

**Barnet Safeguarding Children Board**  
**Annual Report**  
**2014/15**



**‘Making Safeguarding Everybody’s Business’**

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# 1. Forward and Executive Summary

## Independent Chair – Chris Miller

This is my second annual report as chair of the Barnet Local Children's Safeguarding Board. The Safeguarding Board is an alliance of all the statutory partners and the voluntary sector in Barnet who come into contact with children and whose lives we can influence. Our role is to cooperate with each other and to offer challenge to each other as well. This ensures that our work with children and young people is effective, safe and leads to improvements to their lives. The different agencies' cultures, performance objectives and information systems sometimes make meaningful cooperation difficult but also make it essential.

At a national level 2014-2015 has been a momentous year. The safeguarding headlines in the past twelve months have included a number of shocking stories. Mass child sexual exploitation in Rotherham, Rochdale and elsewhere has damaged the lives of large numbers of very vulnerable children. We have also learned that a number of famous and powerful men were able seemingly because of their celebrity or political power to abuse children and get away with it despite often being denounced to the authorities. These are very significant cases and they have probably changed safeguarding attitudes and practice for good and for the better. It is important however to ensure that these hard cases do not cause us to take our focus away from less publicity heavy areas such as child neglect, inter familial domestic violence and parental substance and alcohol misuse. These too damage children. And in far greater numbers than the headline grabbing cases!

So while, in line with most other Safeguarding Boards, we in Barnet have undertaken a root and branch review of our procedures to deal with child sexual exploitation we have also continued to remain focused on child neglect and parental domestic violence. These two childhood experiences cause very significant harm to children. In too many cases these damaging experiences define their lives irreparably. For example research by the Prison Reform Trust and by the Ministry of Justice shows that more than four in ten serving prisoners experience neglect as a child or have been brought up in households where interfamilial violence is common. Through focusing on these issues we aspire to alter for the good the lives of children who otherwise may come to long term harm.

In this past year we have also developed our understanding of and capacity to deal with e-safety. Children live large parts of their life on line. While the wonders of the internet bring learning, connections and entertainment we know that it has a dark side as well, often poorly understood by adults, whether parents or the authorities, which can expose children to considerable risk.

There are many factors that affect the health, development and wellbeing of children but the evidence shows that those Safeguarding Boards that choose to concentrate on a small number of key issues can make progress as a partnership. The alternative is to spread resources too thinly. So in our two year plan (2014-2016) we have focused on four priorities; child sexual exploitation (CSE), domestic abuse, e safety and neglect. We have made good progress in our work to prevent children being sexually exploited. Our multi agency operational group dealing with this issue

have been active in improving their speed of response and have developed agility in considering innovative ways of working. We have also made some reasonable progress in our approach to domestic abuse. We have developed an understanding of the role that GPs can play in identifying domestic abuse and are about to roll out some partnership funded training to help them in this difficult task. The police have demonstrated determination in using new powers to prevent early re abuse by offenders and we have been successful in a bid to The Mayor of London for funds to provide more specialist support workers for victims of abuse. These will be good foundations upon which to build an ever improving service.

Our partnership work on neglect and e-safety has been boosted by the formation of two multi agency groups headed up by enthusiastic and knowledgeable leaders.

The “neglect group” will be able to build on the audit and review work that we have carried out in relation to a number of hard cases which have thrown up some significant areas of learning. We need to understand for example whether and to what extent criminal proceedings against very neglectful parents make a difference and why some social care cases seem to take so long to resolve.

The esafety group has the benefit of some splendid work done by our young partners **Youth Shield** who have worked with ingenuity and determination in the past 12 months to deliver training sessions in schools on peer to peer relationships. They have also conducted some thorough survey work which has highlighted many of the issues that the esafety group is now working on.

Barnet, though, is a place where most children thrive. The numbers of children (per 10,000 population) referred to the council because of concerns and subsequently formally assessed because of those concerns has been declining for the past two years while the numbers of children removed from their parents by the Council has declined by 20% in the past decade. We have significantly altered our approach to offering early help to struggling parents over the past 12 months. We have also embedded our approach to information sharing across agencies through our Multi-Agency Safeguarding Hub. The encouraging data covering concerns about children and removals from their families may well be early signs that this change of approach is proving successful.

The Safeguarding Board has an oversight role in how early help is offered in the borough. We are encouraged that the early help service leaders have set the partnership a challenge to increase the number of children notified through a document called a CAF as needing some extra help (so they and their families can get it). We on the board have increased the level of that challenge though for those involved in early help because we believe that those notifications need to come earlier in many children’s lives. Most CAFs are raised at school. We on the Board believe that many more should be raised in Children’s Centres and by midwives and health visitors.

The safeguarding of children has never had a higher profile. What once was a term only known to professionals in the trade is now in the news very regularly. It is vital that local safeguarding boards, which are charged with the function of ensuring local effectiveness, are equipped for the task. In Barnet I am privileged to work alongside some very dedicated and knowledgeable professionals whose values and attitudes are just what children need in those who care for them. So the human capital is

good. The lifeblood of partnership work though is information. Knowing how we are doing and whether we can do better is vital to our effectiveness. We still have some way to go in this regard in that we are good at knowing about individual cases but not yet good enough at drawing conclusions and gaining understanding from lots of cases. This is not a problem peculiar to Barnet. Abstracting and analysing data from multiple systems is difficult. I reported on this last year. I am pleased to say that considerable progress has been made in this area but there is much further to go. We have in the past year agreed a blue print for a data set that will give us information susceptible to insightful analysis, which in turn will help us get better at our job. It will be with us later this year and when it is I believe it will make a big difference.

I would like to thank all those who put so much energy into making children's lives better which includes not only professionals whose job it is to make a difference but also those who give their time for nothing to help with the board, namely the young members of Youth Shield and our two independent lay members. This is work that is never done but I can report that progress over the past year has been encouraging. Cooperation across agencies is very good and focusing on four priorities has had the desired effect of ensuring that real improvements have been made or are underway.

## 2. Local Demographic Context

Barnet's population has been growing, and this growth is expected to continue. The highest levels of growth have been recorded in the West of the borough. The projected growth in child population is focused in wards where there are higher levels of deprivation.

### Population

Barnet is the second largest borough by population in London. With a total of 375,197 people, it is home to a growing and diverse population. The borough's population of 94,940 children and young people remains the second largest in London and this group accounts for one quarter of the borough's overall population. Live births in Barnet have been increasing over the last ten years; in 2012 there was a total of 5,585.

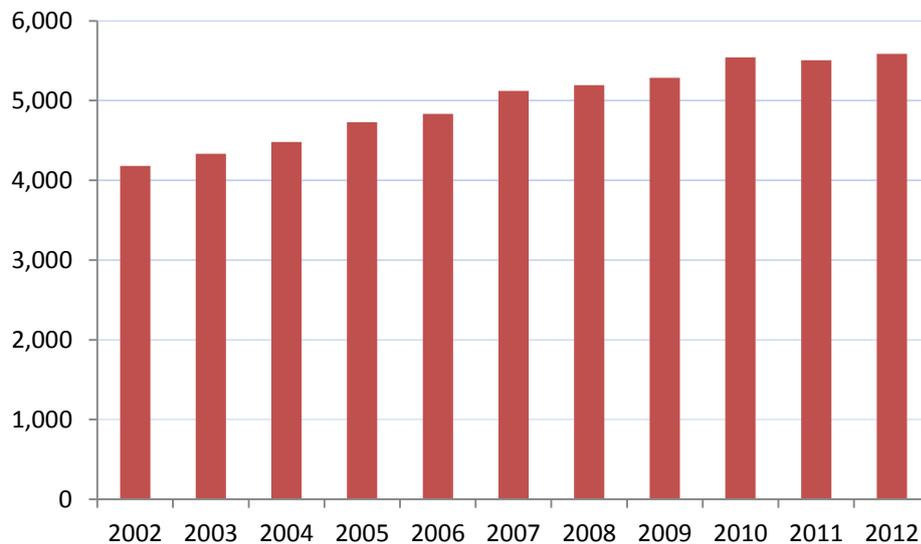


Figure: Barnet live births, *GLA Datastore*

The graph below indicates that since 2002, Barnet's birth rate has increased faster than that of London and England.

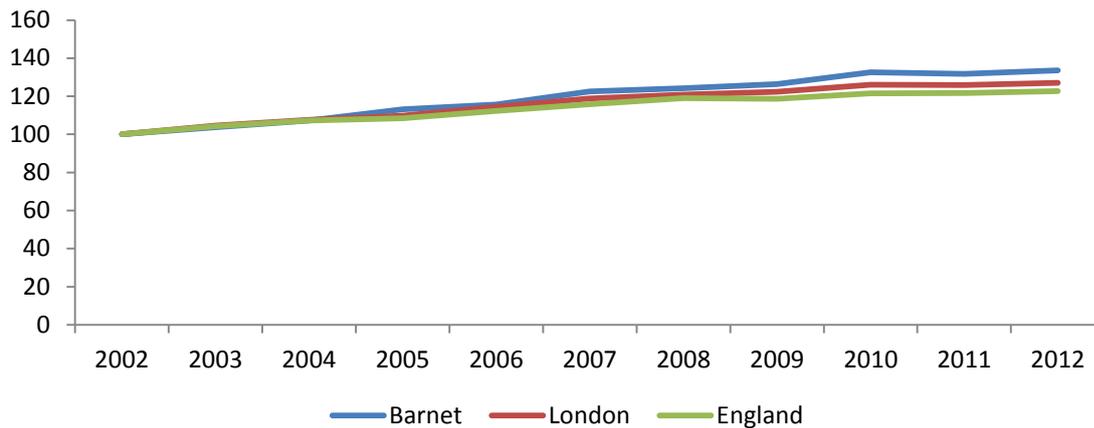


Figure: Births indexed to 100, for Barnet, London and England, *GLA Datastore*

### Population Projections

Barnet’s population of children and young people is estimated to grow by 8.5% between 2013 and 2018, when it will reach 102,978, with Barnet continuing to have the second highest population of children and young people out of all of the London boroughs.

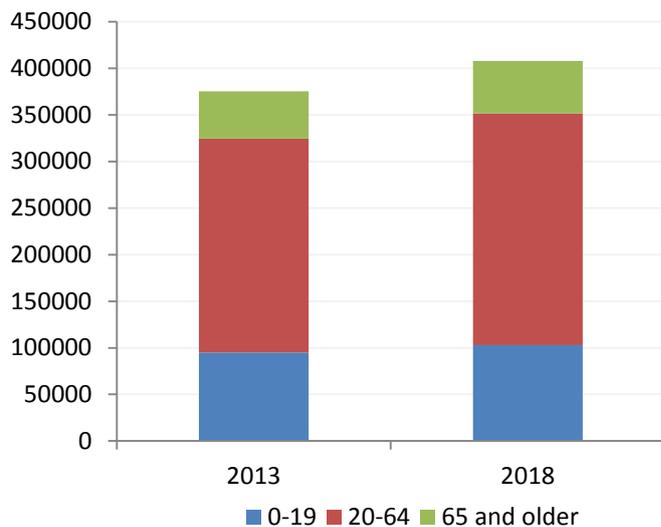


Figure: Population change between 2013 and 2018, *GLA Population Projection*

### Deprivation and Child Poverty

Poverty is the most significant general indicator of risk and nationally it is recognised that children living in poverty and deprivation are more vulnerable to educational under-achievement, ill health, involvement in crime and social exclusion. There remain significant numbers of children in Barnet that are at risk through poverty.

The Index of Multiple Deprivation (IMD 2010) is the primary source for measuring deprivation in England and Wales, and is made up of seven categories known as 'indices', each for a distinct type or 'domain' of deprivation. These domains relate to income, employment, health and disability, education, skills and training, barriers to housing and services, living environment, and crime, reflecting the broad range of deprivation that people can experience.

Overall Barnet is a relatively affluent borough with pockets of deprivation. Barnet has 210 super output areas. Of these, 30 lower super output areas (LSOA) fall within the 30% most deprived areas nationally. The west of the borough has the highest concentration of more deprived LSOAs, with the highest levels of deprivation in Colindale, West Hendon and Burnt Oak. However, the most deprived LSOA in Barnet is located in East Finchley, specifically the Strawberry Vale estate, and falls within the 11% most deprived LSOAs in the country.

13 of Barnet's LSOAs rank within the 10% most income deprived nationally and eight fall within London's 10% most deprived. These areas are found within Colindale, Edgware, Burnt Oak and East Finchley.

## **Health**

As of April 2013, responsibility for Public Health shifted from central to local government, and Public Health Teams have been created in each local authority. Barnet's Public Health Team publishes Child Health, and Maternal and Infant Health profiles as part of Barnet's Joint Strategic Needs Assessment (JSNA). These are published in the JSNA Refresh 2013/2014 which will give a fuller range of indicators, and data is given at ward level where available.

## **Infant Mortality**

Barnet's infant mortality rate at 2 per 1,000 live births is slightly lower than in London or England. In Barnet, 7% of live births are under 2.5kg and 1% of children in reception year are underweight, which is largely in line with the London and England averages.

