to ensure that the programme reflects emerging national such as FGM and honour-based violence as well as local issues raised by members such as safeguarding for people who are non-verbal. It also ensures that a variety of methods are used to disseminate learning from single, multi-agency, systemic or themed audits and

there is continuous learning in order to genuinely improve services and equip our workforce to improve children's outcomes.

For 2013-14 the subgroup's key priorities were:

- To seek assurance that good quality training is accessible across partner agencies and identify gaps and emerging areas of need;
- To consider how we assure the quality of training delivered and impact on practice;
- To collaborate with pan London training initiatives and promote use of available resources, for example, the faith and cultural toolkit;
- To respond to BSCB priorities, including dissemination of learning from case reviews.

As well as driving forward the above training, the Learning and Development sub-group is a key driver in raising awareness, promotional activities, organising speakers and events such as the Board's annual Safeguarding month each November.

#### Assurance and impact

The subgroup devised a template for quality assuring training events, quality assured a number of courses and devised an impact assessment questionnaire to establish the effectiveness and impact of training. The quality assurance exercise has found the six courses it has reviewed to be of a good standard. The group also evaluated the impact of the personality disorder training and how this should be updated going forward. The learning and development team produce high quality analysis of all individual training courses as well as a full analytical overview report.

#### Resources

Following initial negotiations in July 2013, the group has secured e-learning with the Child Protection company with access to 12,000 on line courses which cover core safeguarding training and information. This training is available to all staff in the partnership's workforce for children as well as schools who can then make it available to parents.

We have also recently agreed unlimited licences for child sexual exploitation online training which will be available to all partner agencies in 2014-15. Available across the children's work force these on line courses present significant potential to improve our training opportunities. Take up of these courses has started slowly but is accelerating as awareness of them increases. Work is being undertaken to build in online training as part of staff inductions.

We will continue to collaborate with pan London training initiatives to ensure that our approach to learning and development is in line with national standards, new policies and emerging issues.

#### Partner attendance at multi-agency training

An extensive range of safeguarding training is delivered by a range of projects and services. The scope and variety of the training we offer can be seen at [www.barnetscb.org/downloads/download/20/training](http://www.barnetscb.org/downloads/download/20/training). It is designed to reflect our priorities as well as to deliver core skills training for professionals working with children and young people.

The range and depth of multi-agency safeguarding training is captured in the spreadsheet on pages 37-38 and attendance by partners demonstrated in Figure 3 on page 39. 21 different courses as well as an online child protection courses are available to our partners and a total of 74 courses were delivered in this reporting period. The 2 courses that secured the highest attendance are the Introduction to Safeguarding and the Legal Framework for Safeguarding. The online safeguarding training also secured a good multi-agency response.

It is important to note, that in addition to the training offered on a multi-agency basis, individual agencies conduct safeguarding training as part of their profession's specific induction and development. In recognition of this, the BSCB works with single agency trainers when designing the BSCB training program to ensure the training schedule compliments rather than replicates training provided in the Borough. In 2014-15 we will develop a single mechanism that captures all multi-agency safeguarding training delivered individually and collectively.

Future priorities: In 2014-15 BSCB will undertake quality assurance testing of this single agency training to ensure that all the children's workforce are well equipped to do their work. Training will be aligned to the board's multi-agency priorities.

COURSE TITLE	No of courses	Adults	CAM HS	Education	Higher Education	Hospital/ Provider	Housing	Mental Health	Health (CLCH)	Police	Probation	Private	Statutory	Voluntary	Youth Sector	Total
Child Protection and Parental Mental Health	1			3					6				3			12
Child Protection and Neglect	2			7					5			5	17	2		36
Domestic Violence (Level 1: basic)	4			6			15		6		1	2	15	17	1	63
Domestic Violence Risk Identification Tool Briefing	2			12	1				1				13	3		30
Domestic Violence (Level 2:in depth)	4	1	8	12		1	6	2	8			2	17	11		68
Equalities and Diversity in Practice	2			1					2			4	10	2		19
Identifying and Responding to Young People at risk of Sexual Exploitation	2			2				1	4	2	2		15	3	2	31
Learning from Serious Case Reviews	1		1	4					1			1	7	3		17
Managing Allegations against Staff	6			28	2	4		2				34	28	3		101
MARAC	7	3		6	1	24	5	1	9			2	10	9		70
Safeguarding: Introduction	12			72		3			8			70	38	71	4	266
Safeguarding Children with Disabilities	2			2					3			2	13	10		30
Safeguarding Children affected by Gang Activity and/or Serious Youth Violence	2			2			1	1	1			1	25	3	1	35
Safeguarding and CP for professionals with designated responsibilities	5			87	1				2			25		3		118
Safeguarding: Legal Framework for Practice	12		2	66		7		5	65			34	28	34	2	243
Safer Recruitment (Transport only)	1											14				14
Safer Recruitment Workshop	2			15		4						2	6	8		35
Sharing Information to Safeguard Children	3			6					2			6	19	4	1	38

COURSE TITLE	No of courses	Adults	CAM HS	Education	Higher Education	Hospital/ Provider	Housing	Mental Health	Health (CLCH)	Police	Probation	Private	Statutory	Voluntary	Youth Sector	Total
Speech, Language and Communication Needs (0-5yrs)	1			5			1					5	5	2		18
Supervising Child Protection and Avoiding Dangerous Practice	1			5								2	1	4		12
Working with Young People at risk of Sexual Exploitation	2			3				3	4				20	4	4	38
On-line Child Protection	unlimited			54		2			9			52	15	9		141
<b>TOTAL</b>	<b>74</b>	<b>4</b>	<b>11</b>	<b>398</b>	<b>5</b>	<b>45</b>	<b>28</b>	<b>15</b>	<b>136</b>	<b>2</b>	<b>3</b>	<b>263</b>	<b>305</b>	<b>205</b>	<b>15</b>	<b>1509</b>

