
Meeting	Cabinet
Date	17 July 2012
Subject	Safeguarding in Barnet
Report of	Cabinet Member for Education, Children and Families Cabinet Member for Adults Cabinet Member for Safety and Resident Engagement Cabinet Member for Public Health
Summary	This report provides Members with an overview of governance arrangements and activity as it relates to the Council's safeguarding responsibilities.

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Status (public or exempt)	Public
Wards Affected	All
Key Decision	No
Reason for urgency / exemption from call-in	Not applicable
Function of	Council/Executive
Enclosures	Appendix 1: The Governance of Safeguarding in Barnet Appendix 2: Further information on the key safeguarding governance structures in Barnet
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1. RECOMMENDATIONS

1.1 Cabinet requests full Council to note the content of this report which outlines governance arrangements and activity as it relates to the Council and partners' safeguarding responsibilities.

1.2 That Cabinet notes and comments on the progress made in relation to safeguarding since last year, including in response to the recommendations set out in 9.2.

1.3 That an annual report on safeguarding continues to be submitted to Cabinet and Council.

1.4 That safeguarding across the Council and partners continues to be strengthened through the full engagement of all providers of health services, including through the Health and Wellbeing Board.

2. RELEVANT PREVIOUS DECISIONS

2.1 Council, 12 July 2011, Decision Item 4.1.1: 'Safeguarding in Barnet' (Report of Cabinet).

2.2 Cabinet, 15 June 2011, Decision Item 5: 'Safeguarding in Barnet' (Report of the Cabinet Members for Education, Children and Families, Cabinet Member for Adults, Cabinet Member for Community Safety and Cohesion and Cabinet Member for Health).

2.3 Council, 3 November 2009, agreed to note safeguarding activities and governance arrangements set out in the Cabinet Members' report.

2.4 Cabinet, 21 October 2009, Decision Item 5: 'Safeguarding in Barnet' (Report of the Cabinet Members for Children's Services and Community Services).

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

3.1 Safeguarding is a key priority for the Council and safeguarding children and adults from avoidable harm or abuse underpins everything we do. Safeguarding is the responsibility of everyone who works for or with the London Borough of Barnet.

3.2 The Corporate Plan 2012/13 outlines the Council's commitment to safeguarding which underpins everything we do and aims to protect the most vulnerable people, both children and adults, from avoidable harm or abuse. The Corporate Plan includes the strategic objectives 'Safeguarding vulnerable children and adults', and 'Working with our partners and residents to keep Barnet safe.' A survey of residents' priorities for Barnet (2011) identified crime and community safety services as one of the top three concerns of Barnet residents. Our aim is to work with partners such as the police, the NHS and with residents to ensure that Barnet remains a place where people want to live and where people feel safe. These are reflected in both Adults Services and Children's Service business plans.

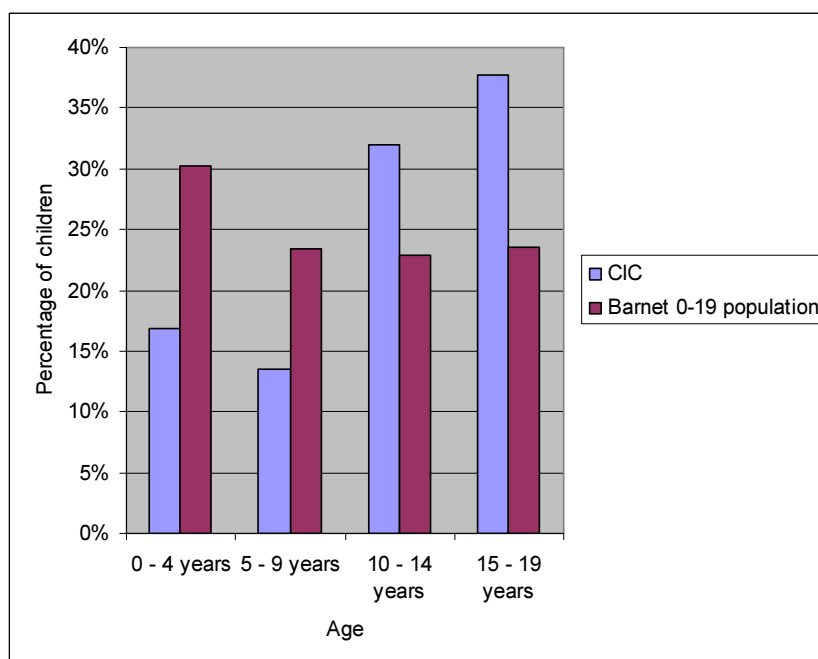
4. RISK MANAGEMENT ISSUES

- 4.1 A failure to keep children or vulnerable adults safe represents not only a significant risk to residents but also to the reputation of the Council. Failure to keep children safe is identified as a key risk in the Children's Service, a key risk for Adult Social Care and is also embedded within the Community Safety team risk register. Although safeguarding must be the concern of all agencies working with children and vulnerable adults, the Local Authority is the lead agency for safeguarding children and vulnerable adults. As such, both members and senior officers carry a level of accountability for safeguarding practice in Barnet. Governance structures are in place to ensure that other lead stakeholders, including health and the police, are represented to ensure that practice across the partnership meets safeguarding requirements.
- 4.2 There are a number of strategic boards with oversight of safeguarding, as outlined in appendix 1 of this report. Links between these boards have been strengthened in recent years to support joined up working. Furthermore, a single Overview and Scrutiny Committee on Safeguarding has been introduced to help to provide Councillors with greater oversight of safeguarding issues across the Council. There remain ongoing challenges to ensure that learning related to safeguarding is effectively coordinated and disseminated across service areas and partner agencies.
- 4.3 There are a number of areas where the Council and its partners are undergoing significant change in terms of governance and practice in relation to economic challenge, and service improvement. This paper outlines the current arrangements to safeguard the outcomes for children and vulnerable adults. Further work will be undertaken to ensure these functions remain compliant as the Council and its partners address the changes required. Barnet Safeguarding Children Board, Adults Safeguarding Board and the Safeguarding Overview and Scrutiny Committee will be kept updated and will be consulted with regard to any changes.
- 4.4 The Secretary of State for Education has the power to intervene if he considers that a Local Authority is failing in its safeguarding duties toward children. This is considered to be a low risk in Barnet; the recent Ofsted and CQC inspection of safeguarding and looked after children judged safeguarding services and outcomes for looked after children as good overall in Barnet. Nevertheless, a risk remains should insufficient regard be paid to the Council's statutory responsibilities relating to safeguarding.

5. EQUALITIES AND DIVERSITY ISSUES

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

5.2 As at 31 March 2012¹, males were overrepresented in the children in care population; 59.7% of children in care were male, compared with 51.1% of males in Barnet's 0-19 population². 18.3% of the children in care population were Black/Black British children compared to 14.3% of the 0-19 population. In contrast, children with ethnicities of White British/White Irish/White Other make up only 46.4% of the children in care population, but make up 56.9% of the 0-19 population. As demonstrated in the graph below, children aged 0-4 years and 5-9 years are underrepresented in the children in care population, and children and young people aged 10-14 years and 15-19 years³ are overrepresented in the children in care population. Barnet will continue to monitor the demographic profile of children at risk and children in care and will seek to address the differences which are identified.



