



Hampshire  
**Saf**e guarding  
**Children**  
Board

# HSCB Annual Report 2013



# FOREWORD

A FOREWORD FROM THE INDEPENDENT CHAIR

Maggie Blyth



**This is the third annual report of the Hampshire Safeguarding Children Board. It outlines progress made during 2012/13 and summarises the key challenges ahead.**

I took up the role of Independent Chair in April 2013 and have carefully considered the work undertaken by all agencies working with children in Hampshire, as part of my initial perspective of child protection arrangements across the County. There are good examples of integrated working in Hampshire, one example being the MASH, currently under development. Children and young people in Hampshire need the agencies involved to work even more closely together and to be visionary and creative.

The Board Members have agreed with me the priorities for the coming year 2014/15 and these are stated at the end of this Annual Report.

The context for our work is that the country remains in economic recession and is in the midst of fundamental reshaping of public services. This is having an impact on the lives of children and families in Hampshire, on the demands on those working with families and on the structure of agencies. Economic difficulties and unemployment put pressure on families which, in some cases, increases risk for children. Hampshire Children's Services has seen an increase in the numbers of referrals over the year but HSCB has been assured that services remain robust and of high quality.

Effective safeguarding and child protection involves committed team working between agencies based on knowledge and trust. Experience shows that change in safeguarding arrangements mean that working relationships change and trust needs to be re-established. There are good working relationships between the different agencies and professions in Hampshire. The workforce is well supported and vacancy rates within the local authority social work teams are low. Hampshire is on track to recruit more health visitors in line with national expectations.

## A FOREWORD FROM THE INDEPENDENT CHAIR Maggie Blyth

**Workforce development**, alongside the key safeguarding messages for Hampshire were the focus of our review day in September 2013, which enabled all Board members to evaluate our work as a Board and our future challenges, and this awareness of the consequences of change informs our work plan for 2014. We remain committed to supporting the most vulnerable children and young people in Hampshire, particularly those at risk of going missing or sexual exploitation. We want to provide early support to children in need before they require more acute services through child protection plans.

**Implementation of the recommendations from the Munro report and the new Working Together 2013** provides a second focus for the year ahead. We are linked into the national discussions about the changes required to 'review' LSCB effectiveness from Ofsted and are well advanced in our local planning. For example, we have already been exploring different approaches to reviews of serious cases and have developed a 'challenge' register. We commissioned a new style Serious Case Learning Process into the death of one child, which speeded up the process and produced helpful insights into ways services could be improved. We have published our first Serious Case Review under the new arrangements. We have shared our learning with others in the region and are committed to an open process for reviewing cases and developing skills within our organisations. We consciously seek to bring learning from others to improve the services we offer across the County.

**The statutory responsibility of Boards** to evaluate the effectiveness of multi-agency safeguarding services and to facilitate improvement in services for children and young people has been emphasised in the Munro recommendations and is a core element of our new work plan. We are re-evaluating the core dataset, as part of a new South East Quality Assurance Framework, and are committed to innovative work to develop an overview of the quality of direct, multi-agency work with the public.

The Board members recognise that most children and young people live in families and that the wellbeing of parents is a crucial factor in the welfare of children. We therefore remain determined to strengthen the 'think family' approach and to develop links between children and adult services. This has been the subject of our recently published SCR. We remain committed to joint working with Portsmouth, Southampton and the Isle of Wight, recognising that families move across boundaries and that the police, health and other agencies have a combined city and county structure.



"I hope you find this Annual Report helpful in understanding how the child protection system works in Hampshire. And I look forward to working with you over the year ahead." *Maggie Blyth*



### LOCAL DEMOGRAPHICS

Hampshire County Council is the third largest county in the country (based on population).

The current population estimate is 1.3 million people, approximately 280,000 of whom are children and young people aged 0-18. (Office for National Statistics, 2011 Census).

Hampshire has a predominantly white ethnic population with 92.5% of children aged 0-18 of white ethnicity and 97.8% of children aged 3-14 first language is English. (Office for National Statistics, 2011 Census).

The county is a mix of urban and rural populations, with areas of affluence and areas of significant deprivation. 31 areas in Hampshire are among the most deprived in the country (Index of Multiple Deprivation 2010).

HSCB's underlying philosophy has been to focus attention on those children who are most vulnerable and at risk of suffering harm.

### VULNERABLE GROUPS

It is impossible to offer a complete picture of the children whose safety is at risk in Hampshire because some abuse or neglect may be hidden, despite the best efforts of local services to identify, step in and support children who are being harmed or are at risk of being harmed.

Many groups of children in Hampshire are vulnerable and are at increased risk of being abused and / or neglected. This annual report starts by looking at the categories of children and young people in Hampshire who have been identified by the local authority and other agencies as in need of protection as they are more vulnerable. These categories are not exhaustive and many factors such as going missing from home and living in households where there is domestic abuse, substance misuse and / or parents are mentally ill can place children at increased risk of harm from abuse and / or neglect.



### CHILDREN WITH A CHILD PROTECTION PLAN

Children who have a child protection plan (CPP) are considered to be in need of protection from either neglect, physical, sexual or emotional abuse; or a combination of one or more of these. The CPP details the main areas of concern, what action will be taken to reduce those concerns, by whom, and how we will know when progress is being made.

During 2012/13 the number of children with a CPP has steadily increased from 795 at the end of March 2012 to 909 at the end of March 2013. The trend in Hampshire is similar to national trends although slightly more pronounced. The national and local trends reflect greater pressures on families caused by the recession and poverty. But the increase also reflects better recognition of abuse and neglect amongst professionals.