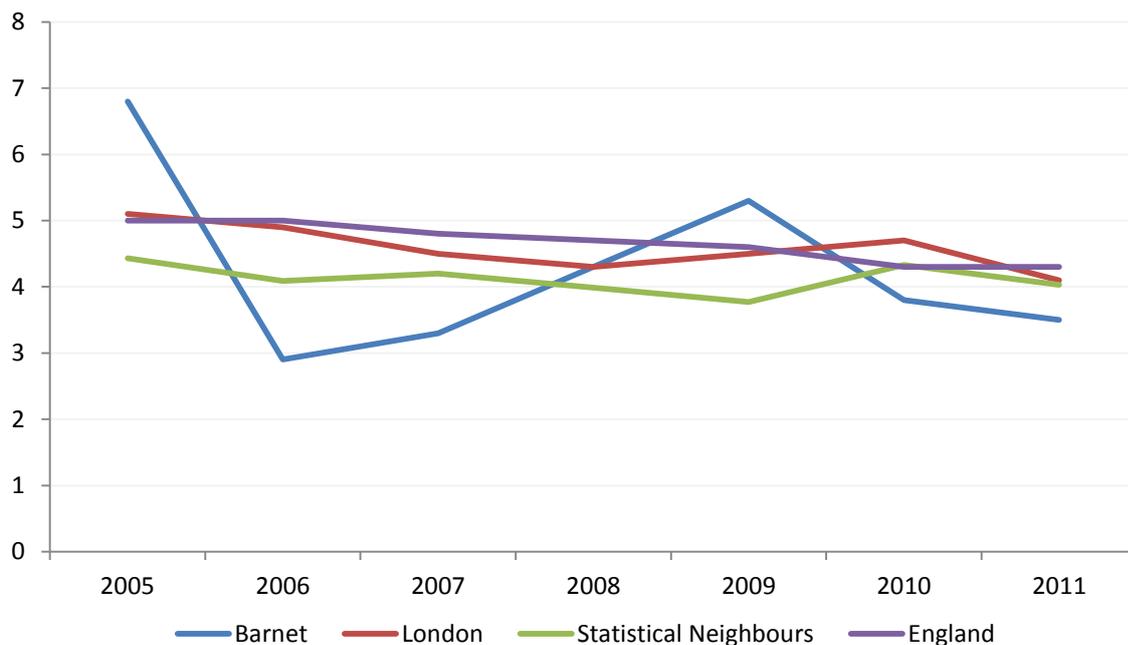


Figure: Infant mortality rate per 1000 live births in Barnet, London, statistical neighbours and England, ONS 2011

## Conclusion

The Board recognises the importance of universal services, but given the difference in needs across the wards, we will seek to target limited resources in the areas of highest need first. As an example, for the Domestic Violence priority and the provision of identification (IRIS) training for NHS General Practices, the Board will target GP practices in areas where Police data shows that domestic abuse is highest.

### 3. Safeguarding Context - Key Data Trends

#### Referral and Assessment to Children’s Social Care

The process through which a child becomes known to Children’s Social Care (CSC) begins when the service receives a ‘contact’. This is when any agency or individual contacts Children’s Services with information, concerns or a query about a child or family. The process was amended in 2013 so that all contacts are received through the Multi-Agency Safeguarding Hub (MASH). Information gathering now takes place over 48 hours, or within shorter timescales, dependent on the level of risk identified by the MASH.

#### Contacts and Referrals

Following the information gathering, some ‘contacts’ will meet the threshold for a social care referral. A referral is a request for action from CSC to react to the perceived need of a child or young person or their family. The outcome of a referral is decided within 24 hours of starting the referral process.

The figure below uses finalised data from the Department for Education, and shows the proportion of referrals progressing to Initial Assessment over the past ten years. Barnet’s rates have been higher than England, London and Barnet’s statistical neighbour’s rates. Although the rate in these areas and across England has been increasing over time, Barnet still has a comparatively high rate.

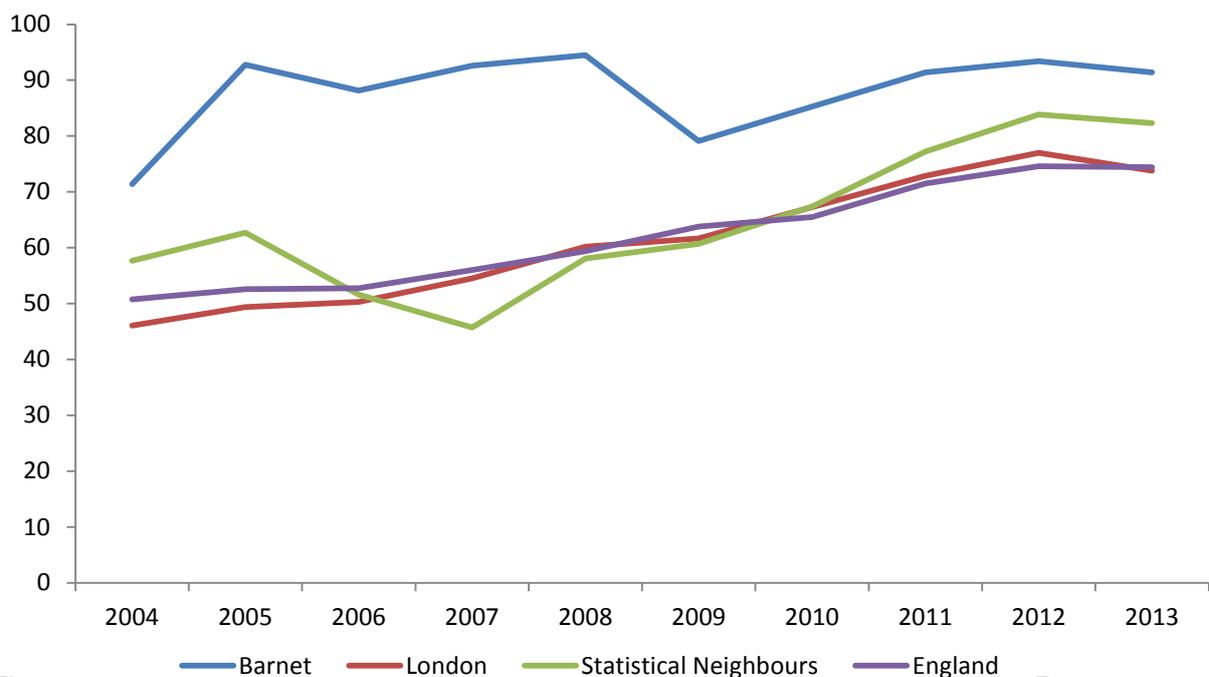


Figure: Percentage of referrals progressing to initial assessment, *DfE*

## Assessments

Historically, Initial assessments can only be initiated through the referral process. Initial assessments, as a rate per 10,000 children over the past ten years, are shown in the figure below. This indicates that in Barnet, as well as in other areas, the rate of initial assessments has been increasing, particularly since 2007-08. Recent indications for Barnet, Barnet's statistical neighbours, and for London, suggest that the rate may be starting to decrease.

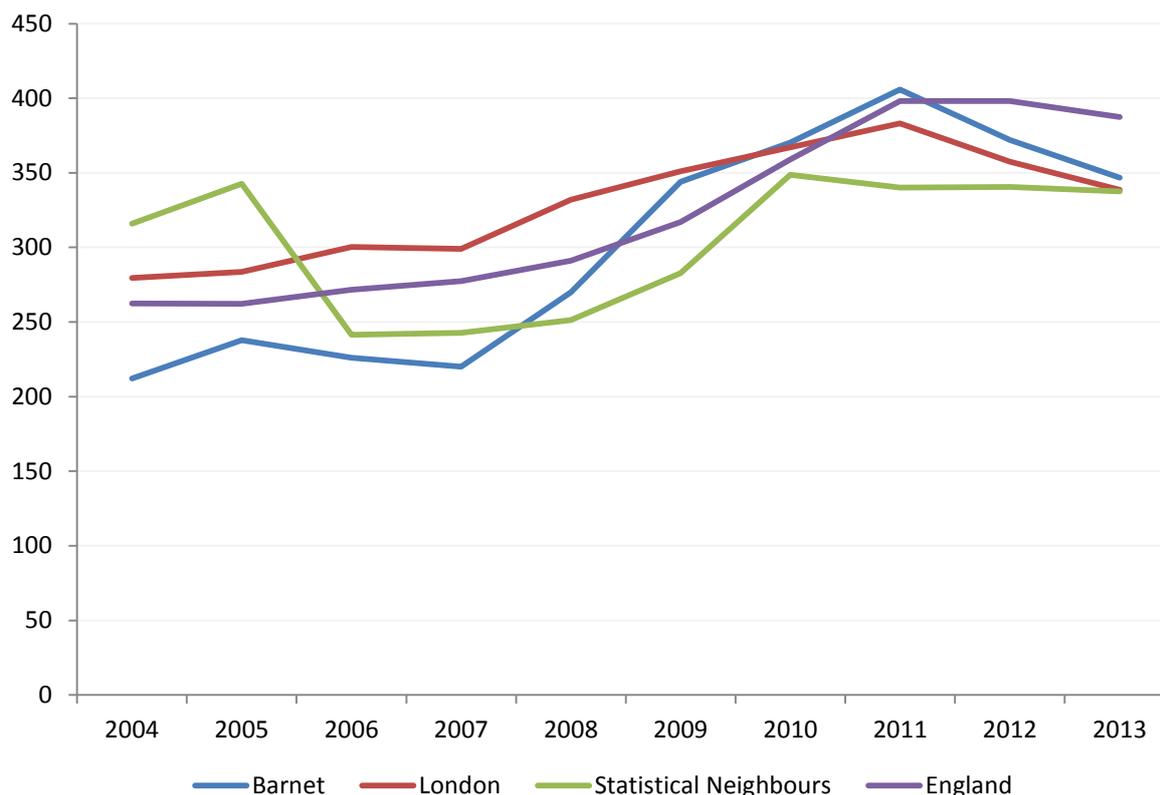


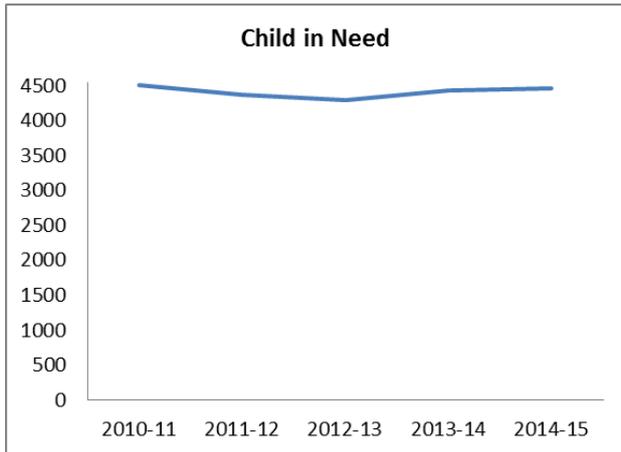
Figure: Rate of initial assessment per 10,000 child population

## Children in Need

Children in Need are assessed as in need of support under Section 17 of the Children Act, and are entitled to a range and level of services appropriate to their needs.

An analysis<sup>1</sup> of children in Barnet assessed as Children in Need at any point between 1st April 2013 and 30th September 2013 shows that there were 3071 children in Barnet receiving support as a Child in Need in this period. The graph shows that the numbers are relatively stable.

<sup>1</sup> LBB Children and Young Persons Profile 2014

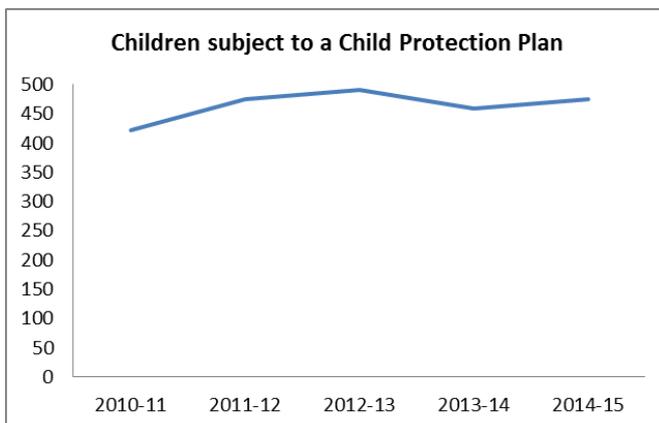


Graph showing numbers of children assessed as is need

### Child Protection Plan

A child at risk of significant harm may be subject to a child protection plan. This plan would be drawn up at a child protection conference as a written record for parents, carers and professionals. It would direct actions towards reducing concern, with a timeframe detailing those responsible for any aspects of the plan. If a child is subject to a child protection plan this does not mean they will be removed from parental care; this would only be possible if there was an order from the courts. A Child Protection Plan is intended to keep the child safe, promote their welfare and support their wider family to care for them.

Children with a Child Protection Plan can be defined based on having suffered, or being likely to suffer, from a form of significant harm. The graph below shows a rising trend.



Graph showing numbers of children subject of a plan

## Children and Families Assessment

There have been some changes to assessment arrangements in children's social care since quarter 4 2013-14. The Children and Families Assessment is an ongoing and live working document that replaced the initial and core assessment and the child protection case conference report. The 'single assessment period' is not longer than 45 working days. There is a preliminary analysis and management overview and recommendation no longer than 10 days after the commencement of the assessment. If at the point of the preliminary analysis it is agreed there is no further role for social care then the assessment will be concluded and the case will be closed in consultation with the Team Manager and with a closure summary. If there is an ongoing role for social care there will be a more detailed period of assessment and analysis that will incorporate a management overview and decision at any point but no later than 45 days from the beginning of the assessment (35 days from the preliminary analysis). The Child's Plan will be identified and informed by the assessment.

## Children in Care

Children in Care or Looked after Children are those that the local authority provides care and accommodation for, for example those in foster placements or residential homes. The figure shows the rate of Children in Care per 10,000 young people aged under 18, and how Barnet's rate compares to London, England, and Barnet's statistical neighbours. The trend over ten years shows Barnet's rate gradually reducing, from a rate similar to England to a rate significantly lower. Since 2009, Barnet's rate of Looked after Children has been lower than the rate for London, England and Barnet's statistical neighbours.