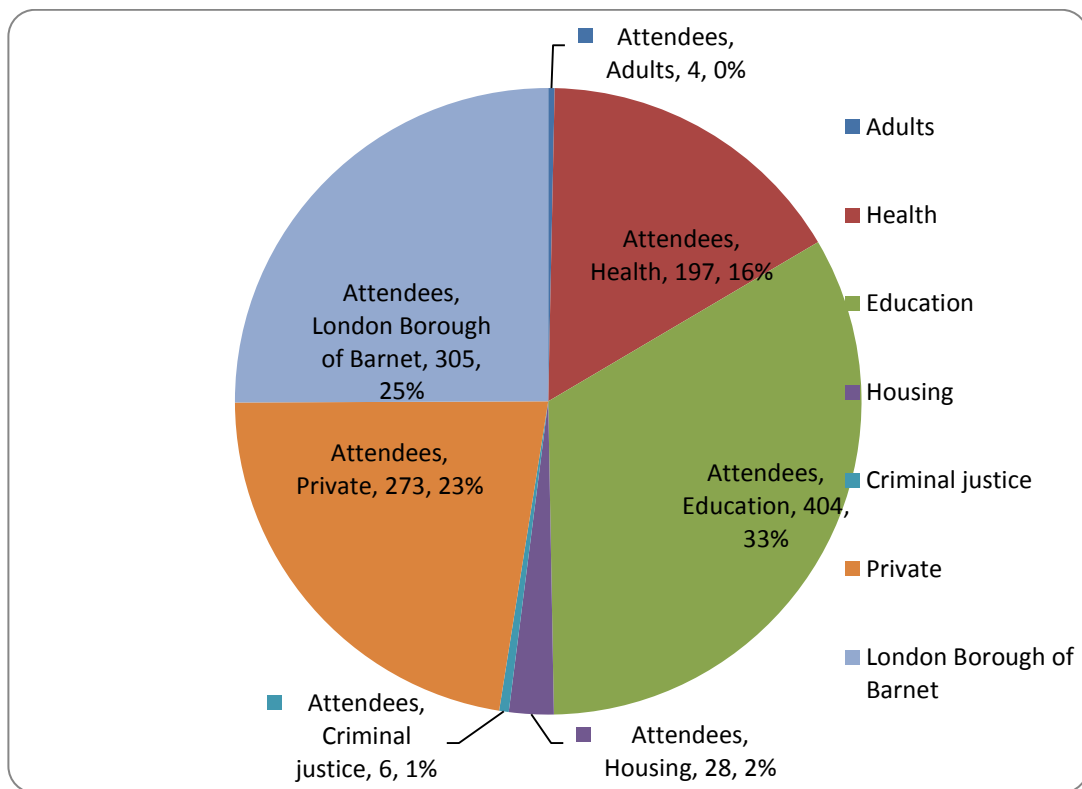


Figure 3: Attendance at L&D events

#### 5.4 Serious Case review sub-group

During the reporting year, the group met on 4 occasions. It considered whether a SCR should be initiated in a complex case, drove forward 2 SCIE Learning Reviews commissioned by the group, considered and developed the scope and timelines for a further SCIE Review subject to legal advice and pending court proceedings, reviewed draft reports to be presented to the main board and developed and drove forward action plans. It considered recommendations following evaluation of the impact of the personality disorder training. The workshops and consultations were well received and the board will continue to monitor and evaluate the impact of the same on day-to-day practice.

The group arranged SCIE Foundation Training in June 2013, which was well received by attendees. SCIE learning events were discussed and multi-agency learning events were subsequently delivered in 2014 to disseminate the learning from the 2 SCIE reviews. Going forward it was agreed that the range of systems models, including root cause analysis should be considered. The key findings from the SCIE reviews were:

- hearing the voice of teenagers
- role of supervision
- relationship between the statutory and voluntary agencies
- communicating the role of supervision in the voluntary sector
- the involvement of the disabled children's team
- hearing the voice of children from outside agencies
- use of the escalation process
- construction of relevant child protection / children in need plans for older children
- convening and reviewing children in need meetings
- drafting and use of chronologies

The group drove forward these actions to ensure processes were reviewed and amended appropriately and learning disseminated. The threshold document was reviewed and presented to the board and training on drafting chronologies rolled out. It also led discussions and held subsequent briefings on key messages from Working Together 2013 and discussed the role of the National SCR Panel.

The group also liaised with other SCR sub-groups with regard to cases in Hertfordshire, Newham and Enfield with regard to child deaths in their area and potential learning for Barnet. A Health IMR in respect of one case has been tracked to ensure we capture and disseminate relevant learning in Barnet.

## 5.5 Child Death Overview Panel (CDOP)

BSCB has procedures in place to ensure there is a co-ordinated response by the local authority, partners and other relevant persons whenever a child normally resident in Barnet dies

Findings from all child deaths are aggregated to inform local strategic planning, including the local Joint Strategic Needs Assessment, on how best to safeguard and promote the welfare of children.

In cases of sudden or unexpected deaths we have a rapid response by a group of key professionals from across all the agencies whose job it is to deal with immediate issues, care for the family and undertake early investigation and review the circumstances of the death. In the vast majority of such cases there is a coroner's inquest. Between April 2013 and March 2014 CDOP was notified of 21 deaths of children who were resident in Barnet of which 4 were sudden unexpected deaths.



In the same period, the Panel reviewed 16 cases (6 male and 10 female) to determine whether the deaths were preventable. Of the 16 cases reviewed, one case could not be categorised as the family resided abroad and the death occurred whilst they were visiting family in Barnet. 12 of the cases reviewed were categorised as not preventable. In 3 cases, the panel concluded that there were grounds to believe that if only some people had known more, behaved differently or been better advised those deaths may not have happened. A set of learning points and recommendations including training in disease management and updated guidance, clear pathways and escalation process were provided by the panel to the relevant paediatric team and Trust Medical Director.

The number of cases reviewed was a significant reduction on the previous year's figure of 28. Most noticeable was the fact that of the 16 deaths, 13 of the children were aged one year or less.