Historically the use of CPPs in Hampshire was lower than statistical neighbours however the more pronounced increase reflects a greater consistency in the application of thresholds and the factors highlighted above. The Hampshire use of CPPs is now more in line with statistical neighbours and also appears to have levelled out. The increase in CPPs creates pressures within the system for all partners to service the multi-agency planning meetings and for children's social care in particular to maintain close oversight and visiting arrangements. However, the response to these pressures has been good and Hampshire County Council have committed an extra £2.5m to front line social work services in order to maintain a safe system.

HSCB routinely scrutinises child protection activity at a county level and where required looks at what is happening at a local level to understand any trends or issues impacting on safeguarding activity.

### CHILDREN IN CARE

Children in care are those looked after by the local authority. Only after exploring every possibility of protecting a child at home will the local authority seek a parent's consent or a court decision to remove a child away from his or her family. Such decisions, whilst incredibly difficult, are made when it is in the best interest of the child.

There were 1,131 children in care at the end of March 2013 and the rate per 100,000 child population has remained stable over the last 5 years at 39-40 per 10,000.

All children in care are subject to regular independent reviews of their care to ensure that their circumstances are reviewed and their needs are met. The local authority and other agencies work together to ensure that children in their care are offered the best possible care and this work is co-ordinated and overseen by the Hampshire 'Care Matters' board.

# CHAPTER 1

## CHILDREN WHO ARE PRIVATELY FOSTERED

Parents may make their own arrangements for their children to live away from home. These are privately fostered children. The local authority must be notified of these arrangements.

At the end of March 2013 the local authority were aware of 18 privately fostered children. Reported numbers remain low despite the efforts of the local authority and the HSCB to raise awareness of the need to notify the local authority of these arrangements.

## DISABLED CHILDREN

There has been an increase in the number of disabled children with a child protection plan. At the end of March 2013 there were 68 disabled children with a CPP compared to 38 at the end of March 2012. Again, this increase is likely to be due to an increased awareness of abuse and neglect which has been led by the LSCBs Disabled Children working group. However the number of disabled children with a CPP remains slightly lower than expected given that research on the protection of disabled children indicates that they are more at risk of being abused than non-disabled children .

Safeguarding disabled children was identified as a priority for the HSCB in 2012 and the achievements made in safeguarding this vulnerable group are outlined later in this report.

## YOUNG PEOPLE WITH MENTAL HEALTH ISSUES

7,295 young people were receiving a service from the Child and Adolescents Mental Health Services at the end of March 2013. Waiting times for young people to be seen has reduced over the year with 65% of young people being seen within 4 weeks in 2013 compared to 20% in 2012. During 2012/13 all children were seen within 13 weeks.

# LOCAL AREA SAFEGUARDING CONTEXT

## YOUNG PEOPLE WHO OFFEND OR ARE AT RISK OF OFFENDING

Hampshire Youth Offending Team (YOT) has seen the number of young people they work with decrease over the year. At the end of March 2013 they worked with 1,041 young people through pre-court disposals and community orders compared to 1,486 at the end of March 2012. The number of young people in custody, on remand or sentenced has also fallen. This decline is a national trend, however the young people who are involved with YOT often present with complex needs requiring significant support both in and out of custody. HSCB continues to scrutinise the safeguarding practices within local secure settings, particularly in relation to the use of restraint and further information on this can be found later in this report.

## CHILDREN WHO ARE AT RISK OF SEXUAL EXPLOITATION

Multi-agency work is ongoing which identifies children and young people who may be at risk of sexual exploitation in Hampshire. Hampshire Constabulary identified 17 young people in Hampshire known to have been sexually exploited or at risk of being sexually exploited. Child sexual exploitation was identified as a priority for the HSCB in 2012 and the achievements made in tackling child sexual exploitation locally are outlined later in this report.

## JENNY'S STORY

Jenny, a 17 year old female, was placed at Swanwick Lodge Secure Children's Home due to her risk of sexual exploitation, substance misuse and her emotional state. Whilst in the community Jenny refused to engage with any services or begin to address the underlying issues impacting upon her life. However, through providing a safe and secure environment Jenny developed positive relationships with care staff and through the support offered was able to open up and face the reality about her lifestyle. Jenny, with the support of those professionals working with her, resettled in the community. Jenny wrote a thank you letter to staff for all their support during her time at Swanwick Lodge Secure Children's Home.

Young people who self harm was identified as a priority for the HSCB in 2012 and the achievements made in safeguarding this vulnerable group are outlined later in this report.

### WHAT IS THE HSCB?

HSCB is the key statutory mechanism for agreeing how the relevant organisations in Hampshire will co-operate and work together to safeguard and promote the welfare of children and for ensuring that this work is effective.

HSCB was established in compliance with The Children Act 2004 (Section 13) and The Local Safeguarding Children Boards Regulations 2006.

The work of HSCB during 2012-13 was governed by the statutory guidance in Working Together to Safeguard Children 2010, which sets out how organisations and individuals should work together to safeguard and promote the welfare of children, and the Local Safeguarding Children Board Regulations 2006 which sets out the functions of Local Safeguarding Children Boards.

### Our Objective

To co-ordinate and ensure the effectiveness of what is done by each agency on the Board for the purposes of safeguarding and promoting the welfare of children in Hampshire.

### WE AIM TO DO THIS IN TWO WAYS

#### To co-ordinate local work by:

- Developing robust policies and procedures.
- Participating in the planning of services for children in Hampshire.
- Communicating the need to safeguard and promote the welfare of children and explaining how this can be done.

#### To ensure the effectiveness of that work:

- Monitoring what is done by partner agencies to safeguard and promote the welfare of children.
- Undertaking Serious Case Reviews and other multi-agency case reviews sharing learning opportunities.
- Collecting and analysing information about child deaths
- Publishing an annual report on the effectiveness of local arrangements to safeguard and promote the welfare of children in Hampshire.



