

Appendix A



Barnet Safeguarding Children Board

Annual Report

2015/16



Making Safeguarding Everybody's Business

Table of contents

Section	Page
1. Foreword and Executive Summary	4
2. Local Demographic Context	7
3. Safeguarding Context – Key Data Trends	9
4. Board Structure, Sub-Groups and Key Meetings	15
5. Business as Usual: governance, membership and attendance	18
6. Improving Practice	19
• Child Sexual Exploitation (CSE) and Missing Children	19
• Independent Domestic Violence Advisers (IDVAs) in Acute Trust	20
• Training on absent fathers	20
• Probation improvement as evidenced in Section 11 Audits	21
7. Deliver and improve the Quality Assurance and Challenge role	22
• Section 11 Audits	22
• Multi-Agency Audits	23
• Challenge	23
• Development of a performance framework	24
8. Voice of Children and Young People	26
• Voice of the Child	26
• Youth Shield	27
9. Interagency Focus on Key Vulnerable Safeguarding Risk Groups	28
• Children who go missing	28
• Private Fostering	29
• Managing allegations against professionals	29
• Barnet Young People’s Drug and Alcohol Service (YPDAS)	30
• CAMHS	31
10. Progress on Priorities and Key Achievements	32
• CSE	32
• Neglect	34
• Domestic Violence and Abuse	35
• E-safety	36
11. Partner Contributions to Safeguarding Children	38
• London Borough of Barnet	38
• Barnet Police	40
• London Fire Brigade	41
• Community Rehabilitation Company	42
• London Probation	43
• Barnet Clinical Commissioning Group	45
• Royal Free London NHS Foundation Trust	46
• Central London Community Care	47
• Barnet, Enfield and Haringey Mental Health Trust	49
• Norwood	51
• Cafcass	52

• Barnet and Southgate College	52
12. Activity of Sub-groups	54
• Serious Case Review	54
• Performance and Quality Assurance	54
• Child Death Overview Panel	56
• Learning and Development	59
13. Effectiveness of the Board	61
14. Budget	64
Appendix – Attendance of BSCB Board Meetings 2015/16	65

1. Foreword and Executive Summary

Independent Chair – Chris Miller

The Barnet Safeguarding Children's Board (BSCB) is a group of senior professionals, whose organisations bring them into contact with children. Our role is to ensure coordination and scrutiny of those local services that are designed to protect children and promote their welfare. It is my duty as chair to hold the agencies that comprise the BSCB to account. These arrangements, which are established by law have been in operation since 2006 but are unlikely to persist beyond 2017.

Since my last report on the Barnet Safeguarding Children's Board (BSCB) the Government has undertaken a thorough review into safeguarding boards and has recently published its recommendations for change. Parliament is currently overseeing a legislative programme that will see the current system reformed. Arrangements to protect children will change in the next year or so but whatever new structures emerge the fundamentals will need to stay the same. Well trained staff who are effectively led and motivated to achieve and who are supported by good processes will protect children from harm and help them to thrive.

In the past year I have met many dedicated staff in Barnet whose determination to improve the lives of children gives me confidence that children and young people are well served in the borough.

Good staff need clear goals and well-defined priorities to help them achieve. There is also evidence that those safeguarding boards that focus on a small number of important issues have the most impact. Over the past two years BSCB has followed a two-year plan which has prioritised four issues that impact children's safety and well-being. These are issues that we as partners decided to concentrate our efforts on.

In the past twelve months in each of our priority areas we have made progress and while there is still work to do we believe that children's lives have been improved as a result of what we have achieved as a partnership. In relation to child sexual exploitation, child neglect, domestic violence and e-safety we have improved our understanding of the problem, offered new services and developed new ways of consulting and communicating with children, parents, and staff.

We have mapped our understanding of child sexual exploitation, involved young people in the design of our services, improved the way we interview children who go missing so as to get more information from them and we have increased the range and type of interventions against those who are the exploiters.

The neglect of children acts as a significant impediment to their development. This will continue as a priority, given the momentum over the past year and the commitment to implementing the Graded Care Profile as an assessment tool for

neglect across the partnership. We have agreed to adopt a consistent way of profiling cases of neglect; we have developed a two year strategy and have developed an understanding of how child deaths, deprivation and referrals to social care connect.

In relation to domestic abuse we have improved our response to victims, their children and those who perpetrate the abuse by recruiting specialist advisors, sharing better information with schools and children's centres and by extending the use of police powers to restrain offenders.

Screens, keyboards and apps make up a significant element of children's lives. We know that the online world is a place of opportunity but is not always benign. We want children to enjoy the fruits of technology but in safety. Our e-safety group helps parents, their children and professionals to achieve that. It has fostered strong partnerships between schools and the police, has run conferences and has provided newsletters and information for schools and improved our website.

What we really want though is to reduce the need for excess intervention in children's lives and for that reason we have taken a keen interest in the early help services offered by partners. The significant increase in early referrals to Barnet's Multi Agency Safeguarding Hub (MASH) over the past year suggests that our concentration on this may be paying some dividends.

Of course most children in Barnet are safe and well and thrive in their families. We seek to provide early help and light touch intervention for those children in Barnet whose families struggle to care appropriately for them. Sometimes our intervention needs to be decisive to ensure children's safety. And sometimes the situation is so serious that the only safe thing to do is to remove children from their families. In the past year, while the number of child protection plans has increased the number of children who are looked after in care has remained stable; and has done so for some years.

BSCB this year published a serious case review (SCR). SCRs are required when a child is seriously harmed or dies and there are concerns that abuse or neglect was part of the child's history. We are determined that our future performance will be improved through the lessons that we have learned from this review.

We have a refreshed set of priorities for 2016-18 and the SCR we commissioned has helped inform our new focus on adolescent mental ill health and self-harm.

Adolescent mental health is a new priority for us but we retain domestic abuse, e-safety and neglect as priorities. We have also added to our priorities information sharing and resilience.

Failure to share information is a finding in most SCRs and the SCR we have published is no different. We found that there were occasions when professionals'

understanding of how information should be shared was lacking. Our new priority will address this.

Resilience in families, among children and indeed among professionals is a quality that we want to promote. The ability to cope with difficulty, bounce back from detrimental situations and stand tall in the community will help with the safety, health and well-being of children and their families. That too will be a priority for us over the next two years.

Although there is still much to do we have made progress over the past year in our efforts to coordinate what we do to protect children from harm and to help them thrive. I am grateful to the dedicated professionals and volunteers in Barnet that have contributed to this. I would also like to thank the unpaid lay members of the BSCB who bring a community perspective to our discussions and Youth Shield, who as a junior safeguarding board give their time freely to help us hear their voice and respond better to their needs.

Safeguarding is a work that is never done. However I can report good progress in the past year against our priorities and over the next year we will build on what we have already accomplished and strive restlessly for continuing improvement.

2. Local Demographic Context

With 367,265 inhabitants, Barnet has the largest population of any London borough. Its growing and diverse community includes 93,590 children and young people aged 0 – 19¹. Children and young people account for one quarter of the overall Borough's population. More than 50% of all 0-4 year olds in Barnet are from a Black, Asian or Other Minority Ethnic (BAME) background and the proportion of BAME children in our community is forecast to continue to increase.

Population Projections

Barnet's children and young people population is projected to grow by 6% between 2015 and 2020 when it will be 98,914, with Barnet continuing to have the second highest children and young people's population of all London boroughs.

The highest rates of growth are forecast to occur in the west of the Borough, with over 113% growth in Golders Green and 56% in Colindale by 2030. This growth will be due to significant regeneration and residential development in these areas.

Deprivation and Child Poverty

Inequality of outcomes

Children who live in poverty and suffer deprivation tend to be vulnerable to educational under-achievement, ill health, involvement in crime and social exclusion. Significant numbers of children in Barnet are vulnerable due to poverty, with the greatest number in the west of the Borough. In 2015, the Government updated its indices of deprivation. This revision led to a small increase in the number of communities (known as Lower Super Output Areas) in Barnet that are categorised as deprived.

Health

Live Births and Rates

Figure 1 below shows that since 2002, Barnet's birth rate has increased faster than London and England although in 2013 birth rates declined in Barnet, London and England.

¹ Barnet, Children and Young People Profile 2015

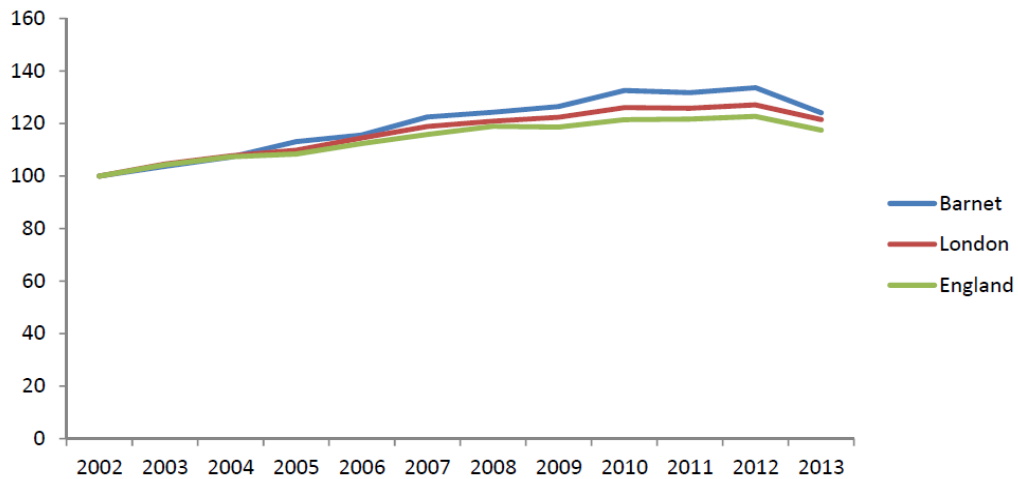


Figure 1: Births Indexed for Barnet, London and England, *GLA datastore*

Infant Mortality

Barnet's infant mortality rate, at 3.5 per 1,000 live births, is slightly lower than that of London or England.

Conclusion

While Barnet's position compared to the rest of London and England is relatively good we are aware that there are pockets of deprivation where we need to be vigilant and where we need to focus our resources; paying close attention to areas with high numbers of young children and high deprivation levels.

3. Safeguarding Context – Key Data Trends

Referral to and Assessment by 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 CSC with information, concerns or a query about a child or family. Since 2013 all of these contacts are received by the Multi-Agency Safeguarding Hub (MASH) which is staffed by the partners whose services have a role to play in the lives of children. The MASH has access to up to date information which helps with decision making. Following a contact, relevant information is pooled within 48 hours (or more quickly if the situation is higher risk) so that rapid, effective decisions can be made which assist in protecting children.

Increase in contacts to Barnet MASH

Between November 2013 and October 2015, there has been a 14% overall increase in contacts to the Barnet MASH. This has resulted in 10% more referrals to Children’s Social Care, a significant increase in cases being subject to CAF (see below for the definition of CAF) and 33% fewer referrals being subject to no further action.

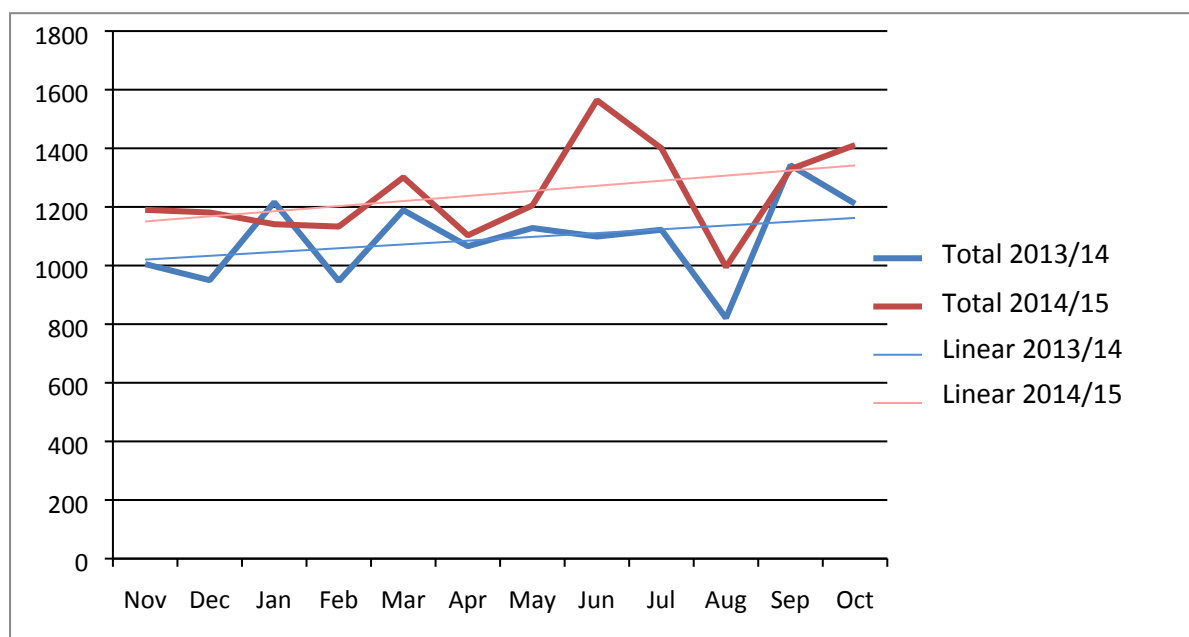


Figure 2: Contacts to the MASH between Nov 2013-Oct 14 and Nov 2014-Oct15

Other Local Authorities have also seen increases in contacts and referrals to Children’s Social Care. National figures suggest children’s services experienced an 11% increase in referrals between March 2013 and March 2014²

² Community Care website: <http://www.communitycare.co.uk/2014/03/31/child-protection-services-buckling-pressure-demand-outstrips-funding-report/>

Why is this happening in Barnet?