5.3 Over half of the adults referred to Adults Safeguarding services in 2011/12 were over the age of 65, and nearly a quarter aged 85 or over. This largely reflects the age profile of Barnet service users receiving a care package throughout the year, although safeguarding cases involve higher proportions of younger adults, particularly those aged between 30-44, and a lower proportion of older adults, particularly those over the age of 85.

	18-44	45-64	65-74	75-84	85+	N/A
Safeguarding cases, 2011/12	143 27%	103 19%	65 12%	97 18%	126 24%	6
Care packages, 2011/12	18%	17%	11%	22%	33%	

5.4 42% of all Adults Safeguarding cases concerned men, compared to only 33% last year. This increase has occurred across all age groups, but in particular amongst those aged under 65. Compared with women, men are more likely to

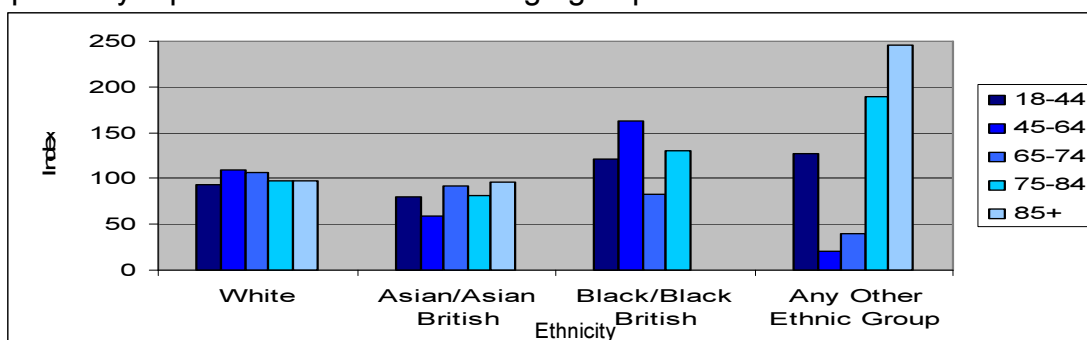
¹ Provisional
² As at November 2011
³ 15-18 for children in care

be abused by paid carers, and less likely by family and friends. Where they are abused by family friends this is more likely to be a friend or neighbour (13.5% compared to 5% of women).

5.5 Ethnicity was recorded for 523 of 534 vulnerable adults. Of these 523 adults, 73% were from a White ethnic background, 9.4% were from an Asian background, 9.4% from a Black background, and the remaining 7.6% were from other ethnic groups, including Chinese and Middle Eastern groupings. Despite the numbers increasing from last year, the proportion of alerts involving white adults dropped significantly from 80% to 73%. The number of cases involving Black/Black British adults has increased by more than 50% and the number of cases involving adults from Chinese and any other ethnic group more than doubled. It should be noted that the percentages relate to relatively small cohorts.

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

5.6 The chart below shows how the 2011/12 case list compares to the 2012 population estimates for Barnet; an index of 100 means that the case list is perfectly representative within that age group.



The figures show that cases involving White adults make up roughly the proportion that we would expect; there are fewer cases involving Asian adults, and there are generally more cases than we would expect involving Black adults (particularly younger adults) and adults from other ethnic groups (in this case those aged 75+).

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

6.1 There are no significant resource implications arising from the recommendations of this report.

6.2 The demographic funding pressure of an ageing population and the likely requirement for additional resources in Adult Social Services has been recognised in the Medium Term Financial Strategy. £800,000 has been allocated to the Adults budget for each of 2012/13 and 2013/14, with £1.194m allocated for demographic pressures in 2014/15.

- 6.3 The increasing demand for Children's safeguarding and social care services has been recognised as a pressure over the next three years, with £750,000 allocated each year for demand led statutory and targeted services. In 2011/12, the Children's Service invested £1m in early intervention and prevention services, providing earlier support to reduce the number of children and families experiencing complex problems.
- 6.4 Safeguarding training is currently provided and is allowed for within Children's Service, Adult Social Care and Health, and Community Safety budgets.
- 6.5 The current annual budget of the Barnet Safeguarding Children Board (BSCB) is £98,000, most of which covers the staffing requirements including the Independent Chairs of the BSCB and the Serious Case Review Panel. This budget includes the contributions made by partner agencies.
- 6.6 The current annual budget for the Safeguarding Adults Board is £182,000 most of which covers three specialist safeguarding posts and the post of independent Chair, and training for the health and social care workforce. This year the board has secured a financial contribution from most of the statutory partners towards these costs.

7. LEGAL ISSUES

- 7.1 A brief summary of the relevant statutory provisions and guidance relating to safeguarding for both children and adults is given below:
- 7.2 Parts 3, 4 and 5 of the Children Act 1989 (CA 1989) together with statutory guidance place various statutory duties upon local authorities including the general duty to safeguard and promote the welfare of all children within their area who are in need. In cases where children are found to be at risk of significant harm as defined in the CA 1989, the Local Authority has a clear legal duty to take steps to protect them by invoking the powers contained in Part 4 of the CA 1989. Upon being satisfied that the relevant criteria are met and that an Order is necessary for the protection of the child, the Court may grant an interim care or supervision order as an interim measure when care proceedings are commenced. An interim care order (placing the child in the care of the Local Authority) will give the Local Authority parental responsibility whereas an interim supervision order will put the child under the supervision of the Local Authority. At the conclusion of the proceedings the court will determine whether a final care or supervision order should be made.
- 7.3 The Children Act 2004 (CA 2004) provides the legislative framework for integrated planning, commissioning and delivery of children's services and for lines of accountability through the appointment of directors of all Children's Services. It created a statutory framework for local co-operation between local authorities, key partner agencies (health, police, schools, housing, early years, youth justice, probation etc) and other relevant bodies including the voluntary and community sector, in order to improve the wellbeing of children in the area. This provided for the framework for Children's Trusts within which agencies have been able to integrate commissioning and delivery of children's services with arrangements for pooled budgets. Barnet has chosen to keep a Children's Trust Board and to publish a Children and Young People Plan each

year. The Act also imposes a duty on the relevant agencies to carry out their functions having regard to the need to safeguard and promote the welfare of children and to guidance provided by the Secretary of State. The duty continues to apply where services are contracted out.

In addition, sections 18 and 19 of the CA 2004 impose a duty on the children's services authority to appoint a director of children's services (DCS) and a lead member for children's services (LMCS) respectively for the purposes of the functions conferred on or exercisable by the authority as prescribed by statute.