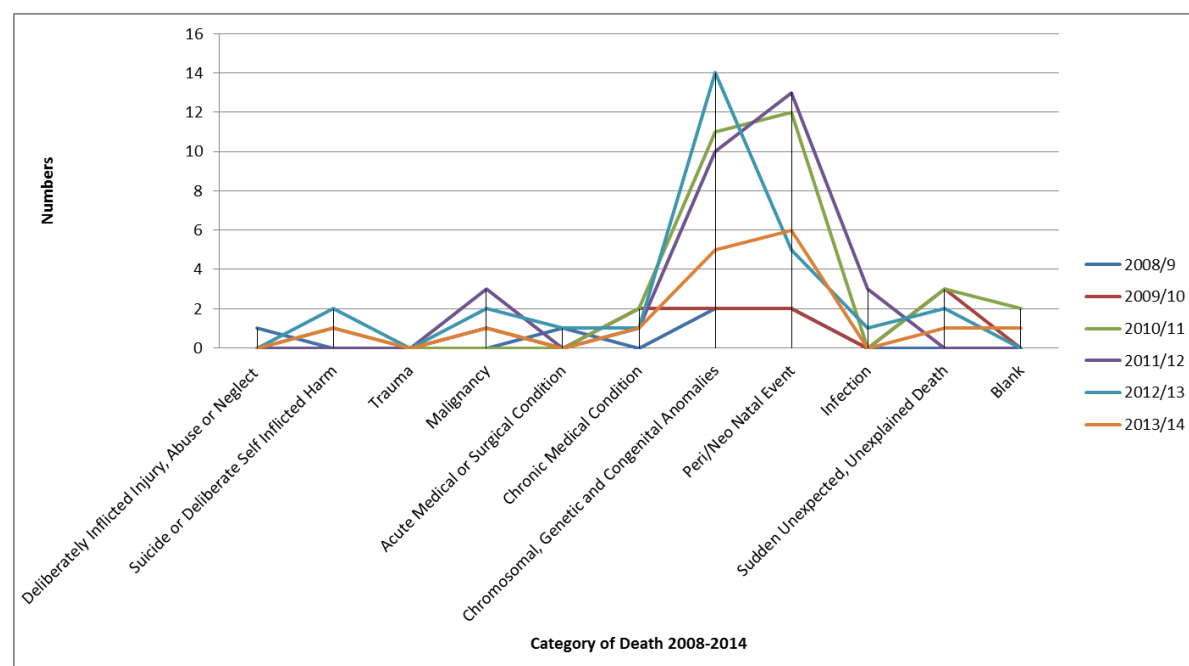


Figure 4: Numbers and Categories of child deaths in the last 6 years

Figure 4 provides the overview of numbers and categories of deaths since data has been collated by the BSCB. Over the years the pattern has remained constant. There is a notable increase in chromosomal, genetic and congenital anomalies and peri/neo natal events between 2010-11 and 2012-13 which declined again in 2013-14.

CDOP completes a statutory return annually to the Department for Education. It includes all completed child death cases which have been signed-off by CDOP, on-going CDOP reviews, all serious case reviews associated with completed CDOP reviews and notifications of deaths of children normally resident in Barnet, but who died in another LSCB area. Further analysis of the number and categories of deaths in Barnet will be considered within the context of local and national developments. An ongoing concern, which we appreciate is also a national issue, is the inability to secure the attendance of the coroner at our meetings. We will strive to secure engagement in 2014-15.

## 5.6 Missing and Sexual Exploitation Task Group

The Task Group brought together professionals to advise on and drive forward the strategy on missing and sexual exploitation. It had a number of outcomes:

- development of Missing Protocol for children ‘missing from care’ and children ‘missing from home’
- close liaison with colleagues in education with regard to the ‘missing from education’ protocol
- Risk Assessment Matrix pilot for making referrals and for CAF cases linked to sexual exploitation and gang violence and child protection cases
- Developing a summary document of the Warning signs, raising awareness of publications such as “If only someone had listened” Office of the Children’s Commissioner’s Inquiry into Child Sexual Exploitation in Gangs and Groups and the accompanying flowchart.
- Liaising with the Learning and Development sub-group with regard to training for the children’s workforce
- Discussion and review of the MAP meetings

The Task Group culminated in the establishment of **MASE** (multi-agency sexual exploitation panel) which had its first meeting in January 2014 and at the time of writing has held 6 meetings. The Terms of Reference include:

- considering all referrals for children and young people generally up to the age of 18 or up to the age of 25 if the referral involves a care leaver or a child in transition in which case representation from the Adults’ service will be considered,
- taking a proactive multi-agency co-ordinated approach to tackle child sexual exploitation (CSE) by focusing on prevention, early identification, intervention and support for victims, disrupting activity and prosecuting perpetrators,

- establishing a baseline and maintaining robust oversight of the prevalence of CSE in Barnet, activity patterns and effectiveness of interventions by tracking, monitoring and reviewing cases referred to MASE
- exploring and resolving cross border-issues, close liaison with CSC with regard to looked after and or missing children,
- sharing best practice, analysing data and intelligence to identify trends and inform disruption strategies.

The first MASE biannual report will report on the emerging big picture in Barnet based on intelligence and practice in the panel's first 6 months.

### 5.7 E-Safety Task Group

Recognising that the internet plays an integral part in our children's lives, the group was formed to establish a baseline and raise awareness of live e-safety issues and the importance of keeping a pace with rapidly changing technology. It produced a draft action plan and secured commitment from agencies and professionals. Foster carers had similarly raised learning and development issues and had requested training in order to properly safeguard and protect children online. The Group liaised with the local authority's workforce development team with regard to the safer Carer Policy and how to engage more disparate groups including respite carers for children with disabilities. The E-Safety checklist for schools was updated with guidance notes and an article placed in the school circular.