We are keen to ensure that children who need help get it and we want all of our partner services to be aware of their responsibilities in helping to keep children safe. We also want them to be able to pass on concerns easily. Figure 3 below shows how over 20 months our partners referred more cases.

The development of the MASH has certainly helped with this. As a result, police colleagues have significantly increased the numbers of referrals they make, as have those involved in early years provision. When a child or young person is showing early signs of need, partner agencies complete a form that is known as a Common Assessment Framework Form (CAF). It is alternatively known as the Early Help Assessment in some areas. The introduction of this assessment in 2007 and its relatively recent routing through the MASH has also led to a noticeable increase in contacts.

We also have a growing population of children and young people. Those wards with the greatest amount of regeneration and housing development have seen the largest increases in referrals.

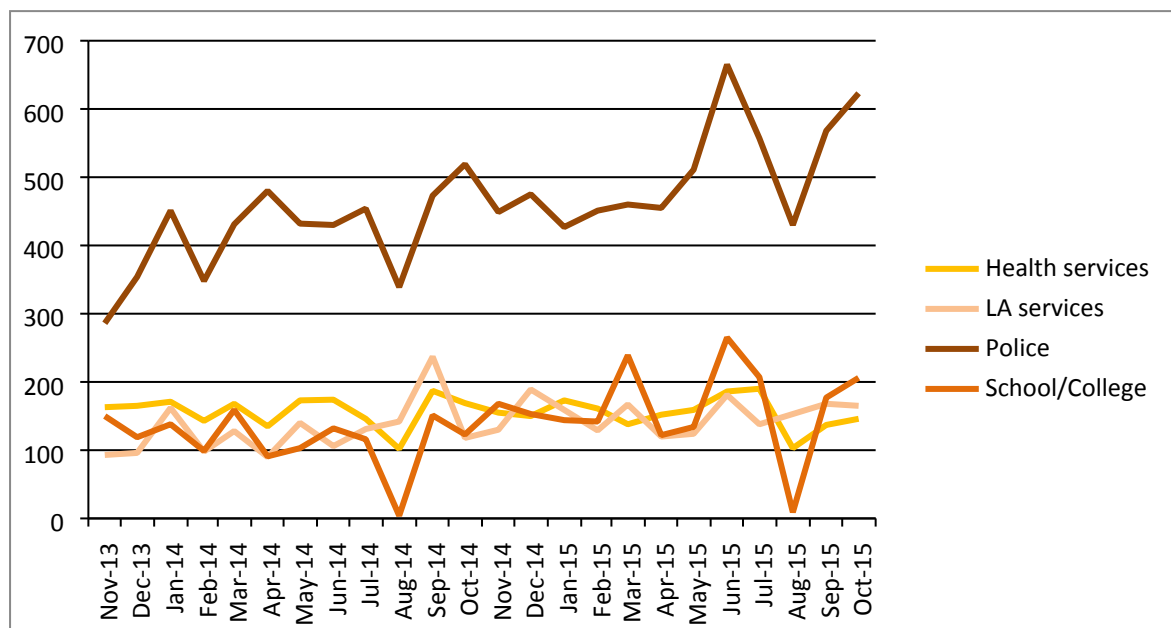


Figure 3: Main Contact Sources Nov 2013 to Oct 2015

Contacts and Referrals

Following receipt of a contact to the MASH the case generated by that contact may be progressed in a number of ways. There may be need for a child or family to receive further support to prevent issues from escalating which we call early help and prevention. In a more serious case London Borough of Barnet will conduct a full social care assessment.

Children and Families Assessment

Children being supported by Early Help and Preventative Services – Common Assessment Framework (CAF)

Because the completion of the Common Assessment Framework (CAF) is the starting point for early help provision we tend to equate early help with the CAF acronym. The CAF is the gateway for many families to access early help services. Over the past twelve months there has been a significant rise in the use of Early Help (CAF) services.

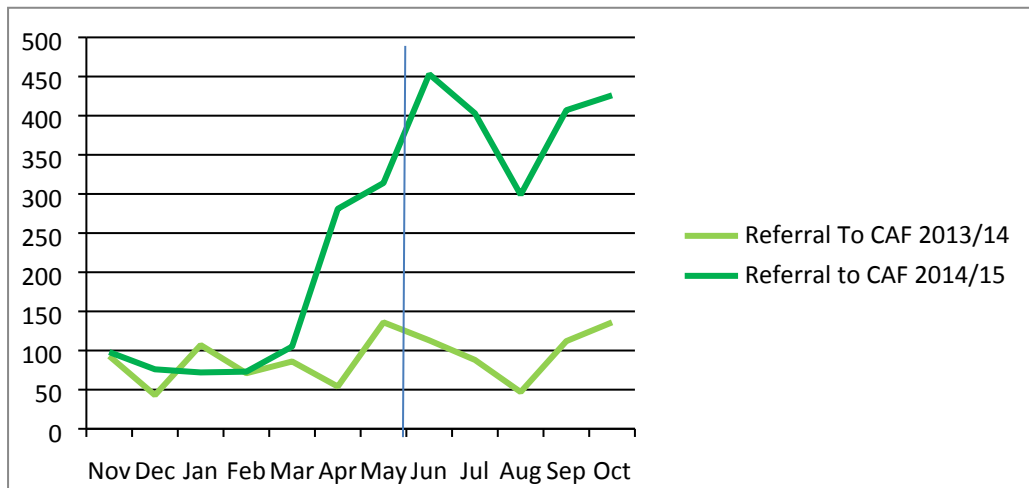


Figure 4: Referrals to CAF Nov 2013-Oct 2014 and Nov 2014-Oct 2015

While we are keen to ensure that every child and family needing help receives it the growth in CAFs can be seen as encouraging and positive, however we are also keen to ensure that CAFs do not endure for too long because that signals a lack of progress. Therefore it is gratifying to see that the increase in the number of CAF cases opened is accompanied by a parallel reduction in the number of CAFs open for longer than nine months. There has also been an increase in the number of CAFs initiated and led by schools. However, the number of CAFs initiated and led by Health services remains low and we are keen to see this number increase.

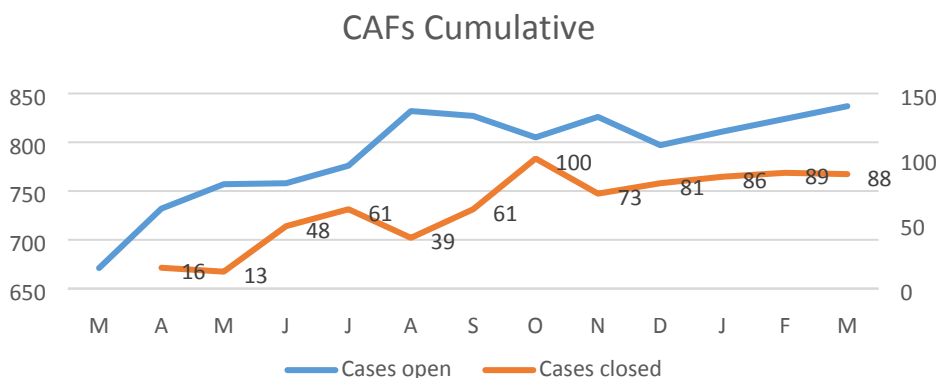


Figure 5: CAFs Cumulative, April 2015 – March 2016

Children in Need (CIN)

A Child in Need (CIN) refers to a child who has been assessed as being unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired, without the provision of services. This includes disabled children.

Barnet's CIN numbers have increased steadily over the course of the past twelve months. Figure 6 below shows the level of children assessed as children in need over the last three years.

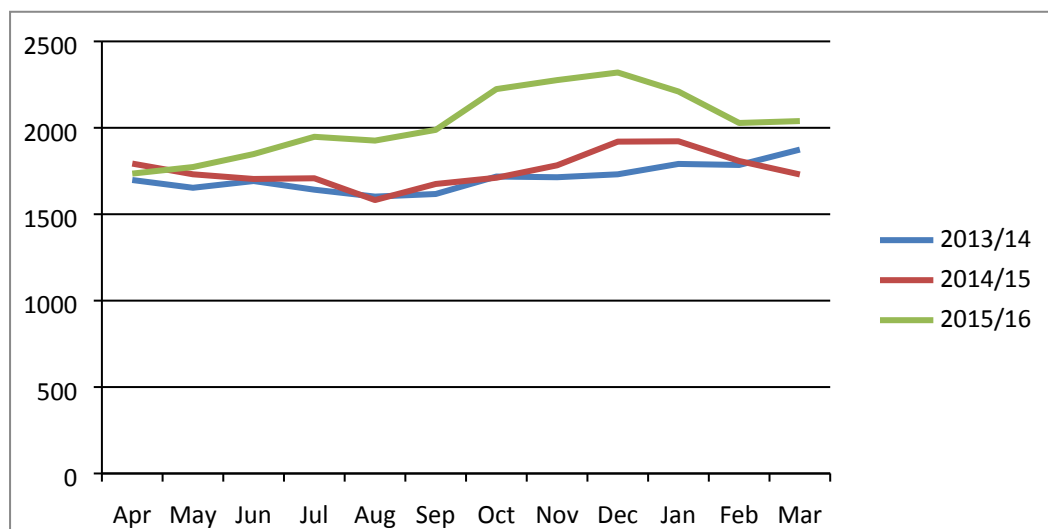


Figure 6: Number of Children assessed as CIN 2013/14-2015/16

Children with a Child Protection Plan (CPP)

Where issues for concern are significant a joint agency conference is held. If that conference concludes that a child or young person is at risk of abuse, s/he becomes a child subject of a child protection plan (CPP). The CPP must identify tasks for different agencies to ensure that such children become and are kept safe.

Over the past twelve months there has been a small increase in the number of children subject to a CPP in Barnet.

At 31st March 2016, 280 children were subject to a CPP. This compares to 258 children on a CPP at 31st March 2015. Each CPP has to be given one of six categories.

The chart below set out CPPs by category. Physical abuse and neglect are the most prevalent categories.

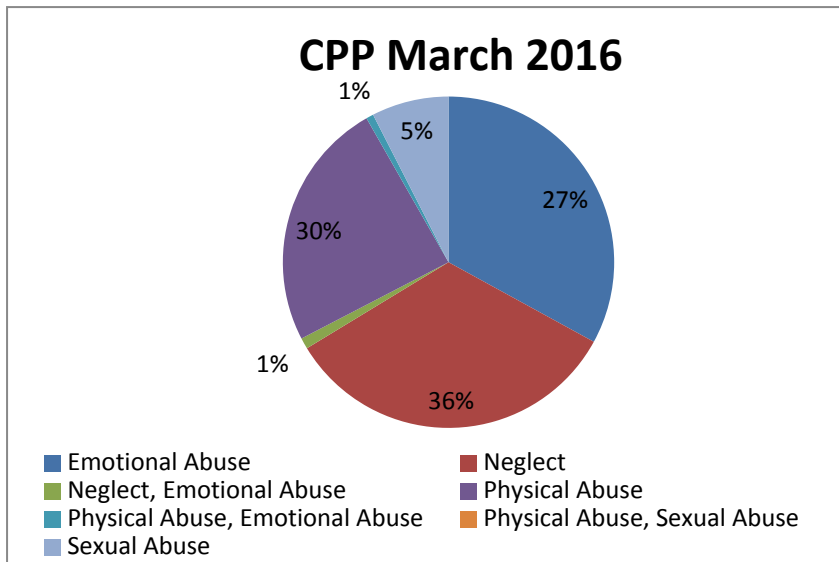


Figure 7: Categories of Child Protection Plans at March 2016

Children in Care

When families for whatever reason are unable to care properly for their children they are taken into care. They are looked after by the Local Authority. This only happens after significant work has been undertaken with them and their families. There is a delicate balance to be struck between removing children promptly from a home where they suffer harm while at the same time working with families to help them become safe and protective places in which children may grow up. Children can only become looked after either with a parent's consent or following a court decision.

The number of Children in Care fluctuates month by month as some children come into care and others leave but broadly the numbers have been stable over the past two years, as the graph shows.

The Barnet Safeguarding Children's Board (BSCB) is particularly concerned about the lives of those that we have taken into care. In a number of well-known cases nationally, children have been sexually exploited while being looked after in the care system. We are determined that our oversight of the processes in place in Barnet that tackle child sexual exploitation and other issues such as children going missing are resolutely protective of these most vulnerable children. We also review the stability of care leavers' lives, the risks that may arise from children being placed away from the local authority area as well as the risk and impact of neglect.

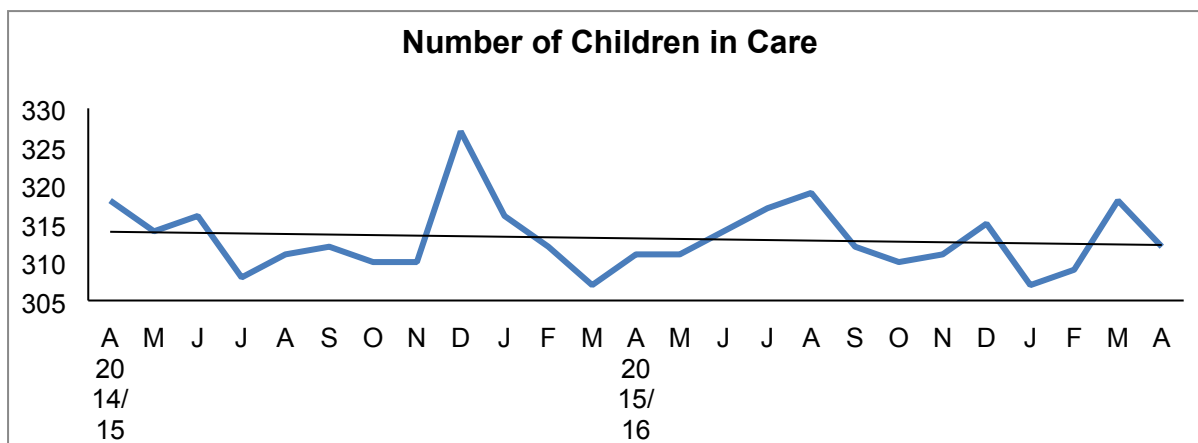


Figure 8: Number of Children in Care in Barnet in 2014-15 and 2015/16

Conclusion

Increase in demand for services: The BSCB has worked with partners to understand and help them manage increases in demand. Given the 42% increase in contacts seen from schools and colleges at all levels of risk, the Board has emphasised the need for strong education representation in the MASH and as of September 2016 education representation at the MASH will increase to a full time post.