# CHAPTER 2

### ORGANISATION OF HSCB

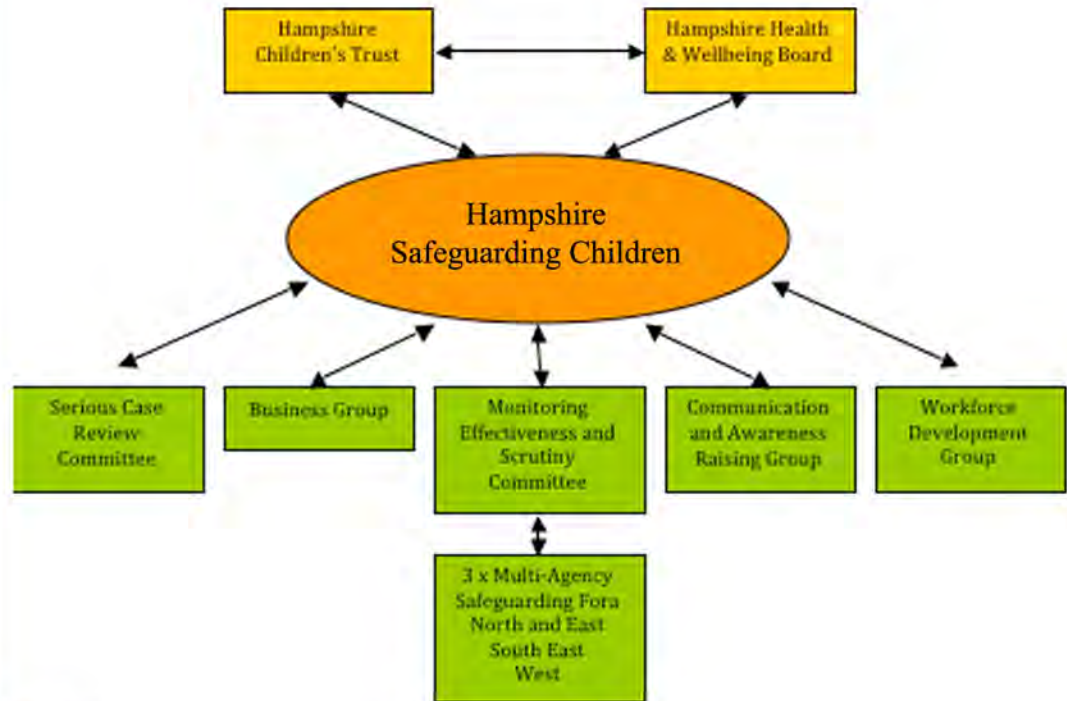
The Board meets four times during the year and has a membership made up of representatives from all statutory partners and others concerned with safeguarding children.

### BOARD MEMBERSHIP:

- Independent Chair
- Hampshire County Council including Adult and Children's Services
- 11 District Councils
- NHS Hampshire (Hampshire PCT)
- Hampshire Constabulary
- Hampshire Probation Trust
- Hampshire Youth Offending Team
- Schools and colleges
- South Central Ambulance Trust
- CAFCASS (Children and Family Courts Advisory and Support Service)
- The Armed Forces
- Hampshire Hospitals NHS Foundation Trust
- South Central Strategic Health Authority
- Southern Health NHS Foundation Trust
- The Children's Society (representing the voluntary sector)
- Hampshire Fire and Rescue
- Sussex Partnership NHS Trust
- 2 lay members.

### HSCB STRUCTURE

The main Board is supported by a range of sub-groups that enable its functioning. The structure of the board is illustrated below.



### ATTENDANCE

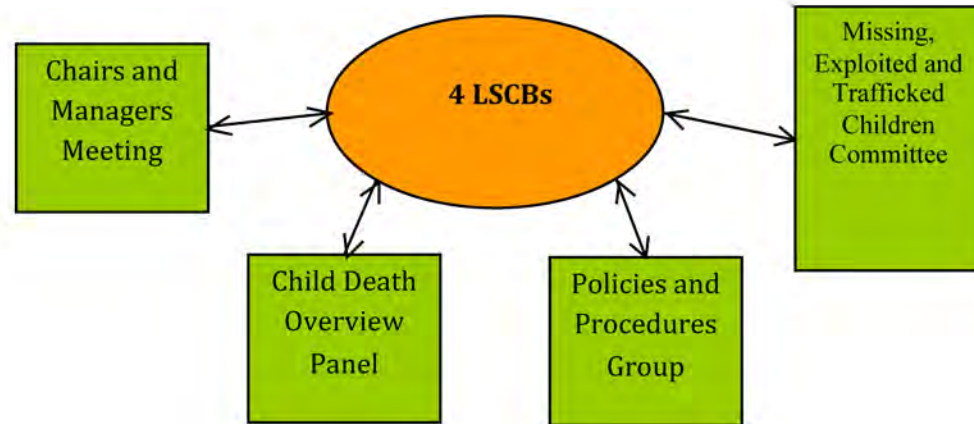
The Board and its subgroups continues to experience good attendance with representation across Board partners, lay members, voluntary sector and the involvement of other agencies and groups.

Appendix A illustrates attendance at the main Board meeting for the year ending March 2013.

# CHAPTER 2

### 4LSCB PARTNERSHIP

Hampshire, Isle of Wight, Portsmouth and Southampton each has its own LSCB, but come together under the 4LSCB umbrella in order to share procedures and policies, skills, knowledge, resources and learning. The 4LSCB has a number of sub-groups:



# CHAPTER 2

## GOVERNANCE AND ACCOUNTABILITY ARRANGEMENTS

### KEY ROLES

#### INDEPENDENT CHAIR

The Board continues to be led by an Independent Chair, ensuring a continued independent voice for the Board. After almost three years as independent chair, Clare Chamberlain moved onto a new position in January 2013. HSCB welcomed a new independent chair, Maggie Blyth, in April 2013.