- 7.4 In April 2012, the Department for Education updated the statutory guidance on the roles and responsibilities of the DCS and the LMCS. Pursuant to s18(7) of the CA 2004 a children's services authority *must* have regard to any guidance given to them and should only depart from it with good reason. One of the key aspects of this guidance is that given the breadth and importance of children's services functions that the DCS and LMCS cover, local authorities should give due consideration to protecting their discrete roles and responsibilities before allocating to them any additional functions other than children's services.
- 7.5 The CA 2004 also requires Local Authorities to establish Local Safeguarding Children Boards (LSCB) for their area and it has been a requirement for local authorities to have a board since 2006. The LSCB replaced the former non statutory Area child Protection Committees. The intention of Parliament was for the LSCB to have a wider remit than ACPCs and to be more pro-active. The Apprenticeships, Skills, Children and Learning Act 2009 subsequently introduced a requirement for the LSCB to produce and publish an annual report on the effectiveness of safeguarding in the local area.
- 7.6 Statutory guidance Working Together to Safeguard Children (2010) sets out how organisations and individuals should work together to safeguard and promote the welfare of children and young people in accordance with the Children Act 1989 and the CA 2004. The latest version (2010) followed the publication of Lord Laming's report. Following the Munro Review, the government will make a full revision of Working Together to Safeguard Children. This is currently expected by July 2012.
- 7.7 The legal framework for the provision of adult social care services dates back to 1948 and has been described by the Law Commission as a complex, incoherent and confusing patchwork of legislation. The duties, powers and responsibilities conferred upon local authorities to ensure that appropriate steps can be taken to protect and safeguard vulnerable adults can be found in a number of statutes, including the National Assistance Act 1948, the Mental Health Acts of 1983 and 2007, the NHS & Community Care Act 1990, the Human Rights Act 1998, the Domestic Violence Crime & Victims Act 2004 and the Mental Capacity Act 2005 including the Deprivation of Liberty Safeguards confer certain protections to people who lack capacity in care and health settings. A change in terminology by practitioners from "protecting vulnerable adults" to "adult protection work" and now "safeguarding adults" reflects the change in context over the years and the out of date legislation. The phrase "Safeguarding adults" referred to in the 2005 ADSS report means all work which enables an adult *"who is or may be eligible for community care services"* to retain independence, wellbeing and choice and to access their

human right to live a life that is free from abuse and neglect. This definition specifically includes those people who are assessed as being able to purchase all or part of their community care services, as well as those who are eligible for community care services but whose need - in relation to safeguarding - is for access to mainstream services such as the police.

- 7.8 “No secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse” was issued by the Department of Health and the Home Office in 2000 under section 7 of the Local Authorities Social Services Act. It provides guidance to local authorities on developing and implementing multiagency policies and procedures to protect vulnerable adults from abuse.
- 7.9 The Law Commission undertook a review of adult social care legislation and reported in May 2011. It provides the foundation for the most significant reform of adult social care law in 60 years. It recommends a single, unified adult social care statute that will consolidate, modernise and simplify the law which will bring much needed clarity and accessibility to this key area of the law for service users and practitioners. The report recommends strengthening the law in relation to safeguarding adults placing clear duties on the authority that will have lead co-ordinating responsibility for multi-agency safeguarding procedures. It also recommends placing safeguarding boards on a statutory footing. . The government is pressing ahead with reform of adult social care legislation and the Queen’s speech on 9 May 2012 announced a draft Bill on adult social care.
- 7.10 The Crime and Disorder Act 1998 places a duty on a Local Authority and other relevant authorities to exercise their functions to do all that is reasonably practical to prevent crime and disorder in its area.
- 7.11 A range of legislation such as the Licensing Act 2003, Gambling Act 2005, Anti Social Behaviour Act 2003, confer certain powers and responsibilities upon local authorities to ensure that vulnerable adults and children are safeguarded.
- 7.12 A range of legislation such as the Equality Act 2010, Racial and Religious Hatred Act 2006, Public Order Act 1996, Criminal Justice Act 2003, confer certain powers and responsibilities on authorities to ensure that Hate Crime is treated with a specific focus.
- 7.13 Section 9 of the Domestic Violence, Crime and Victims Act 2004 creates an expectation for local areas to undertake a multi-agency review following a domestic violence homicide. This came into force on 13 April 2011.

8. CONSTITUTIONAL POWERS

- 8.1 As set out in Part 3 of the Council’s Constitution, Responsibility for Functions, the Executive holds responsibility for those functions which comprise safeguarding. Furthermore, several specific safeguarding functions are delegated to individual Cabinet Members.
- 8.2 Responsibility for enhancing the Council’s corporate parenting role is delegated specifically to the Cabinet Member for Education, Children and

Families. However, in reflecting both the cross-cutting importance of safeguarding, and the wider relevance of the authority's role as a corporate parent, Cabinet are asked to refer their report on safeguarding to Council for consideration and noting on an annual basis.

- 8.3 This is not a key decision as it does not involve significant expenditure and does not require a decision that could impact on more than one ward.

9. BACKGROUND INFORMATION

9.1 The Council has a statutory duty to promote the safeguarding of both children and vulnerable adults. Safeguarding children is defined by the Department for Education as protecting children from maltreatment, preventing impairment of children's health or development, and ensuring children are growing up in circumstances consistent with the provision of safe and effective care. A vulnerable adult is defined as anybody over the age of 18 years who is or may be in need of Community Care Services by reason of mental or other disability, age or illness and is or may be unable to take care of himself or herself or is unable to protect themselves against significant harm or serious exploitation. The Council also has statutory duties to help prevent crime and disorder and anti social behaviour, and to ensure that Hate Crime is treated with a specific focus.

9.1.1 In 2011 it was resolved that an annual report on safeguarding in Barnet would go to Cabinet and Council to support effective scrutiny and oversight. This report provides an update on the implementation of recommendations approved by Council on 12 July 2011. It also highlights key developments over the past 12 months, outlines how Barnet is responding to and learning from these, and sets out some emerging challenges and opportunities.

9.1.2 Further information on the safeguarding activities of the Barnet Safeguarding Children Board and the Safeguarding Adults Board can be found in their respective annual reports, which are due to go to the Safeguarding Overview and Scrutiny Committee.

9.2 Update on last year's recommendations

9.2.1 *An annual report on safeguarding continues to be submitted to Cabinet and Council.*

This report fulfils this recommendation and outlines the work that has been undertaken to address the recommendations and future issues set out in last year's report.

9.2.2 *Cabinet requests full Council to note the content of this report, in particular the formal governance arrangements that exist to ensure that the Council conducts its statutory safeguarding responsibilities properly, and the present safeguarding activity undertaken by the Council and its partner agencies.*

A robust governance framework is in place to ensure that safeguarding duties are appropriately carried out and scrutinised, as set out in appendix 1. Further detail on the key structures within Barnet that help to provide effective oversight of safeguarding is contained in appendix 2. In summary they are:

- Safeguarding Overview and Scrutiny Committee
- Barnet Partnership Board
- Safer Communities Partnership Board

- Children's Trust Board
- Health and Wellbeing Board
- Barnet Safeguarding Children Board
- Barnet Safeguarding Adults Board

To provide assurance to these boards there are some key internal mechanisms. Safeguarding processes are embedded into HR and recruitment and performance indicators are regularly reported to monitor the provision of safeguarding services and to identify trends requiring further analysis. Audit and quality assurance frameworks are also in place in Children's Service, Adults Services and Health Services to ensure that responsibilities in relation to safeguarding are being effectively undertaken. The recent Social Care Institute of Excellence (SCIE) Review and Ofsted Inspection of Safeguarding and Looked After Children have strengthened Children's Service audit work over the past year. More information on outcomes of the Ofsted inspection can be found in 9.6.1 and more information on the SCIE Review can be found in 9.6.4. The findings of Children's Service case audits are examined in detail, with action plans developed and recommendations made in relation to thematic issues which emerge. As part of the quality assurance framework for Adult Services, case audits are undertaken by safeguarding practice leads in conjunction with Heads of Service, with action plans developed where practice needs improvement. Independent case audit and peer case audits are taking place in 2012 to inform practice development at an individual case and service wide basis.

