



Hampshire
Safeguarding
Children
Board



© SerrNovik - Fotolia.com

HSCB Annual Report 2014

Foreword

by the Independent Chair



I am pleased to present the 2013/14 Annual Report of the Hampshire Safeguarding Children Board (HSCB). It outlines progress made during 2013/14 and summarises the key challenges ahead for all agencies to ensure children across the County are safe from harm, abuse or neglect.

I took up the role of the Independent Chair in April 2013 and have carefully considered the work undertaken by all agencies involved with children in Hampshire. It has been a challenging year for all agencies with public sector reorganisation, continuing increase of referrals into Children's Services, and a continuing squeeze on resources.

This impacts on staff but also on children and families, also facing increased pressure from the downturn in the economy. However, I have been impressed by the strong partnerships across Hampshire between the local authority, the five Clinical Commissioning Groups, the different health providers, Hampshire Constabulary, the voluntary sector and the many different organisations working with children.

There has been an increasingly effective response from the different schools, maintained, academy and independent, to demonstrating how they keep children safe and HSCB is welcoming the Armed Forces joining the Board.

Good examples of integrated working across Hampshire, can be seen in the instigation of the multi-agency safeguarding hub (MASH) introduced in January 2014 and the plans for Early Help Hubs across the County – ensuring early responses to children in need. Children and young people in Hampshire must expect the agencies involved to work even more closely together and to be visionary and creative.

At the end of 2013/14 the local authority and its partners were inspected by Ofsted in relation to the effectiveness of child protection services and were judged 'good' across the board with 'outstanding' features in leadership and adoption services.

The HSCB itself was judged to be 'good' and inspectors told us that HSCB 'regularly reviews progress and takes decisive and prompt action where necessary'. These initiatives have resulted in more robust arrangements to protect children in Hampshire, such as in the improved practice to safeguard children with a disability.'

The child protection partnership was praised for its collaborative approach to ensure that pathways and protocols are understood by front line staff working in social care, schools, health settings, policing and voluntary organisations. Inspectors told us that HSCB 'provides a clear focus to shape strategy, policy and practice' across the child protection partnership.

I am grateful to the hard work put in day to day across Hampshire to keep children safe by all professionals and to the commitment and engagement shown by those in a strategic or political leadership role across the County.

This really does make a difference. And I know that if we keep the same focus on keeping children safe in the coming year we can expect to provide the best services for all children and young people, ensuring too that the most vulnerable children have their voices heard.

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

Maggie Blyth - Independent Chair HSCB



Contents

Chapter 1

Local area safeguarding context

Local Demographics	2
Vulnerable groups	3

Chapter 2

Governance and accountability arrangements

What is the HSCB?	7
Organisation of the HSCB	8
Key Roles	10
Key relationships	11
Financial arrangements	12

Chapter 3

Progress over 2012/13

The Child's journey	13
Key Priorities	17
Training	23

Chapter 4

What happens when a child dies or is seriously harmed in Hampshire?

Child death review	25
Serious cases	26

Chapter 5

Challenges ahead and future priorities

28

Chapter 6

What next for child protection in Hampshire

Key messages to:	29
------------------	----

Chapter 1

Local area safeguarding context



© Monia - Fotolia.com

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 280,150 of whom are children and young people aged 0-19. (*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.

Please note: some of the figures in this section are subject to official validation later in 2014

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 and by whom, and how we will know when progress is being made.

During 2013/14 the numbers of children subject to a CPP have continued to steadily increase. At the end of March 2013 the numbers stood at 909 and at the end of March 2014 the numbers stood at 1,113. The trend in Hampshire is similar to the national trend and although slightly more pronounced is still in line with comparator authorities. The national and local trends reflect greater pressures on families caused by the recession and poverty. Importantly, 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.

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 very positive, as noted in the recent Ofsted inspection of Hampshire Children's Services who judged the services to children who need help and protection as good and reported, 'Overall, services are making a demonstrable difference in reducing risks and improving the life chances of some of the most vulnerable children in Hampshire.'

The 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 specific trends or issues impacting on safeguarding activity.



Chapter 1

Local area safeguarding context

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 move 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 1,266 Children in Care at the end of March 2014, compared with 1,131 at the end of March 2013. There has been a consequential increase in the rate of Children in Care per 10,000 of the child population which has risen from 40 to 44.9.

During the recent Ofsted inspection of Hampshire Children's Services, Ofsted judged the experiences and progress of children looked after and achieving permanence as good and commented, 'decisions about whether children should become looked after are timely and evidence-based, and the right children are in care.'

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.