Importantly, the BSCB website was updated with useful information on e-safety for both children and young people and parents, carers and professionals. As well as providing useful information it signposts readers to helpful links including but not limited to CEOPS (Child Exploitation and Online Protection Centre) : <http://www.thinkuknow.co.uk/>, <http://ceop.police.uk/>, and other informative sites for children and parents, carers and professionals such as Childline: <http://www.childline.org.uk/Explore/OnlineSafety/Pages/OnlineSafety.aspx>, and Parents Protect: [http://www.parentsprotect.co.uk/internet\\_safety.htm](http://www.parentsprotect.co.uk/internet_safety.htm).

Work commenced with the Barnet Partnership for School Improvement (BPSI) with regard to training for all primary and secondary schools in Barnet including the varied methods for example travelling workshops, peer-to-peer support / cyber mentoring, school ambassadors and theatre groups. BPSI has an extensive training programme on offer for all schools which covers e-safety extensively.

The Board has selected E-Safety as a priority and a detailed action plan in the Business Plan 2014-16 has been developed in consultation with colleagues from the Task Group. By working closely with BPSI, the board will co-ordinate efforts to improve the effectiveness of safeguarding in this area.

## 5.8 Involving Children and Young People in the Work of BSCB

The Child's Voice is central to our work and learning within the BSCB and is now a standing item on all of our agendas. We aspire to foster a culture where the Child's Voice is central to all safeguarding practice in Barnet. During 2013-14, BSCB has undertaken and supported a number of projects with children and young people to gain an understanding of their experiences of Barnet's services and their concerns regarding the safeguarding issues that affect them. We have a number of ways in which children and young people in Barnet make their views known.

Barnet Youth Board : Barnet Youth Board is made up of representatives aged 13-19 (up to 25 for young people with disabilities) from Barnet's schools as well as community and faith groups / clubs. Its purpose is to be the voice of young people in Barnet, to have a say in and influence decisions and local policies that affect young people, to promote and celebrate the achievements of Barnet Youth Board and young people and to support the work of Barnet Members of UK Youth Parliament and influence national policy. This year they have worked with the Role Model Army and the Local Authority Children's Service Complaints Officer to redesign our complaints handling system. All local authority workers now have 'business cards' which they can give to children and young people with their details and those of the Complaints Team.

The Role Model Army [www.rolemodelarmy.org.uk](http://www.rolemodelarmy.org.uk)

Role Model Army (RMA) is the name given to the Children in Care Council. It is a team of children and young people from different backgrounds advocating for, providing support to and representing the views of young people in and leaving care aged 14 - 21 years old. The Junior RMA comprises of children in care aged 8 to 13 who specifically advocate for, provide support to and represent the views of 8-13 year olds.

The RMA and Junior RMA:

- provides young people aged under 21 in and leaving care the opportunity to have a say on decisions that affect them;
- seeks to ensure the care Barnet young people receive is the best possible;
- represents the views of children and young people in the care system;

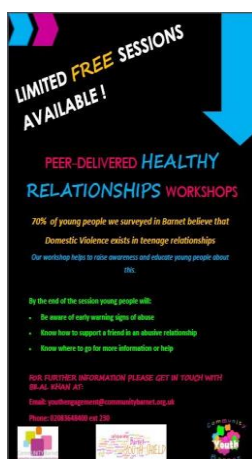
- provides on-going support to children and young people involved with the group to contribute to the community through volunteering, and
- empowers children and young people in care to reach their full potential.

### The Bobby Panel

This is a participation panel for children aged 8-13 years old. There are members from different schools and clubs across the borough of Barnet and they provide a voice for children and young people. They meet every school holiday, and are consulted on improving services for young people. Members are also encouraged to develop and work on their own projects within their schools and clubs utilising the skills they develop as a panel in the holidays.

### Youth Shield

Youth Shield is Barnet's very well-regarded Youth Safeguarding Panel that has won an award at the London Safeguarding Children Board and was commended for its work at the full council meeting. It plays an active role on the BSCB, enhances the effectiveness of the main board, sub-groups and task groups and provides challenge to the main board to 'up its game' across a wide variety of issues. Its members attend BSCB meetings and introduce the child's voice right into the heart of the Board's business. They also run a number of peer-to-peer surveys to inform decision-making on wider strategies, peer-to-peer training and peer led workshops that offer help and advice where non-peers can have little impact. E-safety, healthy relationships, domestic violence and relations with the police are areas where Youth Shield has shown leadership. Their active involvement in safeguarding has strengthened the platform for children and young people in Barnet.



In March 2014, Youth Shield oversaw a survey of Barnet's young people and their feelings of safety when online. Over 4,400 people responded and while only 12% felt unsafe, 30% of respondents wanted better information and were interested in attending an online safety event. BSCB has responded to these issues by adopting e-safety as one of our priorities for 2014-16.

Figure 5: Peer delivered "Healthy Relationships" Workshop and Complaints Handling Leaflets designed By Barnet's Young People

## 5.9 Faith and Cultural Group

The group was chaired by the Borough Commander and worked with a range of groups including CommUNITY Barnet, faith groups such as Britsom, the Boys Clubhouse and the London Chinese School to raise safeguarding awareness. The group made links with the Jewish and Somalian communities and compiled a directory of ethnic, faith and religious organisations in Barnet. Barnet is a diverse borough and in 2014-16 this directory will be utilised to communicate and raise awareness of safeguarding issues, particularly Female Genital Mutilation (FGM), CSE and e-safety. The sub-group was discontinued following the board's re-design of all its sub-groups at the development days on 18 December 2013 and 29 January 2014. The rationale was that that faith and culture will be woven into the work of all sub-groups as opposed to having a stand-alone sub-group. This work will be led by CommUNITY Barnet representatives attending the board and sub-groups as appropriate.

## 6. Engaging the wider community in safeguarding: work with the Voluntary and Private sector

Voluntary organisations and private sector providers play an important role in delivering services to children and young people in Barnet. They need to have in place the same arrangements to reflect the importance of safeguarding and promoting the welfare of children as the public sector. This includes a clear line of accountability for the commissioning and or provision of services, a senior lead at board level on safeguarding, a culture of listening, information sharing arrangements, a designated safeguarding lead, safe recruitment practices, proper supervision and training of staff and clear policies in line with the local authority's LADO for dealing with allegations against people who work with children.