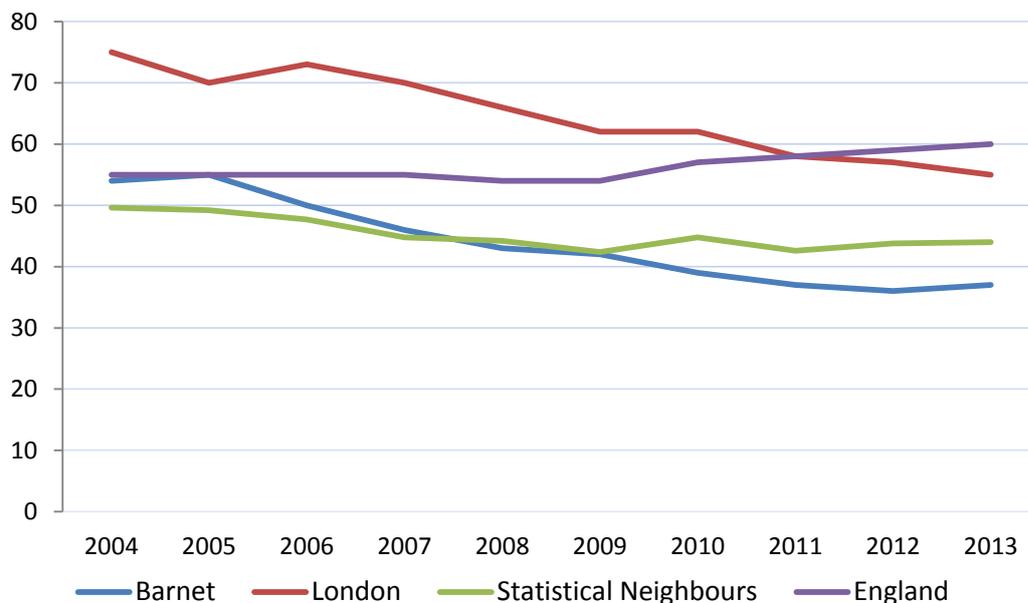


Figure: Looked after Children (rate per 10,000 population under 18)

## **Conclusion**

Whilst in recent years there has been an increase in assessments (per 10,000), that reached a peak in 2011, the number of Children in Care has declined. Given the population increase in Barnet and the increasing trend in referrals and assessment, the Board recognises the importance of early intervention and provides further details in this annual report.

## 4. Board Structure, Sub-Groups and Key Meetings

BSCB is now linked with the Barnet Safeguarding Adults Board (BSAB). They operate as separate boards but have a series of shared sub-groups (Business Management and Learning & Development), 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 CSE/Missing/Gangs Strategic Board the Multi-agency Sexual Exploitation - MASE meeting).

We have endeavored 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 core principles into the activity of all groups, namely securing the voice of the child, sharing information intelligently and effectively and continuously learning and improving.

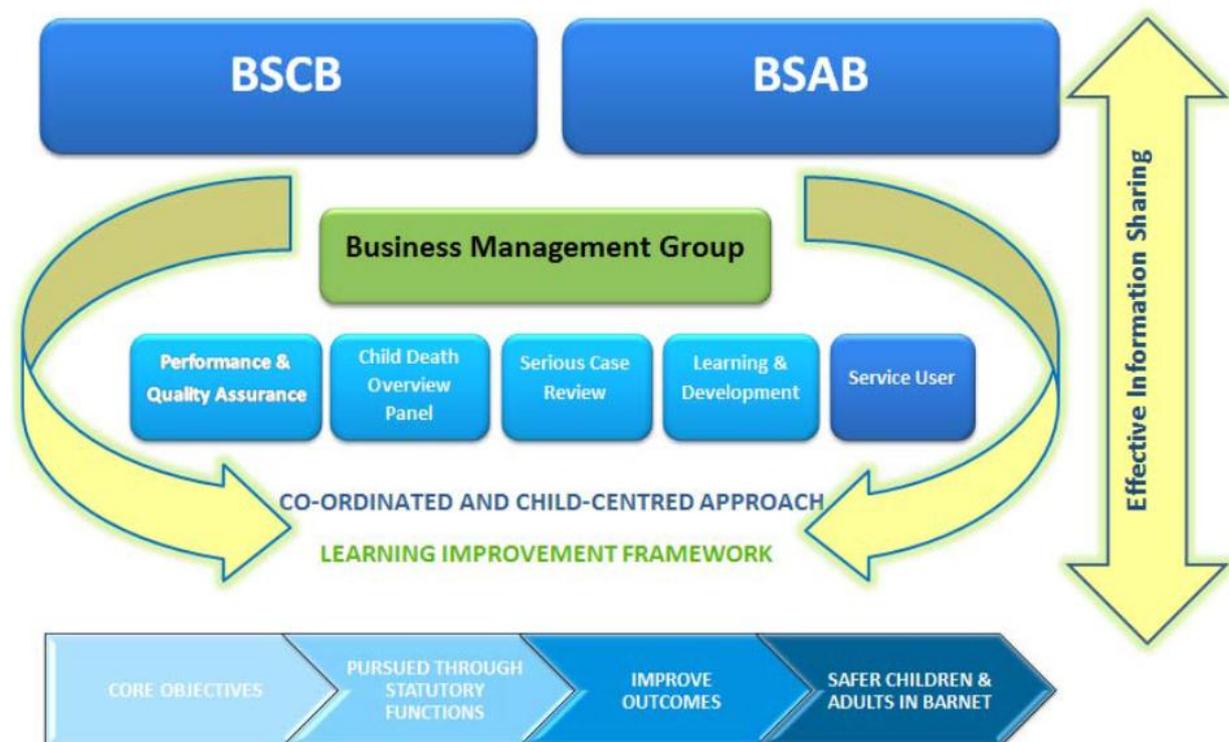


Figure: Board structure

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 both boards is being delivered by partners. It also agrees and monitors budget spend.

**The Performance and Quality Assurance sub-group (PQA)** scrutinises partner data and ensures that the BMG and the main Board is sighted on any performance issues and emerging trends. It also receives reports from the sub-groups and 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, and 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 and embedded, and the impact of learning is evaluated. It 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 for both boards. This seeks to ensure that our workforce is properly equipped, that we learn from experience and we 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.

Recognising the Board's priority of CSE, the Council took the lead in setting up a multi-agency board for **CSE, Missing and Gangs**, which is identifying the strategic themes in these three areas, developing synergies and preventing silo working.

The **child's voice** (service user) is secured in all activities of the Board and sub-groups through representatives from a number of forums, including Youth Shield, Barnet Youth Board and the Child in Care Council (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. The Council has recently developed a new Voice of the Child strategy, which features Safeguarding strongly and is included in this annual report.

The Early Intervention and Prevention Strategic Board was set up in 2014-15 at the request of the Safeguarding Children Board. This multi-agency group provides a forum to develop and monitor the implementation of a multi-agency 5 year Early Intervention Strategy across the Borough, improving outcomes and lowering financial costs in a measurable way for the partnership. Stakeholders represented are Council, Health, Police, Voluntary Sector, Jobcentre Plus, Schools and Housing. The group seeks to integrate early intervention strategies of partners across the Borough.

## 5. Business as Usual

### Governance 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 on ensuring we achieve a high level of attendance in the wide variety of meetings, through which we transact our business. Partner attendance at the main Board and Business Management Group meetings is shown in the figure below. We have secured consistent representation at the right level, attendance and engagement is good.

Member	Organisation	April	July	Oct	Feb
Chris Miller	BSCB Chair				
Clr Thompson	LBB Lead Member				
Dawn Wakelin	LBB Adults Director				
Kate Kennally	LBB DCS & Strategic Director				
Nicola Francis	LBB Family Services Director				
Jo Pymont	LBB Children Services AD				
Delphine Garr	LBB L&D				
Duncan Tessier	LBB Early Intervention AD				
Ian Harrison	LBB Education and Skills Director				
Flo Armstrong,	LBB Head of Youth and Community				
Tony Lewis	LBB Voice of the Child				
Jo Moses	LBB Head of Safeguarding				
Alex Kemp	CAFCAS, senior service manager				
Janet Matthewson	Voluntary Sector Community Barnet				
Sarah Le May	Voluntary Sector: Norwood				
Cecile Kluitse	Voluntary: Solace Womens Aid				
Toni Beck	Barnet&S College Director				
Sara Keen	School: Beit Shvidler Head				
Marc Shoffren	School: Ama				
Paula Light	MPS Barnet Police, MPS				
John Foulkes	MPS CAIT Detective Chief Inspector				
Steve leader	LFB Borough Commander				
Ruth Williams	LAS Community Involvement Officer				
Sam Denman	Probation, ACO				
Marcia Whyte	CRC, ACO				
Siobhan McGovern	Barnet CCG Designated Nurse				
Laura Fabunmi	Public Health, AD				
Louise Ashley	NHS (Community): CLCH				
Deborah Saunders	RFHT Dir of Nursing				
Mary Sexton	BEH Mental Health Trust, ExD				
Julie Riley	Housing: Barnet Group Director				
Naomi Burgess	Lay Member				
Nigel Norie	Lay Member				

Figure: Table showing Board attendance by member or substitute

## 6. Improved Practice

### Multi-Agency Safeguarding Hub (MASH)

#### Development

The most significant recent change to the MASH is the development of their operational model, for use by the Common Assessment Framework (CAF) team, who now have responsibility for triaging all cases with a final risk rating in the MASH of low, so that the CAF team can decide which early help service to offer.

During 2014/15 two routes have been developed into the CAF team via the MASH:

1. Where there has been a request to start an e-CAF form on the Internet. The MASH support team will process the forms and take into consideration any previous social care history. Where this does not meet social care thresholds they will be referred directly to the CAF team. If there are concerns, they will go into the MASH team for social work oversight.
2. All other referrals, rated low risk by the MASH process, will be forwarded to the CAF team for them to undergo triage. As CAF will now be recorded on the new e-CAF Early Help System, this will enable better monitoring and quality assurance.

#### Referral Trends

All referrals regarding children in the borough are now being received through the MASH. They include referrals not previously processed by the MASH, such as those for the Local Authority Designated Officer or a risk of a breakdown of an adoption. The volume of referrals through the MASH, with them acting as the 'front door', remains high with a challenge on staff to assess within the required timescales. A 'Lean Review' proposal has been agreed to identify any key opportunities to improve efficiency and resource allocation.

There is an increase in families being made homeless due to 'no recourse to public funds' (NRPF) and benefit changes. Families do not want to accept accommodation which is often a significant distance away from Barnet, when their schools and support networks are in the borough. Issues with domestic violence, drugs, alcohol and mental health remain a factor in many cases and the level of child protection referrals remains steady.

MASH now have access to the Police's notifications to the Youth Offending Service, and this may account for the rise in referrals regarding youth crime and anti-social behaviour. Other areas of response being developed, where referrals have increased, are child sexual exploitation (CSE), gangs and "missing" children. This enables a multi-agency pooling of 'intelligence' and helps support the disruption, and in some cases the arrest of alleged perpetrators of CSE or violence.

The Police Sergeant within the MASH has developed enhanced links with the adult services, and this has enabled joint discussion of the higher risk cases, (Barnet has one of the highest rates of adult referrals in London).

With regard to carer's assessments, MASH are receiving requests for them and this will need to be an area for further monitoring.

### **Threshold Application**

The MASH has a stable staff team and the application of threshold remains consistent, both within social care and the Police. In a case where the threshold remains unclear, a meeting is held with the relevant agencies to agree the final assessment rating. Ratings have been audited and changes were made to represent the way that the final ratings are decided, to ensure they reflect the level of risk to the child.

Feedback from the Social Work Duty and Assessment teams is that referrals are appropriate, and they are being sent the more complex cases where there are multiple issues.

When the MASH team went live it was supported by the Early Help Service and over the past year MASH staff have developed a good understanding of the CAF threshold. With the new system, the CAF team will feedback any issues which arise regarding thresholds, so that these can be looked at by the Head of Service, who is responsible for both MASH and CAF teams. Feedback is that thresholds are consistent with the early help offer.

The MASH team has developed links with community services such as Home Start, and the Young Persons Drug and Alcohol Service. MASH sign-post families who do not reach the threshold for CAF to these services. Both the CAF manager and the MASH manager are committed to training all staff (multi-agency) about thresholds for universal services, Early Help and Children's Social Care.

The data team is collecting data which is reported on a monthly basis regarding referral source, types of referral, outcomes of referral, changes in ratings, numbers being sent to Children's Social Care and Early Help. The data is sign-posted to assess the impact of the MASH as a 'front door' for all referrals and to identify areas of need. Barnet MASH is collecting data quarterly which is being collated by the London Councils and will be published annually and reviewed by the BSCB.

### **Early Intervention and Prevention**

Early Intervention and Prevention is focused on tackling problems experienced by children and families as early as possible, to improve outcomes and to lower costs. The purpose of Barnet's Early Intervention and Prevention Strategy is to provide a framework to organise our Early Help services, to monitor their success, and to drive improvement.

Barnet's Early Intervention and Prevention Strategy was commissioned by the Children's Trust Board. It was signed off by the Health and Wellbeing Board on 18<sup>th</sup> September 2014 and by the Barnet Safeguarding Children Board on 30<sup>th</sup> October 2014. Since the publication of Barnet's Early Intervention and Prevention Strategy<sup>2</sup>, significant progress has been made in implementing the strategy. The Family Services restructure has been fulfilled and there are also new sources of evidence emerging in relation to Early Intervention.

The Barnet Early Intervention and Prevention Strategy takes an approach of organising early help services according to three guiding principles:

- i) Intervene as early as possible.
- ii) Take a whole family approach.
- iii) Use evidence based monitoring systems.

Since Barnet's early intervention strategy was signed off, Family Services has implemented a service transformation across the whole continuum of care, from early intervention and youth and family support to social care. This ensures that Family Services is best configured to support children and young people achieve positive outcomes, in line with quality assurance frameworks, including Ofsted. In order to inform the Barnet Family Services transformation and to organise Early Help services concerned with the specific issues facing Barnet families, a needs analysis using local data has been completed. The needs analysis identified eight 'themes' or problems which are most likely to drive poor outcomes for Barnet families:

- Domestic violence.
- Alcohol and/or drug misuse.
- Mental health.
- Parenting and neglect.
- Unemployment.
- Involvement with Police.
- Missing from school.
- Child sexual exploitation.

The changes made within Barnet Family Services reflect the child's journey and seek to minimise unnecessary case transfers. They also seek to improve the quality and consistency of assessments and plans, and work with the principle that all support is commissioned from the child's plan, with key outcomes to be achieved for the child and/or their family. The new service also supports the model of the Barnet Early Help Offer, i.e. the set of services which delivers the Early Intervention Strategy, formed of the following key parts:

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<sup>2</sup> Barnet Early Intervention and Prevention Strategy; available at <https://www.barnet.gov.uk/citizen-home/children-young-people-and-families/key-strategic-documents-and-plans.html>

- A 'front door'/triaging service - which assesses and signposts cases to Early Help services.
- A core set of council early help services: including Children's Centres; the Intensive Family Focus Team and Youth Services. The new service will work with Children's Centres, so that there is a reduction in duplication, and to develop integrated working where families have children across the age ranges.
- A set of commissioned services, where the council procures Early Help services from third parties – for example Child and Adolescent Mental Health Services.
- Services provided by partners - such as services provided by the voluntary sector which are not commissioned by the council.