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 2014 the local authority were aware of 26 privately fostered children an increase from 2013 when the numbers were reported as 18. However, 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 a small rise in the number of disabled children with a Child Protection Plan. At the end of March 2014 there were 71 disabled children with a CPP compared to 68 at the end of March 2013.

In the recent Ofsted inspection of Hampshire Children's Services, Ofsted reported, 'the local authority has focused attention on improving social work practice for children and families where a child has a learning difficulty or disability.'

Progress has been impressive and there has been a significant improvement in the way social workers learn and understand the wishes and feelings of these children. This has resulted in improved social work intervention to ensure that these children are safe and well supported'

Safeguarding disabled children was identified as a priority for the HSCB in 2013/14 and the achievements made in safeguarding this vulnerable group are outlined later in this report.



Young people who offend or are at risk of offending

The young people who are involved with Hampshire Youth Offending Team (HYOT) often have complex needs requiring significant support both in and out of custody. HYOT has continued to see the number of young people they work with decrease from previous years. At the end of March 2014 they worked with 827 young people through pre-court disposals and community orders compared to 1,041 at the end of March 2013. Though, the number of young people in custody on remand or sentence has risen slightly from 37 in 2013 to 42 in 2014. The overall decline is consistent with a national reduction in the number of young people formally entering the Criminal Justice System.

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 to identify children and young people who may be at risk of Child Sexual Exploitation (CSE) in Hampshire is ongoing. This multi-agency work is coordinated by the Hampshire Missing, Exploited and Trafficked Group (MET). The HSCB approved the use of a specific Barnardo's assessment tool (SERAF) which is now in use by a number of agencies across Hampshire. These agencies have collectively identified 39 children as being at high risk of exploitation and 30 as being at medium risk, as defined by the SERAF scoring. All of these children have multi-agency safeguarding plans to reduce the risks.

Child Sexual Exploitation was identified as a priority for the HSCB in 2013/14 and the achievements made in tackling Child Sexual Exploitation locally are outlined later in this report.

Young people with mental health issues

6,881 young people were receiving a service from the Child and Adolescents Mental Health Services (CAMHS) at the end of March 2014. Waiting times for young people to be seen within 4 weeks has fluctuated over the year ranging from 31.9% in April 2013 to 59.8% in October 2013. The complexity of cases has increased with the average number of clinical sessions with each patient increasing from 8 to 12.5 per case, this has limited the capacity of the service to those referred and increased waiting times. The total number of young people receiving inpatient care increased from 72 in 2012/13 to 90 in 2013/14 with eating disorders in particular contributing to this rise

Young people who self harm was identified as a priority for the HSCB for 2013/14 and the achievements made in safeguarding this vulnerable group are outlined later in this report.

Chapter 2

Governance and accountability arrangements

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 2013/14 was governed by the statutory guidance in Working Together to Safeguard Children 2013, 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 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 by:

- 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 and 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.





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
- Representation from the Armed Forces
- CAFCASS (Children and Family Courts Advisory and Support Service)
- 5 Clinical Commissioning Groups
- 11 District Councils
- Hampshire Constabulary
- Hampshire County Council including Adult Services, Children's Services and Public Health
- Hampshire Fire and Rescue Services
- Hampshire Hospitals NHS Foundation Trust
- Hampshire Probation Trust
- Hampshire Youth Offending Team
- 2 lay members.
- NHS England (Wessex Area)
- Representation from Schools and Colleges
- South Central Ambulance Service Trust
- Southern Health NHS Foundation Trust
- Sussex Partnership NHS Trust
- Representation from the voluntary sector (The Children's Society)

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

A list of Board Members is provided at the back of this report.