9.2.3 *Safeguarding training continues to be part of the induction process for newly-elected Members and senior officers/directors, and that opportunities for updated and ongoing training for current Members and Officers continue to be provided.*

A multi-agency safeguarding training programme continues to be delivered to officers. Safeguarding Member development sessions have been delivered over the past year, covering issues such as how the Council keeps residents safe, how to recognise a safeguarding concern and the Council's role as a corporate parent. All Members, including newly-elected Members, are encouraged to attend these sessions which are run periodically throughout the year and are given a particular focus during safeguarding month.

9.2.4 *The agreed safeguarding procurement standards are put into effect.*

Over the past year, safeguarding changes in relation to procurement have been implemented across the Council. The Council's standard terms and conditions have been updated to correctly capture the Council's policy on safeguarding. The safeguarding self assessment form presented last year to Cabinet has been incorporated within the Council's safeguarding contract clauses, requiring providers to submit the safeguarding self assessment form within 14 days upon request from the contract owner. In addition, there have been localised developments within service areas. As part of Children's Service tender processes, the pre-qualification questionnaire has been updated to include questions covering safeguarding accountability structures, safer recruitment practices, and staff training and development in relation to safeguarding. All providers are still required to submit their safeguarding and whistle-blowing policies.

A safeguarding adults specification is included in all care group contracts with providers including residential and nursing care, supported living and home and community support. This has been extended to include all health contracts. Adults Services Supply Management and Commissioning Team are currently developing enhanced ways of working to improve Quality Monitoring procedures and development of supplier relationships which can lead to better service delivery and reduction of poor care and other incidents. There will be continuing involvement and dialogue through the Adults Safeguarding Board and Health and Wellbeing Board to ensure that all providers of NHS services, including Primary and Acute Care, are fully involved in the safeguarding agenda.

- 9.2.5 *There is continuing involvement and dialogue through the Health and Wellbeing Board to ensure that all providers of NHS services, including Primary and Acute Care, are fully involved in the safeguarding agenda.*
- In order to join up commissioning and support integration of local NHS services, social care and health improvement, the Health and Wellbeing Board receives updates on assessments of Quality and Safety in health services in Barnet and North Central London. A work programme has been developed by the Board for 2012/13, part of which will be focussed on continuing to ensure that all providers of NHS services, including Primary and Acute Care, are fully involved in the safeguarding agenda.

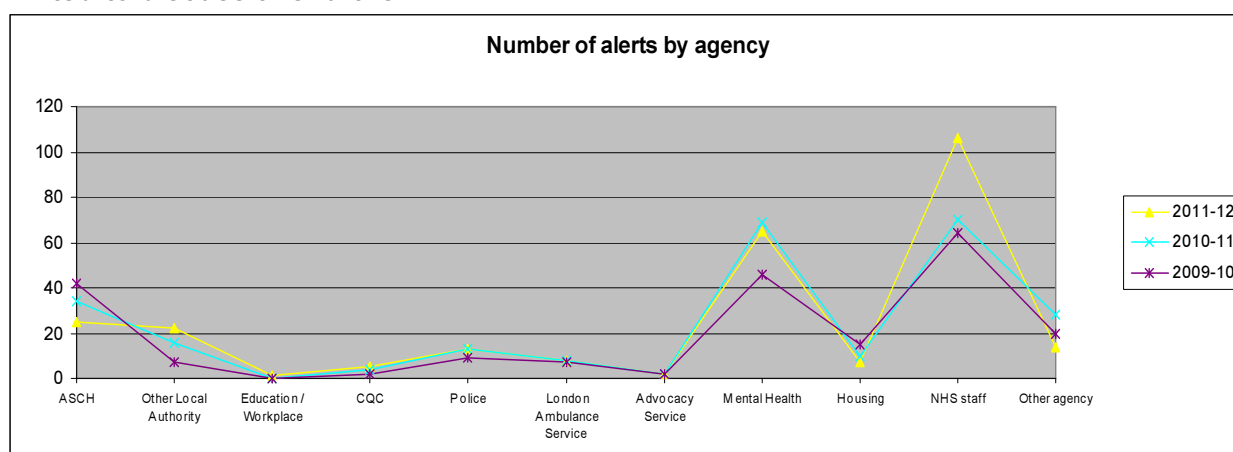
Since April 2012 NHS Barnet has sat within North Central London health commissioning cluster. NHS Barnet commission community health services from Central London Community Healthcare, acute services from Barnet Hospital and Royal Free Hospital, and mental health services from Barnet, Enfield and Haringey Mental Health Trust. Barnet are also lead commissioners for the Royal National Orthopaedic Hospital, Stanmore. By April 2013 current NHS responsibility for children's and adults safeguarding will be handed over to the Clinical Commissioning Groups under new health strategic arrangements. The role of the NHS commissioning board in monitoring the safeguarding aspect of Clinical Commissioning Groups will be made clearer nationally within the forthcoming months.

The following mechanisms are in place to assure NHS Barnet that its providers have arrangements in place to safeguard children under Section 11 Children Act 2004:

- each health organisation provides a programme of safeguarding children training for their staff in addition to the multi-agency programme delivered by the Local Authority
- bespoke training is provided for independent health contractors with support from colleagues in the Metropolitan Police and Barnet social care services as required
- the Care Quality Commission requires each health provider organisation to provide assurance in a number of domains for children
- acute healthcare providers and Barnet Walk in Centres now receive lists of children subject to child protection plans electronically. Staff within these units have worked with London Borough of Barnet safeguarding teams to make adaptations to their systems to ensure that vulnerable children are identified

- health organisations across Barnet have given specific focus to ensure that staff are aware of the impact of domestic violence has on children
- a member of the team within Central London Community Hub represents health organisations at the Multi-Agency Risk Assessment Conference in Barnet and feeds back information to health staff following this meeting
- to improve the emotional well-being of Barnet children the Child and Adolescent Mental Health Services (CAMHS) Strategy is being updated and the service redesigned

Sources of referrals for adult safeguarding alerts in Barnet highlight the involvement of health providers in the safeguarding agenda. In 2011-12 the largest increase was in alerts from NHS staff, as demonstrated in the graph below. Part of this increase may be accounted for by the NHS requirement for all grade 3-4 pressure ulcers to be reported into safeguarding procedures. Grade 3-4 pressure ulcers were reported as a possible indicator of neglect in 61 cases (11%), 38 of these occurred in a care home setting, mainly nursing care. Although it is positive that these are being reported, the Adult Safeguarding Board has identified it as a growing problem and has set up a working group to address the issues. North Central London are also addressing this through a Quality, Innovation, Productivity and Prevention (QIPP) programme in 2012, and the Health and Wellbeing Board have been invited to discuss this further.