During 2012/13 the Independent Chair of the Board remained accountable to the Director of Children's Services. From April 2013 in line with Working Together 2013 the Independent Chair is now accountable to the Chief Executive of Hampshire County Council whilst maintaining a direct link to the Director of Children's Services.

#### PARTNER AGENCIES

All partner agencies in Hampshire are committed to ensuring the effective operation of HSCB. This is supported by our constitution which sets out the governance and accountability arrangements.

Members of the Board, where they hold a strategic role within an organisation are able to speak for their organisation with authority, commit their organisation on policy and practice matters and hold their organisation to account.

#### LOCAL AUTHORITY

Hampshire County Council is responsible for establishing an LSCB in their area and ensuring that it is run effectively.

The Director of Children's Services is held to account for the effective working of the LSCB by the Chief Executive of Hampshire County Council and challenged where appropriate by the Lead Member.

The Lead Member is a 'participating observer' of the LSCB and regularly attends board meetings.

#### DESIGNATED PROFESSIONALS

Health commissioners should have a designated doctor and nurse to take a strategic, professional lead on all aspects of the health service contribution to safeguarding children across the local area. Designated professionals are a vital source of professional advice on safeguarding children matters to partner agencies and the LSCB. During 2012/13 the designated doctor position has been vacant, though interim arrangements have been in place. The absence of a permanent designated doctor remains a concern for HSCB.



# CHAPTER 2

### KEY RELATIONSHIPS

#### HAMPSHIRE CHILDREN'S TRUST

HSCB has a strong relationship with the Hampshire Children's Trust, which is responsible for developing and promoting integrated front line delivery of services which serve to safeguard children. The Chair of HSCB is a member of the Children's Trust and the Chair of the Children Trust sits on HSCB. The Children's Trust has produced a Children and Young People's Plan (CYPP) which sets out the Trusts priorities, including a focus upon early help, and how these will be achieved.

HSCB presents this report to the Children's Trust outlining key safeguarding challenges and any action required from the Children's Trust.

#### THE HEALTH AND WELLBEING BOARD

The Health and Wellbeing Board (HWB) was set up in Hampshire during 2012/13. It brings together leaders from the County Council, NHS and District and Borough Councils to develop a shared understanding of local needs, priorities and service developments.

HSCB will report annually to the HWB and will hold it to account to ensure that it too tackles the key safeguarding issues for children in Hampshire.

#### CLINICAL COMMISSIONING GROUPS

During 2012/13 the arrangements in Hampshire for new GP commissioning were developed. There are now 5 Clinical Commissioning Groups (CCGs) across Hampshire and they are important contributors to the HSCB in the coming year. In Hampshire West Hants CCG has the overall responsibility for safeguarding and North Hants CCG takes the lead with children's commissioning. All CCGs will have completed a S11 audit during 2013.

#### POLICE AND CRIME COMMISSIONER

A new Police and Crime Commissioner (PCC) was established in 2012 whose role is to hold the Chief Constable to account in relation to policing priorities. The PCC has met with representatives from the HSCB to ensure an understanding of the need to protect the most vulnerable children in Hampshire.



# CHAPTER 2

## FINANCIAL ARRANGEMENTS

Board partners continue to contribute to the HSCB's budget in addition to providing a variety of resources 'in kind'.

Total contributions from partner remained at £229,150, with Hampshire County Council contributing £52,200 towards the costs of running the 4LSCB child death overview panel. An underspend of £11,100 was carried forward from the previous financial year making the total income available to the board £293,450. This income ensured that the overall cost of running the HSCB was met.

## GOVERNANCE AND ACCOUNTABILITY ARRANGEMENTS

2012/13 Budget Summary as at 31 March 2013		
Final Accounts	2012/13 agreed Budget plan	2012/13 Actuals
<b>Income</b>		
Total Contributions from Partners	229,150	229,150
Hampshire County Council CDOP allocation	52,200	52,200
Training Income	1,000	7,440
Brought forward from previous year's surplus	11,100	11,100
Other income	0	3,843
<b>Total Budget available</b>	<b>293,450</b>	<b>303,733</b>
<b>Expenditure</b>		
Training and conference budget	81,100	75,582
Communication	2,600	2,547
Administration	5,000	17,248
Venues and refreshments	1,500	1,493
Serious Case Reviews	26,000	13,976
Staffing including on costs and travel	109,050	91,885
Independent Chair	14,000	13,076
Finance support service	2,000	2,000
CDOP HSCB contribution	52,200	52,200
<b>Total expenditure</b>	<b>293,450</b>	<b>270,007</b>
<b>Net Expenditure/(income)</b>		<b>-33,726</b>

### THE CHILD'S JOURNEY

Where early child welfare concerns arise, professionals involved with a child may use the Common Assessment Framework (CAF), which is a national early assessment tool and process for use across all children's services. It aims to help early identification of need and promote co-ordinated service provision. In Hampshire the recorded use of the CAF is low compared to the number of referrals into CSD expressing child welfare concerns. In 2011/12 there were 318 recorded CAFs and in 2012/13 there were 165. Hampshire is currently revising its early help offer and is trialling a number of different tools in order to establish what is the best, most effective early help assessment. In addition, the Troubled Families initiative has provided another route into early help. What is clear is that there is a wide range of early help being accessed both from Hampshire County Council services and from other partners. In the last year Locality teams have provided 2,300 early help interventions, Children's Centre outreach workers have provided a further 1,800 interventions. The Troubled Families initiative has identified and is working with 550 families, plus there are a range of services commissioned by Hampshire County Council (eg Young Carers, Substance Misuse services) that also provide early help. In total well over 5000 children will have received an early help intervention in the last year. Hampshire Children's Services review of early help services will be finalised in the new year and decisions will be taken on the type of assessment tool that can be used to access early help. HSCB has concluded that use of CAF has fallen but as can be seen this is no longer a good proxy indicator for access to early help.