Increase in use of early help services: The BSCB has challenged the partners to increase the number of CAFs they complete, to shorten their length and to increase their use across the partnership, because we want to intervene early and lightly rather than later and more intrusively. There has been good progress in this area but we will work with our partners to increase the number of CAFs and in particular the number of CAFs initiated by children centres and health visitors.

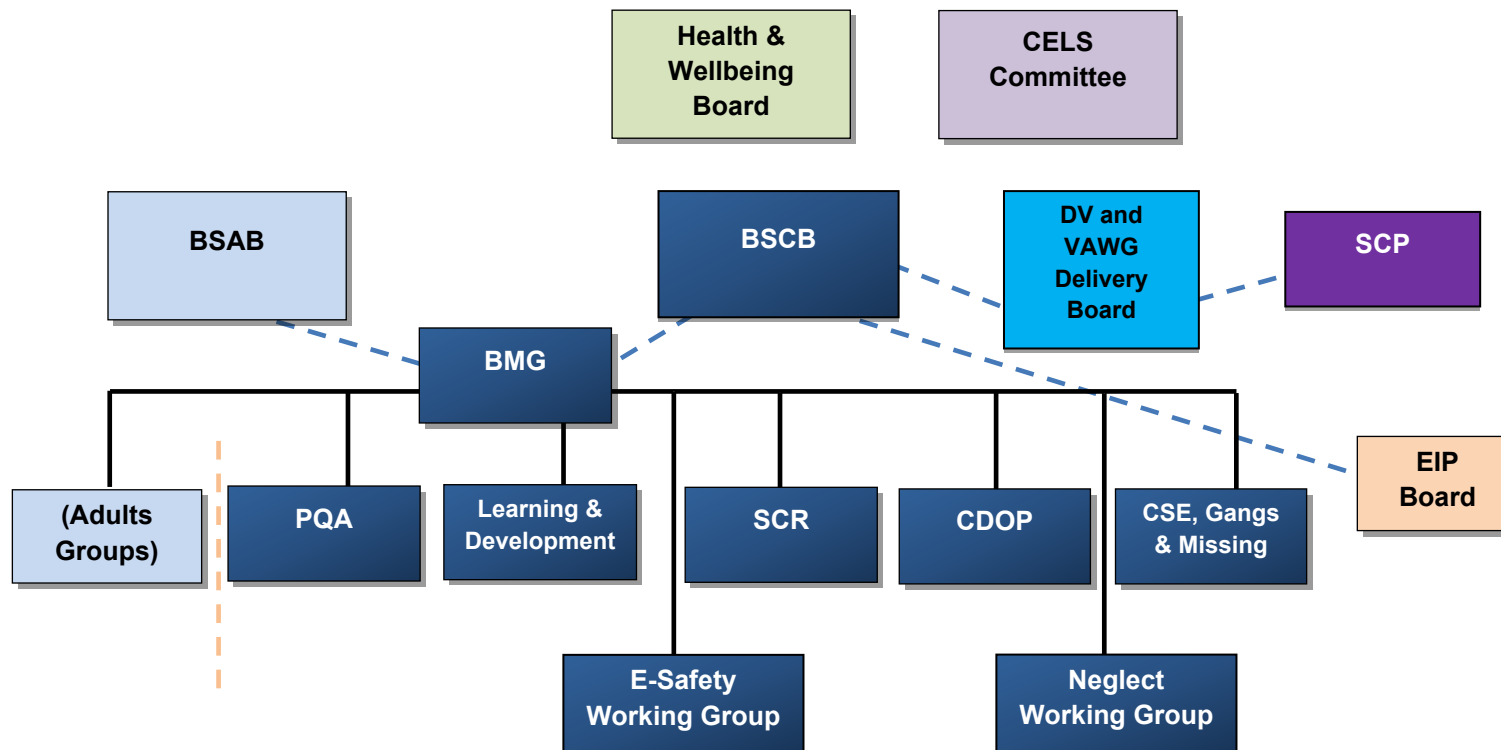
CIN/ CPP: Significant work has taken place in London Borough of Barnet to understand these trends and review practice where required. Neglect remains a prevalent category for children on a plan and for this reason the BSCB, through its neglect working group, has worked with partners to raise awareness and increase understanding of it. One of the problems experienced by professionals working with families and children where neglect is an issue is to have a common understanding of what constitutes 'good enough' care as opposed to care which is neglectful. The BSCB has agreed to support the use of an objective, data-driven tool called the Graded Care Profile 2. This will help professionals to reach an objective measure of the care of children across all areas of need where there are concerns about neglect. Multi-agency training on neglect and the Graded Care Profile 2 will be rolled out over 2016/17.

Appendix A

4. Board Structure, Sub-Groups and Key Meetings

The Safeguarding Children Board has an Independent Chair and it meets four times a year. In addition to the quarterly meetings, the Board holds special events to provide opportunities for active learning.

Much of the business of the Board is taken forward by its sub-groups which meet between Board meetings. The structure of the Board and it's sub-groups in 2015/16 was as follows:



Appendix A

Key

BSAB – Barnet Safeguarding Adults Board

BSCB – Barnet Safeguarding children’s Board

CELS – LB Barnet Children Education Libraries and Safeguarding Committee

EIP Board – Early Intervention & Prevention Board

DV and VAWG Delivery Board – Domestic Violence and Violence Against Women and Girls Delivery Board

SCP – Safer Communities Partnership

PQA – Performance & Quality Assurance

BMG – Business Management Group

SCR – Serious Case Review

CDOP – Child Death Overview Panel

A 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 Children and Adult Boards 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 aware of 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 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. It highlights learning from national or other reviews or thematic audits.

The Learning and Development sub-group oversees and ensures the effectiveness of multi-agency safeguarding learning and development on behalf of the Board. It is responsible for devising a training work programme. The programme is informed by the guidance in ‘Working Together to Safeguard Children’ (2015) which recommends inter-agency training as an effective means to helping

professionals understand their respective roles, in developing a shared understanding of assessment and decision-making practice and increased confidence in making referrals across the partnership.

CSE, Missing and Gangs multi-agency board was set up by London Borough of Barnet in recognition of the Board's CSE priority, which is identifying the strategic themes in these three areas, developing synergies and preventing silo working.

The Child's Voice is secured in all activities of the Board and sub-groups through representatives from a number of forums, including Youth Shield, Barnet Youth Board 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.

Key Relationships

Children, Education and Safeguarding (CELS) Committee

CELS Committee leads on the Council's responsibilities under the Children Act 2004 and Education and inspection Act 2007 to oversee effective support for children and young people. The Committee is made up of Councillors and co-opted Members. BSCB presents its annual report and business plan to CELS.

Health and Wellbeing Board

The Health and Wellbeing Board plays a key role in the local commissioning of health care, social care and public health. The Board is are responsible for developing and overseeing the implementation of the Joint Health and Wellbeing Strategy and JSNA. The Independent Chair of the BSCB is a non-voting member of the Health and Wellbeing Board increasing the influence of the BSCB by strengthening the relationship with this key strategic group.

Domestic Violence and Violence Against Women and Girls (VAWG) Board

Barnet Domestic Violence and Violence against Women and Girls Delivery Board (BDV & VAWG DB) exists to ensure a robust, coordinated response to domestic violence across the key strategic partnership agendas and drive continuous improvement in the Barnet multi-agency response to domestic abuse and VAWG. The BSCB Chair is a member of the DV and VAWG Board.

Safeguarding Adults Board (SAB)

The BSCB Chair also chairs the Safeguarding Adults Board, thus ensuring collaboration between both Boards and joint working where appropriate.

5. Business as Usual

Board membership, Governance and Attendance

The BSCB aims to ensure agencies work effectively together to promote children and young peoples' welfare and to keep them safe. We work with partners to encourage and challenge a range of organisations to raise their profile. We want to ensure that safeguarding is everyone's business. We continue to have short-life focus groups to learn and improve and to disseminate learning and knowledge. We ensure our work is informed by the voice of the child and the experience of our looked after children.

The work of the Local Safeguarding Children Board (LSCB) is governed by statutory guidance in *Working Together 2015*.

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 do our business.

The membership list at Appendix A consists of named Board members as at the end of 2015/6. As a result of changes to membership and substitutions, members are marked as present if a different representative from their agency attended that meeting.

Next steps:

- Take steps to widen the range of BSCB partners who lead sub-groups or short life work groups.
- Develop the profile of the Board and its activities through key messages communicated to all staff via newsletters and the website.
- Ensuring adequate Business Support to facilitate effective working of the Board

6. Improving Practice

Child Sexual Exploitation (CSE) and Missing Children

In Barnet we recognise that all partners have a contribution to make in identifying children and young people at risk of sexual exploitation. We have tackled this both operationally and strategically.

In 2014/15 an operations group (called the Missing and Sexual Exploitation Group) (MASE) was set up³. Realising its importance the BSCB funded the coordinator post for the MASE⁴. Over the course of 2015/16 monthly MASE meetings have taken place, attended by the strategic CSE lead for each agency. The meetings are designed to provide a forum in which to share information and intelligence to help develop an understanding of individual cases where CSE has been identified and to identify trends, perpetrators and hotspots. In 2015/16 the MASE caseload was between five and nine cases per month.

In 2015/16 a Strategic Group (CSE/Gangs/Missing Strategic Group) linking CSE to Missing Children and Gangs was established and in 2015/16, the Group has worked towards an integrated strategy to identify, address and reduce the incidence of children subject to CSE. Closely allied to this work is reducing the number of children and young people who go missing or run away and those who are involved in gang activity.

Disruption and prevention

There are a range of measures that the police can take which can lessen the risk of CSE perpetrators continuing uninterrupted. Some of these measures require a high degree of knowledge to progress and they all require good partnership links. To improve the effectiveness of police tactics they have appointed a dedicated post to enable an increase in activity to curb the criminality of the perpetrators. The police have used a range of tactics. They have pursued prosecutions where possible. Where not possible they have used civil restraining orders, letters of warning and have also worked with partners to remove children from harmful situations.

Prosecution

In a number of cases there has been an opportunity to prosecute serious offenders. Two perpetrators were prosecuted in 2015 and on conviction were sentenced to a total of 17 years imprisonment.

Missing Children

When children go missing it is a matter of serious concern. It can signal that there are issues in their life which point to risk, unhappiness or danger. Further the very

³ See 'Progress on Priorities and Key Achievements' section, page 35 for more detail about the role of the MASE

⁴ Now funded by Barnet as a permanent post.

act of going missing places children at risk; while missing they may encounter circumstances they are ill equipped to handle. In Barnet we take pains to ensure that as a partnership we understand better the risks that children take or face and to deal with them effectively.

All children who go missing are referred for a Return Home Interview (RHI). Where a risk relating to the child is not understood or an additional risk is identified through information sharing, a strategy meeting is arranged. Actions are taken to reduce episodes such as intensive family focus, where a child is regularly going missing from home, and use of the 'be wise' Barnardo's tool kit with the child in order to reduce episodes and risk

Independent Domestic Violence Advocates (IDVAs) in Acute Trust

Children who grow up in homes where there is domestic violence and abuse are at risk of suffering detrimental emotional, physical and health consequences and the disadvantage they suffer can persist into their adult lives. That is why the BSCB is keen to improve partnership services where there is domestic violence and abuse. Health providers are key partners in this work. We are keen to help staff in hospitals recognise and refer domestic violence and abuse cases. Over the last year, we have worked to increase the quantity and improve the quality of domestic violence and abuse referrals from hospitals by supporting the introduction of independent domestic violence advocates (IDVAs); professionals who help with case work and training in a variety of settings.

The Royal Free London NHS foundation Trust has worked with Camden Safety Net to develop a post for an Independent Domestic & Sexual Violence worker based at the Royal Free Hospital to work with patients and staff where DVA has been identified. Where those adults have children the safeguarding team are informed and Children's Social Care is notified.

In August 2015 two more IDVA posts were created at the Barnet Hospital site, within Maternity and Accident and Emergency. This introduction has led to an increase in the number and quality of referrals from these settings and as a result we are confident that the lives of a number of children are likely to have been impacted for the better by this innovation.

Training on absent fathers

During 2015 a social care audit identified that social work practice was inconsistent in relation to the involvement of fathers, in particular those not residing in the family home. For example the views of these fathers were not always included in assessments, fathers were not routinely involved in plans nor consistently invited to multi-agency meetings such as child protection conferences. The BSCB challenged partners about this.

A series of workshops have taken place with team managers and social workers concluding in May 2016 to re-enforce and embed good quality work with fathers. In particular child protection conference chairs have been reminded of the need to be proactive in relation to the role of fathers supporting best practice in this area. Chairs now complete a monitoring sheet which captures attendance at conferences by fathers.

Probation improvement as evidenced in Section 11 Audits

Section 11 challenge panel audits have identified some good practice across our partner agencies. The BSCB noted in particular the work carried out by the National Probation Service in London (NPS) to improve its approach to safeguarding. Since the last S11 audit, NPS has appointed two safeguarding champions in each borough. Their role is to attend quarterly meetings at which changes are discussed and feedback is given. The champions then cascade this information to their teams in the borough. Safeguarding champions also attend London NPS champion courses which facilitates knowledge transfer between organisations.

NPS has also arranged work shadowing between itself and London Borough of Barnet's Children's Social Care. The objective is to gain a good understanding of internal processes to improve working relationships between the two organisations.