The key changes planned during 2014/15 for Early Help services are:

- The CAF team to be moved into the MASH to create one integrated 'front door', which should increase referrals to Early Help and the number of CAFs over time.
- The audit process for CAF has been refreshed to focus on driving up quality.
- The e-CAF(web-based) system will go live increasing our ability to monitor and improve performance across Early Help.
- A new Youth and Family Support service will be launched - which brings together Youth Workers and Family Support workers, as well as non-social work qualified workers from Social Care, to create an integrated offer under a single Head of Service to deliver a clear menu of interventions. The Youth and Family Support Service will only work with families referred via a CAF or another plan for the child.
- The transformation of the Children's Centres Network is underway. It was designed to group 13 centres into three 'localities', with the aim of allowing staff and resources to be used more flexibly and focusing on identifying and supporting the most vulnerable.

The strategic principles of Barnet's Early Intervention and Prevention Strategy, outlined in the figure below, reduce down to two key outputs:

- Increase the number of CAFs.
- Increase % closed as Needs Met.

There is evidence of strong multi-agency engagement in the Early Help (CAF) system across the partnership:

**CAFs completed / closed by setting up to 31 March 2014**

<b>Setting</b>	<b>CAFs Completed</b>	<b>CAFs Closed</b>	<b>% Closed</b>
Children's Centres	232	184	79%
VCS	103	85	83%
Health	152	135	89%
Local Authority teams	534	425	80%
Schools	869	630	72%
<b>Total</b>	<b>1890</b>	<b>1459</b>	<b>77%</b>

Figure: CAFs by setting

However, there is a priority to continue to grow the use of CAF across the partnership in Barnet, and the implementation of e-CAF will support this. Following the implementation of e-CAF, we now need to analyse CAF figures for the 2014/15 year to understand the latest data.

The Barnet Youth Offending Team (YOT) has been commended for its work by the Youth Justice Board which and is considered fully effective in its practice. Building on these strengths, the Barnet Youth Crime Prevention Strategy is led by the Head of Youth, from Family Support, working with partners including Community Safety, and focusing on serious youth violence and gangs (April 2014-16).

In addition to all of the service delivery changes, Barnet has begun to evaluate the impact of these services. The key findings of this analysis are:

- The CAF is embedded in Barnet, and numbers are growing, indicating increasing positive impacts for children and families.
- CAF audits indicate that CAF standards are improving over time. They also indicate that effective arrangements are in place to resolve any cases that get 'stuck'.
- The number of LAC in Barnet remains low, and the consistent investment and prioritisation of early intervention – particularly the CAF and family support work – may be an important factor in this, though this cannot be proved conclusively.
- Our analysis of family support work in Barnet shows strong financial benefits to the Council and positive outcomes for families.
- Evidence of the impact of our youth offending work shows that it is of very high quality, and this is corroborated by inspection.

Ofsted recently published 'Early Help: whose responsibility? (March 2015)<sup>3</sup>, which evaluated the effectiveness of Early Help services for children and families, provided by local authorities and partners. This thematic Ofsted inspection report draws on

<sup>3</sup> Early Help: Whose Responsibility?; March 2015; Ofsted; available at <https://www.gov.uk/government/publications/early-help-whose-responsibility>

evidence from inspections, and the examination of cases in 12 local authorities. In response, a paper was reviewed by BSCB on 14<sup>th</sup> May 2015 detailing the progress of early intervention in Barnet to date, and setting out Barnet's work programme to implement the strategy focuses on some key workstreams:

- Troubled families.
- Pathways and professional practice.
- Commissioning and local offer.
- Performance, analytics, and systems.
- Workforce development.
- Communication.

In conclusion, overall Early Help appears to be having a positive impact, but there is much more to do to fully embed the Early Help offer and drive up outcomes. A draft set of Early Help Key Performance Indicators are in place. They are being finalised and embedded to monitor the impact of Early Intervention and Prevention in Barnet, and are focused on the following priorities:

- Safeguarding.
- Health & emotional wellbeing.
- Preparation for adulthood.
- Parenting.

## 7. Deliver and Improve the Quality Assurance and Challenge Role

### Quality Assurance

#### S11 audits

The Board has a duty to **monitor and evaluate** the effectiveness of what is done by the Local Authority and their Board partners, individually and collectively, to safeguard and promote the welfare of children, and advise them on ways to improve. One way that this is done is through the S11 Children's Act 2004 audits, where the PQA sub-group sets the benchmark and conduct for agencies, to ensure their compliance. The Board achieved this by getting agencies to complete a self-assessment in 2012/13. Safeguarding leads from the partnership were then invited to a Challenge Panel, chaired by the Board's Independent Chair, where their assessment was challenged by partners. Any improvement actions from these panels have been included in the Board's action tracker.

<b>Agencies completing an S11 audit, who attended a Challenge Panel</b>
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Barnet Homes Barnet, Enfield and Haringey Mental Health Trust Probation Service MPS Borough Police MPS Child Abuse Investigation Team LBB Educational Psychologists and Specialist Teams Central London Community Healthcare LBB Service Commissioning and Business Improvement Barnet Clinical Commissioning Group LBB Special Educational Needs LBB Family Support/Early Intervention Barnet and Chase Farm/Royal Free Hospital LBB Community Safety LBB Children's Social Care LBB Adult's Social Care LBB Libraries
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#### CSE Audit

CSE is one of four priorities of the Barnet Safeguarding Children Board (BSCB) laid out in its Business Plan 2014-16. The Performance and Quality Assurance (PQA) sub-group of the BSCB oversees audits, and reviews and scrutinises single-agency audits and data to ensure the BSCB is sighted on, and can take proactive steps to respond to emerging issues by shaping the planning, commissioning and delivery of services. In January 2014 four cases which had been audited were reviewed by a multi-agency panel. The Panel agreed a number of actions which have been implemented:

1. All of the cases within this audit were referred to MASE for consideration and challenge against the risk assessments.

2. The MASE Terms of Reference were updated and a one minute guide was written to support the referral process to MASE.
3. A Joint CSE Surgery provided by the Police and the LBB co-ordinator was set up for professionals to discuss cases and the results were recorded on the casework system.
4. A CSE guide has been developed and will be published in 2015/16.
5. A CSE data set has been agreed and will be developed in 2015/16.

The audit has informed the on-going development of the CSE Strategy and Action Plan, and has secured improvement to frontline multi-agency safeguarding practice and provision of services.

## Challenge

### Reports to the Board

During 2013/14 the Board has received annual reports from partners (see below) and taken the opportunity to challenge safeguarding practice. Any actions are captured and included in the Board's 'action tracker' to ensure that there is a systematic audit trail.

Agencies Providing a Report to the Board	Meeting 2014/15
Childrens Trust	April
MASE LBB Youth & Community	July
Safeguarding Adults Board LBB Early Intervention MASE Private Fostering LADO MASH	October
Health and Wellbeing Board Substance Misuse Barnet, Enfield & Haringey Mental Health Trust	February

### Areas of Challenge

A key function of the Board is to provide a range of mechanisms for partners to challenge safeguarding practice. In addition to the annual reports, the following provides an example of the range of challenges made by the Board and sub-groups.

Forum	Challenge
Chair	Funding of LSCB across London by MOPAC.
	CCG/NHS to fund IRIS training for GPs.
	Understanding performance and the difference the Board is making (new data set – see below).

BSCB	Effectiveness of CDOP.
	Police disruption effectiveness in relation to CSE perpetrators.
Business Management Group	Attendance at meetings.
	Council application of thresholds.
	MASH domestic violence information sharing.
SCR	How the voice of the child could be heard.
	The understanding of staff at the Beacon Centre in relation to the LADO function.
PQA	Questioning the police use of Abduction Notices.
	The flagging of CSE on the Council's case system (ICS).

### **Development of a performance framework for BSC Board**

A further opportunity has been developed to support the Safeguarding Children Board to progress against its four priority areas. In order to ensure that all partners deliver services and intervention against agreed outcomes in the four priority areas, a performance framework and dashboard will be developed which will set out the prevalence, key issues and progress in these areas. The dashboard will be fully developed and implemented during 2015-16.

The Board has continued to consider existing performance data covering neglect, domestic violence and CSE.

## **8. Improve how we Capture the Engagement of Children and Practitioners**

### **Voice of the Child**

This is an important period for the Voice of the Child Team and its participation work. The recently published LBB Voice of the Child Strategy Action Plan 2015–2017 attempts for the first time to place a robust performance management framework over the delivery of the team's work. This work is linked to clear aims and objectives, in order to improve the participation of children and young people within key decision making processes. In essence, our vision is that in Barnet all children and young people will have the opportunity to participate in decisions which affect their lives.

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 of 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, and all have worked collaboratively with BSCB over the past year.

### **Barnet Youth Board**

The Barnet Youth Board is made up of representatives aged 11-19 from Barnet's schools, as well as from community and faith groups. 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 the Barnet Youth Board and young people, and to support the work of Barnet's members of UK Youth Parliament and influence national policy. This year, the Barnet Youth Board has pro-actively contributed to the production of the BSCB plan, by working with the Board to identify and improve the four key priorities of CSE, e-Safety, Domestic Violence and Neglect. Barnet Youth board has also contributed to:

- Shaping the strategic response to gang activity within the borough and identifying ways to tackle serious youth violence.
- Improving the CAMHS provision and helping commissioners understand what the priorities are.
- The Children's Trust Board by way of informing senior officials across the partnership what, in their view, the key priorities should be.

### **The Role Model Army**

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.

The 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.
- Empowers children and young people in care to reach their full potential.

### **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 in 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.

## 9. Interagency Focus on Key Vulnerable Safeguarding Risk Groups

### Children who go Missing

Children may run away from a problem, such as abuse or neglect at home, or to somewhere they want to be. They may have been coerced to run away by someone else. Whatever the reason, nationally it is thought that approximately 25 per cent of children and young people that go missing are at risk of serious harm. There are particular concerns about the links between children running away and the risk of sexual exploitation. Missing children may also be vulnerable to other forms of exploitation such as violent crime, gang exploitation, or drug and alcohol misuse.

Every 'missing' episode should attract proper attention from the professionals involved with the child. Those professionals must collaborate to ensure a consistent and coherent response is given to the child on their return, and that parents and carers are supported appropriately. The Police will be frequent partners of Barnet Family Services in managing 'missing' episodes, and the importance of staff in both agencies working together cannot be over-emphasised. The table below shows the number of missing children in 2014/15.

<b>Date:</b> 2014 to 2015	<b>Number of Children Missing From:</b>			
	Family home	Children looked after by Barnet and placed in Barnet	Children looked after by Barnet and placed outside the area	Children looked after by other local authorities but placed in Barnet
Missing	15	13	30	71
Absent	4	7	13	6

Childrens Social Care is currently revising the missing strategy and procedure and have introduced a weekly report, which is explained below.

### Preventing and Responding to Missing Children

Data on missing children from home and care is collated using information from the Police and Social Care reports to ensure that every episode is identified and where necessary, preventive action is taken. A weekly missing report highlights all reported cases in Barnet where children have been categorised as missing or absent, together with the circumstances. The report also provides a risk assessment of each case, an update, and current status on the case, as well as recommendations and actions.

The aim is for the report to provide a snapshot and risk assessment of the cases at any given week and to allow Children's Social Care to monitor and analyse the missing and absent cases.

All children missing or frequently absent from home or care are offered an independent return home interview, which seeks to provide a better understanding of why the child is going missing. Key areas for improvement during 2015/16 are the delivery of these interviews, improving the recording of missing episodes, and effective prevention.

### **Private Fostering**

The BSCB has developed policies and procedures for safeguarding and promoting the welfare of children in Barnet, 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 in any given period. 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 of this issue. The numbers of privately fostered children registered with Children's Social Care is monitored at the PQA meeting, and comparative figures have been obtained for London councils. Some investigative work commenced with regard to best practice, which continued in 2014-15.

We raised awareness with promotional flyers during the annual safeguarding month, ensuring that all new Head Teachers were 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 offices to raise awareness and understanding of private fostering arrangements.

In 2014-15, we received 28 notifications of new private fostering arrangements. In 93% of these cases, the local authority undertook statutory visits in the required timescales, and ascertained that 27 were continuing arrangements in place before 1<sup>st</sup> April 2014, 5 new arrangements were put in place during the year, and 32 arrangements were ended during the year. As of 31<sup>st</sup> March 2015, there were 20 children under private fostering arrangements.

## 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 (Local Authority Designated Officer) 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 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 a small increase in the number of referrals compared to last year. The majority of the referrals have been regarding staff working in schools and early year settings. It is important that all agencies across the Borough ensure the procedures are implemented in regards to the management of allegations. This should contribute to a greater representation in the referrals across all of the settings and employers in the Borough who work with children.

A large proportion of the LADO work has been providing advice and support to settings, when allegations have arisen and then aren't substantiated. This year has seen an increase in the number of allegations substantiated. There have been five cases of individuals being dismissed, and 12 individuals referred to the Disclosure and Barring Service because of the level of risk presented to children, and two cases which resulted in a criminal conviction.

