

Appendix B



Barnet Safeguarding Children Board (BSCB) Business Plan 2016-2018

The committee is asked to:

- a) Note the BSCB priorities for 2016-18**
- b) Provide view of the plan**

1. Background

The BSCB, through the work of its task & finish groups, is developing objectives for each of the six priorities agreed by Board members for the Business Plan 2016-18. A final business plan will be presented to the BSCB for sign off on 19th October 2016 and to CELS in November 2016.

How the priorities were agreed

An initial list of ten priorities were identified based on areas for development and emerging needs through the work of the Board over the course of 2014-16, and through learning from national and local reviews. Members of the Board agreed to rank the list of ten suggested priorities via survey monkey by March 2016.

27 Board members voted for five priorities each on behalf of their organisation. At the April 2016 Board the survey results were discussed and members agreed on five priorities. Following the development of and commitment to the borough's Children and Young People's Plan (2016 – 2020), the Business Management Group in June 2016, the Director of Children's Services asked the Group to agree to add Resilience as a sixth priority, so that the work of the Board is aligned to the Plan, in which resilience is a key enabler for strengthening families.

2. BSCB Priorities for 2016-18:

The Board has agreed the following six priorities:

- Child and adolescent mental health & self-harm
- Neglect
- Domestic Violence and Abuse
- E-safety
- Information Sharing
- Resilience

3. The role of Task & Finish Groups

Board members agreed the use of task & finish groups, made up of Board members, to drive forward the development and delivery of the Business Plan.

The following priorities and leads were agreed:

- Child Mental Ill Health: Dr Deborah Dover, BEHMT
- E-safety : Marc Shoffren, Head of Alma Primary
- Neglect: Karen Pearson, LBB Head of Early Years and Early Help
- Domestic Violence: DV & VAWG coordinator, through the work of the DV & VAWG Board
- Information Sharing: Elaine Tuck, Head of Service Commissioning and Business Improvement, LBB
- Resilience: Jo Pymont, AD, Children's Social Care, LBB

4. Rationale for each of the Board's priorities and examples of objectives and actions currently being developed

See below for details of each priority with objectives.

Priority 1: Child/Adolescent Mental Health & Self-Harm

Growing up is meant to be one of the very best times in anyone's life but it can also be tough. There are many pressures and some children and young people are exposed to situations and experiences that can make them particularly vulnerable.

High quality and accessible mental health support for children and young people is vital to improve outcomes for children, and by intervening early and building young people's resilience we can improve both life chances for individuals and reduce the reliance (and cost) on public services later in life.

Child and adolescent mental health is a significant factor for children in Barnet. In the past year 2807 children and young people were referred to Barnet CAHMS, compared to 2139 children and young people the previous year. This represents an uplift of 31%. Recent data also suggests that acute admissions for eating disorders are rising, as are incidents of self-harm.

Improving outcomes for children and young people will require a multi-agency approach, and the BSCB is well placed to coordinate, develop and agree local initiatives. We will work to strengthen the multi-agency response to mental health issues and improve access to high-quality evidence-based treatment for children and young people.

Examples of objectives currently being developed:

Child/Adolescent Mental Health & Self-Harm	
What we will do	How we will do it
Promote good mental wellbeing and resilience, by supporting children, young people and their families to adopt and maintain behaviours that support good mental health	Raise awareness amongst parents and practitioners of the importance of early interactions between baby and parents and work to promote understanding of importance of: <ul style="list-style-type: none"> • Nurturing a child's confidence and self-esteem • Guidance and discipline: parenting programmes • Play opportunities with other children
Work to reduce risk factors for special populations	Further develop an understanding of the relationship of child mental health & self-harm with other safeguarding risks i.e. <ul style="list-style-type: none"> • Bullying or harassment at school or somewhere else • DV

Child/Adolescent Mental Health & Self-Harm	
What we will do	How we will do it
	<ul style="list-style-type: none"> • Child abuse - both physical and sexual • Poor parenting or caregiving • family history of depression <p>Explore whether schools can have robust PSHE starting to address anxiety in primary schools and continuing through to school leavers</p>
Develop and oversee local prevention strategies	<p>Work in collaboration with Public health and other relevant partners to develop prevention strategies including:</p> <ul style="list-style-type: none"> - Suicide Prevention strategy, - Bullying prevention programmes, - Behaviour management programmes
Improve early recognition of emotional or behavioural problems in childhood and adolescence	<ul style="list-style-type: none"> • Train GPs in identifying and referring problems early and supporting families, children and young people to develop resilience • Explore possibility of named lead person in each surgery for children's mental health issues.
Ensure Young people are informed about the range of services available and how they can access them discreetly or with support.	<ul style="list-style-type: none"> • Develop an agreed multi-agency understanding of the available mental health support for children and young people at an early stage of additional needs being identified • Develop guidance on services that could be provided during the waiting time for a CAHMS referral
Work to adequately support young people where there are issues of self-harm	<ul style="list-style-type: none"> • Provide appropriate training in the assessment and early management of children and young people who have self-harmed • Provide training to practitioners who have contact with children and young people who self-harm are