7. Deliver and improve the Quality Assurance and Challenge role

Quality Assurance

Section 11 Audits

Section 11 of the Children Act 2004 requires a number of agencies to cooperate with local safeguarding arrangements. Biennially we conduct safeguarding audits of the BSCB partners to see how well they do this. These audits provide reassurance that agencies have effective and robust arrangements in place. They also highlight good and improved practice.

Each agency completes an audit template and is then invited to attend a challenge panel chaired by the BSCB independent Chair. At the panel areas of strength and weakness are highlighted. At the conclusion of the meeting a short summary of the discussion is drawn up along with some key challenges for the respective agencies to progress over the coming year.

This process has been well received by partners. Examples of challenges include:

Probation:

- Develop a process by which information relating to a parent known to London Probation is shared with the child's school where there are safeguarding concerns.

Barnet Clinical Commissioning Group:

- Work with private GPs to ensure mechanisms are in place to share information with health providers and other agencies where there are safeguarding concerns.

Central London Community Healthcare NHS Trust:

- Increase CLCH involvement with the team around the child and CAFs, to ensure needs are identified early in the life of a child and the life of a problem.

WDP Barnet Recovery Centre:

- Work to develop a better understanding of why the proportion of adult clients in structured treatment in Barnet reported to be living with children is considerably lower than the national average.

Progress against the Board's challenge to partner agencies will be reviewed at the next round of audits.

Multi-Agency Audits

In order to monitor and evaluate the quality of partnership working the BSCB draws on a variety of audits, including its own Quality Assurance Audit Programme.

Two audits that we have completed this year are:

1) Monitoring the effectiveness of Child in Need and Child Protection Plans

The audit identified that there was a need to improve:

- The identification and management of risk
- Parental engagement
- Timeliness of casework planning

2) A review of Child Sexual Exploitation (CSE) cases

The audit identified that there was a need to improve:

- How to pursue more SHPOs (Sexual Harm Prevention Orders)
- Information sharing between sexual health clinics and ensuring they are fully engaged in MASE
- Consistency of social work allocation
- The way that GP Practices oversee the care of large complex families the recommendation being that one practitioner should oversee the whole family

Action plans to deliver on the audit findings are in place and progress against all multi-agency audits is overseen by the Board's Performance and Quality Assurance sub-group.

A key challenge for 2016/17 will be to ensure capacity to audit topics and cover other areas requiring audit as identified through the performance framework.

Challenge

Reports to the Board

During 2015/16 the Board has received annual reports from partners 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.

Additional areas of Challenge

In addition to the challenge opportunity offered through the Annual Reporting process described above and challenges set for each organisation through the S11 process, there are other avenues of support and challenge available to partners through its full board discussion and through the BSCB sub group work.

The following is a sample of the challenges we have set.

We challenged:

- The MASH to share more information with other agencies, particularly schools and children's centres when the police on answering a call identify that a child is living in a home where there is domestic abuse.
- Child Protection Conferences to increase their ability to hear the voice of the father, particularly in cases where the parents were living apart.
- The Metropolitan Police Service to be more systematic in its approach to supporting local authorities in managing unaccompanied asylum seekers taken into care, where there was suspicion that the children were victims of child trafficking.
- The Early Intervention Programme to reduce the average age at which children became subject to a CAF and to increase the numbers of CAFs being completed.
- Agencies to find ways of capturing the voice of children under the age of 12.
- London Borough of Barnet to provide the National Probation Service with access to their computer system for the purposes of improving pre-sentence reports.

Certain issues that prevent effective working locally are not resolvable at a borough level, because the solution sits with a pan-London provider. The BSCB and its Independent Chair have been active in taking forward pan-London issues. In particular:

- The Metropolitan Police Service's low level of funding for the two safeguarding boards compared with other large urban forces.
- Access to the Police National Computer information in hospitals where unaccompanied children present for treatment and the acute trusts suspect that the child may have run away.
- The lack of secure accommodation in London for children taken into secure care by the local authority.

Development of a performance framework for the BSCB

The refreshed multi-agency dataset was agreed by Barnet Safeguarding Children Board at the September 2015 meeting. The performance framework helps the Board

monitor partners and ensure they are working collaboratively to deliver against the Board's priorities and identify emerging issues. During each quarter members of the Performance and Quality Assurance Sub-Group ensure the appropriate data from their agency is provided as well as a summary of key trends being seen, highlighting any areas where greater partnership working could help to improve outcomes for children and young people.

Next steps:

- Ensure capacity to audit topics
- Strengthen the system by which the Board tracks progress against audit actions through the PQA sub-group.

8. Voice of Children and Young People:

BSCB recognises the importance of hearing the voice of children and young people in Barnet and has been seeking different ways of ensuring that their voice is heard and that views of children and young people inform the Board's priorities. Youth Shield have a standing item at Board meetings, with a more recent introduction of video questions from Youth Shield challenging Board members on specific topics. This makes the BSCB's take account of what young people say and think. This will be a regular feature over the course of 2016/17.

Voice of the Child

Voice of the Child's vision is that all children and young people have the opportunity to participate in decisions that affect their lives. The Voice of the Child (VOTC) Strategy Action Plan 2015 - 17 and its progress is overseen by a multi-agency Voice of the Child Strategy Group, chaired by the Head of Service for Libraries, Workforce Development and Community Engagement.

Achievements:

The work of the VOTC Coordinator is split across Universal Participation that is open to all children and young people aged up to 25 (Barnet Youth Board, UK Youth Parliament, Young Commissioners and newly formed Youth Assembly) and Targeted Participation open to Children in Care and Care Leavers (London Borough of Barnet's Children in Care Councils - the Role Model Army and Junior Role Model Army). These collective 'Youth Voice Forums' are delivered by the Voice of the Child Team.

As a result of the VOTC Strategy there has been a steady increase in numbers and broadening of reach of young people attending in the last year.

Taking both 2015 and 2016 UK Youth Parliament elections into account, just under 20,000 votes were cast by children and young people across over 20 schools, colleges and organisations – thus providing large numbers of children and young people experience of democratic processes.

Voice of the Child successfully delivered Barnet's Youth Convention, which was recognised with a gold award from the Children's Commissioner to acknowledge London Borough of Barnet's approach to embedding the views of children and young people within a strategic priority setting.

Barnet Youth Convention also led to new priorities, as identified by children and young people, being laid down within Barnet's Children and Young people's Plan and the creation of a new Charter for Children and Young People.

Voice of the Child also saw UKYP members being selected for the government's Youth Select Committee two years in a row – directly informing the government's response to mental health provision and tackling racism and discrimination.

Youth Shield

Youth Shield is Barnet's Young People's Safeguarding Board. Facilitated by CommUNITY Barnet and resourced by BSCB, Youth Shield aims to introduce the child's voice into the heart of the Board's business.

Achievements:

Over the past 12 months, Youth Shield has

- Delivered 30 Peer to Peer Healthy Relationships Workshops, to 298 young people in six schools, youth clubs and a hospital school in Barnet. Using youth peer educators, the workshops supported participants in being able to:
 - Identify healthy and unhealthy behaviour in a relationship
 - Understand early warning signs of controlling behaviour
 - Identify different types of abuse
 - Develop an increased sense of self-awareness and how to support friends
 - Know where to go for help
- Run two focus groups on Domestic Violence and e-safety
- Created two short animation films about healthy relationships which can be used as a resource in Youth Shield's healthy relationship workshops funded by the Mayor's Office on Policing and Communities
- Conducted surveys on a range of issues such as police powers and behaviour, and self-harming
- Helped with the design of the CAF process
- Produced a video for the BSCB about an issue it was taking action on

9. Interagency Focus on Key Vulnerable Safeguarding Risk Groups

Children who go missing

When a child goes missing or runs away they are at risk. Safeguarding children therefore includes protecting them from this risk whether they go missing from their family home or from local authority care.

Between 1st April 2015 and 31st March 2016 there were 1060 episodes of a child going missing in Barnet. The number of children who actually went missing is 758. Some children go missing more than once and a small number go missing a lot. The average age at which children in Barnet go missing is 15 years old.

To understand better why children run away and what we can do to reduce the risk to them, we have been working with Barnardo's to conduct Return Home Interviews (RHIs). These provide an opportunity to uncover information that can help protect children from the risk of going missing again, from risks they may have been exposed to while missing, or from risk factors in their home.

In the first six months of the scheme, a total of 101 referrals for Return Home Interviews (RHI) were received. The RHIs suggest that most children and young people go missing in order to go and see their family or friends without disclosing their whereabouts and did not consider themselves to be at risk of harm throughout their missing episode. However, all of the young people seen by the practitioner were identified as being at risk of one or more factors, with the most prevalent risk being around personal safety.

The BSCB is working to ensure partners from children's social care, police, health, education and other services work effectively together to prevent children from going missing and to act when they do go missing.

Next steps:

- Ensure all children and young people reported missing are being referred for a Return Home Interview.
- Streamline the referral process to improve the speed that referrals are being sent to Barnardo's and work to improve awareness of the importance of 72 hours deadline.
- Work in partnership to address patterns identified in the report compiled from analysis of RHIs.

Private Fostering

Children and young people who go to live with adults outside of their immediate family following an arrangement made by their parent or carer are 'privately fostered'. It is important that these private arrangements are made in the best interest of the child and that they are made openly. There has been a significant reduction in the number of notifications of children in these arrangements over recent times.

We are concerned to ensure that CSC is notified of private arrangements in place and so a range of initiatives have been undertaken in Barnet to highlight the importance of this to existing and potential private foster carers. The BSCB is concerned to ensure privately fostered children are known about and that they are safe.

Next steps:

- Partners and agencies need to be responsible for awareness raising with their staff and ensure that children in these arrangements that are known to them are referred for assessment.
- The BSCB will work with partners to produce publicity material.
- Private Fostering will feature as part of Safeguarding Month 2016.
- Children's Social Care and Education will be working together to raise awareness through the Head teachers forum, school admissions team and through the work of Children Centres.

Managing Allegations against Professionals – the Local Authority Designated Officer (LADO)

When an allegation is made against a professional or a volunteer who works with children, whatever sector they work in, it is important to ensure that that allegation is dealt with speedily and properly. It is the role of the LADO to ensure the effectiveness of the allegation handling process. Sometimes members of the children's workforce outside of their work become the subject of concern in relation to working with children. The LADO also deals with these matters.

There has been a steady increase in referrals to the LADO year on year since 2012 and in 2015/6 there was an increase in referrals by 12.2% (179 to 218) compared to last year.

The BSCB has run a programme of awareness-raising about the role and function of the LADO and that may be the cause of some of the increase as organisations better understand how to refer cases.

Referrals are categorized by type, and physical abuse is the highest category followed by neglect. Most referrals are made by schools and other educational establishments. The referring agency is not always the setting of the allegation. Most referrals are not serious. Those that are substantiated following a thorough enquiry will lead to a disciplinary process which will then determine whether and to what extent an employee or volunteer is safe to continue working with children.

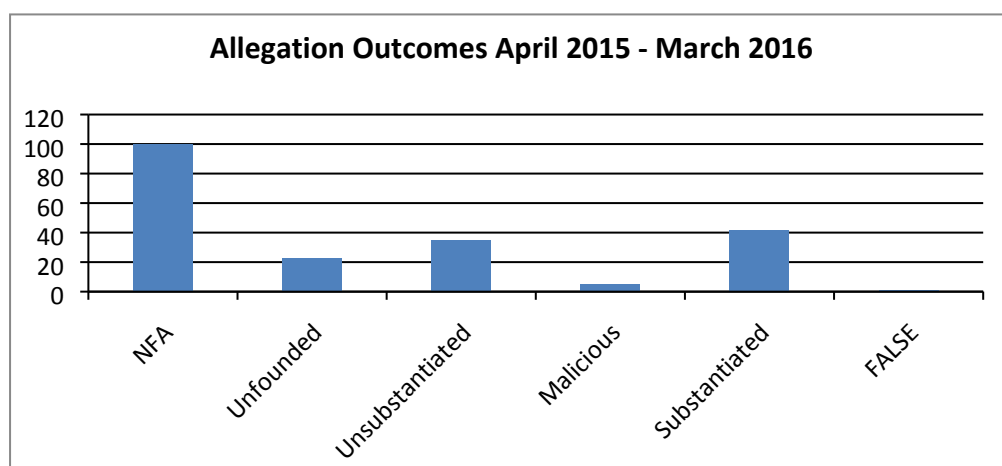


Figure 9: LADO referred allegation outcomes, April 2015 – March 2016

Barnet Young People’s Drug and Alcohol Service (YPDAS)

YPDAS is a borough-wide service for under 18 year olds who have, or may be at risk of having problematic drug or alcohol use. It delivers a range of services from information provision to treatment and family work.

All young people assessed at YPDAS are offered a family intervention. Wherever possible, families are involved in the process. Parents are also offered the opportunity to attend a parenting programme and on completion are offered a monthly support group.

A recent review of the service identified some gaps which YPDAS is working to address:

- A need to improve the knowledge of both specialist and mainstream staff to identify and address low-level drug and alcohol issues including new psychoactive substances.
- Young people attending Accident and Emergency departments for alcohol or drug related issues should be systematically followed up with an offer of support and intervention to reduce risks, and prevent further attendances.

- Transition between young people's and adult treatment services can be difficult and adult services are often felt to be inappropriate. Based on individual assessment, the age range of YPDAS is to be extended to 24 years.

The new service which begins on 1st September 2016 will address these issues.

CAMHS

High-quality and accessible mental health support for children and young people offered early and developing resilience can both improve life chances for individuals. They also reduce reliance on costly public services later in life. This has been sharply brought into focus for Barnet in the past year following the publication of the serious case review into the death of child A; a young person who had mental ill-health issues.

In the past year 2807 children and young people were referred to Barnet CAMHS, compared to 2139 in 2014-5. This is an increase of 31%.

1913 children and young people were accepted for assessment in the past year, compared to 1775 children and young people during 2014/15. This is an increase of 8%..