CommUNITY Barnet and its dedicated Children's team supports, promotes and co-ordinates an effective voluntary and community sector in the Borough and offers a range of information, advice, training and consultancy services that meets local requirements.

Harnessing voluntary and community engagement and influencing and informing policy, practice and priority areas, the work of CommUNITY Barnet is recognised as a valuable partner and contributor of BSCB. As well as attending the workshops that have informed the business plan for 2014-2016, the members are committed to safeguarding and have regularly attended the main board meetings as well as the Performance and Quality

Assurance sub-group, Learning and Development sub-group, and MASE (multi-agency sexual exploitation panel). Where the voluntary and community sector or faith groups have had involvement with a case as a service provider they will also be involved in any proposed review commissioned by the Serious Case Review sub-group to ensure lessons are learned and cascaded.

## **7. Safeguarding vulnerable children and young people: focus on priority groups / activity**

### **Children in Need and Children in Care**

In 2013-14, the Performance and Quality Assurance Sub-Group (PQA) received a dashboard from Children's Social Care with key data with regard to children in need and children in need. This included the following:

- Contact to Referral
- Initial Assessment
- Core Assessment
- S47 Enquiries
- Number of Children not made the Subject of a CP Plan
- Children becoming the Subject of a CP Plan for a Second/Subsequent Time
- Number of Children the Subject of a CP Plan for 2 years or More
- Missing from Care
- Number of Child Deaths
- LSCB Training Courses
- Serious Knife Crime
- Number of Allegations Against Multi Agency Staff referred to LADO
- Number of Care Proceedings

The PQA analysed this data to identify emerging trends and dive deeper as appropriate, for example, the group identified a case where the children had been subject to a child protection plan for more than 2 years and commissioned an audit. The findings triggered changes in practice to improve performance, which are being driven forward in the Neglect Action Plan in the board's Business Plan 2014-16.

In February 2014, the Board agreed the updated version of the CAF Threshold document to reflect the changes made at the front door, i.e. the launch of MASH. The board requested bi-annual updates on MASH and scrutiny of MASH data to ensure its effectiveness. An evaluation report on progress in MASH in the first year is due to be presented to the board in the latter part of 2014.

### **Missing Children**

Missing children are discussed at the PQA quarterly and key changes reported to the board. The work of the Task Group on Missing and Sexual Exploitation is set out on page 42 above. The board discussed the Association of Chief Police Officers (ACPO) report in June 2013, which had a new definition of a missing person, distinguishing 'missing' from 'absent'. The BSCB Missing From Care Protocol and Risk Assessment Tools written in conjunction with Barnet Misper (Missing Persons Unit Barnet Police Jigsaw Team) were reviewed by the Task Group. The protocols will be further developed in 2014-15 and reported to the board to ensure there is a joined up strategic approach with regard to missing children, child sexual exploitation and gangs. From the operational groups in practice (MASE and KYPS) we have seen that there is a clear link between vulnerable children who have been missing, who are at risk of sexual exploitation or have been sexually exploited and on occasion affiliation with gang members.

### **Child Sexual Exploitation**

The work of the Task Group on CSE led to the establishment of MASE to maintain robust oversight of CSE cases, risk assess cases to secure the right intervention and support and gain a better understanding of the prevalence of CSE in Barnet. The board has identified CSE as a key priority, has a detailed action plan and has agreed to fund the appointment of a multi-agency CSE co-ordinator on a pilot basis. Briefings will take place in 2014 to raise awareness across the multi-agency partnership and ensure all partners have on their radar the warning signs and the capacity to act proactively. Our strategic approach endeavours to secure prevention, early identification, the right intervention and support for victims and disruption and prosecution of perpetrators. CSE has been covered in the body of the report in sections 3, 4 and 5 of this report.



## Private Fostering

One of the functions of the BSCB is to develop policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including the safety and welfare of children who are privately fostered. A private fostering arrangement is when a child under the age of 16 (under 18 if disabled) is cared for by someone who is not their parent or a 'close relative'. This is a private arrangement made between a parent and a carer, for 28 days or more. Close relatives are defined as step-parents, grandparents, brothers, sisters, uncles or aunts (whether of full blood, half blood or marriage/affinity).

In Barnet, we are aware that this is an emerging issue. The numbers of privately fostered children registered with children's social care is monitored at the PQA and comparative figures were obtained for London councils. Some investigative work has commenced with regard to best practice which will be driven forward in 2014-15.

We have raised awareness by promotional flyers at the annual safeguarding month, ensured that all new Head Teachers are briefed and given information leaflets on private fostering. With some schools, progress has been made and notifications have been received including one Independent school, where good links have been established with the bursar and children's social care. The fostering team has met with some schools and raised awareness, particularly with regard to the arrangements for new international students.

The local authority's children's social care teams have posted scenarios in supervision rooms to raise awareness and understanding of private fostering arrangements.

In 2013-14 we were received 49 notifications of new private fostering arrangements. In 41 of those cases the local authority undertook statutory visits and we learned that 15 were continuing arrangements in place before 1 April 2013, 36 new arrangements were put in place during the year, and 23 arrangements were ended during the year. As at 31 March 2014 there were 28 children under private fostering arrangements.

The challenge ahead is effective co-ordination and resource to raise awareness particularly with schools that are now Academies. In 2014-15, we will continue to raise awareness, target schools, GPs and primary care to ensure they are aware of private fostering arrangements and the requirement to notify children's social care. We will work with faith and cultural groups to ensure messages are disseminated to Barnet communities.

## 8. Managing Allegations against Professionals

BSCB retains an oversight of the processes and systems that employers use to deal with allegations and is keen to ensure that the LADO system in Barnet is effective in protecting children and being fair to staff. All allegations involving staff, who work with children in Barnet, whether paid or volunteers, are referred to the LADO. The LADO's role is not to deal directly with those who have made the allegation or those who are the subject of the allegations but to help employers record, investigate and deal with complaints concerning their staff's behaviour or actions with or towards children and young people.