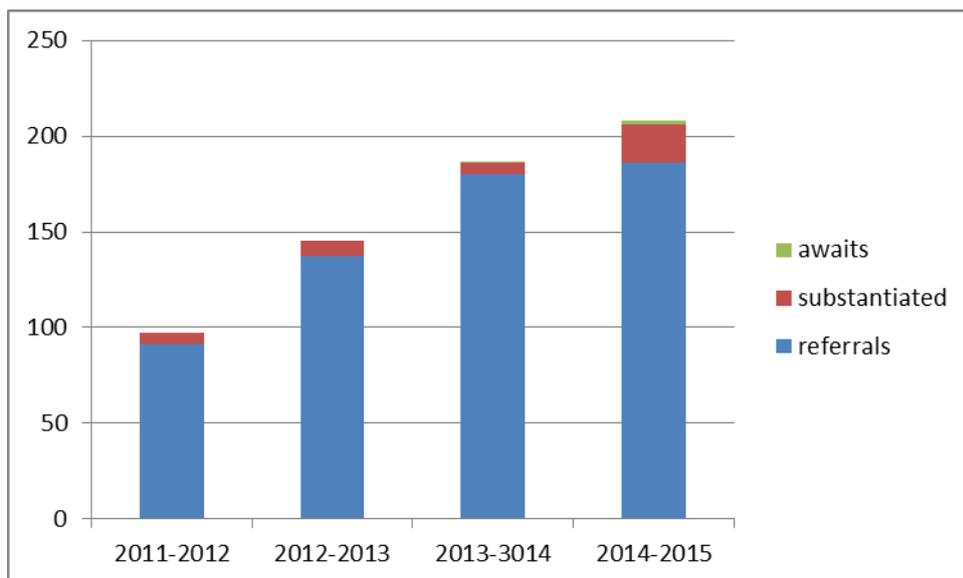


Figure 6: LADO referrals and most serious outcomes from April 2014 to March 2015

## 10. Progress Against Priorities and Key Achievements

### Child Sexual Exploitation

The findings of Professor Alexis Jay's 2014 Independent Inquiry into Child Sexual Exploitation (CSE) in Rotherham have been widely publicised. The report documented sexual exploitation of children on a massive scale. In November 2014, Ofsted published the results of a thematic inspection to evaluate the effectiveness of eight local authorities' current response to CSE, and to set out the challenge facing agencies who have a responsibility to keep children and young people safe:

"Child sexual exploitation takes on many forms. It is not just confined to particular ethnic groups or parts of the country. It is inherently dangerous for any child protection agency to assume that they need not worry about this type of child abuse because the stereotypical offender or victim profile does not match their own local demographics. As others have pointed out, the sexual exploitation of children can take place anywhere."

Key learning of relevance to Barnet from these reports:

- Need for clear internal and interagency communications about the risks and indicators of CSE.
- Need for more frequent engagement with women and men from minority ethnic communities on the issue of CSE.
- Need for engagement with the business community on CSE.
- Need for recognition of the extent of CSE in local areas and the responsibility of Councils to tackle it.
- Local arrangements to tackle CSE are often poorly informed by local issues and self-assessment, and do not link up with other local strategic plans.
- The full range of powers to disrupt and prosecute perpetrators of CSE are not being utilised. Where powers are used strategically by the Police and local authorities, they are effective. However, low numbers of prosecutions are achieved compared to the number of allegations.
- Local authorities are not collecting or sharing with their partners the information they need in order to have an accurate picture of the full extent of CSE in their area.

On 3<sup>rd</sup> March 2015, the Government published its response to failures to protect children from sexual exploitation (CSE) in Rotherham. The Board is currently reviewing the Government's response to ensure that the priorities identified are embedded into our local strategy and action plan.

### CSE in Barnet

The Council's Family Services have been collecting specific management data on CSE since 1<sup>st</sup> August 2013. The table below shows the number of referrals received by Barnet's Multi-Agency Safeguarding Hub (MASH) reporting concerns about CSE:

Period	Referrals
01/08/2013- 31/03/2014	14
01/04/2014- 31/01/2015	129

Figure: Shows the number of referrals to MASH.

The increase in referrals between 2013/14 and 2014/15 is likely to have been driven by increased awareness of the issue, arising from the impact of the Jay Report, which received wide media coverage as well as from the Board's programme to raise awareness of the risk of CSE across the local partnership. All children and young people identified as being at risk of, or subject to, CSE in Barnet are flagged by the MASH and referred to Social Care, where they receive a robust assessment by an allocated social worker, to determine risk levels and intervention needs. The Board has developed screening, assessment and risk management tools, which have been developed for this purpose.

### **The Board's Response to CSE**

The Council has committed an additional £250,000 in 2015/16 for services to address the issues of CSE and serious youth violence, with a joined up governance structure, to ensure effective strategic oversight of the various operational initiatives. The Police have introduced a specialist central team which contributes to the work of the MASE.

The Board has:

- Jointly funded, with the Council, a CSE Co-ordinator to help develop structures and to support and improve practice across all agencies.
- Established a Multi-Agency Sexual Exploitation (MASE) panel to track, monitor and case review victims and perpetrators. There have been clear successes of children being protected, identified from MASE activity, including one perpetrator currently in custody pending trial.
- Supported the Council in establishing a strategic group to co-ordinate the response to CSE, Missing Children and Serious Youth Violence. The group provides updates to the Board, based on the support it provides in implementing the action plan.
- Supported Keeping Young People Safe (KYPS) in Burnt Oak and surrounding areas, in response to the data showing serious youth violence and CSE in the Burnt Oak and Grahame Park areas.
- Supported the Police in operation Makesafe which targets hotels, transport hubs, licensed premises and minicabs, to raise community and business awareness about the indicators being utilised by the perpetrators of CSE.
- Supported the MsUnderstood project with the University of Bedfordshire, to deliver a three year programme of work on peer-on-peer abuse.
- Tested our response by undertaking audits of CSE cases. The learning from these was used to inform the action plan and the work of the Co-ordinator.

- The CSE Co-ordinator is currently reviewing and risk assessing those children known to the local authority as being at risk of CSE, reporting in February 2015 that practice had improved on the cases being tracked.

### **CSE as a Board Priority**

The BSCB has made CSE its top priority. The Board has been updating the CSE strategy and action plan for delivery in May 2015. They will be based on the following principles:

- **Prevention:** Reducing the risks of CSE for children and young people in Barnet through effective education and awareness raising, briefing councillors and within schools; identifying those children who are particularly vulnerable, undertaking preventative work to build resilience, and applying knowledge and intelligence to develop prevention strategies.
- **Identification:** Raising awareness amongst children, young people, parents and teachers to secure early identification, effective reporting and signposting to the correct support.
- **Intervention & Support:** Ensuring professionals have access to expert advice, relevant training, and they can evaluate risks. Furthermore, victims have the right support to build safe trusting relationships and regain control of their lives, ensuring that therapeutic and support services are available for all victims for as long as they need them.
- **Disruption & Prosecution:** Using intelligence to disrupt patterns of sexual exploitation and taking action to prosecute perpetrators.
- In June 2015, four young people who were subject to CSE will be consulted regarding 'how agencies can improve their response to CSE' – 'what helped' and 'what could improve our response'. A group of up to five young people will also be consulted with by targeted youth services.
- A mapping exercise has taken place and a tool kit is in the process of being finalised. This toolkit takes into consideration up to 82 indicators, which are contributing factors to CSE and youth violence. It provides a visual map of where future resources can be targeted to reduce incidences. This will be available from July 2015.

### **Neglect**

We have recently started work on this priority by reviewing the picture of neglect in Barnet. National studies suggest that up to 10% of children in the UK suffer from neglect, for Barnet:

- 26% of Barnet's Children in Need have neglect as a primary need ( 47% nationally).
- 51% of Barnet's Child Protection cases have neglect as a primary factor (44% in England).
- 36% of Children in Care have neglect as a primary factor (over 50% nationally).

We have already incorporated incidences where we dealt with aspects of neglect through the Children and Young People's Plan, Health and Well Being Strategy and the Early Intervention Strategy. The task and finish group plans to:

- Revisit thresholds and audit cases that did not meet MASH thresholds and review what happened.
- Review good practice and in particular the Graded Care Profile.
- Review completed neglect cases to see if they re-entered the Police system.

### **Domestic Violence**

The Domestic Violence and the Violence against Woman and Girls Board is a multi-agency group that the Board is linked with to ensure that their action plan reflects the impact of domestic violence on children. The BSCB Board's Chair is a member of this Board. During the year the Boards have:

- Using police data identified a rise in domestic violence and questioned whether there had been a matching response from Children's Social Care (CSC). The follow-up revealed that there had been an increase in referrals to CSC.
- Secured funding to support the roll-out of training to GP practices.
- Funded Youth Shield to provide relationship workshops for young people.
- Raised the profile within the MASH and MARAC of risks for children.
- Ensured that commissioned refuges can cater for families.
- Negotiated with Solace to provide services for 16-18 year old victims.

For 2015/16 the Board will prioritise:

- Roll-out of IRIS training.
- Further work to ensure the MARAC identifies children at risk.

### **eSafety**

Speed of progress against this priority has been difficult due to the focus on CSE. A school survey was developed by the BSCB eSafety sub-group and completed in February 2015. The aim of this survey was to raise awareness, collate data and establish a baseline to gain a better understanding of the prevalence of e-safety issues in Barnet. The results of the survey will inform the next steps in the BSCB action plan, to improve performance in safeguarding and promote the welfare of children. The survey told us:

- Staff were aware of safeguarding systems and leads had been trained.
- MASH was becoming in-bedded as 77% had made referrals.
- Further work was needed for staff to recognise eSafety.

A sub-group has been set up to consider the survey, and develop a short-term action plan focused on supporting junior schools.

## 11. Partner Contribution to Safeguarding Children

### London Borough of Barnet

Family Services has recently implemented a service transformation across the whole continuum of care from early intervention and youth and family support to social care, to ensure that Family Services is best configured to support children and young people to achieve positive outcomes, in line with quality assurance frameworks, including Ofsted, with a focus on reducing the changes of team/worker that families have.

The changes made to the organisational structure were to raise the quality of outcomes for children and families placing the Family Services Delivery Unit on a sustainable footing through:

- Close senior management oversight of frontline service delivery
- Strengthening the management arrangements for front line delivery teams
- Ensuring sufficient frontline social work capacity
- Further development of workforce skills
- Investment in quality assurance
- Streamlining processes and improving delivery

The transformation also contributes towards the overall financial savings approved by Council for the Medium Term Financial Strategy. The new structure was implemented on 1 April 2015 and early indications are that it is working well.

The Local Authority has put a great deal of effort and resources into ensuring that they are delivering a high quality service to victims of child sexual exploitation. This has been a key priority for the council as well as for the BSCB. The Local Authority has continued to fund a full time experienced CSE coordinator to drive forward our action plan and improve practice across the multi agency partnership. The Local Authority has also succeeded in a bid to Public Health to provide £40k to support CSE training within the borough. A large proportion of this funding will be spent on providing the highly regarded drama production, Chelsea's Choice, to key secondary schools in the borough and to train CSE Champions in all schools and other key agencies. In addition to this, a detailed training strategy covering CSE and Gangs has been produced and offers free training to all agencies. Each agency has been asked to identify a CSE lead who will take responsibility for ensuring all staff are trained in these key safeguarding areas.

Missing children has been another priority for the Local Authority who have drawn up a revised Missing Children Strategy and procedure for staff. An independent return home interview service has also been commissioned and will be provided from June

2015 by the Children's Society, an organisation with an excellent long track record of working with missing children. The local authority has achieved a good level of success with return interviews being completed in a large percentage of cases, greater than the national average of 25% completion rate. The Local Authority appointed a dedicated Missing Support Officer to embed the new procedures and train all family services staff. Missing children data and analysis is rigorously reported on weekly to the assistant director and there is excellent liaison between the police and social care around missing children.

The conference and review service remains a stable and high performing area of the council, with nearly 100% of child protection conferences and LAC reviews being completed within timescales. An initiative to increase the attendance and meaningful participation of children at their meetings has been successful and will continue into 2015/16.

The Local Authority has made significant developments in the areas of data and performance management over the last year. Staff and managers now have access to an excellent suite of management information including the interactive 'omniscope' tool which allows detailed analysis from service areas down to individual workers. A set of critical success factors has been developed which are reported monthly up to the Chief Executive and Director of Children's Services and all of these factors have been graded green in recent months as a result of the success in using data to drive up performance.

Extensive audit and quality assurance activity continues throughout the whole of family services and includes direct observation, individual and themed audits and consultation with families and other agencies. Feedback is used to drive service development and improvement. The voice of the child is central to all of our quality assurance activity.

### **Youth Offending Service (YOS)**

The YOS is part of the LBB Family Services Division. In July 2014 Her Majesty's Inspectorate of Probation (HMIP) carried out a Short Quality Screening (SQS) of youth offending work in Barnet. They found that there had been a significant improvement in performance in all aspects of the work of the Youth Offending Team (YOT) since their last inspection in September 2011 and stated that they were now "confident that Barnet has a well-performing YOT". In particular HMIP examine performance in relation to "protecting the child or young person". They found that in the majority of cases, the assessment of vulnerability and safeguarding was well done and that suitable plans were put in place to safeguard young people at the start of their orders. Inspectors also found consistent evidence of good multi-agency 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. Case managers ensured that these children and young people received the support to which they were entitled. HMIP also commented that management oversight was sufficient to ensure that the case managers were supported in ensuring children and young people were kept safe, even in very challenging circumstances.

Barnet is also regarded by the Youth Justice Board as being an effective YOS in terms of reducing reoffending and reducing the numbers of first time entrants to the youth justice system. The absence of further serious incidents, despite having to manage a much more complex and challenging cohort of young people, is further evidence of the way in which YOS practitioners safeguard those under their supervision.

Feedback from service users, provided via HMIP, states that 70% of young people felt they were less likely to offend in the future as a result of their contact with the YOS.

Barnet's Youth Justice Plan 2014-16 has been described by the Youth Justice Board as a "good" report. This sets out the strategic priorities for the YOS which mirror the HMIP key areas, one of which is protecting the child or young person.

In terms of the wider service, the integration of the YOS, Youth Service and previous Intensive Family Focus teams is delivering more joined up and targeted work with Barnet's complex families. A relentless focus on improved parenting is supporting families to safeguard their children and teenagers even in the face of increased concerns around CSE, gangs, and radicalisation.

The Youth Service, in partnership with police, YOS and family support teams is identifying a cohort of young people who are at risk of being affected by gang activity. These young people will be targeted for preventative work including positive activities and support to remain engaged, or to re-engage, with education.

Learning from an SCR, and Critical Learning Reviews arising from a spate of incidents in 2013 continues to inform service planning and highlights the importance of tackling neglect at the earliest stage, the vulnerability of some children at the secondary transition stage and especially for BME young men.