#### EARLY HELP IN HAMPSHIRE

Early help means providing support as soon as a problem emerges at any point in a child's life.

Following a review of early help in Hampshire, Children's Services with its partners, is reviewing the process for the identification assessment and provision of early help. This includes a review of thresholds, re-launch of the early help assessment and a re-design of services.

The number of referrals to Children Services during 2011/12 and 2012/13 has remained relatively stable with 10,136 received during 2011/12 and 10,297 during 2012/13. There has been a slight rise in the number of referrals over the 2012/13 period. The rise in referrals reflects the analysis set out above with greater numbers of families under stress but also greater recognition and response to signs of abuse and neglect, as stated above, Hampshire County Council has invested an additional £2.5m in front line services. (The number of re-referrals to Children's Services has remained relatively stable at 23%. The total numbers have fallen from 2,512 in 2011/2012 to 2,365 in 2012/13.

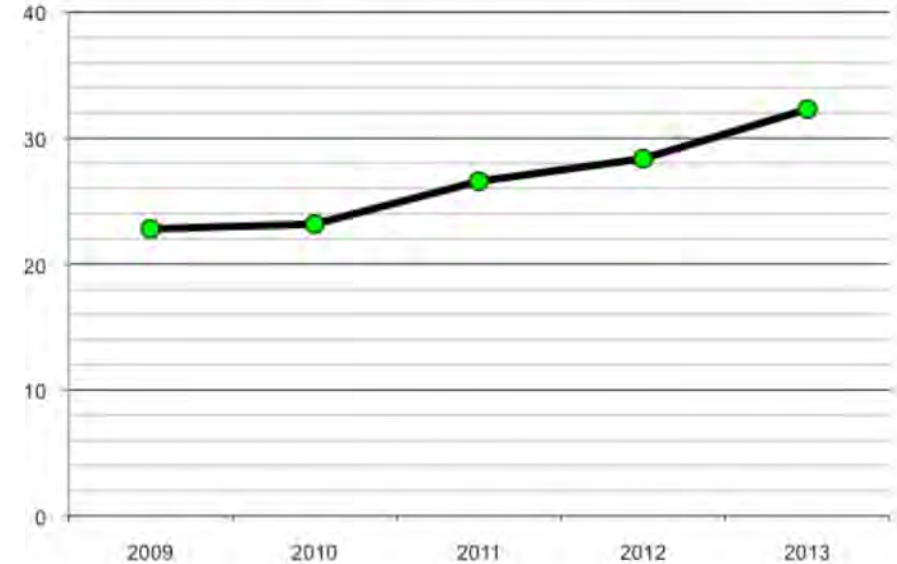
Early analysis from comparative data with other local authorities in a benchmarking group show that this rate is relatively low and is likely to reflect well established thresholds and system in place via hantsdirect. HSCB has sought assurances that there is an agreed understanding of thresholds across agencies via its scrutiny of early help in Hampshire, multi-agency case audits on young people who self harm and the multi-agency triage of child welfare concerns through the multi-agency safeguarding hub project.



Rate of referrals completed in the year ending 31 March per 10,000 0-17 year olds.



Rate of children who were the subject of a Child Protection Plan at 31 March per 10,000 0-17 year olds.



Source: Children's Social Care Benchmarking, Sector led improvement, Annual Report 2012-13.

### THE CHILD'S JOURNEY

#### MASH in Hampshire

Hampshire Children's Services are developing a Multi Agency Safeguarding Hub (MASH). The MASH Team of Children's Services, Adult Services, Police and Health Professionals will be based in the Same location with close links to virtual members such as Probation and Housing. The implementation of this model will ensure that safeguarding concerns about children and vulnerable adults will receive a consistent and co-ordinated response which utilises up to date multi agency knowledge. This will enable better informed decision making and quicker response times ensuring that the most vulnerable children and adult are protected.

During the period 2012/13 HSCB has been assured that all children who receive a service from Children's Services are allocated a qualified social worker. There has been a slight improvement in the timescales with which children are assessed.

During 2011/12 66.8% of core assessments were completed within the timescales of 35 days and during 2012/13 this increased to 71%.

The number of children with a child protection plan (CPP) has seen a gradual increase during 2012/13 with 795 at the end of March 2012 rising to 909 at the end of March 2013. The number of children on a child protection plan for the second or subsequent time has increased from 12.7% in 2011/2012 to 14% in 2013/2013.

Whilst the slight increase reflects the fact that there are more CPPs, the number of repeat plans has stayed within a safe banding which we estimate to be 11 – 17%. 94.5% of plans are reviewed within timescales.

In 2012/13 HSCB undertook an audit of statutory partner's compliance with their duties under section 11 of the Children Act 2004 to safeguard and promote the welfare of children. This included a pan-Hampshire (4LSCB) approach to engage agencies who work across the 4LSCB area such as Hampshire Constabulary, British Transport Police and Southern Health NHS Foundation Trust. The HSCB received a report on the outcomes of the s.11 audit at its Board meeting on 15 April 2013. Overall the findings were positive, though two key issues were identified that needed to be addressed by all organisations.



These were:

- Early Help
- Safer Recruitment

HSCB undertook a thematic case audit on children who are at risk of self harm. One of the key messages from this audit was that there needs to be a shared understanding of when and where to refer young people who self harm.

Recognising the need to better understand a child's journey through the system, HSCB will be strengthening its case audit programme.

# CHAPTER 3

## Key Priorities

HSCB has focused its attention on key priorities areas. These were:

- Quality assurance of safeguarding arrangements and practice
- Responding to revised statutory safeguarding guidance
- Tackling child sexual abuse
- Safeguarding disabled children
- Young people who self harm

### QUALITY ASSURANCE

HSCB published its quality assurance framework (QAF) in response to Children's Safeguarding Performance Information Framework (DfE, 2012) with the aim being to enable the HSCB to have a better overview about the quality of front line practice and the impact of those services in helping families to achieve positive outcomes and keep children safe.