In addition to this, 160 Barnet children attended hospitals as emergency patients where they were suffering from mental ill health issues. In the previous year it was 144. Two thirds of these attendees are aged 16 - 19.

The BSCB wants children who are referred to CAMHS to be seen quickly. The agreed waiting times are for children and young people to be assessed within 13 weeks of referral. Last year 98% of children and young people were assessed within 13 weeks.

In October 2015, the Clinical Commissioning Group published the Barnet CAMHS transformation plan for 2015 - 2020. This outlines practical steps to improve mental health support to young people. New funding has been allocated over this period to develop work in a range of areas. Schools and pupil referral units will receive nearly £600,000 to help them manage the demand that they experience in their sector. There will also be more funding to help manage eating disorders among children and young people. Better communication with young people and work to improve IT and website functioning will also receive funding.

Next Steps:

The BSCB recognises the importance of effective multi-agency services for children and young people with mental health issues, and children and young people who self-harm. This has been agreed as a BSCB priority for 2016/18.

10. Progress on Priorities and Key Achievements

The BSCB has been following a two year work plan concentrating on four priorities:

- Child Sexual Exploitation (CSE)
- Child Neglect
- Domestic Violence and Abuse
- E-safety

Over the past year we have made good progress through our partnership working in delivering improvement and change against each of our priorities. We still have a way to go in a number of areas. Achievements and continuing aspirations relating to each priority area are outlined below.

Priority 1: Child Sexual Exploitation

Multi-agency Sexual Exploitation Panel (MASE)

The MASE is a monthly gathering of experienced operational and intelligence staff from all the main agencies whose role is to ensure effective action is taken to protect children from CSE and to deal with those who perpetrate CSE crimes. It has oversight of all CSE cases whatever the risk level⁵. Its role is to develop prevention strategies, identify emerging trends, and to encourage and promote disruption strategies. It also secures support for victims and works closely with the police to prosecute perpetrators.

In 2015/16 it dealt with between five and nine cases per month. To ensure that the right cases are referred properly we also have a CSE/Missing surgery.

Much CSE is hidden and so identification has been a focus on the work of the MASE in the past twelve months. We now believe that there is a good understanding of those who are subject to CSE. MASE is particularly keen to monitor and take quick action in cases where the subject becomes a repeat referral.

Council officers are currently profiling the roles and responsibilities of MASE members i.e.; what it is they and their agency can offer in the way of contribution to disruption and protection of children at risk of CSE.

CSE Champions

.Each agency now has at least one CSE champion and there are now 45 trained leads across partner agencies.

Each champion:

- Keeps up to date with developments, policy and procedures in relation to CSE

⁵ Each case is given a risk level, with one being low and three being high.

- Acts as a point of contact for disseminating information from the BSCB
- Provides advice and signposting in relation to individual cases

The CSE champions meet quarterly and are continuing to work on producing a resource pack for all primary and secondary schools in Barnet.

Intensive schools approach

The intensive schools approach has been taken up by five secondary schools. This involves groups undertaking healthy relationships workshops. These cover consent, staff workshops for early identification of CSE and sexually harmful behaviour, and review of policy and guidance. Engagement from all the safeguarding leads at these schools has been excellent and the programme has been taken up with enthusiasm.

Young People's Views

As part of CSE audits, young people were interviewed with particular focus on what they felt about CSE interventions, what did not go so well and what would they advise should be done differently. The views of Looked-After children who have been victims of CSE have also been sought.

Summary of Key Achievements:

- Effective CSE and Missing procedures are in place and operational.
- The voice of young people has been used to inform prevention strategies.
- CSE multi-agency audit conducted with input from all partner agencies, highlighting good partnership working.
- 45 CSE Champions working across partner agencies.

Next Steps:

- Develop preventative strategies which will work to ensure young people have a good understanding of the risks of CSE and what constitutes healthy relationships.
- Ensure young people have forums at which to air their concerns.
- Consider additional services to CAHMS to support victims of CSE.
- Further develop the Early Intervention and Prevention offer relating to peer on peer abuse.
- Work to ensure all young people who go missing are offered a Return Home Interview.

Priority 2 – Neglect

Nationally neglect is the most common of the four categories of child abuse (which include physical, sexual and emotional abuse), and in Barnet in 2014/15, 49% of children were under a Child Protection Plan as a result of neglect by initial category.

Neglect of a child can be identified by staff in universal and targeted services across a range of organisations and members of the public.

Using insight data and expertise from across the partnership, a Neglect Strategy 2016-19 was developed by the neglect sub-group and signed off by the Board in January 2016, in order to determine the vision and key areas of focus for this agenda. The aim for the Neglect Strategy is:

- To improve outcomes for children suffering from neglect in Barnet by partners intervening as early as possible.

This encompasses three objectives:

- 1) Raise awareness and increasing understanding of neglect.
- 2) Apply correct thresholds and use agreed assessment and monitoring tools.
- 3) Recognise, assess and support children at the earliest possible opportunity.

A number of the strategy's aims have been advanced over the past year:

- An insight exercise has been undertaken, using audit, data and expertise from across the partnership, to understand the extent and nature of neglect in Barnet, which informed the strategy.
- Following an options appraisal of neglect assessment tools, the Graded Care Profile 2 (GCP2) was recommended by the sub-group and signed off by the Board. London Borough of Barnet is liaising with the NSPCC around this and intends to join phase three of the GCP2 pilot.
- The multi-agency specification for neglect has been refreshed to reflect contemporary research, and the refreshed training will be rolled out from Autumn 2016.

Summary of Key Achievements:

- Insight: increased understanding of prevalence of neglect across the borough, with particular attention to Colindale, Burnt Oak, Oakleigh and East Barnet wards which have higher number of neglect cases.
- Neglect strategy has been put in place.
- Adoption of the Graded Care Profile.

Next Steps:

- Developing a clear menu of interventions for practitioners to assist them once neglect has been identified.
- Recruitment of Neglect Champions from across the partnership to champion Neglect and provide training and support for the GCP2.
- Roll out refreshed multi-agency training on Neglect and the Graded Care Profile

Priority 3 – Domestic Violence and Abuse

Domestic Violence and Abuse is a priority for the BSCB because living with parental interpersonal violence and abuse does so much damage to the long term prospects for children. Their physical and mental health suffers and their ability to learn at school is diminished.

Domestic Violence and Abuse is present in all communities and among all age groups. There is a strategic group in Barnet which oversees all aspects of service delivery in relation to this problem but the BSCB ensures that the needs of children are kept to the fore.

Across the partnership we want to identify Domestic Violence and Abuse early, provide support to victims, manage the perpetrators of abuse and protect children from any harm that they may suffer.

Early Identification

We have supported the establishment of new independent domestic violence advocate (IDVAS) posts in our local hospitals. This has seen a significant rise in cases identified in our hospitals. We have established a project (known as IRIS) for delivering training to local GPs to help them identify more cases earlier.

Victim Support

We continue to work with our multi-agency risk assessment conferences (MARAC) where the cases of high risk domestic violence and abuse victims are managed by a number of agencies. The number of cases discussed this year was 278 which was less than 2015 (306) but the number of repeat cases (where a further incident occurs within a 12 month period) rose from 8% to 12% of cases. We have increased the number of refuge places for women with children where domestic violence and abuse is of such a nature that the victims need to relocate.

Managing Perpetrators

Barnet police recorded 11% more domestic violence and abuse crimes in the past year compared with the previous 12 months, which is higher than the Metropolitan Police Service's overall rise of 8%. They have increased their use of their powers to ban perpetrators from the family home. The numbers of men completing perpetrator programmes remains lower than we would like to see, but we have commissioned a new service for 2016 with a view to improving this.

Protecting Children from Harm

Children identified as being present in a home where there is domestic violence or abuse are flagged up in the MASH and their cases assessed. A Domestic Violence worker now sits within the MASH and there are Safer Families (DV) workers within the CAF team to undertake early intervention work.

Summary of Key Achievements

- Increased Use of Independent Domestic Violence Advocates (IDVAS)
- Improved Child focused approach at the MARAC
- IRIS programme agreed and funding secured
- Increased use of police powers to ban perpetrators from the family home

Next Steps

- Increase the number of referrals to and completion of perpetrators programmes.
- Ensure perpetrator programmes collect information on dependent children.
- Support further increase in IDVAs in the Mental Health Trust.
- Improve the engagement with fathers in child protection planning meetings.
- Improve information sharing with schools.

Priority 4 – E-safety

In response to the e-safety priority identified by the Board, we have created an e-safety group, which has been running for the past 18 months to support the work on schools in developing e-safety practices.

The e-safety group includes head teachers; school based computing leads and e-safety advisors along with colleagues from children and family services. Recently the

group has benefited from the involvement of the Barnet Prevent coordinator and the Schools Safeguarding officer from the Education Welfare Team.

The group has produced e-safety newsletters for schools and over the course of the year has gained feedback from schools which has sharpened the focus of communication.

E-safety advice for young people and professionals is available on the BSCB website, offering tips on how to stay safe online, how to report behaviour that makes a young person feel uncomfortable and links to useful websites as well as online safety guidance for schools.

Summary of Key Achievements

- Raised awareness and understanding of e-safety issues amongst schools, parents and carers through pollicisation of e-safety policy resources and online training through school circulars and e-safety resources on BSCB website.
- E-safety conference for schools to raise awareness of latest e-safety issues.

Next Steps:

- Collection of data on child abuse cases where internet facilitates abuse.
- Delivering training on effective coping strategies for children and young people and peer support for online bullying.

11. Partner Contributions to Safeguarding Children

London Borough of Barnet Family Services

Family Services implemented a service transformation at the start of 2015-16 year to provide a better model of delivery. Work has been undertaken since to embed the structure and streamline processes.

During 2015-16, there was a 14% increase in contacts to the MASH, 10% more referrals to social care, a 191% increase in Common Assessment Framework Assessments (CAF), and 33% fewer outcomes of NFA (No Further Action) at the point of contact. This increase had a significant impact on many Family Services teams.

The number of cases proceeding to court for orders or care proceedings has risen. This reflects the national trend. Changes to Family Services' establishment has enabled us to manage this extra demand. Caseloads are now smaller and the timeliness of assessments has improved. Discussion at the BSCB identified that similar demand increases were evident in other partner agencies during the same time period.

During 2015-16, Family Services identified a number of key themes for improvement:

- Developing a clear social work practice framework to improve consistency of practice
- Recruiting and retaining sufficiently skilled and experienced social workers
- Ensuring sufficient strategic partnership working is in place
- Increasing the voice of the child in strategic planning
- Engaging councillors in delivering their corporate parenting responsibilities
- Improving the availability and quality of performance management information
- Verifying quality assurance frameworks
- Addressing underperformance in specific teams
- Addressing the relatively high number of children and young people placed at distance from the authority
- Ensuring that key partners of universal provision are participating effectively in managing early help within their settings

There has been significant improvement work taking place in Family Services in recent months. The launch of the Children and Young People Plan 2016-2020 sets out the vision for Family Friendly Barnet, to develop resilient families and children.

The theme of resilience⁶ reflects Family Services' ambition for strong communities in which children can thrive and achieve. Resilience involves looking for strengths and opportunities to build on, rather than for issues or problems to treat. Staff have

⁶ Resilience is the ability to bounce back from stress and adversity and take on new challenges, leading to better outcomes (Pearson & Hall 2006, adapted)

attended workshops to embed the resilience based practice model. The BSCB has added resilience as an additional priority for 2016-17.

A recent review of corporate parenting arrangements (Barnet's parenting of those children it has taken into care) has led to a recent joint motion by councillors to adopt and launch an ambitious pledge to children in care and care leavers.

MOMO (Mind Of My Own) is a new app to allow children and young people to tell us their views and opinions at a time of their choosing. This has been tested and approved by Barnet children in care. It will provide a smart way for children and young people both in and leaving care to make their views known to us.

The quality of both of Barnet's children's homes has always been strong, with Ofsted ratings of Good, but recently one of the homes has been rated Outstanding by Ofsted.

Learning from Reviews

Family Services have in the past twelve months revised the way Family Services quality assure (QA) work. The annual review of this for the period May 2015 - April 2016 has identified signs of improvement. The practice evidenced through audits has also shown some improvement although there is a lack of consistency. This will remain an audit theme for Family Services.

Family Services now have a practice improvement plan. Family Services will be concentrating on this over the next twelve months so that the Family Friendly Barnet vision.

Areas for further development

Family Services have three development priorities

1. Workforce development – purposeful social work practice in Barnet

The objective is to empower and equip the social care workforce to understand the importance and meaning of purposeful social work in Barnet.

2. Consistency of quality and process

The objective is to ensure that Barnet's organisational culture, systems and tools support the delivery of high quality social work, through:

3. Workforce development – growing effective social workers

The objective is to retain, attract and grow a cadre of effective social workers who are child focused, curious and inquisitive about what they are seeing and assessing through:

- More effective recruitment and retention methods

- Instilling more rigorous and robust performance management
- Implementing tools to better understand workforce performance
- Commissioning a learning and development core programme
- Developing a Practice Academy

Barnet Police

Missing and CSE

Barnet Police have increased the number of officers working within the Missing Persons' Unit. The Metropolitan Police Service has revised its policy for dealing with missing persons. This requires closer scrutiny of the initial investigation and enhances the supervision requirement of on-going investigations.

There is a link with the progress of the CSE work undertaken with partners. Barnet Police is keen to deploy police powers and civil orders to safeguard children at risk from CSE and other abuse. Local training and corporate training has been completed to develop this work.

Neglect

The numbers of children and young people placed under emergency police protection continues to grow. Officers on attending an address where children are in significant need recognise the need to safeguard children from harm. This aspect of police safeguarding capacity has also been the subject of corporate and local training.

Mental Health and Wellbeing

60 officers from Barnet have undertaken a City and Guilds qualification for the Mental Health Awareness and Safeguarding programme. The training was funded by the Home Office Innovation Fund and was aimed at staff based in Borough gangs Units, Safer Schools, Community Safety Units, Missing persons, Youth engagement, Young offending and the Multi-Agency Safeguarding Hub.