9.3 Listening to the views of children, young people and adult service users

9.3.1 Barnet is a customer centred Council which is committed to putting the customer at the centre of everything we do and listening to their views. During 2011/12, key feedback has been given by both children and adults about issues relating to safeguarding.

9.3.2 The views of children and young people

Barnet Young People's Safeguarding Consultation 2011, undertaken by Barnet Youth Shield, provides useful feedback on the views of over 400 children and young people relating to a range of safeguarding topics. Some of the key findings reported to Barnet Safeguarding Children Board were:

- domestic violence exists in teenage relationships, and that awareness needs to be raised among young people about what a healthy relationship is
- there is significant peer pressure to use drugs and alcohol. Young people need to be educated on the effects and outcomes, and to have access to a

range of services to get advice, socialise together and keep themselves positively engaged

- many disabled young people are not experienced in travelling independently or being out on their own, and over a quarter of a disability focus group consulted said they had been victims of hate crime
- awareness and support around bullying and being vulnerable to exploitation is necessary to develop skills that would be beneficial throughout adulthood
- many young people were aware of another young person who has a mental health difficulty, but only just over half knew where to go for help or support, saying that there is a need for more education and access to resources

9.3.3 The views of adult service users

The national adult social care user survey 2011 provides an insight into how safe Barnet adults feel: 92% of Barnet responders to the national survey said that they always or mostly felt safe (90% was the London average). 8% did not feel adequately safe or safe at all. The Barnet Safeguarding Adults Service User Forum meets quarterly to scrutinise the practice and policy of the Council and partner agencies. It consists of wide representation from different community groups such as the 55+ forum and Barnet Voice for Mental Health. This year the forum has:

- scrutinised reports from the Royal Free Hospital and Learning Disability Services
- received presentations about advocacy in care homes, and about financial abuse
- developed its own mission statement
- produced an accessible booklet to inform and support adults on what happens after abuse is reported

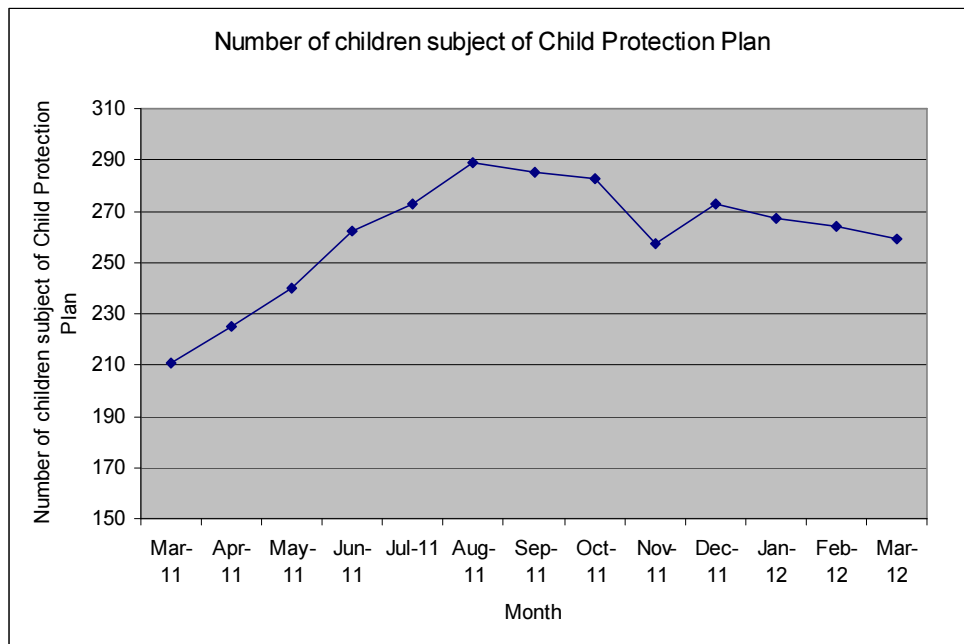
9.4 Trends and issues

9.4.1 During 2011/12 several trends and potential issues have been identified in relation to safeguarding, which have required further analysis.

Children's Service

9.4.2 Barnet has followed a national trend, seeing a rise in the number of children becoming the subject of a Child Protection Plan. The number of children subject to a child protection plan in Barnet has risen from 145 in 2006/07 to 211 in March 2011 and to 259⁴ in March 2012. This must be seen in the context of Barnet's increasing under 18 population and the number of Child Protection Plans per 10,000 of the under 18 population. As at March 2011 26.7 per 10,000 of Barnet's under 18 population were subject to a Child Protection Plan compared with 38.3 for London and 38.3 for England. In addition to increases in population, strengthened knowledge and understanding across the population and the workforce about safeguarding children will have contributed to the increase being seen nationally.

⁴ Provisional

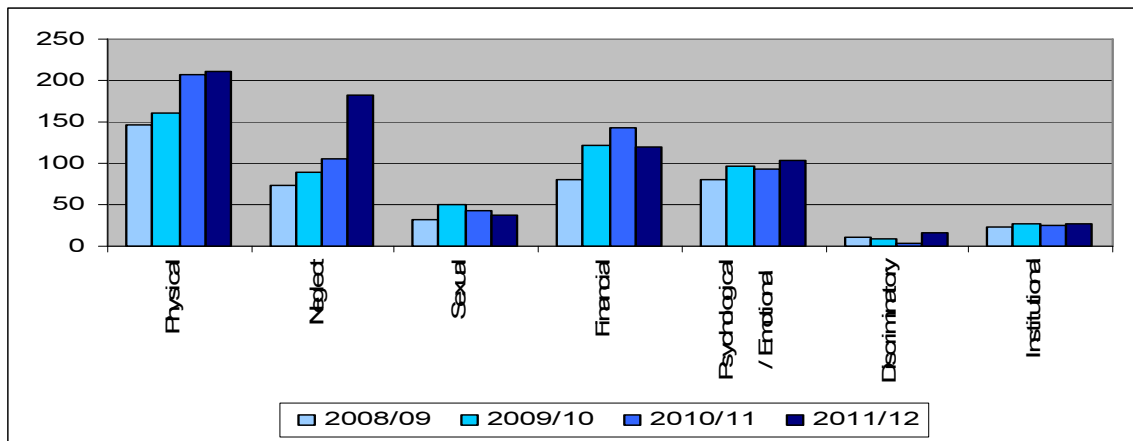


9.4.3 In Barnet there was particular concern during the year about the rising percentage of children subject to a child protection plan for a second or subsequent time. High levels of subsequent child protection plans could suggest that the professionals responsible for the child's welfare are not intervening effectively either to bring about lasting change or to make alternative plans for the child's long term care. At March 2011, the cumulative percentage of children becoming the subject of a child protection plan for a second or subsequent time in 2010/11 was 18% (37 children). At March 2012, the same indicator was 13.78% (35 children). The percentage measure fluctuated during the year, in part due to the small cohort of children, and also due to the changing number of children subject of a child protection plan, which is the measure's denominator. The following actions have been taken to reduce the number of subsequent child protection plans:

- strengthening support when children cease to be subject of a child protection plan
- carrying out the style of audits recommended by Professor Eileen Munro (see 9.5.2) to draw out organisational issues and other key themes to improve practice
- a newly developed Protection Panel now meets on a monthly basis to examine the findings of case audits in detail and make recommendations both in terms of thematic organisational issues that emerge

Adults Services

9.4.4 This year has seen a slight increase in the number of adult safeguarding alerts concerning physical abuse, institutional abuse and psychological abuse, and the numbers of alerts concerning sexual and financial abuse have dropped slightly, as demonstrated in the graph below. There has been a significant increase in the numbers of alerts involving neglect, with numbers increasing by over 70%. This includes allegations where neglect was reported along-side other types of abuse. Physical abuse remains the most prevalent type of alert.