The development of a Gangs Risk Matrix screening tool will enable professionals working with children and young people to identify those who may be at risk of gang activity and to aid decision-making about referring to MASH for social care intervention or to trigger a CAF which in turn will allow youth and family support services to be provided to those in need.

The multi-agency gangs and serious youth violence panel continues to be an effective forum for information sharing and action planning around gang activity. This group regularly reports to the statutory YOT Management Board known as Youth Justice Matters, with exception reporting to the strategic CSE, Missing and Gangs group.

Finally, the YOS is a key agency in terms of safeguarding young people at risk from radicalisation. The Head of Service is currently delivering the Home Office Prevent training to groups of staff and external agencies. The YOS is effective in recognising those young people who may be vulnerable to radicalisation and refer to Channel when necessary.

## **Barnet Police**

Police on the borough provide a consistent strategic lead to support the work of the Board. In relation to the Boards priorities we have:

- CSE

The MPS has worked with key partners in the MASE meetings to identify vulnerable persons at an early stage and for work to be undertaken with individuals to ensure their safety. Partners at the meeting are challenged to prevent and manage the risks and concerns identified. There are clearer lines of communication with all partners even outside of the MASE meetings and supportive working relationships ensuring intelligence is shared effectively.

The strategic lead has worked with the CSE, Missing and Gangs Strategic Group to ensure that missing persons investigations relating to children are progressed effectively and working with partnership agencies to assist where possible. This has resulted in the development of the return from missing interviews being commissioned by the LBB to an outside charity, which has improved the quality of the engagement from the young person and the information received as a consequence. This has developed understanding of the issues and provided new avenues of engagement with the young person.

The MPS has used their enforcement powers against individuals eg Child Abduction Notices and arrested individuals who have kept children away from care; in order to find missing persons and individuals at risk from CSE. There has been a successful use of Interim Sexual Harm Prevention Orders in addition to the use of notification requirements from the 2003 Sexual Offences Act. We will continue to develop the use of these powers.

The MPS have completed plans for individuals who may be vulnerable from CSE activity. The existence of the plan is flagged on the Police National Computer and highlights to any immediate safeguarding action they should take if they have contact with the individual.

In addition the above work, the MPS has engaged with partners for several strategic reviews on young people who go missing on a regular basis in order to find better pathways in supporting and dealing with them.

- Domestic abuse

The MPS continues to work with a wide range of partners in relation to DA issues and to tackle the impact on individuals who are directly affected by DA and the children of the family. This has seen improved referral pathways through the MASH and clarity around the referral thresholds with agreed actions from partner agencies.

- E safety

The MPS has worked with partners in both the prevention and detection of offences. Schools officers have worked with the school's safeguarding leads to ensure that key safety messages are delivered within the schools. Also offences that have been reported have been sensitively investigated, appropriate actions taken in consultation with all parties and partners.

- Neglect

All officers on the Borough have undertaken training in the topics of FGM, vulnerability assessments and protecting children against faith abuse. As a consequence officers have identified cases where children have been subject to neglect/abuse due to faith and investigations against the perpetrators are being progressed.

## **London Fire Brigade**

Both adult and children Safeguarding policies are currently under review by the central Community Safety Development Team to reflect the changes in the Care Act. Work is underway to update data transfer methods, which include a new web-based referral form which will encourage accuracy and provide a better system of record keeping. Using the new system will help to identify safeguarding trends pan London, as well as those who have been previously referred.

All operational and frontline CS staff currently receive Safeguarding training and by the end of 2015 all staff will receive training, with the completion of a new training package.

The LFB played an active involvement by:

- All staff in the borough to engage with all partners at the Police-organised Operation Mercury, where we targeted all of our resources at vulnerable individuals.
- Our involvements in the Domestic Violence MARAC. We regularly provide bespoke fire safety advice to the victims of domestic violence and we will provide and fit arson-proof letterboxes where they are required.
- Any involvement we have with the children, whether that be through an operational commitment or through our community safety activity, where we consider their health and wellbeing is affected we will refer the individual through the MASH for assessment.

## **Community Rehabilitation Company**

In January 2015, the London Community Rehabilitation Company (CRC) implemented a revised Safeguarding Children Performance Framework. The framework has been designed to measure and demonstrate how the CRC is completing all critical routine tasks in relation to safeguarding children practice.

The framework has a number of key measures. The table below shows four of the areas that they are reporting against:

	19/01/2015	23/04/2015	Target
Community & Licence Cases with an Initial Safeguarding Check Contact with SSD	15.4%	72.3%	60%
Community & Licence Cases with a Safeguarding Response to initial check from SSD	8.4%	33.9%	60%
Community & Licence Cases with a risk to children indicator that have had Management Oversight	20.0%	71.4%	60%
Community & Licence Cases with a risk to children indicator that have had a Home Visit Completed	0.0%	5.7%	60%

These measures are newly implemented, and the comparison between January and April's data evidences a significant improvement. Work is continuing locally to improve this data, and new processes are being implemented to ensure that every new case allocated within the CRC has a Social Services initial check completed. Discussions are ongoing with the Barnet Social Services department to agree a process to improve the return of information from the initial checks. Home visits are an integral part of the CRC risk assessment process, and there is a clear expectation that staff will complete them when there are safeguarding issues. The current changes within the London CRC, implemented to create a more agile workforce, will help to support this expectation and therefore see an improvement in performance.

## London Probation

Safeguarding children continues to be a priority for the National Probation Service. Since the split into Community Rehabilitation Companies (CRC) and the National Probation Service (NPS), there has been a delay in getting adequate information from head office with regards to local team performances. As Barnet is part of a cluster with Brent and Enfield, it is difficult to get a local picture for direct details around safeguarding for the borough. However, as more staff are employed, it is unlikely that this will be an ongoing issue and more performance information (including information related to safeguarding) will be able to be broken down and provided in the near future.

Our case management system (Ndelius) is now collating different codes for safeguarding checks with social services. As staff get used to the new processes the numbers of checks are improving, and this is helped by good links with Barnet MASH. More work needs to be undertaken for staff to ensure that they understand the pressures and difficulties social workers face. Similarly social workers would benefit from a greater understanding of the work of probation officers. Probation are keen to implement a process of shadowing to enable this to happen, but this has been delayed due to the Transforming Rehabilitation changes probation went through in 2014/15.

Throughout safeguarding month in November 2014, all staff were required to check each one of their cases and report back to the Assistant Chief Officer that they were satisfied that there were no outstanding safeguarding issues which required

addressing. This exercise was a great success in reminding staff of the importance of safeguarding, and will be an exercise undertaken every November.

Barnet probation are very keen on emulating the successful pilot in Enfield, which allowed probation staff access to the social services 'Liquid Logic' case management system (read only, front page only). This enhanced the speed of safeguarding checks and the links between social services and probation officers. As Barnet has Hendon Magistrates Court in its locality, this kind of innovation and use of technology can greatly help speed up court assessments and help ensure that social workers have up to date information about any court appearances.

Barnet probation staff will now be reminded on a monthly basis about local training opportunities available to them through the Children's Workforce Development Team - this reminder was previously once a year and so often training opportunities would be missed.

Further to a Section 11 audit in November 2014 a new action for all staff to consider is, when recalling an offender to custody, to consider the possible implications of this on their children and to ensure information about returning to custody is shared as required.

### **Royal Free London NHS Foundation Trust**

Since the acquisition of Barnet and Chase Farm hospitals in 2014, we have continued to build on the strong foundations of safeguarding that were already in place. Our commitment to safeguarding children has been demonstrated through the development of a forward looking safeguarding strategy, which aims to achieve excellence in practice. Our strategy sets out how we plan to drive forward our safeguarding activities and our reputation over the next three years.

Our safeguarding strategy acknowledges the requirement of the Royal Free London NHS Foundation Trust to ensure there is Board level focus on the needs of patient safety and that safeguarding is an integral part of the governance framework. To this end, we have a newly formed Integrated Safeguarding Committee, which reports into the Trust board. We have further developed the role of the Lead Nurse for Safeguarding Children, which is supported by safeguarding midwives and safeguarding children advisors. Safeguarding children activity is monitored, and we can demonstrate that we respond effectively to early help and child protection issues.

We recognise that safeguarding is a shared responsibility with a need for effective joint working between partner agencies and professionals. In order to do this, we are committed to working closely with others, to ensure that all the services we provide connect with our duty to protect children and young people from harm or abuse. Our safeguarding strategy and associated work plan has been developed to ensure that the priority issues of Barnet Safeguarding Children Board (domestic abuse, child sexual exploitation, neglect and e-safety) are clearly defined in our work plan.

As a health care provider, we are required to demonstrate that we have strong safeguarding leadership and a commitment to safeguarding at all levels of the organisation. This includes safe recruitment practices, effective safeguarding

children training for all staff, effective supervision arrangements, and the identification of named safeguarding leads. We have ensured that we have a robust safeguarding children policy and that staff know how to raise a concern; and that a culture exists where safeguarding really is everybody's business. This means that safeguarding children is viewed as an individual responsibility for all of our staff, as well as an organisation priority.

### **Barnet Clinical Commissioning Group (CCG)**

NHS Barnet CCG is represented on the Barnet Children's Safeguarding Board by the Designated Nurse and Doctor for Safeguarding Children. The Named General Practitioner for Safeguarding Children is also engaged with the work of the Board, and provides effective support to both local health practitioners and social care professionals in matters relating to Primary Care.

The CCG are the lead commissioners for the Royal Free Hospital Trust and the Central London Healthcare Trust in Barnet. They also commission services from the Barnet, Enfield and Haringey Mental Health Trust and the East London Foundation Trust. However the Designated Nurse / Doctor and Named General Practitioner continue to support services across the Barnet Health Providers.

The contribution of these provider services to children's safeguarding are reviewed by the CCG, within its contractual arrangements, and within clinical quality review meetings and the Children's Safeguarding group. Providers submit quarterly safeguarding statistics to the CCG, which include staff training and audit information.

The CCG Designated and Named Professionals also provide support to the multi-agency partnership, regarding follow-up and collation of required information across the health economy in Barnet.

Both the CCG Quality Team and the Safeguarding Team have worked with the Royal Free Hospital Trust, to ensure that the acquisition of Barnet and Chase Farm Hospitals was a safe process for local children and families. Quality reports provided to the CCG on a monthly basis highlight trends and any safeguarding issues which may arise within acute providers.

Since the inception of the CCG, the local General Practice Service has been commissioned by NHS England. However due to the CCG Board considering relinquishing responsibilities for GP safeguarding training (without other arrangements being in place), it is thought to be a considerable risk for Barnet residents. The CCG have therefore continued to provide Safeguarding training for GPs. This training has been widely taken up, and has improved both GP engagement in safeguarding and better understanding of information sharing

requirements in relation to safeguarding. The resources required for this process are significant and have been recognised by the CCG Board.

This resulted in the CCG, in partnership with Barnet Public Health, funding two multi-agency conferences, which addressed both BSCB priorities and other current issues in safeguarding, highlighted by both the government and the media, i.e. Child Sexual Exploitation, Female Genital Mutilation and the impact of domestic violence on families.

The conferences were very well attended by health professionals and other members of the multi-agency partnership, and it is anticipated that this sharing of learning will lead to a better understanding of the difficulties faced by members of differing professions when working with children and adults at risk of harm.

The Designated Nurse / Doctor and Named GP have also taken the lead in development of a task and finish group. They hope to ascertain how, on identification of a victim of Female Genital Mutilation, they ensure that the woman is aware of the illegalities of the procedure in the United Kingdom. A risk assessment and follow-up process is being developed with the Safeguarding Board's support.

## **Central London Clinical Care**

The Central London Community Health Care (CLCH) NHS Trust is committed to ensuring that children and young people receive healthcare in safe and secure environments, and are cared for by staff who are trained to the appropriate level for their role and understand their responsibilities with regard to safeguarding.

CLCH's Safeguarding Children Service in Barnet is a nurse-led service, directed by a Named Nurse for Child Protection and supported by Child Protection Advisors. The team is managed by the Head of Safeguarding who reports directly to the Chief Nurse, who is the Executive Board Lead for Safeguarding. The CLCH Board receives an annual safeguarding report and a mid-year update. Safeguarding performance metrics include; attendance by CLCH Health Practitioners at child protection case conferences, level of compliance with regard to child protection supervision, safeguarding training compliance, and attendance at multi-agency panels – MARAC/MASE.

For attendance of CLCH health practitioners at child protection case conferences, performance remains high, exceeding 90%.

Training compliance for level 2 and level 3 safeguarding children is over 90%, however level 1 has not met our target of 90%.

Safeguarding supervision compliance at the end of the year was 100% across health visiting, school nursing and allied health professionals.

CLCH attendance at multi-agency panels MASE, MARAC and MAPPA was 100% throughout 2014/15. CLCH attends the BSCB and contributes to the work of the sub-groups.

## **Barnet, Enfield and Haringey Mental Health Trust**

Barnet, Enfield and Haringey Mental Health Trust (BEHMHT), including Enfield Community Services (ECS), provide integrated mental health and community services for adults and children of all ages across Barnet, Enfield and Haringey. To assure governance and accountability for the Trust, there are robust structures in place, a safeguarding team and policies that support staff to fulfil their statutory responsibility. The Trust attends Barnet Safeguarding Children's Board and works in partnership to support the aims and priorities of the Board and the sub-groups.

The Executive Director of Nursing Quality is the Executive Lead for Safeguarding Children in the Trust. The Trust has a Safeguarding Team structure that incorporates the Head of Safeguarding People, the Safeguarding Children Lead and the Safeguarding Adults Lead. Within each borough there is also a borough-based Named Nurse and Named Doctor.

Over the past year, the safeguarding arrangements within all areas of the Trust have continued to be strengthened with excellent partnership working, with both internal and external agencies. In response to the revised Safeguarding Intercollegiate Document, (2014) there has been a greater focus on the training needs of all staff to ensure that they have the knowledge and skills to report any child protection concerns appropriately and timely to promote the welfare of all children.