Child/Adolescent Mental Health & Self-Harm

What we will do	How we will do it
	<p>in the assessment of risk</p> <ul style="list-style-type: none"><li data-bbox="619 488 1348 607">• Develop knowledge and awareness of 'what works' to prevent self-harm and effective coping strategies for children and young people<li data-bbox="619 663 1380 819">• Examine the possibility of School nurses providing support to children by running dedicated courses to help those struggling with anxiety, low self-esteem and confidence issues

Priority 2 – Neglect

Neglect is about the relationship that a parent or carer has with their child. It is the persistent failure to meet a child’s basic physical and/or psychological needs. Neglect causes great distress to children and is likely to result in the serious impairment of the child’s health or development in the short and long term.

Children who are neglected may have poor appearance and hygiene, health and development problems and housing and family issues. As they grow up, they are more likely to have mental health problems, poor physical health, difficulties with relationships and reduced employment in their adult life. In some cases, neglect can cause permanent disabilities and at the upper end of the spectrum, neglect can be life-threatening.

Nationally neglect is the most common of the four categories of child abuse (which include physical, sexual and emotional abuse). In Barnet in 2015/16, 36% of Barnet’s children were subject to a Child Protection Plan as a result of Neglect.

Using insight data and expertise from across the partnership, a Neglect Strategy was developed by the neglect sub-group and signed off by the Board in January 2016. The aim of Neglect Strategy is to improve outcomes for children suffering from neglect in Barnet by partners intervening as early as possible.

Examples of objectives currently being developed:

Neglect	
What we will do	How we will do it
Participate in Phase 3 of the NSPCC pilot of the Graded Care Profile 2 (GCP2), initially focussing on the West of the borough before rolling out the assessment tool across Barnet	Work in partnership with the NSPCC to implement the GCP2.
Create a network of multi-agency Neglect Champions across Barnet to deliver training, disseminate information and provide guidance to professionals around	<ul style="list-style-type: none"> • Nominate sufficient champions from across the partnership and create a clear role description for this role. • Champions deliver GCP2 training, promote the GCP2 at relevant Barnet fora and provide support across agencies.

neglect	
Support practitioners across all agencies to identify and assess neglect at all tiers, including early intervention	<ul style="list-style-type: none"> • Refreshed training programmes for multi-agency practitioners and individual agencies. • Promote attendance at refreshed multi-agency Neglect training, which includes training in the use of the GCP2 assessment. • Equip staff with the necessary skills, resources and support to undertake GCP2 assessments
Raise profile of the refreshed Neglect approach and training offer across Barnet	<ul style="list-style-type: none"> • Multi-agency communications plan • Attendance of Champions at key multi-agency forums and cascading via individual agencies • Incorporation into the resilience-based model
Ensure that practitioners understand how the EIP Menu of Interventions can be used once a plan is in place for children suffering from or at risk of Neglect.	<ul style="list-style-type: none"> • Communications via the EIP roadshow and other relevant fora. • Clear link between GCP2 assessment and interventions available across agencies
Monitor quality and number of GCP2 assessments undertaken	Establish reporting mechanism for staff trained in the GCP2, a quality assurance framework and reporting mechanisms.

Priority 3 – Domestic Violence and Abuse

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. Domestic abuse can seriously harm children and young people. We know that children exposed to violence will suffer a range of severe and lasting detrimental effects, usually on every aspect of a child's life, although it will vary according to the child's resilience and the strengths and weaknesses of his / her particular circumstances.

Domestic violence continues to be a significant factor for children in Barnet. An analysis of random samples of CAFs in Barnet found DV featured in 90% of the cases¹. Since April 2014 and when MASH started recording presenting issues, nearly a quarter of contacts were identified as having domestic violence present in the family. Of these domestic violence cases, 13% progressed under the social care threshold to CAF whereas over double that amount progressed over the threshold to social care (28%).