Health Services

9.4.5 Health Services have identified a key issue around the capacity of health visitors and are seeking to ensure there is sufficient capacity for essential health promotion and early intervention work. This was also identified by the Care Quality Commission Inspection in January 2012 and a recommendation was made for the capacity of health visitors and school nurses to be reviewed. North Central London has developed a compliance monitoring matrix, part of which reports health visiting capacity, to be reported quarterly. The introduction of the Family Nurse Partnership programme, a preventative programme for first time mothers offering intensive and structured home visiting from early pregnancy until the child is two, will also provide increased capacity for health visiting services.

Drugs and alcohol

9.4.6 Substance misuse covers both drugs and alcohol. Rates of substance misuse in Barnet are below national levels. An adult substance misuse needs assessment has identified key drug and alcohol trends in Barnet:

- the rate of Opiate and Crack Users engaging in support provision is currently 56%; regionally this is 69% and nationally it is 68%. Further work is needed to increase this rate
- the number of treatment completions amongst the Crack using client group are significantly lower than for other substances. A review of service provision has been recommended to ensure effective engagement and movement through the treatment system
- a low percentage of parents are in treatment in Barnet when compared against regional and national percentages. A whole family approach needs to be adopted to ensure effective treatment and appropriate safeguarding

9.4.7 A substance misuse strategy is currently in development to address these key trends, to ensure provision of and access to effective treatment services. The strategy seeks to support the transition to Public Health in Barnet, ensuring that commissioning arrangements are in line with changing structures. It will also develop the relationship with primary care and will work with acute care providers to reduce alcohol related hospital admissions.

Community Safety

9.4.8 Despite a decrease in the number of reports over the past year, rowdy or inconsiderate behaviour still makes up the majority of anti-social behaviour

reports. Over the past year, Police Safer Neighbourhood Teams worked on 392 cases where anti-social behaviour reports were not one off incidents. 26 vulnerable people were identified within these cases and were referred to appropriate agencies for support. A total of 376 hate incidents or hate crime incidents were recorded by the Community Safety Team at Colindale Police Station. A further 34 cases were reported via the 3rd party reporting sites. Investigation by the Priority Intervention Team resulted in 11 of these 34 cases identifying vulnerable people who were subsequently referred to appropriate agencies for support.

9.5 Key Developments

9.5.1 Growing population

Barnet's population has been growing consistently over the last ten years and is expected to increase by a further 5.5% (19,400) by 2016. Significant growth is projected in the under 18 population, and proportionally high growth in the over 85s. Over the next five years, there will be 3,250 (7.4%) more residents aged over 65 and 783 (11.3%) more residents aged over 85. Both of these increases are above the average growth rate of 5.5%. This will continue to pose challenges; even if levels of safeguarding and social care activity remain constant there will be an increased need for services due to an overall increase in the population.

9.5.2 Munro Review

Professor Munro published her final report of the review of the child protection system in May 2011. It focussed on strengthening the social work profession, and strengthening officer support and autonomy; enabling well-informed judgements to be made, based on up-to-date evidence in the best interests of children. The Munro Review also highlighted the importance of Local Safeguarding Children Boards in ensuring services are working together to safeguard and promote the welfare of children.

The final report made recommendations, of which the most pertinent in the context of this report are:

- the Local Safeguarding Children Board should submit an annual report to the Chief Executive, Leader, Police Commissioner and Chair of Health and Wellbeing Board
- statutory guidance should be amended to focus on meeting local need and the effectiveness of multi agency training
- the scope of the roles of Director of Children's Service and Lead Member for Children should not be expanded outside of Children's Services
- Local Authorities and partners should start an ongoing process to review and redesign the way in which child and family social work is delivered
- Local Authorities should designate a Principal Child and Family Social Worker who is still actively involved in frontline practice

The Council has responded to these recommendations; it already meets the arrangements for the Local Safeguarding Children Board submitting an annual report; a broad multi-agency training programme is already in place; the Council's reorganisation of the Senior Officer and Council structures takes into account the new statutory guidance on the role and status of the Director of Children's Service; and Barnet are currently creating a post for a Principal Child and Family Social Worker. The Council will continue to develop its

services and strengthen its safeguarding functions in line with these recommendations.

9.5.3 Early intervention and prevention

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

To address issues arising from an increasing young population and a sustained rise in the numbers being referred to Children's Service, additional investment has been made in early intervention and prevention services to improve the identification of those at risk and work with families to address problems before they escalate. Central to early intervention and prevention services is the use of the Common Assessment Framework (CAF), which has had 398 new completions in Barnet in the 12 months to March 2012. For the 2012/13 year, a target is in place for the completion of 770 new CAFs, to ensure that more families receive support at an earlier stage.

Barnet's Family Focus work is starting to show results, as highlighted in the findings of the January 2012 Ofsted inspection of safeguarding and looked after children. Family Focus work provides early interventions to build families' resilience; concentrating on supporting families to improve parenting skills and relationships within the family. As part of the Troubled Families initiative, Intensive Family Focus work is supporting troubled families with multiple, complex problems. The pilot cohort of 18 families in 2011 have seen many positive outcomes relating to safeguarding, including: 12 children ceased to be subject of a child protection plan, a significant reduction in offending or anti-social behaviour for 13 families, and reduced adults substance misuse and re-engagement with drugs and alcohol treatment services in 7 families.

A multi-agency approach is also being taken to the provision of domestic violence support which, for example, has involved the Domestic Violence coordinator attending GP safeguarding training. The Safer Families Project is an early intervention project based in the community which is identifying children and families where domestic abuse and conflict is a feature of family life and is providing early intervention support to prevent escalation to social care. Additionally, the Family Nurse Partnership programme is starting to help young parents to look after their children better, and to support the health and wellbeing of the parents themselves.

9.6 **Supporting a learning culture**

9.6.1 Ofsted and Care Quality Commission

Barnet's provision of services for safeguarding and looked after children were inspected by Ofsted in January 2012, alongside the inspection of health provision by the Care Quality Commission (CQC). The ten-day inspection involved extensive scrutiny of case files, analysis of performance information, and over 70 focus groups and interviews.