At part of this QAF HSCB routinely scrutinise child protection activity at a county level and where required look at what is happening at a local level to understand any trends or issues impacting on safeguarding activity. Local safeguarding arrangements and practice is also reviewed focusing on specific themes. These have included; bullying, children living in secure accommodation and child protection conferences for example.

## Progress over 2012 / 2013

### BULLYING

There is a strong evidence of work across the county to tackle bullying at a strategic and local school level. However, in the annual survey 'What do I think?', found that bullying remains a problem for up to 25% of children in Hampshire schools with children in Years 2 and 7 reporting high levels. HSCB noted its own limitations in being able to understand and scrutinise what was happening at a local level to tackle bullying in schools and other educational establishments.

HSCB raised this matter with the Hampshire Children's Trust who received a report on the work of the anti-bullying strategy group at the Children's Trust Board in June 2012.

### CHILD PROTECTION CONFERENCES

These conferences are multi-agency meetings held with family members present to consider the risks to individual children and decide whether or not they need to have a plan in place to keep them safe (CPP). Key agencies have rationalised their attendance at conferences in response to capacity issues, but overall this response has been considered and appropriate. Professionals are required to provide a report to the conference. Over the year work has taken place to improve the quality of these reports.

### CHILDREN LIVING IN SECURE ACCOMMODATION

HSCB is satisfied with the restraint practices within the secure children's home in our area and provided a report to the Youth Justice Board (YJB) to this effect.

During the calendar year 2012 there were a total of 91 uses of restraint. This is a higher number than in both 2010 and 2011 which totalled 69 and 67 uses respectively. However 2012 saw the admission of an increased number of admissions and the number of restraints. The secure children's home identifying this trend is undertaking work with the Psychological Therapies Team to look at ways in which they can mitigate against the turbulent effects of new admissions for both the stable population as well as those who are newly admitted. YJB data sets for November 2011 to November 2012 illustrates that compared to other secure children's homes our local home is 43% lower than the sector total and 32% lower than the family total (those homes of a similar size).

### CHILDREN LIVING IN SECURE ACCOMMODATION

Restraint practices within a local Secure Forensic Mental Health Service for Young People were scrutinised for the second time and whilst improvements had been made the HSCB were concerned about the high number of restraints and the type of restraints used. During 2012/13 there were a total of 1492 incidents recorded with 978 of these involving a full restraint, face down. A recent MIND report (June 2013) 'Mental Health crisis care: physical restraint in crisis' identified Southern Health NHS trust as one of the 2 highest reporting Trusts in the use of physical restraint and prone restraint. The Trust has responded by commissioning an internal and external review of the service the outcome of which will be reported back to the HSCB later in 2013.

#### RESPONDING TO REVISED STATUTORY GUIDANCE

Working together to safeguarding children (HM Government, 2013) was published at the end of March 2013 following a period of consultation. HSCB together with partner agencies identified and progressed a number of work streams to prepare for this revised statutory guidance, this included work on:

- Early Help in Hampshire
- Single assessment of children in need
- A local learning and improvement framework

#### SINGLE ASSESSMENT

The new single assessment is being trialled in two districts in Hampshire. The Hampshire single assessment draws upon the national DfE framework for assessment outlined in Working Together 2013. The results of the pilot and recommendations for multi-agency protocols will be brought to the Board as we learn the lessons from the pilot.

#### LEARNING AND IMPROVEMENT FRAMEWORK

HSCB is committed to learning lessons from cases where there have been concerns around safeguarding practice and where there have been good examples of working together. In order to support learning HSBC has set up an annual programme of practitioner workshops to share key learning from both national and local cases. Eight half day workshops are taking place across the county presented by senior managers from partner agencies.



### TACKLING CHILD SEXUAL EXPLOITATION (CSE)

Locally, progress is being made to tackle child sexual exploitation. Attempts have been made to understand the nature and prevalence locally, with the Police producing a problem profile in December 2012. There is a need to develop multi-agency data collection and analysis to gain a better picture of the problem locally.

A pan Hampshire Missing, Exploited and Trafficked Children Group continues to provide a strategic lead, whilst this year a local working group was set up to move forward the operational response to this safeguarding issue. A multi-agency pathway response outlining what interventions should happen and support provided depending of the level of risk identified is being produced. This includes the contribution of the voluntary sector, who provide services locally for this vulnerable group. For 2013/14 this working group will become a formal sub group directly accountable to the HSCB.

HSCB was satisfied that the majority of agencies are raising awareness of CSE within their organisation and providing training for staff around the warning signs and how to respond. HSCB has provided a range of learning materials on its website to support agencies in this work.

### YOUNG PEOPLE WHO SELF HARM

The numbers of young people who self harm is not known, but in 2012/13 Hampshire saw a small but significant increase in the number of young people committing suicide. This reflects a national trend and over 2012/13 there has been much media attention on this issue.

Feedback from the HSCB conference on young people who self harm indicated that professionals felt anxious about understanding when self harm becomes a safeguarding issue and how they should respond to young people who disclose self harm. These messages were similar to those identified from the 2012 thematic case audit on children who self harm which looked at around 30 cases.

HSCB has identified the need for multi-agency practice guidance on responding to young people who self harm which includes a shared understanding of thresholds for notifications, referrals and interventions.

Local Child and Adolescent Mental Health Services have worked to reduce waiting times for children being seen for assessment. However, there are shared concerns amongst agencies around the national and local provision of support for the most vulnerable young people who may need inpatient care.

#### KEY MESSAGES FROM THE SELF HARM CASE AUDIT

There needs to be a better understanding of self harm and associated risk factors and how self harm might manifest itself. There needs to be a shared understanding of when self harm becomes a safeguarding issue. There needs to be a shared understanding of when and where to refer young people who self harm.