Early intervention services have a critical role in identifying and addressing the safeguarding needs of the child, alongside child protection services. Partners on the BSCB are committed to improving the identification and recognition of DV and its effects on children and young people, and strengthening multi-agency responses to effectively tackling DV.

By working closely with the Domestic Violence and Violence Against Women and Girls sub group (DV & VAWG) of the Community Safety Partnership Board the BSCB will work with our partners to raise awareness about impact of DV on children and young people, intervene and secure the right help and support for victims and pursue the right enforcement paths. .

Examples of Objectives currently being developed:

Domestic Violence and Abuse	
What we will do	How we will do it
Support at risk groups	Increase understanding of DV with other safeguarding issues such as: <ul style="list-style-type: none">- The presence of parental mental health problems- Substance misuse- A history of violence

¹ <https://www.barnet.gov.uk/jsna-home/>

Domestic Violence and Abuse	
What we will do	How we will do it
	- Lack of take up of services offered
Raise awareness of domestic abuse and the impact it has on children	<ul style="list-style-type: none"> • Raise awareness of impact of DVA on children through events during safeguarding month • Target Children's Centres identified in areas where DVA is prevalent
Increase the number of referrals to the domestic violence perpetrator programmes for men with dependent children	<ul style="list-style-type: none"> • Provide awareness sessions for social care • Monitor number of referrals and successful completions of perpetrator programmes • Improve data collection on number of perpetrators with dependent children
Secure best practice in information sharing,	<ul style="list-style-type: none"> • Improve Information sharing between social care, police and schools to safeguard vulnerable children • Strengthen links between community safety and, family services in sharing data and intelligence around domestic violence
Assess the quality of partnership services for the child and families	<ul style="list-style-type: none"> • Conduct multi-agency case file mapping exercise to explore the effectiveness of early help/early intervention services in safeguarding children subject to domestic violence • Work to deliver actions based on issues identified through the multi-agency audit
Examine repeat victimisation and the number of repeat high risk domestic abuse cases	Record and monitor repeat victimisation and analyse repeat referrals

Priority 4 – E-safety

The BSCB recognises that as the use of digital communications technology has grown, and so too have the benefits and the risks that children now come into contact with on a daily basis. The online world has become firmly integrated into the lives of young people with most not making any distinction between their online and offline lives. It is no longer enough to consider child safety in a purely ‘real world’ focus. We need children and young people to understand that their online behaviour may have offline consequences.

The facts about being online

According to the NSPCC, one in five 8 to 11 year olds and seven in ten 12 to 15 year olds has a social media profile. One in three children has been a victim of cyberbullying and around one in seven young people have taken inappropriate picture of themselves. Over half went on to share the picture with someone else. Ofcom have found in their Children and Parents: Media Use and attitudes Report (Oct 2014) that 29% of friends children aged 12 to 15 have online are not personally known to them and 51% of teenagers have revealed information online that could be used to identify them.

The BSCB is committed in its ambition to keeping children and young people safe in a digital world and to particularly ensure the most vulnerable are protected from harm such as online abuse, child sexual exploitation, exposure to explicit material, theft of identity, grooming, cyber-bullying and radicalisation

The BSCB will work to ensure that all professionals working with children and young people, and young people themselves, have the skills, knowledge and understanding to address e- safety issues effectively. We will work to support organisations such as schools, youth providers, voluntary and community sector groups in developing their own responses to the risks to the young people they deal with.

Examples of Objectives currently being developed:

E-safety	
What we will do	How we will do it
Promote safe and responsible online behaviour and build resilience by allowing an opportunity to reflect on	<ul style="list-style-type: none">• Work with schools and other young people’s organisation to ensure that e-safety is at the heart of their efforts to safeguard young people. This should be both as a part of the PHSE curriculum and other pastoral care