The outcomes of the both the Ofsted and CQC elements of the inspection were that safeguarding services were good overall and that the outcomes for looked after children were good overall. As at 24 February 2012, of the 97 Local Authorities for whom such an inspection has been undertaken (excluding those who had been re-inspected) in relation to the overall

safeguarding judgement 2 were rated as 'outstanding', 31 as 'good', 47 as 'satisfactory' and 17 as 'inadequate'. For the looked after children judgement, 0 were rated as 'outstanding', 50 as 'good', 44 as 'satisfactory' and 3 as 'inadequate'.

Barnet was judged to be good on 20 out of the 22 assessment criteria. Two criteria, quality of provision for safeguarding and quality of provision for looked after children, were judged to be 'adequate'. 12 recommendations were made by Ofsted and five made by the CQC as a result of the inspection. These included:

- continue to increase the consistent quality of social care assessments and supervision and incorporate the use of research into practice and assessment
- review the services provided through housing for victims of domestic abuse
- ensure clear protocols around child protection decision-making are fully embedded
- continue to work with schools to provide safeguarding advice and ensure safeguarding procedures are clear and understood
- strengthen the case audit and complaints systems and reporting mechanisms and use this to continually improve the quality of practice
- ensure that all looked after children and young people are made aware of the existence of the Pledge for Children in Care and use this to continue to provide good quality care and support
- develop and embed into practice a permanency planning policy for looked after children to secure long term, stable placements
- appoint a designated doctor for looked after children and ensure there is sufficient health capacity to safeguard children

The implementation of these recommendations are being closely scrutinised by senior officers and across the multi-agency partnership. There has been a focus on developing the wider learning from the inspection, particularly to help further raise the quality of provision for safeguarding and for looked after children. The Children's Service has been scrutinising this with partners and is developing an integrated service improvement plan to focus on continually raising the quality of provision, with a sustained emphasis on the experience of the child receiving services.

The Ofsted and CQC inspection schedule changed in April 2012, see 9.7.3, to focus on the effectiveness of multi-agency arrangements for identifying children who are suffering, or likely to suffer, harm; for the provision of early help; and in protecting these children if the risk remains or intensifies. It is unlikely that Barnet will be inspected under this framework as it has recently been inspected and a new multi-inspectorate framework (Ofsted, CQC and HMIP) for the inspection of child protection services is expected to be in place during 2013/14. This will be a harder test for the partnership and one we will be preparing for across all partners represented on the Children's Trust Board.

9.6.2 Domestic Violence Homicide Review

A Domestic Violence Homicide Review was undertaken last year as a result of the unlawful killing of a mother of a young child by her partner. For the lessons of the review to be learned as widely and thoroughly as possible, a series of multi-agency workshops are being held by Barnet Safeguarding

Children Board in May-July 2012. Some of the key learning points from the Domestic Violence Homicide Review focussed on:

- working with personality disorder
- ensuring all health providers have a Domestic Violence policy which is consistent with Barnet and Pan-London Safeguarding Adults Policies and ensuring that protocols are followed health professionals
- ensuring Adult Services, including health services, have a clear Service Level Agreement with domestic violence services to outline clear referral pathways and a protocol for risk management
- ensuring appropriate referrals are made by drug and alcohol services, mental health services and adults safeguarding services
- ensuring that the Local Authority and mental health services for parents are aware of safeguarding and vice versa
- developing safeguarding adults training for police officers to support decision making about who is an 'adult at risk'

9.6.3 Adults Serious Case Review

The Safeguarding Adults Board have received regular reports on the progress of the action plan developed as a result of a serious case review following the death of a young man with learning disabilities and complex health needs.

The action plan has seen work completed in the following areas:

- a review of contracts for commissioned services including the terms and conditions, service specification and the support plan. This included the development of a reportable incidents stipulation
- the development of suspension policy where providers fail to meet requirements
- arrangements for sharing intelligence about poor performing services
- a procedure to ensure that local health services are available to people placed outside of the Barnet area
- training for key staff in assessment and support planning for people with learning disabilities and complex health needs
- a protocol to prioritise reviews based on complexity and risk

A learning event was held in September 2011, in conjunction with Enfield Safeguarding Adults Board. Over 160 professionals and providers of care met to reflect on the findings of the review and what we need to do to prevent such a tragic accident happening again. Commissioners and supply management came together with health and social work professionals from the Learning Disability Service to focus on action planning for improvements. This was followed by the learning disability providers from the two boroughs considering issues of safer recruitment, risk assessment and partnership working.

9.6.4 Social Care Institute of Excellence (SCIE) Review

Barnet sought to review a case following the murder of a mother in a household where, although not present at the time, a vulnerable small child normally resided. The Barnet SCIE Review was commissioned by Barnet Safeguarding Children Board with the final report accepted in October 2011. As recommended by the Munro Review, a systems approach was taken; the multi-agency network worked together to learn about both the SCIE model, and what the case told us about the systems affecting safeguarding work in Barnet. Health agencies were represented in both the Review team and the case team and are in the process of ensuring that themes learned are

disseminated to all staff. The key themes emerging from the SCIE Review were:

- the importance of regular reflective supervision, support and challenge
- the necessity for multi-agency audits and for groups of cases to be discussed to identify themes
- the importance of multi-agency working, consistent attendance of key agencies at child protection conferences and continuing a multi-agency network after the ending of a child protection plan
- a need to explore how often Core Assessments are revised and to look at how risk factors are identified and re-assessments are triggered
- resource implications of record keeping and a need to understand the type of information which is missing from records
- the message that “safeguarding is everybody’s business” needs to become a more integral part of practice in all agencies
- multi-agency working with adults who have a personality disorder needs to be strengthened

9.6.5 Serious health incidents

Two child deaths in 2011 resulted in referrals to both the SCR sub-committee of the LSCB and also the Child Death Overview Panel. Both child deaths had similarities in that the young people involved had attended independent schools out of borough and were in receipt of private mental health services. Reviews into the child deaths were held to identify any gaps in service or factors which may have changed the outcome for these young people. The actions from these reviews were that:

- oversight of private healthcare provision is a national issue, it is the role of the Child Death Overview panel is to ensure this is identified regionally and nationally
- the Child Death Overview Panel nationally will look at trends nationally for comparison
- for Barnet the two child deaths highlighted how essential it is that full information is passed from NHS provision to Independent and private healthcare and vice versa. Safeguarding training for Independent Contractors including primary care contractors now highlights this issue
- NHS Barnet has representation from two independent providers of care at their Safeguarding Children Advisory group. Contacts with local boroughs are being made to ensure they are supporting Independent Providers within their catchment area
- a joint flow chart will be developed to ensure that in the event of a child death consistent actions are taken by the multi-agency group, such as support to the family and school

9.7 **Future challenges and opportunities**

9.7.1 Multi-Agency Safeguarding Hub

Multi-Agency Safeguarding Hubs (MASH) co-locate professionals and are designed to give better decisions and outcomes for vulnerable people, by improving the sharing and integration of information. They provide a high level of knowledge and analysis on information at the point of referral and promote informed, risk based decision-making to safeguard vulnerable people. The development of a MASH is currently underway in Barnet. The Domestic

Violence Homicide Review highlighted the importance of developing the MASH and emphasised the need for this work to be expedited.