The Safeguarding Annual Report and Work Plan continues to be developed on a yearly basis, for presentation at the Trust Quality and Safety Committee, and at the Trust Board. The Trust ensures a Safeguarding Children Committee is held quarterly, chaired by the Executive Lead and attended by assistant directors from each service line, or their representatives and safeguarding leads from within the Trust and local authority, and designated nurses (CCG).

The safeguarding champions meeting in Barnet CAMHS is well established and creates an opportunity to discuss safeguarding issues and promote best practice. Information is then cascaded to staff at a local level.

During 2014/15:

- Embedding the safeguarding leads and champions meetings due to changes to structures and members.
- Continued the LBB/BEHMHT (CAMHS and Adult services) interface meeting between clinicians and the local authority safeguarding to discuss progress against the Board's agenda locally.
- Contributed to and run workshops within the LBB safeguarding month.
- Run a combined adult and children's safeguarding surgery each month in the Trust which is well received and utilised by staff.
- Ensured referrals regarding concerns for a child or young person (unborn to 18 years), or where it is felt they would benefit from additional support, are processed at a single point of entry within the Multi-agency Safeguarding Hub (MASH).
- Ensure CAMHS practitioners create opportunities to identify vulnerability or those at risk when working directly with the young person. They routinely offer a service to every family if in agreement.

- Follow a Did Not Attend and Was Not Brought In (DNA/WNBI) policy if a young person does not attend appointments. The quality of the service is measured through qualitative feedback boxes in waiting areas.
- The Child and Adolescent Mental Health Service teams work collaboratively with schools to raise awareness of key issues. There is a primary and secondary project available to young people that provides therapeutic input.
- The Children and Young People - Improving Access to Psychological Therapies service operates a session by session outcome monitoring, focussed on child and parent experience of their intervention.
- An out of emergency CAMHS rota is in operation where a child psychiatrist will carry out mental health assessments. There is an adolescent service for the older age group that provides outreach service to the young person's home.
- A weekly parent support group is in Barnet for infants born prematurely and at risk of long-term neuro-developmental delay.

The Beacon Centre is a Tier 4 CAMHS inpatient unit for vulnerable young people where we have;

- A community group that meets weekly to address what has gone well and what could be improved. The main focus is on hearing the voice of the young person.
- Established protocols working closely with the Northgate Pupil Referral Unit.
- Run a bespoke training on Mental Capacity/DoLS and MHA for the Beacon Unit team (Tier 4 CAMHS).

## **CAFCAS**

Cafcass (the Children and Family Court Advisory and Support Service) is a non-departmental public body sponsored by the Ministry of Justice. The role of Cafcass within the family courts is: to safeguard and promote the welfare of children; provide advice to the court; make provision for children to be represented; and provide information and support to children and their families.

Cafcass' statutory function, as set out in the Criminal Justice and Court Services Act 2000, is to "safeguard and promote the welfare of children". Safeguarding is therefore a priority in all of the work we undertake within the family courts and the training and guidance we provide to staff reflects this.

The vast majority of our public law work involves local authority care applications. We continue to allocate all public law cases in a timely way in line with our key performance indicators.

Our private law work usually involves disputes following parental separation. Routinely we are tasked with making recommendations about where a child should live or how often they should spend time with their parents. Safeguarding issues are central to our recommendations. We continue to perform well against our key performance indicators in this area of our work.

## **Effectiveness of Safeguarding Arrangements**

A key focus during 2014/15 was continued improvement following our “good” Ofsted judgement in April 2014. Ofsted summarised that Cafcass consistently worked well with families to ensure children are safe and that the court makes decisions that are in the children’s best interests. The report also highlighted areas where Cafcass should make improvements, and these areas formed a dedicated action plan which we implemented throughout the remainder of the year. An audit in November 2014 assessed that all of the following actions, amongst others, had been met:

To improve the minority of safeguarding letters which are not yet fit for purpose: this has been met;

Ensure that in all private law work casework begins as early as possible once a Family Court Adviser (FCA) has been allocated: this has been met;

Improve the percentage of “good” work in private law work after first hearing (WAFH) in London: this has been met;

Improve further the analysis in the report to the court and ensure that all relevant information is pulled through in to the report based on research: this has been met.

## **Responding to emerging issues**

We continue to respond to, and facilitate, developments within the family justice system and in particular the move, in private law towards supporting parents, where possible, to make safe decisions outside of court proceedings. We are currently piloting a programme announced by the MoJ, to provide advice and to encourage out of court pathways for separating parents, where it is safe to do so. The supporting separating parents in dispute (SSPID) helpline was launched in November 2014. Callers are put through to a Cafcass practitioner who can talk through the difficulties of separation, offering support, guidance, and information. We also ran a six month pilot of a safeguarding advisory support service for mediators, aimed at providing support in cases featuring child protection concerns.

A significant emerging issue in recent years has been child sexual exploitation (CSE), We are implementing a CSE strategy which involves consolidating systems to capture data on CSE in cases known to us; providing mandatory training on CSE to our staff, running workshops to increase awareness; reviewing policy guidance to staff; creating dedicated management time to support the delivery of the strategy at a national level; and creating CSE ambassadors within each service area.

## **Youth Shield**

Youth Shield is Barnet's very well-regarded Youth Safeguarding Panel that has won an award at the London Safeguarding Children Board. It plays an active role on the BSCB, enhances the effectiveness of the main board, sub-groups and task groups and provides challenge 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. It meets monthly.

Youth Shield have delivered peer led training, raising awareness about healthy and unhealthy relationships, covering domestic abuse and child sexual exploitation for participants aged 14-18 around the borough. 38 sessions were delivered to over 700 young people in schools and youth settings predominantly in the west of the borough.

Youth Shield produced a help card to be distributed to participants of the workshops containing local and national numbers to contact for support.

Key concerns for young people in Barnet based on feedback from the training came back as:

- Healthy relationships.
- Drugs and Alcohol.
- Gangs.
- Bullying.
- Online/Social media safety.

Youth Shield have run a number of peer-to-peer surveys to inform decision-making on wider strategies including focus groups around Self Harm and the Police and Youth Services Survey which focused on attitudes of young people towards the Police.

They have been involved in consultations to make the CAF process and paperwork more accessible for young people.

## 12. Activity of Sub-Groups

### Child Death Overview Panel

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.

CDOP is required to collect and collate an agreed national minimum dataset on each child who has died which is returned to Department for Education (DfE). 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.

Between April 2014 and March 2015, CDOP was notified of 26 deaths of children who were resident in Barnet. This report looks at the number of cases reviewed by the panel during this period which was 27; these include cases from previous years (mainly because it may take a number of months to gather sufficient information to fully review a child's death.)

In cases of sudden or unexpected deaths, there is 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. In 2014/15, 9 of the 27 cases (33%) reviewed were unexpected. This has increased from last year where there were 3 (19%). The figure shows the total number of cases reviewed per year since 2008/9 and the proportion that were unexpected deaths.

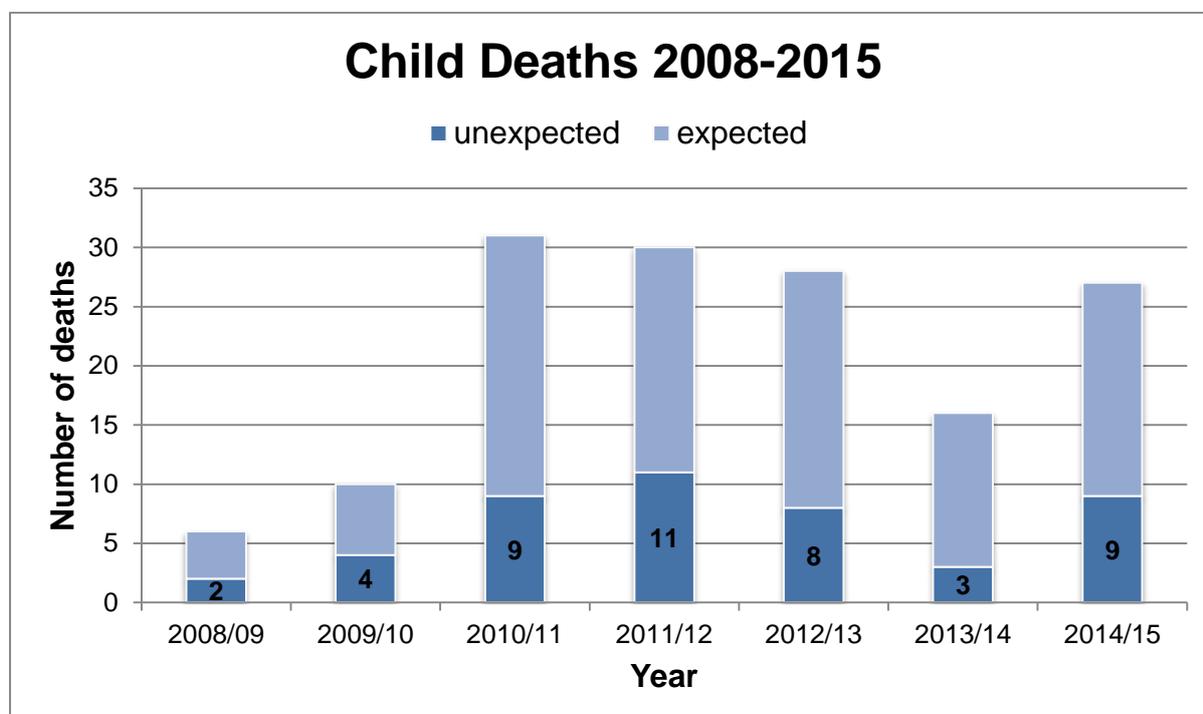


Figure: Number of cases reviewed

## **Analysis of cases reviewed between April 2014 and March 2015**

It should be noted, that due to the small numbers of deaths, the interpretation of the analysis is limited in terms of identifying trends and patterns on an annual basis and the associated statistical inference. Informative comparison of Barnet child deaths with other areas, including England as a whole is hampered by the lack of a well-designed national data analysis system. The annual CDOP statistics published by the Department for Education (DfE) focus on the administrative or process reporting of CDOP work or adopt a different format of reporting, and are of limited value as comparators from a local epidemiological perspective. However, where there are feasible comparisons between national DfE findings and Barnet, these are referred to in this report.

Out of the 27 cases reviewed, 10 were male (37%) and 17 female, which is similar to last year. This is different to the national picture which shows more males (57%) than females.

Most deaths are in the first year of life and this has been the trend in Barnet, however in 2014/15, 30% of deaths reviewed in 14/15 were in in age group 1-4 years and 30% were in the first year of life.

Barnet CDOP panel uses the nationally agreed classification for categorising the cases it considers. There are ten categories which are ranked hierarchically. The main category of death was chromosomal, genetic and congenital abnormalities. This is different from previous year where it has been perinatal.

Since 2011, CDOPs have been required to look at whether there were any modifiable factors amongst the deaths rather than if they were preventable. A modifiable death is defined where there are factors which may have contributed to the death. These factors are defined as those which, by means of nationally or locally achievable interventions, could be modified to reduce the risk of future child deaths.

Six cases had modifiable factors, of which 4 were unexpected deaths.

The figure shows the total number of cases reviewed per year since 2008/09 and the proportion that had modifiable factors.

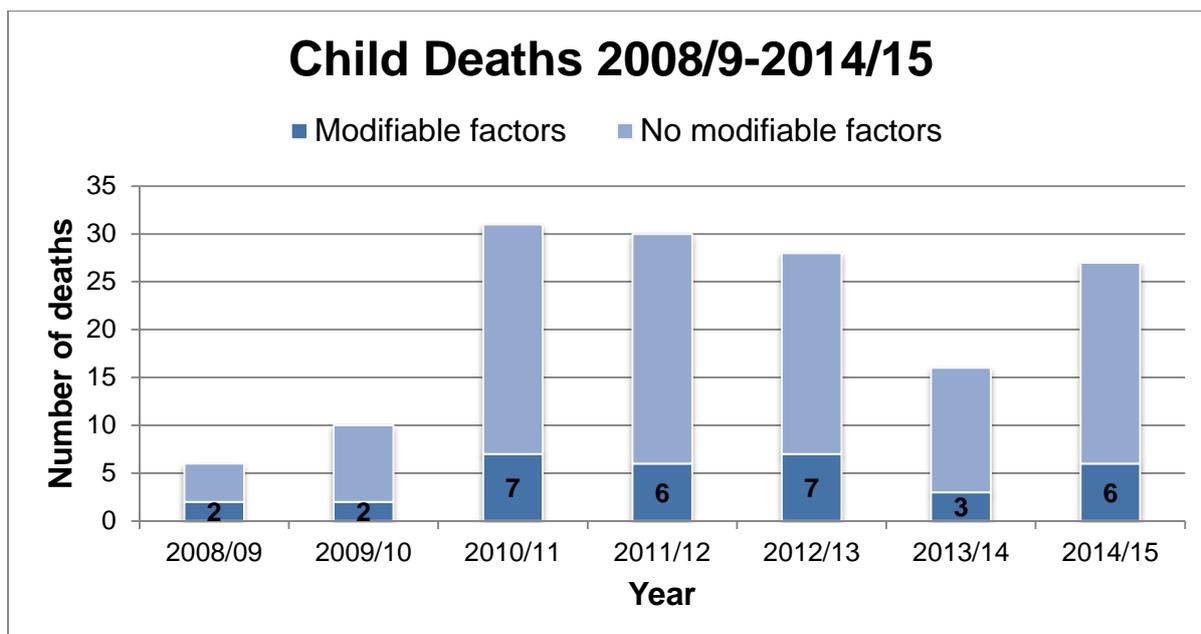


Figure: Total number of cases reviewed per year since 2009/10 and the number that had modifiable factors.

Due to the small numbers of modifiable deaths, there was no discernible pattern in the modifiable factors identified.

Response by CDOP included a recommendation for a multi-agency review; peer review of pre and post op surgical care, health promotion by health visitors around bath safety and results of internal inquiry into a healthcare provider are awaited.

Last year, there was a recommendation to the board to improve the quality of the database to make it easier to extract information. This is currently on-going and will feed into the Health Quality Improvement Partnership (HQIP) Child Death Review Database Development Project consultation.