E-safety	
What we will do	How we will do it
some of the possible consequences associated with acting outside of these boundaries	<ul style="list-style-type: none"> • Ensure schools and all groups working with young people have support in managing risk in e-safety, including how to identify potentially vulnerable young people.
Staff are able to identify children who may be vulnerable to radicalisation, and know what to do when they are identified	<ul style="list-style-type: none"> • Ensure that the Prevent advice and information page/s on the BSCB website includes advice and signposting for parents with concerns about online extremism and radicalisation and information for practitioners on how to make a referral • Ensure that a section on the risks around online extremism and radicalisation is incorporated within the local script for Prevent WRAP training, so that it is included in all core training delivered from frontline practitioners.
Provide peer support to victims	Explore use of peer support forums such as Peer listening schemes, buddying schemes
Ensure that expectations for recording & reporting e-safety incidents are clear	<ul style="list-style-type: none"> • Develop simple multi-agency template for recording e-safety incidents; • Publish guidance on BSCB website
Understand the nature and extent of the local issues in relation to online abuse	Develop data collection of number of cases where internet facilitated abuse
Increase arrests, prosecutions and convictions for e safety related crime.	<ul style="list-style-type: none"> • Develop understanding of the range of offences • E-safety group will work with the police to develop an operating process

Priority 5 - Information Sharing

Information sharing is key to delivering better, more efficient services that are coordinated around the needs of children and young people. It is essential to enable early intervention and preventative work and for safeguarding and promoting the welfare of children and young people. The appropriate sharing of information can result in the jigsaw of information becoming complete with new, accurate and informed conclusions being made about the situation of a child.

A consistent message resulting from inquiries and Serious Case Reviews is the need for agencies to do better in recording and sharing the information they hold about children and young people. The SCR we have recently published in Barnet 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. We will work to ensure that professionals working with a child or young person are able to share information about vulnerable children consistently. It is important that practitioners understand when, why and how they should share information so that they can do so confidently and appropriately as part of their day-to-day practice.

The actions below are based on some of the findings from an independent 'Review of the operational practice around the sharing of information between partner agencies in Barnet' which took place in early 2016.

Examples of Objectives currently being developed:

Information Sharing	
What we will do	How we will do it
Develop a One Barnet approach for information sharing, confidentiality and consent and ensure that the voices of the child and parents are at the core of all work.	<ul style="list-style-type: none"> • Agree and produce a simple guide for practitioners on the circumstances in which each agency should be sharing information to safeguard children • Agree the mechanism for challenge where information sharing is not working well • Develop a dataset to monitor the effectiveness of Information Sharing and maintain oversight through PQA
Develop a communication strategy that supports effective information	<ul style="list-style-type: none"> • Clarify procedures and protocol for identification of offenders and ex-offenders between education, police and social care to ensure info where

Information Sharing	
What we will do	How we will do it
sharing.	<p>children are involved is timely.</p> <ul style="list-style-type: none"> • Improve the communication flow from the MASH back to referrers. • Ensure children's social care are keeping other agencies up-to-date (e.g. with schools around allocated SW, and core group cancellation). • Develop a plan to increase CAFs coming from children's centres and health and improve information sharing from health visitors and school nurses
Ensure that the workforce is skilled to manage information sharing	Provide multi-agency training on effective information sharing in a multi-agency context
Review how current systems could work more effectively for better information sharing and consider the areas of innovation	<ul style="list-style-type: none"> • Get automated information sharing in place between LA and A&Es • Explore ways to enable appropriate access for partners to the children's social care case management system • Scope the development of cross-borough info-sharing protocols

Priority 6 – Resilience

The LBB has adopted Resilience as a strategic approach to delivering the best outcomes for children and young people. An approach based on resilience involves looking for strengths and opportunities that can be built on, rather than for issues or problems to treat. There is a growing body of evidence which outlines ways that can support parents and families to be more resilient.

The BSCB has adopted Resilience as a priority to ensure that the work of the BSCB is aligned to LBB’s strategic plan in which resilience is a key enabler for strengthening families. We will work as a partnership to incorporate resilience into practice across the Borough

Examples of Objectives currently being developed:

Resilience	
What we will do	How we will do it
Ensure a shared understanding across partnership of resilience	<ul style="list-style-type: none"> • Deliver Partnership resilience workshops starting September 2016 • Partners to develop resilience philosophies and what good resilience based practice looks like for them and what support they need to embed this • Coordinate and deliver a partnership roadshow integrating EIP and resilience starting in Sept 2016 • Develop and share case studies of good resilience based practice
Roll out resilience based training in a multi-agency context	<ul style="list-style-type: none"> • Resilience Task & Finish group to identify training requirements • Develop a partnership training plan on resilience • Introduce Signs of Safety across the partnership through Partner briefings • Identified partners to attend 2-day Signs of Safety training
Embed resilience philosophy and model across the partnership	<ul style="list-style-type: none"> • Resilience pilots across schools and health • Partners to develop outcome measures to measure distance travelled in terms of embedding resilience philosophy • Conduct multi-agency audits to be used to measure impact and learning