The standards which employers should apply and on which the LADO provides advice are contained in *Working Together to Safeguard Children* (2013). It also provides a process to remove those unsuitable people from working with children.

The LADO makes a full report to BSCB each year where discussion and in depth analysis of the data takes place. This year has seen another significant increase in referrals for the second year in a row. In due course, we will want to work out whether these increased numbers represent better reporting or more worrying behaviour on behalf of our staff.

The seriousness of the referrals varies from the most significant involving criminal behaviour to others which may be due to poor training, incomplete understanding or some other factor that is best dealt with by management action. Very few of the matters referred to the LADO are deemed to be of the most serious kind. Those that are shown as substantiated in the figure below are cases where, following a full enquiry, the employees were found to be in such serious breach of their duties that they were no longer safe to work with children.

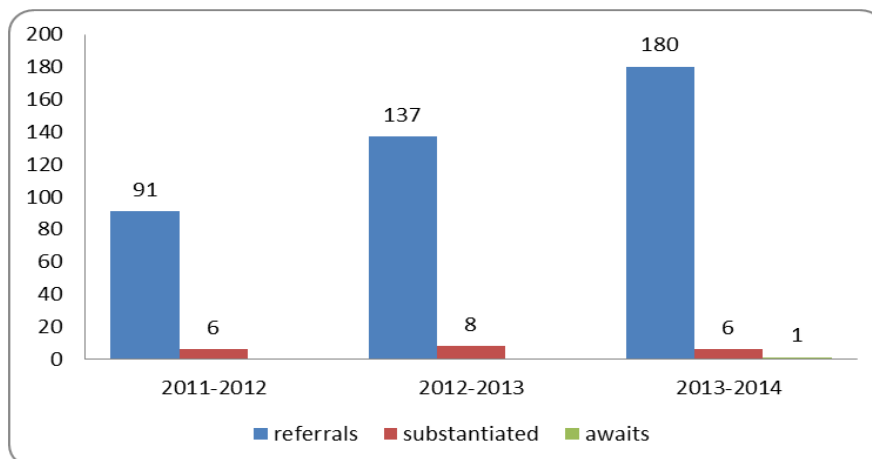


Figure 6: LADO referrals and most serious outcomes from April 2013 to March 2014

## 9. Budget

Partners are committed to providing reliable resources (including finance) to enable the board to be strong and effective. As we know, partners are required to share the financial responsibility for the board in such a way that a disproportionate burden does not fall on a small number of partner agencies.

Money has been carried forward mainly due to Barnet not having carried out any serious case reviews for five years. The budget for 2014-15 has made provision should any SCRs be commissioned for this period.

An on-going challenge for all partners is constrained finances, the changing demographics in Barnet and consequential impact on the planning, commissioning and delivery of services.

Funding has been sustained at existing levels and funds carried forward from previous years have been utilised to secure a CSE Co-ordinator that will work across the partnership at both a strategic and operational level in line with our priorities.

In 2014-15 we will need to review partner contributions to ensure that we can deliver the objectives we have set in our business plan.

Barnet Children's Safeguarding Board Finance Report from 1/4/2013 - 31/3/2014			
	£	£	Variance
<b>Balance B/Fwd 2012/13</b>	(67,888)		
<b>Income / Contributions</b>			
London Borough of Barnet	(98,000)		
London Safeguarding Children Board / Metropolitan Police	(5,000)		
Probation	(2,000)		
Barnet Clinical Commissioning Group	(12,500)		
Chase Farm NHS Trust	(12,500)		
Barnet Enfield Haringey Mental Health Trust	(12,500)		
Royal Free Hospital Trust	(12,500)		
CAFCASS	(550)		
	(223,438)		
<b>Commitments 2013/14</b>			
<b>Staffing Costs</b>			
1.6 FTE Administrators + Independent Chair		52,540	
Development Officer / Safeguarding Manager		29,184	
		81,724	
<b>Other Expenses</b>			
Catering		3,963	
Miscellaneous ( printing, travel, mobiles, etc)		2,826	
Consultant fees		19,253	
Recruitment/advertising expenses		2,586	
Internal recharges		1,460	
Youth Shield		35,000	
Training		9,898	
		74,986	
<b>Totals</b>	(223,438)	156,710	(66,728)

## 10. Review of the effectiveness of the BSCB

Throughout 2013-14, the BSCB has made significant progress and influenced and informed changes to practice across the partnership. The achievements and outcomes are highlighted in Section 4 from pages 14 to 29 inclusive. A key challenge was the capacity and resource to continue to secure safeguarding as a top priority across the partnership at a time of public sector cuts, budgetary restraints and organisational and transformation projects. Notwithstanding this, partners have remained committed to safeguarding as evidenced in this report.

To ensure the effectiveness of the board a log of all actions is kept up to date and reviewed at every board and sub-group meeting. All partners are held to account for actions in minutes and on the action log at every meeting. We have strengthened our membership, attendance and engagement in our new revised structure and we will strive to maintain this in delivering the challenging objectives we have set for ourselves in the 2014-16 Business Plan. Strong partner challenge will be required in monitoring and evaluating the effectiveness of our business both individually and collectively in order to safeguard and promote the welfare of children. We will do this through challenge at meetings as well in the s11 audit and child's journey audit challenge sessions in 2014 to ensure that all partners have made good progress on identified actions and areas for improvement. One of the keys to making this happening is for all partners to contribute to a composite dataset to provide a more meaningful multi-agency bigger picture. The PQA will drive this forward in 2014.

Children are safeguarded and protected by good plans. The robust quality assurance framework in place will ensure continuous improvement and in particular ensure the voice of the child informs service planning and is central to decision-making.