9.7.2 Continued integration with health

Public Health is moving to come under the Local Authority and the Health and Wellbeing Board in Barnet. The Health and Wellbeing Board has been established to provide coordination and integration for the whole of health and care services. Moving forward there will be continuing changes to health structures with the development of the Clinical Commissioning Group. There will be continuing work needed to ensure the safeguarding agenda is embedded into new arrangements. Health representation on both the Safeguarding Children Board and the Safeguarding Adults Board, in particular the GP representatives on both Boards, will become increasingly important. Over the coming year, health is seeking to continue to work with designated safeguarding professionals within the commissioning clusters, to develop the strategic work programme for safeguarding children across North Central London. The Health and Wellbeing Board will need to maintain and strengthen its work to continue to strengthen the multi-agency safeguarding agenda.

9.7.3 New Children's Service inspection Framework

The Munro Review has informed the development of a new inspection framework, from April 2012, for Local Authority arrangements for the protection of children which focuses on:

- early help and intervention
- the child's journey from needing help to receiving help
- the child's voice through this journey
- the number professionals involved in the life of the family and the impact of changes of professionals
- the effectiveness of the services and the impact on the child
- identifying cases of good practice is an effective way to better understand the mechanisms underpinning effective help

It is unlikely that all local authorities will be inspected under this framework as a multi-inspectorate framework for the inspection of child protection services will be in place from 2013/14. As part of service improvement, Barnet is strengthening its provision of services in line with the recommendations of the Munro Review and findings from the Ofsted inspection of safeguarding and looked after children.

9.7.4 Demographic and budgetary pressures

Demographic pressures for the Children's Service and Adult Social Services have been recognised in the Medium Term Financial Strategy (see 6.2 and 6.3). However, Barnet's growing population, as highlighted at 9.5.1, will continue to pose challenges, particularly in the context of reduced budgets.

9.7.5 New Council Structure

Barnet is redesigning the way it provides Council services, with services re-aligned into commissioning, assurance and delivery units. This will require new ways of working and we need to ensure that challenge and support in relation to safeguarding continues to be strengthened in these new structures.

10. LIST OF BACKGROUND PAPERS

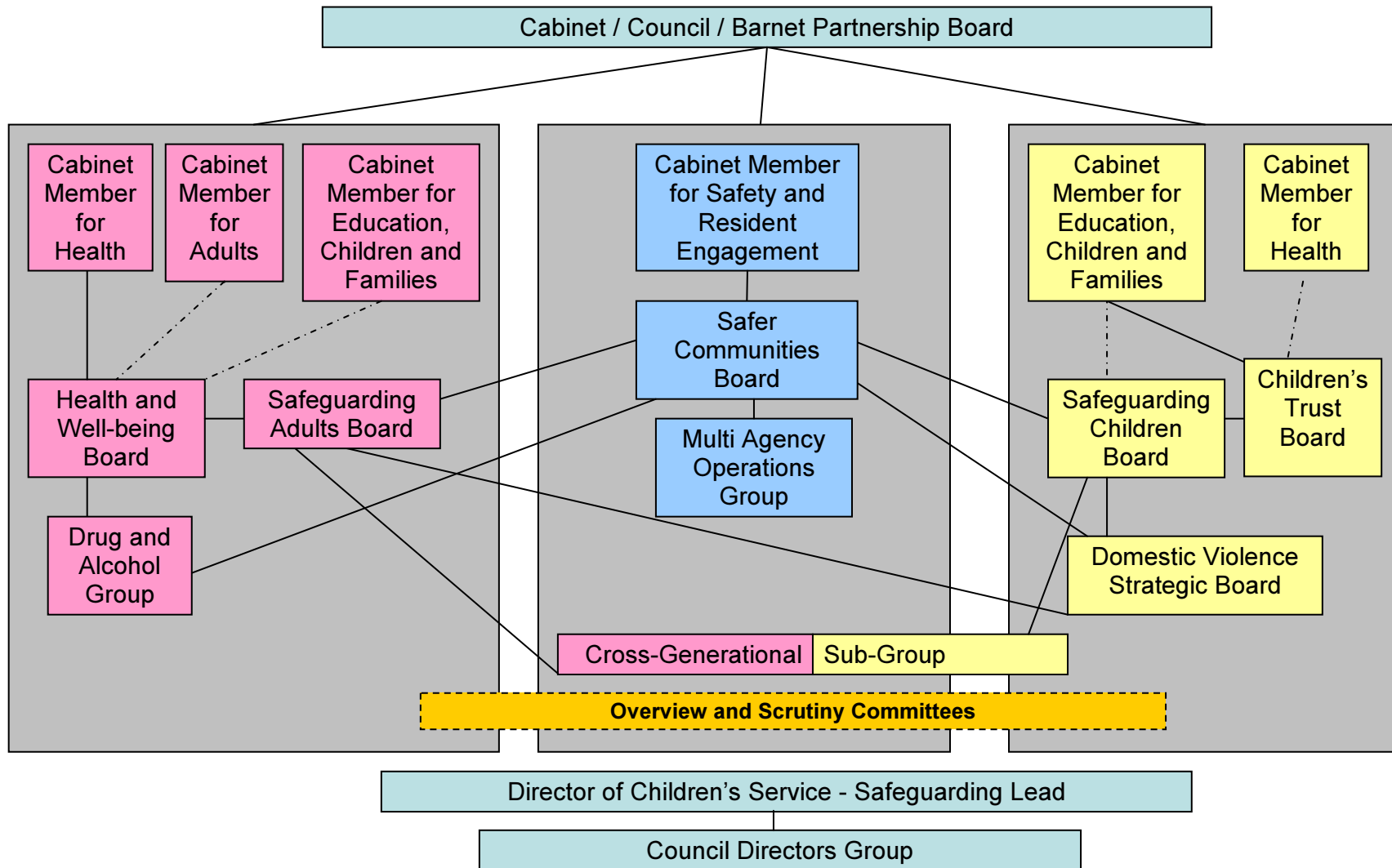
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APPENDIX 1: The Governance of Safeguarding in Barnet



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

Safeguarding Overview and Scrutiny Committee provides Member scrutiny of the Council and its partners in the discharge of statutory duties in relation to safeguarding. Over the past year, reports to the Safeguarding Overview and Scrutiny Committee have included the implications of the Munro review and the implementation of recommendations, Adult Services workforce approach to safeguarding and proposals for strengthening the partnership with other statutory organisations, and a plan to address recommendations from the Ofsted Inspection of Safeguarding and Looked After Children.

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

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

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

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

Barnet Safeguarding Children Board is the key statutory mechanism for agreeing how organisations will co-operate to safeguard and promote the welfare of children. There are currently 4 sub groups in addition to the Standing Serious Case Review (SCR) Panel and the Child Death Overview Panel (CDOP). These are;

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

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

Safeguarding Children Board continues to be represented at Safeguarding Adults Board and the Safeguarding Adults Manager attends the Barnet Safeguarding Children Board to promote links at a strategic level.