Gangs

The Borough has developed and progressed work within the gangs unit alongside partners, to safeguard individuals involved in gang activity.

Female Genital Mutilation (FGM)

All front line officers have been trained in FGM matters, working with partners to investigate such allegations and to take preventative actions where possible. All leads are progressed following any allegations made.

Domestic Abuse (DA)

Barnet Police continues to work with a wide range of partners in relation to DA issues and to tackle the impact of such offences on individuals. This has seen improved referral pathways through the MASH and clarity around the referral thresholds with an agreed way forward with partner agencies.

The MPS has developed with NHS England and London Councils an information sharing agreement to cover a wide range of safeguarding issues.

Learning from Reviews

Barnet and Harrow police Boroughs joined their CID departments in June 2015, with Community Safety Unit matters being progressed at Harrow and general investigative functions at Barnet. A review of these arrangements has led to a reversion to the previous structure. This is due to be in place by the start of September 2016.

This change in the Barnet Police structure will assist to ensure that good practice from Serious Case Reviews and Domestic Homicide Reviews can be better cascaded to Barnet staff.

Police Child Abuse Investigation Team (CAIT)

CAIT deals with all allegations of sexual, violent or abuse crime where there is a child victim and the perpetrator is known or suspected to be a family member or some other person who has a duty of care towards the child, such as a teacher or a church volunteer.

In the past year Barnet has recorded 449 allegations of this type of crime. The officers and staff who deal with these matters cover Enfield as well as Barnet. Both boroughs have had an increase in reported crimes and as a result additional resources have been allocated to the two boroughs. In 27% of Barnet's crimes the police gathered enough evidence to lead to a prosecution or a caution. This compares with the London-wide average of 25.5%

Areas for further development:

CAIT have London-wide staffing concerns. Investigating child abuse requires expertise, which it takes time to acquire. CAIT has a lot of inexperienced officers at this time. This is not solely a Barnet problem. It will take some time for the MPS to deal with this issue.

London Fire Brigade (LFB)

The Deputy Head of Community Safety is now the appointed lead officer for safeguarding and has conducted fire related safeguarding training for a number of partners and is supported by members of the Community Safety team in discharging this function.

The Brigade's on-going commitment to safeguarding has been demonstrated through an audit of staff which has concluded that all staff, including senior staff, have a good understanding of safeguarding.

The LFB is currently updating a number of procedures and means of working. These include

- Establishing a new database of both historic and current safeguarding referrals
- Reviewing LFB policies
- Commissioning a new programme of safeguarding training for the LFB

The LFB has a dedicated safeguarding mailbox which is monitored daily by the Community Safety Team for the purpose trend identification and ensuring safeguarding compliance

Learning from reviews

Many LFB Borough Commanders (BCs) are a member of their local Safeguarding Children's Board. Each BC reports any safeguarding concerns through their LSCB and engages in multi-agency partnerships as appropriate. Any learning is shared by the BC within the LFB through the process of 'Family Group' workshops where groups of boroughs discuss good practice and issues. These are then shared out across all boroughs in the LFB.

Areas for further development:

The newly commissioned safeguarding training has been rolled out less quickly than expected. LFB will also be looking into the use of level one training through the local authority computer-based training packages to complement this.

The community safety team monitor all child safeguarding referrals for the LFB across London and look to identify trends and to ensure that policy and training reflect these trends.

Community Rehabilitation Company (CRC)

The CRC supervises all adult offenders in London who have been released from prison to prison or are on a community penalty following a court conviction but are not high risk. A child safeguarding performance framework was launched in 2015, to measure and evidence the performance of routine tasks. The four key practice areas measured are as follows:

- Initial check to social services
- Response received to initial check
- Management oversight
- Home visits

A lot of work has been undertaken in the past 12 months to raise awareness of frontline staff regarding London CRC's safeguarding responsibilities:

- Regular safeguarding children practice messages on subjects such CSE, Missing children, violent extremism, gang affiliation, the impact of parental mental ill health and substance misuse and guidance on making referrals to children's social care
- Implementation of the safeguarding children performance framework
- Internal conferences held for children's champions
- Briefings to middle managers regarding safeguarding policies and procedures

In addition, London CRC commissioned an independent audit of safeguarding practice across the organisation to inform future improvement plan.

In December 2015, following an organisational re-structure, CRC launched a new central MASH process intended to increase the quality of information provided in cases where the adult is actively managed by the LCRC.

Areas for further development

- Performance framework will be reviewed and refined to increase effectiveness
- Deliver action plan to improve safeguarding practice, as set out in the London CRC Safeguarding review in May 2015
- Raise awareness of safeguarding responsibilities to all frontline staff

London Probation

The National Probation Service (NPS) manage offenders who pose a high/very high risk of harm to the public many of whom are subject to Multi Agency Public Protection Arrangements (MAPPA).

Whilst NPS London works directly with adult offenders, a lot of the work NPS does impacts on the children and families of adult offenders. For example:

- Approximately 200,000 children are affected by parental imprisonment each year.
- 25% of men in Young Offender Institutes are, or are shortly to become, fathers.
- More than 60% of women prisoners are mothers and 45% had children living with them at the time of imprisonment.

These children are often adversely affected through no fault of their own and the outcomes for children of prisoners are poor. In addition, many of these children have complex needs and are from socially excluded families.

NPS London revised its safeguarding children policies and procedures in March 2015 to better support staff with prompt identification of the additional vulnerabilities of some children: e.g. race and disability.

NPS's current procedures emphasise the need to pay particular attention to safeguarding children issues throughout the offender's journey in the Criminal Justice System and the NPS works with a number of statutory and other partners to achieve this.

At the first point of contact with an offender the NPS explores their social and family circumstances. Sometimes information requests can be made to Children's Social Care (CSC) departments as part of fulfilling their safeguarding statutory duty. Given NPS's presence in the Courts, NPS is well placed to identify children that may be at risk and offenders who pose a direct risk of serious harm to them.

Probation officers routinely undertake home visits, sometimes in conjunction with social workers, through which the NPS is able to ensure the safety of children.

A network of safeguarding children champions is in place, locally and pan-London, that are the first points of contact for advice and support for practitioners working with cases where there are safeguarding or child protection concerns.

Child Sexual Exploitation (CSE)

The NPS contributes to the work to tackle CSE by working with adults convicted of sexual offences – both while they are in prison and on release. The NPS delivers Sex Offender Programmes to reduce the risk of a perpetrator going on to offend again. In January 2016, the NPS launched the Offender Manager's Guide for working with CSE cases and this is being disseminated across the organisation.

As part of the NPS's Children and Families work it has recently developed a set of specific services for female offenders.

Management Oversight

Annually NPS conducts two audits which assess the quality of risk assessments and risk management and sentence plans. These assessments must include any identified risks to children and NPS audits check compliance with this requirement. Any learning from these audits is then disseminated to NPS staff at individual, local and London-wide levels.

Areas for further development

- Develop a better understanding of the value of home visiting and engaging not only with the offender but their wider family network.
- Improve the way the NPS uses powers to request information from offenders. This will enable the identification of any children within the family. Furthermore the NPS needs to be more effective at identifying safeguarding concerns when the offence of which the offender has been convicted is not related to children.
- Increase collaboration between Offender Managers and allocated Social Workers in the assessment of family circumstances.

Barnet Clinical Commissioning Group (CCG)

The CCG has throughout 2015/2016 continued to work with the BSCB to embed the Board's priorities across healthcare in Barnet.

In response to these issues CCG in conjunction with Barnet Public Health ran two multi-agency conferences in March 2015 and April 2015 on Child Sexual Exploitation; Female Genital Mutilation and the impact of Domestic Violence on Families .

Some medical professionals take on specific responsibilities for safeguarding. The CCG is responsible for ensuring that there is in place a team of designated professionals who can provide strategic leadership and professional expertise to safeguard children. The Designated Nurse, Designated Doctor and Named General Practitioner are all members of Barnet Safeguarding Children's Board and its sub-groups. The CCG also ensures those providing health services are also represented on these boards at the appropriate level of expertise.

Health practitioners are best placed to identify Female Genital Mutilation (FGM), and for that reason the CCG's Designated Nurse and Doctor and Named GP have worked with the BSCB to ensure that health professionals are following Department of Health guidance in respect to how professionals should support women who have experienced FGM. This work also identifies female children who are or who may be at risk. Risk assessments have been developed within maternity units to include plans to inform General Practice and health visitors of a woman's FGM status on birth notifications.

In November 2015 the CCG was assessed by NHS England as good in relation to its safeguarding procedures, oversight and management.

Learning from reviews

Safeguarding was a key element of the CCG Annual General Meeting in September 2015 and Dr Danya Glaser presented on Factitious Illness and Perplexing Presentations to the General Practice membership in attendance

At least two multi-disciplinary meetings regarding families with children with perplexing presentations have subsequently taken place.

Areas for further development

The NHSE safeguarding deep dive identified that some providers are not meeting training requirements. For children's safeguarding this applies mainly to Prevent training and also Level Three Safeguarding Children training. The CCG safeguarding team will monitor this situation and the action plans for improvement of the providers concerned.

Towards the end of 2015 children being taken into care were not all receiving a timely medical assessment. This has been improved by the CCG commissioning team collaborating with the Looked After children's team to recruit additional doctors to provide medicals for these children. This will receive continued monitoring.

Royal Free London NHS Foundation Trust (the Royal Free)

Safeguarding remains one of the fundamental components of all healthcare provided by the Royal Free. As a healthcare provider the Royal Free is required to demonstrate that it has strong safeguarding leadership and a commitment to safeguarding at all levels of the organisation. All safeguarding activity is monitored each quarter by the integrated safeguarding committee which is chaired by the Director of Nursing.

Over the last 12 months, the Royal Free has recruited two safeguarding children advisors (SCAs) who support the frontline workers undertake their safeguarding responsibilities. One SCA is based at the Royal Free Hospital and one is based at Barnet Hospital and also covers Chase Farm.

The Royal Free has also introduced:

- Greater rigour in the departmental weekly multi-disciplinary meetings in relation to documentation of actions and outcomes for cases discussed
- A weekly audit of safeguarding compliance in the emergency department
- An increase in safeguarding supervision for staff, including the paediatric consultants at Barnet Hospital
- Improved working with the paediatric liaison health visiting service at Barnet Hospital
- Increased training figures
- Training for CSE champions
- Three independent Domestic & Sexual Violence Advisors are now in post supporting patients and staff where domestic violence is identified
- Areas of policy development including female genital mutilation, allegations against staff and the Prevent Duty – in relation to Prevent this is now the subject of mandatory training

- A routine for ensuring accurate data on children flagged on the system who are subject to child protection plans

Learning from reviews

The following points have been developed as a result of learning from SCRs:

- When a child or young person is a patient on the paediatric ward and they are under the care of another specialty, such as orthopaedics or surgery, the paediatric team must still discuss the case on the daily round.
- Need to understand the impact of social networking for children and young people and to ensure that this is considered in nursing and clinical assessments
- Need to support staff to understand the significance of deliberate self-harm in children and young people
- Review the arrangements for initial booking appointments in community midwifery

Areas for further development

Following an internal audit it was apparent that the Royal Free did not always identify when children attending for scheduled outpatient appointments were subject to child protection plans. The Royal Free's systems have been reviewed to ensure:

- It is clear which staff member is responsible for checking for flags
- How and where it is recorded in the notes
- That clinicians seeing the child must copy the clinic letter to the allocated social worker

The Royal Free will re-audit in the next quarter and progress will be monitored by the integrated safeguarding committee and the Clinical Commissioning Groups.

Central London Community Healthcare NHS Trust (CLCH)

During 2015/16 CLCH has significantly increased resourcing for the purposes of children's safeguarding and has contributed fully to the work of the BSCB. CLCH not only attends all full Board meetings but also contributes to its sub-groups. CLCH also values the multi-agency audit processes of the Board and participates in them.

In addition to the BSCB and its sub groups CLCH also participates in a number of other multi-agency partnerships where risk to children is assessed and managed such as MARAC which manages risk to domestic abuse victims and the MAPPA, which manages violent and sexual offenders.

CLCH health visitors, school nurses and therapists are in frequent contact with children at risk and they refer cases of concern to CSC.

The CLCH safeguarding team provides advice, support and safeguarding supervision to Barnet health visiting and school nursing staff, the Dental service, the Family Nurse Partnership service, the Children with Disabilities Team, the Complex Care Nurse team, the Physiotherapy and Occupational therapy service, the MASH health team, the Looked After Children's nurse, Paediatric Liaison health visitor and the Sexual Health team. CLCH staff are required to have regular supervision of their safeguarding cases and this is monitored closely. The 2015/16 CLCH audit of safeguarding supervision found good levels of compliance and quality.

The high levels of child safeguarding cases in Barnet involve a lot of CLCH's health visitors and school nurses. Their contribution to multi-agency conferences is critical and CLCH works hard to develop staff to undertake this function and ensure attendance. CLCH staff have mentors and input from the dedicated CLCH safeguarding team and as a result have become skilled in this difficult area of work.

The safeguarding team have not only delivered important general safeguarding training but they have also ensured that staff are aware and skilled at identifying and reporting cases where they have a statutory duties to make referrals:

- Female Genital Mutilation (FGM)
- Prevent
- Child Sexual Exploitation

Learning from reviews

As a result of the Serious Case Review into Child A published by Barnet in the past year CLCH has undertaken to:

- Ensure the SCR report has been shared with CLCH staff
- Include in the school nursing questionnaire a question about bullying and cyber bullying
- Develop work to engage seemingly absent fathers and understand how this impacts on children
- Support young people who self-harm or suffer neglect.

Areas for further development

Training: As the CLCH did not achieve the 90% target for safeguarding training at either level one or level three in 2015/16, a new compliance monitoring processes have now been introduced, through which CLCH aspires to achieve the target in future.