### Performance and Quality Assurance

The PQA scrutinises partner data and ensures that the Business Management Group and the main Board are sighted on any performance issues. It also oversees audit and review. This group is comprised of senior professionals who represent the main agencies of the full Board. It reviews progress against the business plan objectives, to ensure that issues of concern are highlighted to enable better decision making, to ensure that we make a real difference to children's lives and can evidence progress.

### Progress of the Group

The group had a special meeting to consider Child Sexual Exploitation (CSE) data and performance, as a one-off issue on 15<sup>th</sup> January 2015. Representation at the meeting has improved over the year with recent meetings being well attended at an appropriate level.

Following the one-off PQA which looked at CSE, 15 actions have been raised that will help us to better understand the cohort of children and young people at risk. It will help to improve awareness among agencies, and to more effectively measure our inputs. It will also enable us to better understand what impact we are having.

The PQA has also:

- Commissioned the S11 audits, a CSE thematic audit and Children Subject of Child Protection Plans audit on behalf of the Board.
- Examined data linked to the neglect, domestic violence and CSE priorities.
- Lobbied for a data 'dashboard' for the Board. This has been agreed and is being developed by the Council.

### **Serious Case Review Sub-Group**

Regulation 5(e) of the Local Safeguarding Children Boards Regulations 2006 requires Local Safeguarding Children Boards to undertake reviews of serious cases, and advise the authority and Board partners on lessons to be learned. Barnet Safeguarding Children Board delegates this function to the Serious Case Review sub-group.

The SCR 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 initiated. It oversees reviews of complex cases, which could provide learning for Board partners. It monitors and drives progress of action plans from reviews or learning events, and liaises with the Learning and Development sub-group to ensure learning is disseminated, and embedded, and the impact of learning is evaluated. It also highlights learning from National or other reviews or thematic audits.

### **Progress of the Group**

The sub-group has monitored three cases that were relevant, and recommended to the Board that a SCR should be commissioned; this will be undertaken during 2015. Attendance and engagement with the group continues to be excellent.

Four half-day learning events have been delivered by the multi-agency partnership and attended by a range of partners. The workshops have been well attended and they received excellent feedback. These events ensure that learning captured from reviews and audits is disseminated to the partnership, in line with the BSCB Learning and Improvement Framework.

## Learning and Development

The Barnet Safeguarding Children’s Board (BSCB) is committed to the learning and development of the children’s workforce across the multi-agency partnership in order to ensure improved outcomes for children and young people in Barnet. Agencies represented on the Board continue to collaborate on learning and development initiatives in order to enhance practice across the partnership.

Approximately 1,940 participants accessed safeguarding learning and development initiatives in 2014/15 financial year – 1,349 via a suite of 18 different safeguarding training programmes, 479 via E-Learning courses including child protection, E-Safety and Child Sexual Exploitation (CSE) courses and 120 via CSE, DV and FGM conference. The majority (55%) of the total was accessed through core face-to-face safeguarding courses. Based on the number of courses offered per subject matter area the take up for all the safeguarding courses offered was very good. The highest number of participants accessing courses were from the private, statutory and voluntary sectors. Take up for the Multi-agency Risk Assessment Conference (MARAC) course was not as high as envisaged. However, this may have been due to the fact that a high number of practitioners have been consistently trained in the last three years. The figure below gives details on the learning and development offer and attendance for 2014/15.

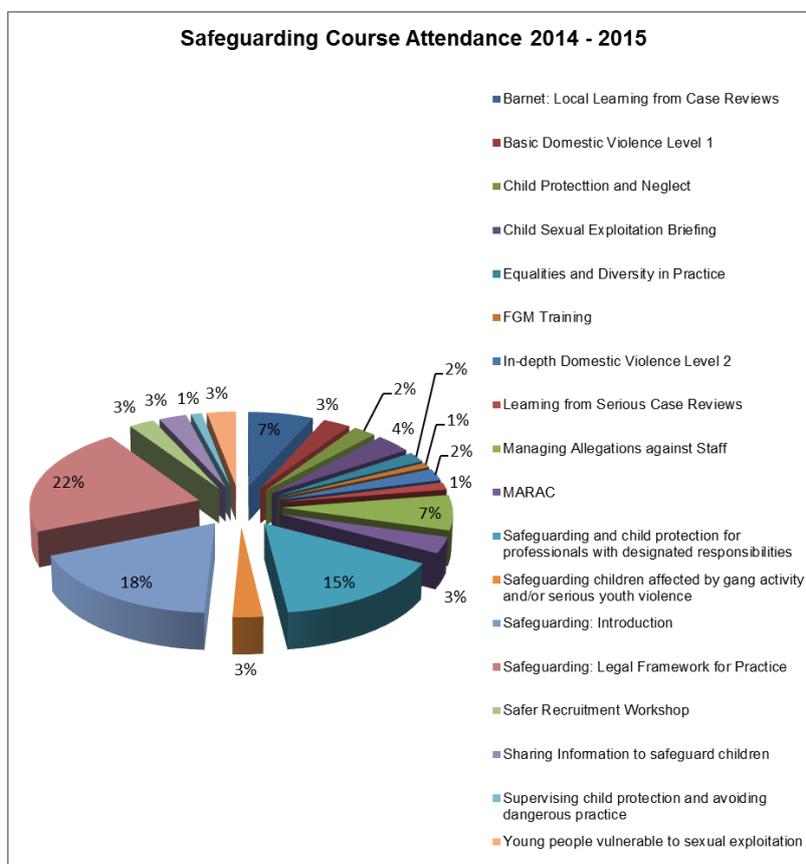


Figure: Courses and attendance

During the year we have introduced new training programs including; Local Learning from Serious Case Reviews, on-line CSE course and Female Genital Mutilation. In March 2015 the first in the series of two CSE, FGM and DV conferences was held; training an additional 120 participants on these issues.

Overall 98% of respondents rated these learning events as very good or excellent; with 95% suggesting that the course content was relevant to their needs. Impact assessment following attendance at courses is improving.

“I used the knowledge gained whilst working with young people in helping them gain awareness of safe relationships and what is hurting in relationships. Ensuring parents are aware of the impact of their hurting each other on their child. Reducing the hurting the children are witnessing and alerting the parent to the child's heightened sense of alertness and concerns they have for the parent when not at home i.e. the effects and impact of DV on their child”

Figure: Feedback received a couple of months following a DV course:

Members of the Learning and Development Sub-group continued to attend meetings and to undertake quality assurance of courses to ensure they are fit for purpose. Trainers' skills were highly rated with 98% of respondents confirming that the skills were either excellent or very good.

## 13. Effectiveness of the Board

### Independent Chair – Chris Miller

One of the responsibilities of the LSCB chair is to comment on the effectiveness of the Board. In my independent role I need to be satisfied that the Board is able to make a contribution to improving practice, understanding risk and scrutinising operational activity that makes a difference. We also need to be at the forefront of learning from review and audit. The way in which effectiveness can be assessed was defined for LSCB Chairs in late 2012<sup>4</sup>. Some of these criteria seem to me to be a good template against which Barnet's LSCB can be assessed.

An effective LSCB is a:

**Strong enquirer and challenger of effective frontline practice with children, young people and families and can describe the features.**

We achieve this by receiving regular reports to the LSCB from those who deliver services where safeguarding of children is or ought to be paramount and we question their effectiveness. As a result and as an example drugs commissioners have been requested to retrieve and analyse information better concerning those in treatment who care for or have regular access to children.

**Understands the intended and actual impact of practice.**

We, through the performance and quality assurance group, audit and enquire into practice and procedure, visit and view what goes on, praise what is good and seek to change what is not. As a result of this we have made recommendations about domestic violence notifications to schools. We have also made observations about including fathers in Child Protection Conferences.

**Understands performance information and uses to understand story behind data – a questioner.**

We are on a continuous journey to improve. We are not there, we are getting better, we have some way to go. All LSCB members support my personal drive to deliver this prize. We have made great progress in mapping and understanding the Child Sexual Exploitation map in Barnet, we are on the same trajectory for domestic abuse prevalence and the impact on children. In 2015 we want to see similar progress in neglect and e safety matters.

**Understands early help and child protection thresholds but accepts the importance of professional judgement in assessing risk for children and families – is adaptive in response.**

We have received reports on the early intervention strategy and made recommendations to the policy lead concerning domestic abuse and CAF completion. We have convened a task and finish group which will, among other things, examine thresholds in cases of neglect

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<sup>4</sup> Jackie Tiotto, presentation to National LSCB Chairs November 2012.

**Is deeply searching for system feedback and learning from that knowledge.**

We have conducted extensive challenge panels for all agencies about their compliance with their duties under the Children Act to safeguard children, we have conducted in depth audit of difficult cases and run training sessions and we have a standing serious case review panel that reviews local cases and national learning. We have as a result supported and promoted the training of primary care staff ( to be delivered in 2015) in identifying domestic abuse and we have established a dynamic panel that will develop **esafety** protocols and activity that will help our children stay safe on line.

**Understands and works strategically with the Health and Well Being board (HWB) in respect of the shared agenda for helping and protecting children, young people and families.**

As LSCB chair I sit on the HWB and have been able to work with them to promote the primary care training mentioned above, to expand their sexual health strategy oversight to include psychosexual health interventions for children abused in or outside their families and I have raise the prospect of having a greater child safeguarding element brought into delivery of drug and alcohol services.

**Understands the impact and quality of supervision for professional frontline staff.**

This is area of development for us. We receive information through our audit processes and from occasional personal visits. The level and type of supervision that each agency has for their staff varies so much that it is not easy to make straightforward comparisons or recommendations. In general terms we are satisfied that staff in Barnet do a good job and that supervision levels are appropriate. However with continuous financial pressure on agencies this may change over time.

**Leads a case-auditing system that provides learning about the quality of practice, the recording of decisions and practice intent, the quality of management oversight, professional judgement and minimisation of risk.**

The LSCB has a programme of audits planned covering each of our four priorities. From our CSE audit we have learned a lot about the quality of our engagement with victims, the effectiveness of the police response to perpetrators and our ability to size the problem. We have made good progress against each of these issues. As a result of this CSE audit and activity children are safer than they were.

**Evidences independence, accountability, transparency and robust challenge of the local system.**

Because we see this as probably the most important aspect of our work we have included a section on this elsewhere in this report.

### **Is Properly Resourced and Financially Literate.**

This is my own addition. Safeguarding is a complex business and an LSCB requires resources to function. The regulations that established LSCBs invite partners to make financial contributions but do not require them to do so beyond the exhortation that the burden should not fall disproportionately on any one member more than another. In Barnet the financial burden falls disproportionately on Barnet Council. This is a product of accident and history more than deliberate decision making but nonetheless it is not the best way to foster a true spirit of cooperation. Over the next twelve months I hope to see a better balance to the resourcing of the Board.

## 14. Budget

The table below shows the budget for 2015/16.

Barnet Children's Safeguarding Board Finance Report 2015-16			
	£	£	Variance
<b>Balance B/Fwd 2014/15</b>	<b>0</b>		
<b>Income / Contributions</b>			
London Borough of Barnet	(98,000)		
London SCB (for MPS)	(5,000)		
Probation	(1,000)		
Community Rehabilitation Company	(1,000)		
CCG	(12,500)		
CLCH	(12,500)		
BEH MH Trust	(12,500)		
East London Foundation Trust	(550)		
*NHS England	(7,000)		
Royal Free Hospital Trust (incl Barnet & Chase Farm Hospital)	(12,500)		
CAFCASS	(550)		
	<b>(163,100)</b>		
<b>Commitments 2015/16</b>			
<b>Staffing Costs</b>			
Administrator		37,620	
Independent Chair		17,500	
Business Manager		56,000	
		<b>111,120</b>	
<b>Other Expenses</b>			
Catering		1,000	
Miscellaneous ( printing, travel, mobiles, etc)		3,000	
LSCB Chairs Assoc		1,500	New cost
Recruitment/advertising expenses		2,000	
*Delivery of Domestic Violence (NHS England)		7,000	
Training		20,000	
SCIE/SC Reviews		17,000	(£6750 already committed)
		<b>51,500</b>	
<b>Totals</b>	<b>(163,100)</b>	<b>162,620</b>	<b>(480)</b>

## 15. Board Members 2014/15

Member	Organisation
Chris Miller	BSCB Chair
Clr Thompson	LBB Lead Member
Dawn Wakeling	LBB Adults Director
Nicola Francis	LBB Family Services Director
Jo Pymont	LBB Children Services AD
Jon Dickenson	LBB Adults AD (Chair of L&D)
Duncan Tessier	LBB Early Intervention AD
Ian Harrison	LBB Education and Skills Director
Flo Armstrong	LBB Head of Youth and Community
Tony Lewis	LBB Voice of the Child
Jo Moses	LBB Head of Safeguarding
Sue Smith	LBB Adults BM
Alex Kemp	CAFCAS, senior service manager
Janet Matthewson	Voluntary Sector Community Barnet
Angela Duce	Voluntary Sector: Norwood
Cecile Kluitse	Voluntary: Solace Womens Aid
Toni Beck	Barnet&S College Director
Sara Keen	School: Beit Shvidler Head
Marc Shoffren	School: Alma
Paula Light	MPS Barnet Police, MPS
John Foulkes	MPS CAIT Detective Chief Inspector
Steve Leader	LFB Borough Commander
Ruth Williams	LAS Community Involvement Officer
Sam Denman	Probation, ACO
Marcia Whyte	CRC, ACO
Siobhan McGovern	Barnet CCG Designated Nurse
Laura Fabunmi	Public Health, AD
Louise Ashley	NHS (Community): CLCH
Liz Royle (S)	Head of Safeguarding
Deborah Saunders	RFHT Director
Ruth Vines (S)	RFHT Head of Safeguarding
Helen Swarbrick	RFHT Dir of Nursing
Paul de Keyser	RFHT Designated Dr
Mary Sexton	BEH Mental Health Trust, ExD
Christine Dyson	Head of Safeguarding
Julie Riley	Housing: Barnet Group Director
Naomi Burgess	Lay Member
Nigel Norie	Lay Member