CDOP is compliant with Working Together 2013 and operates well. It no longer has a backlog of cases to be reviewed, however, engagement from the coroner's office remains a challenge which we will endeavor to improve. We have learned from the SCIE reviews undertaken and in 2014 we will evaluate the impact of that learning to ensure that as a multi-agency partnership we continue to learn and improve. Partners understand the criteria for initiating a SCR and there is strong evidence of challenging discussions between partners at the SCR sub-group meetings with regard to a complex case. Where the criteria are not met for a SCR, partners understand the importance of undertaking another learning review or audit to ensure that multi-agency learning is captured and then disseminated and embedded. Just as important is the requirement to evaluate the impact of that learning. Our learning and improvement framework shared with partners will continue to drive improvements to safeguard and promote the welfare of children.

Our new membership including the addition of Head Teachers and our second lay member will add value in 2014-16. Education will be key to the E-safety priority in particular and going forward we will strengthen this partner's role via the local authority and schools. Despite the significant health transformation, representation and engagement with the BSCB has been excellent. As evidenced in the body of the report they have established clear accountabilities for safeguarding.

Significant progress has been made with the development and launch of MASH in August 2013 and this year we are undertaking a rigorous evaluation of the process to ensure that we continuously learn and improve information sharing, risk assessment and partnership work.

Another major achievement is the co-ordinated effort by all partners to develop and launch MASE in January 2014. The CSE Strategy is in its final stages at the time of writing this report and a CSE Co-ordinator funded by the board has been secured as part of a pilot scheme. As with MASH we will ensure the effectiveness of the co-ordinated efforts with a self-evaluation and first report to the Board later this year. A strong steer will be required from the police in providing an intelligent picture of the prevalence of CSE in Barnet, trends with regard to hot spots, victims and perpetrators and drive forward disruption strategies and prosecutions as we gain a better understanding in 2014. We will also align this work to peer violence, the projects underway with regard to gangs and e-safety. A strategic group with oversight of CSE and missing will strengthen this further. Both MASH and MASE reflect the legacy of strong commitment from board partners.

We will soon have an Early Intervention Strategy which will be presented to the BSCB at its next meeting. This is the culmination of co-ordinated efforts and conversations that took place at the board in 2012-13. Securing early help is reflected in the board's strategic approach. For the 4 priorities in our Business Plan 2014-16, namely E-Safety, Domestic Abuse, Neglect and Child Sexual Exploitation, we have woven into the 4 action plans 'prevention, identification and intervention and support' to focus continuing attention on early help and prevent escalation to higher tiers of intervention.

Excellent participation from Youth Shield and the voice of the child co-ordinator ensure that children remain at the centre of all board activity. Youth shield have undertaken some very challenging and informative pieces of work such as Healthwatch, healthy relationship workshops and the recent survey on how safe children and young people feel. In 2014 the board will respond to this recent survey and particular input and decisive action will be required by the police. The voice of the child has been woven into agendas for all meetings going forward.

There has been good communication and awareness raising with regard to child sexual exploitation and quality assurance in particular. The annual Safeguarding month to promote 'safeguarding is everyone's business' is a continuing success to raise awareness across the partnership and wider council and convey important messages. Going forward

we have set specific objectives in the business plan 2014-16 for raising awareness of domestic abuse and the impact it has on children, ensuring threshold are properly understood and applied with regard to neglect, provide information to teachers, parents, community organisations, youth clubs etc to help them understand CSE risks and recognise the early warning signs and raise awareness and understanding of e-safety amongst children and young persons, parents, carers and staff across the multi-agency partnership, raise the profile of professional standards and develop a coherent approach to e-safety policies and accreditation.

There are good channels of communication between the respective Children's Trust Board, the Health and Wellbeing Board and the Community Safety Partnership Board with reports and memberships. The single independent chair will also ensure safeguarding for both BSCB and BSAB is aligned. Delivery of the 2014-16 Business Plan will require strong links and reporting between the boards and sub-groups to ensure we are properly aligned and we are as effective as we can be. Our strong connections and reporting lines will inform the planning of services for children in Barnet.

The development day in December 2013 provided an opportunity to reflect on the existing structure and consider what was working well, areas for improvement and priorities for the forthcoming years. A further development session will need to be convened in 2014 to ensure that good progress is being made and consider what further changes should be made to make our board more effective. The board is supported by a very small, dedicated team and resources to the team may need to be reviewed and aligned to the new board structure. The website was launched in 2013, the board has its own logo and multi-agency identity. We have successfully achieved to an extent paperless working by sending agendas and documents electronically. In our strive to become more efficient the board aspires to provide agendas and supporting documents on the website in 2014-15.

The board will focus on 4 priorities in 2014-16 and we are confident that strong leaders in the multi-agency partnership and their strong commitment to the board will strengthen our partnership further.

## **11. BSCB Priorities for 2014-2016**

### **E-safety**

Our children and young people's relationships with each other and the wider world are more and more conducted on line. The internet is a public space much like our streets and parks. Just as we want children and young people to be safe when out in public so we want

them to be safe online. This presents adults with some problems. They know generally less about the internet than children and so cannot pass on useful information about how to stay safe. Nor are they there to keep a protective eye on them. The result is that some children do not operate safely and experience some very unpleasant consequences. Our brilliant Barnet Youth Shield has identified this as one of the most important issues for them.

E-safety includes the key issues of online grooming, online bullying and self-harm/suicide websites, all of which can have significant impacts on the health and achievements of young people affected. We are in the early stages of understanding the extent of E safety issues in Barnet but the recent survey of young people completed by Youth Shield highlighting this as one of the biggest concerns for many of them is a good start. We will be commencing a programme of work to educate and support young people, professionals and families in minimising the harm of these issues and young people will be central to helping us to deliver this agenda. Youth Shield have also delivered training to 900 young people on how to maintain safe peer relationships and the BSCB is continuing to support them in their valuable work.

### **Domestic Abuse**

Children exposed to domestic abuse are likely to experience significantly worse life outcomes than other children. Their IQ is measurably lower at the age of eight. When they become adults they take more drugs, have more alcohol problems and have worse health than the general population. 42% of convicted men in British prisons experience domestic abuse in their homes when growing up. There are many other indicators to suggest that children living in homes where there is regular abuse between family members need the concerted efforts of local agencies to safeguard them from harm. Over half of all referrals to children's social care in Barnet involve domestic abuse.