Practitioners should avoid 'silo working' and promote information sharing, recognising that other services might be working with a young person.

The impact of services on improving outcomes for young people needs to be evidenced as part of any reviews of intervention or when considering closure.

### SAFEGUARDING DISABLED CHILDREN

At the end of March 2013 there were 68 disabled children with a CPP compared to 38 at the end of March 2012. However the number of disabled children with a CPP remains lower than expected given that research on the protection of disabled children indicates that they are more at risk of being abused than non-disabled children. In the 2012 Ofsted report on their thematic inspection of protecting disabled children this was identified as a national picture. In response to this report HSCB set up a multi-agency group to review the safeguarding arrangements and practice for disabled children and will be reporting back to the Board later in 2013.

### TRAINING

The s.11 audit referred to earlier in this report found that all local agencies were reporting adequate induction and training around safeguarding children. HSCB continues to support agencies in meeting their responsibility to ensure staff receive safeguarding training by providing a multi-agency training programme. The development of the 2012/13 programme was based on themes coming from the HSCB annual training needs analysis, HSCB priorities and national and local learning. A total of 1007 professionals attended HSCB training during 2012/13. Training was well attended and received positively by those attending.

#### KEY TRAINING PROVIDED BY THE HSCB

- E-learning on basic safeguarding awareness. 2157 people across a variety of agencies in Hampshire enrolled on the course with 1515 completing this course.
- Four conferences were offered: Child Sexual Exploitation (177 attended). Self harm (95) attended, Children who present with sexually harmful behaviours (102 attended) and working more effectively with challenging families (121 attended).
- Two day Working Together training was offered on eight occasions throughout 2012/13 and was attended by 170 people in total.

As outlined earlier in this report as part of its learning and improvement framework HSCB is rolling out an annual programme of practitioner workshops to share key learning from both national and local cases.

Working Together 2013 requires that LSCBs monitor and evaluate the effectiveness of training, including multi-agency training, for all professionals in the area. HSCB has recognised that further work is required by the board and partner agencies to understand what difference training is making on frontline practice. An audit programme of single and multi-agency training is to be proposed for 2013/14.

# CHAPTER 4

## WHAT HAPPENS WHEN A CHILD DIES OR IS SERIOUSLY HARMED IN HAMPSHIRE?

### CHILD DEATH REVIEW

The Child Death Overview Panel (CDOP) is a sub-committee of the 4 LSCBs of Hampshire, Southampton, Portsmouth and the Isle of Wight and enables the LSCBs to carry out their statutory functions relating to child deaths. It carries out a systematic review of all child deaths to help understand why children die. By focusing on the unexpected deaths in children, it can recommend any interventions to help improve child safety and welfare to prevent future deaths. The findings are used to inform local strategic planning on how best to safeguard and promote the welfare of the children.

The number of child deaths have fallen from 25.4 per in 2011/12 to 22.2 per 100,000 child population in 2012/13. The small but significant increase in teenage suicides has been noted. With the vast majority of unexpected deaths no factors have been identified that could help prevent deaths in the future. However, safe sleeping arrangements for babies and risks associated with carbon monoxide poisoning have been key messages both locally and nationally. CDOP has continued its safe sleeping campaign making posters available to health professionals, day care providers and children's centres.

The CDOP panel is supported by a business manager and this post remained vacant for a part of 2012 leading to a backlog of reviews. With a business manager in post new systems are being developed to support the work of the panel. When a child dies unexpectedly a process is set in motion to review the circumstances of the child's death called the rapid response process. CDOP has recognised that there is some inconsistency across the area in implementing this process and a review of the rapid response procedure is under way.

The CDOP and rapid response process should be able to have advice and support from a designated doctor for child deaths. The HSCB has challenged hard on the fact that the designated doctor for child deaths has remained vacant and has been informed that this will be rectified by 2014.

### FINDINGS CHILD DEATHS 2012/13

Number of notifications: 62

Rate per 100,000 child population : 22.2

Number of completed reviews:34

Number of reviews where modifiable factors where identified: 3

# CHAPTER 4

## WHAT HAPPENS WHEN A CHILD DIES OR IS SERIOUSLY HARMED IN HAMPSHIRE?

### SERIOUS CASES

A serious case is one where:

- (a) abuse or neglect of a child is known or suspected; and
- (b) either — (i) the child has died; or (ii) the child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child.

LSCBs are required to consider undertaking a review of these serious cases. These reviews are called Serious Case Reviews (SCRs). The purpose of a SCR is to establish whether there are lessons to be learnt from the case about the way in which local professionals and organisations work together to safeguard and promote the welfare of children. HSCB has also been committed to undertaking smaller scale multi-agency case reviews for instances where the case does not meet the criteria for a serious case review but it is considered that there are lessons for multi-agency working to be learnt. During 2012/13 six cases were brought to the attention of the HSCB. Of these six, one serious case review was commissioned, three smaller scale case reviews were commissioned and two lead to no further action by the board. There is one smaller scale case review still in progress from 2011/12. Of all these case reviews one small scale audit was completed (Andrew's Story) and the others are due to complete in 2013/14. The SCR on Child R and Child S was published in the Autumn of 2013.

### ANDREW'S STORY

Andrew, a teenager, tried to commit suicide. He lives away from home and receives support from a variety of professionals.

There was evidence of good, joint working between his carers and child and adolescent mental health services.

A key message from this case review was that each incidence of self harm and / or suicidal intention needs to be considered in the context of the historical background in order to get a better picture of the risk.

HSCB takes seriously its responsibilities to ensure that lessons learned from case reviews are disseminated and embedded into frontline practice and used to support improvements across agencies. As outlined earlier in this report the HSCB has set up an annual programme of practitioner workshops to share key learning from both national and local cases.

### CHILD R AND CHILD S

These 2 young boys, along with their father died in 2012. Both boys lived with their father and were previously looked after by the local authority.