Policies: *Signs of Safety* is a relatively new way of enabling professionals to consistently assess whether a child is at risk of harm. CLCH believes that it is a good model and it is now in use to help staff make good decisions in difficult cases. Policies are being updated accordingly.

Early Help: CLCH staff are often the first to spot signs of family problems. CLCH wants staff to understand better how early help and good partnership cooperation can prevent bigger difficulties arising. CLCH will therefore be developing new and better ways for staff to identify, refer and cooperate early on to help families thrive and move on.

Barnet, Enfield and Haringey Mental Health Trust (the Trust)

In the last 12 months, the Trust has strengthened its safeguarding arrangements including the recruitment of a full-time Head of Safeguarding. The Trust's aim is to ensure there is a whole organisational approach to the safeguarding of service users and their families.

The Trust has developed an Integrated Safeguarding Committee, chaired by the Executive Director of Nursing, Quality and Governance who provides strategic leadership and oversight. The work of the committee is informed by the newly developed Safeguarding Strategy:

- To ensure safeguarding is everyone's business across the Trust
- Promote early help to prevent abuse from happening in the first place
- Develop a culture of learning with robust internal systems to support this
- Develop seamless pathways that promote joined up working at every level
- Develop a dataset of information that allows effective monitoring of safeguarding activity and outcomes

Examples of safeguarding children work undertaken and key achievements in 2015/2016:

Policies

- The Domestic Violence and Abuse Policy has been updated. All staff on joining receive domestic violence and abuse training, because of the frequency with which it occurs as a factor within safeguarding adults and children.
- The Trust's Safeguarding Children Policy has been reviewed and ratified.

Training

- A safeguarding training strategy has been implemented.
- Prevent Training has been included in the corporate induction for all Trust staff.
- Child sexual exploitation training is included in all levels of training and is offered as a specific topic through the work of Safer London and Children's Services and NHS e-learning.

Staff Support

- The Trust has developed a series of safeguarding surgeries. These offer help and advice to staff confronted with safeguarding problems. Adult and child review lessons are shared in these forums.
- The role of the Trust's team safeguarding champions has been refreshed. More opportunity is now given to them to keep teams up to date in their safeguarding knowledge and to discover barriers to effective work.

Learning from reviews

The Trust has been involved in a number of reviews of serious cases in the past year in Barnet and also conducts its own reviews of aspects of the service. In the past year the Trust has found and achieved the following:

- Meetings between social workers and the Child Adolescent Mental Health Service are working well in resolving challenges with individual cases.
- Designed a safeguarding poster which explains how to escalate appropriate cases.
- Ensured that the safeguarding team is fully staffed. This includes ten specialist nurses and doctors.
- The quarterly supervision audit shows that 89% of staff audited have had supervision on their safeguarding cases.

Areas for further development:

- Improvement of data capture and analysis.
- Developing consistent and appropriate approaches to attending and supporting the three LSCBs to which the Trust is responsible.
- Improving from 80% to 85% the number of staff who are appropriately trained in safeguarding.
- Developing a way of supporting and working better with the children of the mentally ill parents that the Trust cares for. The Trust also wants staff to involve other professionals and to do so earlier on in processes.
- Increase the number of referrals of children who live or are in contact with parents who suffer mental illness, where those children may be at risk of suffering harm or detriment.
- A safeguarding inbox has been set up to allow improved monitoring of the number and quality of safeguarding referrals by the safeguarding team.
- A safeguarding dashboard has been designed to enable the monitoring of safeguarding activity in a way that simplifies data collection and gives an earlier warning of any indicators that good practice may be less likely to be achieved.

Norwood

Norwood is a leading Jewish charity supporting vulnerable children, families and people with learning disabilities.

In the last year Norwood has worked in partnership with children subject to child protection, child in need plans and CAFs. Referrals to Norwood come both from families directly and from schools or other educational settings. Norwood also receives CAMHS and CSC referrals. Norwood also works in partnership with CSC to engage families from the Orthodox Jewish Community.

Most cases referred to Norwood involve family breakdown which involve domestic violence, mental health issues and substance misuse.

Norwood has also identified some children at risk of sexual exploitation, and has passed on this information to the CSE strand of CSC.

Partnership working and practice improved over the year 2015/16, as senior and other practitioners attended the CAF Practitioners meetings, liaised more closely with the Early Intervention teams. Norwood staff also became registered on the Barnet E-CAF system.

Areas for further development

- Continue to develop the service's evidence base by measuring outcomes effectively.
- Enhance monitoring of referrals to collect accurate data on referral routes.
- Develop understanding of individual local authority demands by collecting and analysing information on children Norwood has involvement with on CP/CIN Plans and CAFs.

Children and Family Court Advisory and Support Service (Cafcass)

Cafcass is a non-departmental public body sponsored by the Ministry of Justice. Its role 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. It employs over 1,500 frontline staff.

The demand upon Cafcass services grew substantially in 2015/16 with a 13% increase in care applications and an 11% increase in private law applications. Cafcass has met all of its Key Performance Indicators despite a budget reduction.

The following are examples of work by Cafcass in the past year:

- Completion of a service user feedback survey, which looked at the interim outcomes of children 6 to 9 months after private law proceedings concluded. Specifically the survey looked into whether arrangements ordered by the court

had lasted; how effective communication was between parents before and after court proceedings; and whether participants believed that the court order was in their child's best interests

- Contributing to the government review of Special Guardianship Orders.
- Extending the child sexual exploitation strategy introduced in 2014/15 to include trafficking and radicalisation.
- Developing new ways of supporting the family justice reform, in particular:
 - Piloting the provision to family court advisers of consultations with a clinical psychologist
 - The extension of family drug and alcohol courts
 - The supporting separated parents in dispute helpline (a pilot aimed at promoting out-of-court settlements of disputes where safe to do so).

Barnet and Southgate College

Barnet and Southgate College is a further education college with over 21,000 students. It delivers more than 20 subject areas across three main campuses and two learning centres in London Borough of Barnet and London Borough of Enfield and is a member of the 157 Group of colleges.

In the last year Barnet and Southgate College has improved the effectiveness of its practice in relation to safeguarding and promoting the welfare of children and young people and in November 2015, Ofsted rated the College Safeguarding and Prevent strategy as Effective. In addition:

- As at June 2016, retention rates for those with safeguarding issues were in line with 2014/15 figure of 96%
- As at June 2016, the Safeguarding team have received 257 referrals
- 84 referrals have been referred on to statutory services and 87 cases have been referred on to alternative external support
- The largest presenting issue is mental health
- The Safeguarding team is trained and accredited to deliver Home Office WRAP training which has now been rolled out to all staff
- In September 2015 the College's policies, leaflets and guidance were updated to meet the requirements of Prevent Duty and Keeping Children Safe in Education
- In July 2015 Learner Induction; tutorials and Learner Forums were updated to include safeguarding and Prevent; Freedom of Expression; Equality and Diversity; E-safety; British Values

Learning from reviews

- Staff are now confident as to internal recording and referral processes.
- Dedicated safeguarding staff are aware of contacts and referral agencies for advice or to report concerns.
- On-going networking with Prevent Coordinators and FE/HE London Network to continue best practice as new 'Duty' develops and to keep up to date.

Areas for further development

- Keeping up to date with support service criteria changes:
 - Attend Network meetings i.e. Barnet Youth Practitioners
 - Building links with service managers and practitioners i.e. Prevent coordinator; Barnet Young Carers; Virtual School Head
 - On-going staff training particularly for Agency; new staff; volunteers and training to meet Designated Lead Officer requirements

12. Activity of Sub-Groups

Serious Case Review (SCR) Sub –Group

This sub-group examines cases of child death or serious harm to decide whether it is appropriate to conduct a serious case review. It also makes recommendations to BSCB about lessons that can be followed up from cases that fall short of the threshold requiring an SCR.

In the event of an SCR the sub-group will ensure that the action plan and lessons learned from the review are pursued and completed.

In the past year the panel has examined five cases. It has commissioned and published one review, and has recently commissioned another review (for a case that was first examined in the reporting year).

The published review can be found [here](#).

This involved the death of a 12 year old girl by hanging. There are six recommendations as to improved process and tactics and the SCR sub-group will ensure that these are followed up. There will also be a training event for multi-agency staff later this year.

More generally it has been decided to have a priority concerning adolescent self-harm and mental illness for the BSCB 2016 -18 plan.

In relation to the other cases examined the SCR sub-group has decided as a result of them to conduct an awareness campaign among teenagers and professional staff about the dangers of inhaling gas.

Performance and Quality Assurance

The Performance and Quality Assurance (PQA) sub-group scrutinises LSCB partner performance data to establish what is working well and what needs to improve. The PQA subgroup also conducts some joint audits as well as examining audits of individual organisations. The PQA objective is to ensure that a real difference is made to children's lives, especially against the business plan priorities, and that this can be evidenced by progress in terms of performance and quality.

During 2015/16 the key activity carried out and impact on outcomes included:

- Developing a new dataset based on the Board priorities to highlight key trends and areas for in-depth analysis. Alongside this each agency now gives a short verbal report on key areas of interest and concern. This has resulted in greater shared understanding of the challenges faced across the partnership. For example:

- The sharing of intelligence at PQA about an increase in MASH activity identified more school exclusions due to sexualised behaviour and knives, notable increase in reporting of e-crime to the police and an increase in historic sexual abuse allegations
- An increase in self-harm referrals to health was also noted, which has helped to inform priority setting for next year.
- The Royal Free reported a significant increase in domestic violence identifications and referrals as IDVAs are now embedded and an anti-natal DV screening at Chase Farm for high risk cases is in place.
- Strengthening PQA membership with a new education representative.
- Focusing on the police use of disruption tactics to deter and prevent CSE perpetrators from operating.
- Auditing Child Protection Conferences. This uncovered much good work but some weaknesses in multi-agency follow up and parental engagement. This has led to a focus on getting feedback from families and professionals with enhanced review and analysis.
- Auditing on a multi-agency basis six cases. This has led to more systematic distribution of CP conference notes and increased focus on ensuring fathers are appropriately engaged in assessment and planning.
- Scrutinising multi-agency data analysis on neglect. Children subject to a CP Plan with an initial category of neglect. Discussion around the spread of neglect by age (primarily 0 to 4 and 10 to 15) prompted challenge around the importance of intervening as early as possible.
- Developing a revised multi-agency tool and methodology for future audits. As well as audit meetings, the PQA Sub-Group will conduct telephone and in person interviews with practitioners, engaging children and parents as appropriate, and reviewing files from last six months.

Next steps:

- Improve follow up of actions between meetings to drive forward improvements, including tracking multi-audit actions delegated to respective partners.
- Clearer alignment with other multi-agency forums including BSCB sub-groups, Business Management Group, Early Intervention Board and CSE, Missing, Gangs strategic group.

- Analyse findings from e-safety survey of schools proposed by the e-safety sub-group.
- Refine dataset to align to new Board priorities and ensure it provokes professional curiosity and facilitates challenge.
- Multi-agency audit exploring the effectiveness of early help/early intervention services in safeguarding children subject to domestic violence.

Child Death Overview Panel (CDOP)

Child Death Analysis for all cases reviewed 1st April 2015 – 31st March 2016

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 comparisons can be made they are.

This panel has the responsibility for reviewing all deaths of children in Barnet. Between April 2015 and March 2016, CDOP was notified of a total of 19 child deaths. The number of child deaths that were actually reviewed⁷ during this period, which were 17 of which eight were unexpected. Nine were males and eight females.

The majority of child deaths were expected. Over the last six years around a third of cases were unexpected deaths (except in in 2013/14, where it was 19%).

⁷ In keeping with the terms for DCSF Data Collection, a 'review' is defined as being complete when the CDOP has discussed the child's death and agreed a decision about whether the death was preventable and this decision has been agreed and signed off by the chair of the CDOP. These discussions may vary in the time taken and their depth. This means the review may be completed in a different financial year to that which the child died.

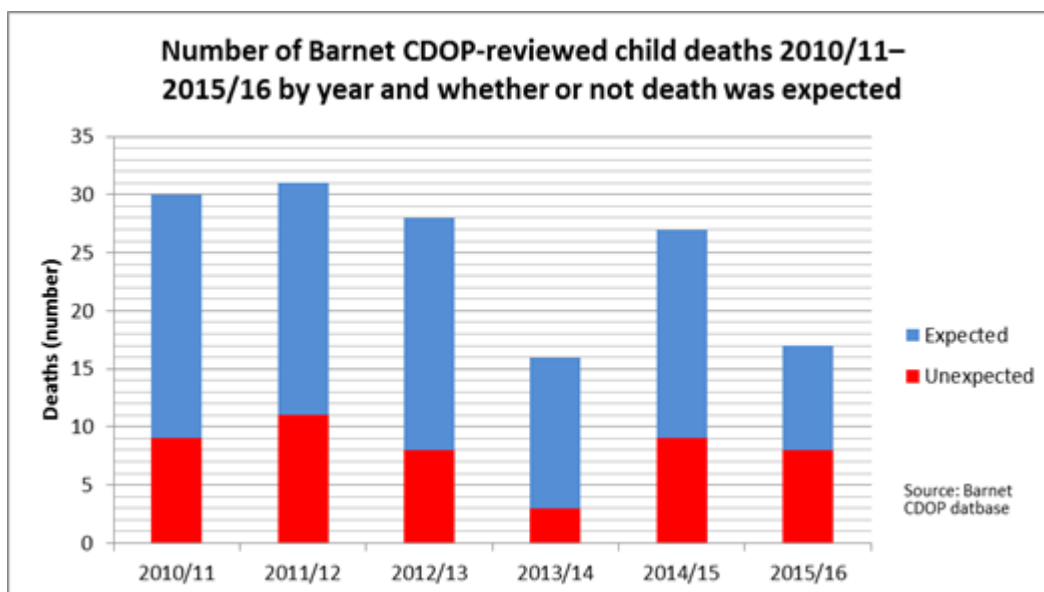


Figure 10: Number of Barnet CDOP reviewed child deaths, 2010/11 – 2015/16, *Barnet CDOP Database*

Category of Death

Barnet CDOP panel uses the nationally agreed classification for categorising the cases it considers. The main category of death was chromosomal, genetic and congenital abnormalities (four) followed by perinatal/neonatal event (three). Nationally, the main category is perinatal/neonatal event, followed by chromosomal abnormalities. This is not surprising as two thirds of deaths are usually in the first year of life.