### **Neglect**

Children, particularly infants, develop brain function mainly in response to early life experiences. For the majority of children, securely attached to a loving parent, whose needs are met by their carers, they develop into rounded and happy people. But those children, whose needs are not met by their parents, will suffer varying degrees of harm. Neglect is the main reason that leads to a child in Barnet being placed on a child protection plan. This is a difficult problem to solve because the parents are themselves often very needy and may themselves have experienced a neglectful childhood themselves. BSCB wishes to tackle this to ensure that childhood neglect is identified promptly, assessed rigorously and given effective intervention by all relevant agencies.



### **Child Sexual Exploitation (CSE)**

The prevalence of this as a problem nationwide increasingly emerged in recent years with some very high profile cases. Whilst recognising that CSE may not be as prevalent in Barnet than in other areas our research has shown us that there are very vulnerable children (one of course is too many) in danger of being exploited for sex by diverse groups of adults or young people both within and outside the borough. Like our other priorities this is difficult. We are determined to identify and confront the problem and to find more and better ways of protecting these in danger children, who in some cases we have actually taken into our care.

## Appendix 1: Board Members

NAME	POSITION	ORGANISATION
<b>Chris Miller (CH)</b>	Independent Chair	Independent Chair
<b>Local Authority</b>		
Kate Kennally	Director of Children's Service	London Borough of Barnet
Nicola Francis	Family Services Director	London Borough of Barnet
Jo Pymont	Assistant Director, Children's Service	London Borough of Barnet
Jo Moses	Head of Safeguarding and Quality Assurance (Chair SCR & PQA)	London Borough of Barnet
Dawn Wakeling	Director Adult Social Services	London Borough of Barnet
Karen Jackson	Deputy Director Adult Social Care	London Borough of Barnet
Duncan Tessier	Early Intervention and Prevention Assistant Director	London Borough of Barnet
Ian Harrison	Education and Skills Director	London Borough of Barnet
Delphine Garr	Workforce Development & Learning Manager (Current Chair L&D)	London Borough of Barnet
Alison Dawes	Head of Education Partnerships and Commercial Services	London Borough of Barnet
Manju Likhman	DV Co-ordinator	London Borough of Barnet
Zainab Bundu	Voice of the Child Co-ordinator	London Borough of Barnet
<b>Lead member for Children</b>		
Cllr Reuben Thompstone	Lead Member	Elected Member
<b>Police</b>		
Adrian Usher	Borough Commander	Metropolitan Police
Steve Wallace	Detective Superintendent	Metropolitan Police
John Foulkes	Detective Chief Inspector	Metropolitan Police
<b>Probation</b>		
Sam Denman	Assistant Chief Officer (Brent, Barnet and Enfield)	National Probation Trust

Marcia Whyte	Assistant Chief Officer (Brent and Barnet)	Community Rehabilitation Company
<b>Youth Offending Team</b>		
Flo Armstrong	Head of Youth and Community	London Borough of Barnet
<b>NHS Commissioning Board &amp; Clinical Commissioning Groups</b>		
Paul de Keyser	Designated Doctor for Children's Safeguarding (Barnet Borough)	Royal Free London NHS Foundation Trust
Vivienne Stimpson	Director Quality and Governance	Barnet Clinical Commissioning Group
Siobhan McGovern	Designated Nurse, Safeguarding	Barnet Clinical Commissioning Group
Laura Fabunmi	Assistant Director, Health Improvement (Chair CDOP)	Public Health
<b>NHS Trusts and Foundation Trusts</b>		
Vacant Post	Director of Nursing (Barnet and Chase Farm)	Royal Free London NHS Foundation Trust
Deborah Sanders	Interim Director of Nursing (Royal Free Hospital)	Royal Free London NHS Foundation Trust
<b>Mental Health Trusts</b>		
Mary Sexton	Assistant Director, Safeguarding Children	Barnet Enfield and Haringey Mental Health Trust
<b>Community Health</b>		
Louise Ashley	Executive Director of Nursing and Quality Governance	Central London Community Health
Liz Royle	Head of Safeguarding	Central London Community Health
<b>Coroner's Court</b>		
Lawrie Roach	Coroner	North London Coroners Court
<b>London Ambulance Service</b>		
Ruth Williams	Community Involvement Officer	London Ambulance Service
<b>Voluntary Sector</b>		
Janet Matthewson	Head of Children's and Young People's Services	CommUNITY Barnet
Vacant Post	Youth Engagement Officer	CommUNITY Barnet
Barry Rawlings	Safeguarding Adviser	CommUNITY Barnet
Angela Duce	Director of Operations	Norwood

Sarah Le-May	Family Support Services Manager	Norwood
Cecile Kluitse	Family and Children Services Manager	Women's Solace Aid
Vacant Post	Director	Fairplay Barnet
<b>Education</b>		
Toni Beck	Director of Quality and Learner Experience	Barnet and Southgate College
Jo Kelly	Head Teacher	The Pavillion Secondary School
Samson Olusanya	Head Teacher	Christ College, Finchley
Sara Keen	Head Teacher	Bet Shvidler Primary School
Rep for Academies, Free Schools, Independent Schools		
<b>Lay Members</b>		
Naomi Burgess	Lay Member	Lay Member
Nigel Norrie	Lay Member	Lay Member
<b>CAFCASS</b>		
Phyllis Dyer	Service Manager	CAFCASS
<b>London Fire Brigade</b>		
Steve Leader	Borough Commander	London Fire Brigade
<b>Housing</b>		
Julie Riley	Director of Care and Support	Barnet Group
<b>Business Managers</b>		
Hema Parmar	Business Manager	London Borough of Barnet
<b>Administrator</b>		
Polly Walsh	Safeguarding Children Board Administrator	London Borough of Barnet