Key learning for agencies and professional identified by this serious case review included the need for:

- Integrated multi-agency assessment of families where children may be in need but do not meet the threshold for child protection.
- Parenting assessments to have realistic understanding of parents substance misuse, mental health and domestic abuse, when making decisions about the future care of children.
- Challenging management and supervision processes that ensure the professionals involved in safeguarding children have sufficient professional curiosity so as to enable reflective case work and avoid 'fixed thinking' about a case.
- More effective integration of the MARAC process with individual agency processes and systems.
- Sharing information when a family moves out of the area with professionals in the new area to enable them to fully understand any safeguarding risks.

# Chapter 5

## CHALLENGES AHEAD AND FUTURE PRIORITIES

In September 2013 HSCB had its development day with the new Independent Chair. These key themes arose from that day:

### CHALLENGES AHEAD AND FUTURE PRIORITIES

#### National Drivers

- Tackling child sexual exploitation.
- Improving the effectiveness of 'early help' services.
- Implementing new statutory safeguarding guidance.
- The focus on safeguarding within inspection regimes and the propose review of LSCBs.
- Ensuring that the potential risks to safeguarding practice and arrangements are kept under review in response to increasing demand for services and on-going reshaping of public services.

#### For the Board

- Embedding robust and rigorous quality assurance activity.
- Maintaining the LSCB learning and improvement framework.

#### For local multi-agency work

- Ensuring there is sufficient provision of 'early help' and improving the effectiveness of 'early help' services.
- Progressing actions to tackle child sexual exploitation.
- Safeguarding those Hampshire children who are living outside of Hampshire within residential, educational and secure settings.
- Ensuring there are effective arrangements in place for safeguarding disabled children.

#### Key priority areas

Reviewing the challenges ahead the Board remains committed to responding to the following key priority areas:

- Evaluating the effectiveness of early help.
- Missing, exploited and trafficked children.
- Safeguarding disabled children.
- Maintaining a quality assurance framework.
- Maintaining a learning and improvement framework.



# Chapter 5

## KEY MESSAGES:

### Messages for local politicians

- You can be the eyes and ears of vulnerable children and families in your ward making sure their voices are heard by HSCB. For 2012/13 Councillor Roy Perry was lead member for children and families, making sure their voices were heard by the HSCB. Following local elections in May 2013, Councillor Keith Mans is the lead member for children and families. The lead member provides the route for individual councillors to make sure the voices of children and young people are heard by the HSCB and for councillors to be aware of local safeguarding children priorities.
- When you scrutinise any plans for Hampshire, keep the protection of children at the front of your mind. Ask questions about how any plans will affect children and young people.

### Messages for Clinical Commissioning Groups

- New CCGs in the health service have a key role in scrutinising the governance and planning across a range of organisations.
- You are required to discharge your safeguarding duties effectively and ensure that services are commissioned for the most vulnerable children.

### Messages for the Police and Crime Commissioner

- Ensure that the voices of all child victims are taken notice of within the criminal justice system, particularly in relation to listening to evidence where children disclose abuse.
- Monitor what police and probation staff do to share information regarding high risk MAPPA and MARAC cases and the risks that some adults present to children.



## WHAT IS NEXT FOR CHILD PROTECTION IN HAMPSHIRE?

### Messages for Chief Executives and Directors

- Ensure your workforce is able to contribute to the provision of HSCB safeguarding training and to attend training courses and learning events.
- Your agency's contribution to the work of HSCB must be categorised as of the highest priority. Every agency must ensure that it takes into account the priorities within the HSCB Business Plan and the agency's own contribution to the shared delivery of the HSCB's work. This includes meeting the duties of section 11 of the Children Act 2004 and ensuring that agencies are able to contribute to the HSCB's work programme with appropriate resources and personnel.
- The HSCB needs to understand the impact of any organisational restructures on your capacity to safeguard children and young people in Hampshire.

### Messages for the Children's Workforce

- Ensure you are booked onto, and attend, all safeguarding courses and learning events required for your role.
- Be familiar with, and use when necessary, HSCB Threshold and Safeguarding procedures to ensure an appropriate response to safeguarding children and young people.
- Use your representative on the HSCB to make sure the voices of children and young people and front line practitioners are heard.

### Messages for the community

- You are in the best place to look out for children and young people and to raise the alarm if something is going wrong for them.
- We all share responsibility for protecting children. If you are worried about a child, call Hampshire Children's Services on 0845 6035620.

### Messages for the local media.

- Communicating the message that safeguarding is everyone's responsibility is crucial to the HSCB and you are ideally positioned to help do this.
- The work of HSCB will be of great interest to your readers and listeners.

### Messages for children and young people

- Children and young people are at the heart of the child protection system. Your voices are the most important of all. HSCB plans to develop better ways of hearing children and young people's views.

### NAME

Steve Crocker  
John Coughlan  
Nigel Lecointe  
Chris Jones  
Martin Devine  
Bob Coleman  
Simone Button  
Jon Bigg  
Steve Foye  
Chris Etheridge  
Sheila Owen-Cairns  
Tony Heselton  
Jane Duncan  
Jenny Frank  
Karen Rudland  
Jan Taylor  
Julie Rose  
Chris Mitchell  
Ian Langley  
Gillian Heath  
Trish Lefluffy  
Lisa Hayes  
Diana Spencer  
Ruth Milton

### AGENCY

CSD  
CSD  
Police  
Education  
District Council  
District Council  
CAMHS  
CAMHS  
Fire & Rescue  
Strategic Health Authority  
Armed Forces  
Ambulance Trust  
Adult Services  
Voluntary Sector  
Southern Health Trust  
Primary Education  
Secondary Education  
Probation  
YOT  
CAFCASS  
HHFT  
Lay Member  
Lay Member  
PCT