Modifiable Factors

CDOPs are required to look at whether there were any modifiable factors amongst the deaths. This is 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. Only one case had modifiable factors.

- Age: Most deaths are in the first year of life and this has been the trend in Barnet, as it has been nationally (66%). 47% of deaths in Barnet were in the first year of life, followed by 35% in age group 1-4 years.

Aggregated data 2010/11 – 2015/16

Following last year's CDOP report, there was a recommendation to carry out an analysis of pooled data from 2010/11 to 2015/16 to give a bigger sample to draw

inferences from and reduces the effect of year on year variation. This analysis complements the year on year analysis from successive annual reports.

Findings from a Larger Sample

- 32% of child deaths reviewed were unexpected
- Cause of death chromosomal/ genetic (36%), perinatal/neonatal (27%) and malignancy (11%)
- 20% of child deaths reviewed had modifiable factors
- There was some correlation between incidence of child death and the deprivation index related to the area in which the child lived

These findings demonstrates some support for the proposal currently being developed in London that larger data sets are required to improve trend identification and help with analysis.

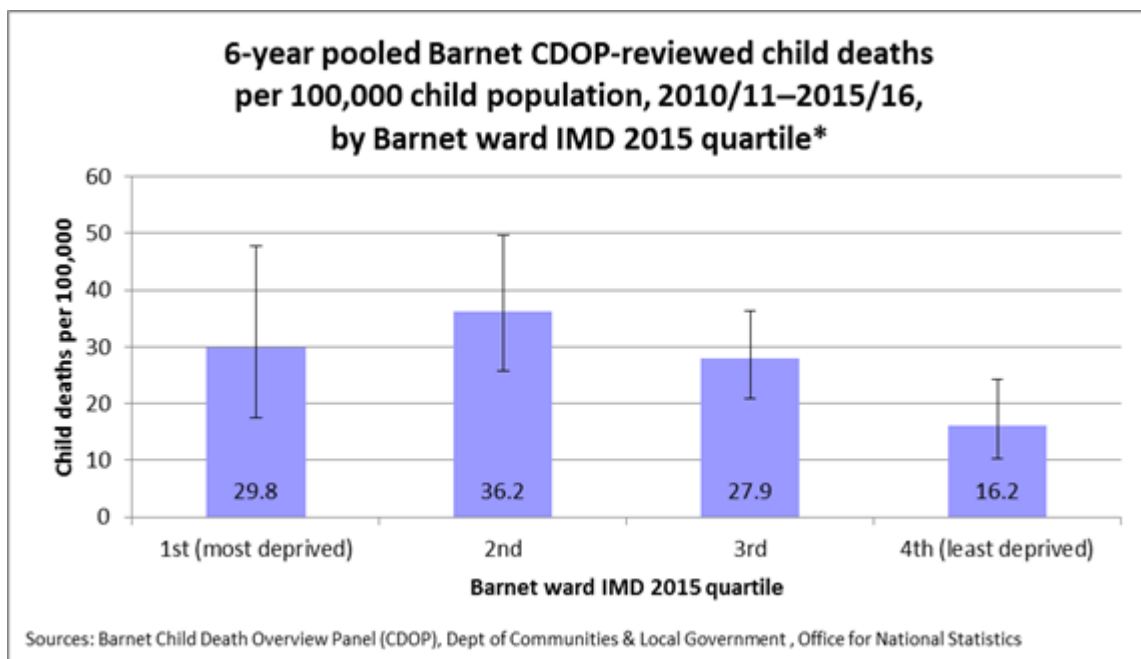


Figure 11: Number of Barnet CDOP reviewed child deaths per 100,000 child population, 2010/11 – 2015/16, *Barnet CDOP Database, DCLG, ONS*

Next Steps:

- Continue to feed into London –wide CDOP work to explore regional data collection and sharing of learning.
- Continue working closely with the coroner’s office to obtain timely information on inquests and post mortems.
- To continue to raise awareness of specific issues arising from the review of cases.

Learning and Development (L& D) Sub-Group

The BSCB L& D programme for 2015/16 was commissioned by the sub-group. The L&D sub-group worked closely with the LBB Children’s Workforce Development Team in planning and commissioning a range of training aligned to the needs of the Barnet workforce. It also evaluated the impact of training to ensure that research, audits, reviews and training events inform, develop and improve day to day safeguarding practice.

Findings from serious case reviews (SCRs) and other reviews inform the training programme as does the need to provide core safeguarding learning.

The following key issues have been included in the L&D sub-group programme:

- The development of improved Child Sexual Exploitation (CSE) procedures to identify and tackle CSE in Barnet
- Developing understanding of gang related issues and links to CSE and children going missing
- Increasing awareness of self-harm among children and suicide prevention measures
- Understanding thresholds of neglect across the partnership
- Sharing information to safeguard children
- Learning from Serious Case Reviews

Accountability and reporting arrangements

The L&D sub group is accountable to the BSCB and is responsible for ensuring that it’s Term of Reference (ToR) and work plan are compliant with the BSCB Business Plan. It has a good representative core group from across the partnership.

Learning Events/Courses

A range of multi-agency safeguarding training was delivered in 2015/16. A table of attendance is below. Barnet has a very active voluntary sector which has been very well represented at multi-agency training events

Service Area	No of attendees	Service Area	No of attendees
Adults	2	Housing	16
CAMHS	15	police	0
Education	376	Private	169
Children centres	33	Probation	10
Fire Service	0	EIP & youth	167
CLCH	60	Social care	174
Higher Education	24	Voluntary	177
Hospitals	41	Education & skills	16
Total	1280 staff from across the partnership		

Figure 12: Multi-agency attendance of BSCB delivered safeguarding training in 2015/16

Evaluation and Impact

The L&D sub-group currently assesses effectiveness in two ways:

- Through self-assessment by participants as to their satisfaction with the session they have attended. This includes an assessor of the session leader.
- Through multi-agency audits overseen by the PQA

Evaluating the impact of training on operational practice is difficult. As of April 2016, follow up evaluations for selected courses will be sent after six weeks to help develop an understanding of how the learning events impact on work with children and families and thereby improve outcomes for children.

Next steps:

In the coming year the key priorities for the L&D sub group will be to:

- Review ToR and membership of the group
- Develop a robust and flexible work programme linked to BSCB's two year business plan and to SCR learning
- Improve the sub-group's ability to evidence the impact of training
- Collate and analyse information emerging from Section 11 audits to inform assessment of training effectiveness

13. Effectiveness of the Board

Independent Chair – Chris Miller

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 have a programme of regular reports to the BSCB from partner organisations. Members question each other about the effectiveness of their practice and the impact they have on those they serve. We also conduct challenge panels following the completion of section 11 audits where BSCB members challenge each other about their policies and delivery. We have a lay members section and a Youth Shield section in BSCB and these create opportunities for enquiry and review.

Understands the intended and actual impact of practice

We, through the performance and quality assurance group, audit and enquire into practice and procedure, praise what is good and seek to change what is not. We have challenged and changed note taking practice in some child protection plan meetings and have challenged agencies on their information sharing procedures. This has led to a review of information sharing in Barnet and a new priority for 2016-18.

Understands performance information and uses it to understand the story behind the data – it is a questioner

We are on a journey of improvement and have made progress in 2016. We have built on our mapping of CSE and now have prevalence maps for domestic violence and a better understanding of neglect and a refreshed set of performance indicators are in place. The Child Death Overview Panel has also managed to improve its understanding of the links between deprivation and infant mortality in Barnet. BSCB members support my personal drive to continue our improvement in this respect.

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

We receive twice yearly reports on the early intervention strategy. We continue to challenge those involved with preschool children to complete more CAFs, because we believe that the good work of schools completing CAFs may be making up for a lack of understanding by those working with the under-fives. We have adopted the Graded Care Profile to better deal with neglect and will support multi-agency training in this in 2016-8. We are supporting on a partnership basis the adoption of resilience as a BSCB priority.

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

Our challenge panels, serious case review panel and audits have identified issues that have led to learning and change. We now have better information sharing processes following domestic violence cases attended by police, better interviewing of missing children once they return and better management of offenders with children. However we are not yet as good as we would like to be at assessing the effectiveness of our training.

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

As BSCB chair I sit on the HWB. I also sit on the Strategic Domestic Violence and Violence Against Women and Girls Group (DV&VAWG). This enables the BSCB priorities to be known to and to be influential in the HWB and the DV&VAWG.

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.

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, above.

Is properly resourced and financially literate

Safeguarding is a complex business and an LSCB requires resources to function. Barnet's LSCB is funded at 30% less than the London average and of London's 29 LSCBs only two have smaller budgets. Given that Barnet is about to become London's biggest borough this has consequences for our ability to carry out the wide range of duties expected of us.

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. The funding for BSCB is sparse compared with other London LSCBs and furthermore is not proportionate. Barnet Council currently provides 63% of the annual BSCB

budget.

The Metropolitan Police funds LSCBs at a significantly lower level than any other urban Metropolitan Police Force and this impacts all LSCBs including Barnet. All LSCB chairs in London are concerned by this and have sought a better settlement from the Mayor's Office.

Barnet Council and Barnet Clinical Commissioning Group also fund the BSCB at levels well below the London average and may wish to review this in due course.

14. Budget

The total budget for 2015/16 from partner contributions was £156,000.

The table below shows the budget for 2016/17:

Budget Summary Table

LSCB			
Income			
Carry Forward	10000		
LBB	98,000		
MPS	5000		
Barnet CCG	12500		
CLCH	12500		
BEHMHT	12500		
Royal Free NHS FT	12500		
NPS	1000		
London CRC	1000		
NELFT	550		
CafCASS	550		
LFB	500		
	166,600		
Commitments			
Business Manager		-56000	
Administrator		-37620	
Chair		-17500	
Training		-22000	
Safeguarding Partnership Assoc		-1500	
SCR /IMR/SCIE		-10000	
Misc; Catering Printing Advertising Expenses		-3000	
Proposed Land D officer (0.25 FTE)		-11000	
	166,600	-158620	7,980
			91

Appendix – Attendance of BSCB Board Meetings 2015/16

Member	Organisation	May 2015	Sept 2015	Jan 2016	April 2016
Chris Miller	BSCB Chair	✓	✓	✓	✓
Ronit Green	BSCB Business Manager	✓	✓	✓	✓
Cllr Thompstone	LBB Lead Member	✓	✓		✓
Chris Munday	LBB Director of Children Services	✓	✓	✓	✓
Dawn Wakeling	LBB Adults Director				
Jo Pymont	LBB Assistant Director Social Care	✓	✓	✓	✓
Jon Dickinson	LBB Assistant Director Adults				
Duncan Tessier	LBB Assistant Director EIP	✓	✓		✓
Ian Harrison	LBB Director Education and Skills		✓		
Kate Malleson	LBB Head of Youth & Family Support				
Tony Lewis	LBB Voice of the Child Co-ordinator	✓		✓	
Elaine Atkinson	LBB Head of Safeguarding Children	✓	✓	✓	✓
Sue Smith	LBB Head of Safeguarding Adults	✓			
Neil Marlow	LBB Head of School Improvement		✓	✓	✓
Karen Pearson	LBB Head of Early Years		✓	✓	
Kiran Vagarwal	LBB Head of Community Safety			✓	
Katie Dawbarn	LBB Learning Network Inspector	✓	✓	✓	✓
Melinda Casell	Cafcass: senior service manager	✓	✓		✓
Cllr Barry Rawlings	Voluntary Sector: Community Barnet		✓		✓
Jo Domingo	Voluntary Sector: Community Barnet	✓	✓	✓	✓
Sarah Le May	Voluntary Sector: Norwood		✓		✓
Cecile Kluitse	Voluntary: Solace Women's Aid	✓	✓		
Toni Beck	Barnet and Southgate College:	✓	✓		✓
Sara Keen	School: Beit Shvidler Head				
Marc Shoffren	School: Alma Primary	✓		✓	
Helen Morrison	School: Martin's Primary School	✓			
Joanne Kelly	School: Pavilion Study Centre	✓		✓	
Jackie Menczer	School: Menorah Primary		✓		
Nicola Dudley	School: Millbrook Park CE Primary			✓	✓
Eileen Bhavsar	School: Garden Suburb Junior			✓	✓
Colin Dowland	School: Woodridge Primary				✓

Member	Organisation	May 2015	Sept 2015	Jan 2016	April 2016
Paula Light	MPS: Barnet Police	✓	✓	✓	✓
John Foulkes	MPS: CAIT Detective Chief Inspector	✓	✓	✓	✓
Steve Leader	LFB: Borough Commander	✓		✓	✓
Alex Ewings	London Ambulance Service	✓	✓	✓	
Sam Denman	Probation: ACO	✓	✓	✓	✓
Sam Rosengard	CRC				
S. McGovern	Barnet CCG	✓		✓	✓
Dr P Desai	Barnet CCG			✓	✓
Laura Fabunmi	Public Health, AD	✓	✓		✓
Trish Stewart	CLCH :Head of Safeguarding	✓	✓	✓	✓
Helen Swarbrick	RFHT Safeguarding Lead Nurse		✓	✓	✓
Ruth Vines	BEHMT, Head of Safeguarding	✓	✓	✓	✓
Julie Riley	Housing: Barnet Group Director	✓			
Naomi Burgess	Lay Member	✓	✓	✓	
Nigel Norie	Lay Member	✓	✓		✓
Dr Paul de Keyser	Designated Doctor	✓	✓	✓	✓
Bridget O'Dwyer	Public Health, Senior Commissioner	✓		✓	