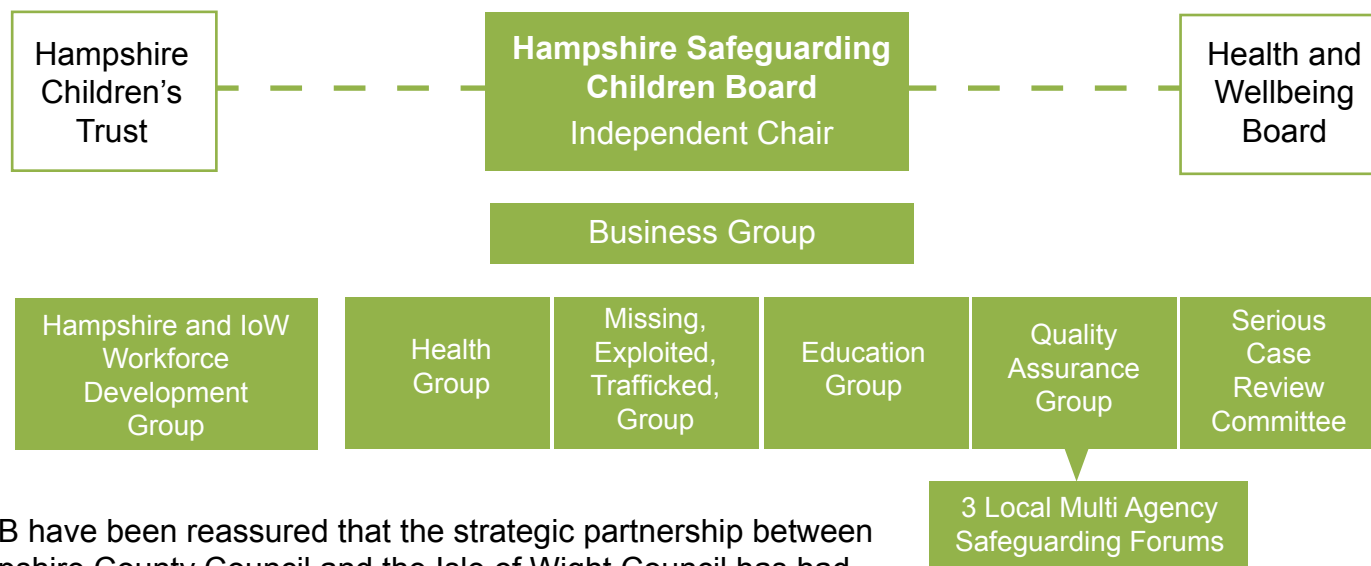
Chapter 2

Governance and accountability arrangements

HSCB Structure

The main Board is supported by a range of sub-groups that enable its functioning. In 2013/14 a review of governance and membership arrangements led to the formation of two new subgroups, Health and Education. A working group set up to implement a local strategy to tackle missing, trafficked and exploited children become a formal subgroup accountable to the board.

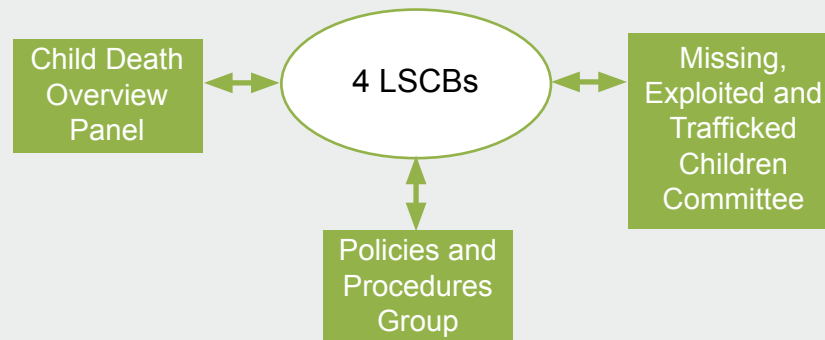
In 2013 Hampshire County Council commenced a strategic partnership with the Isle of Wight Council, designed to strengthen child protection and education services on the Island. Whilst both LSCBs remained separate bodies a joint workforce development group was formed acknowledging that both areas had a similar workforce. The structure of the board is illustrated below.



HSCB have been reassured that the strategic partnership between Hampshire County Council and the Isle of Wight Council has had no adverse impact on the service provided to Hampshire children.

4LSCB Arrangement

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.



Key roles

Independent Chair

The Board continues to be led by an Independent Chair, ensuring a continued independent voice for the Board. HSCB welcomed a new Independent Chair, Maggie Blyth, in April 2013.

From April 2013 the Independent Chair became directly accountable to the Chief Executive of Hampshire County Council but continues to work closely with the Director of Children's Services to discuss safeguarding challenges.

Local Authority

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

The ultimate responsibility for the effectiveness of the HSCB rests with the Leader of Hampshire County Council. The Chief Executive of the Council is accountable to the Leader.

The Lead Member for Children's Services is the Councillor elected locally with responsibility for making sure that the local authority fulfils its legal responsibilities to safeguard children and young people. The Lead Member contributes to HSCB as a participating observer and is not part of the decision-making process.

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 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.

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 2013/14 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

Governance and accountability arrangements

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. The HSCB will be formally consulted as part of any commissioning proposals regarding safeguarding children made by Children's Trust.

HSCB presents its annual 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.

The LSCB and the Health and Wellbeing Board (HWB) have now established a protocol for the working arrangements between the two boards. HSCB will be formally consulted as part of any commissioning proposals regarding safeguarding children made by the HWB.

HSCB reports 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

There are now 5 Clinical Commissioning Groups (CCGs) across Hampshire and they have been important contributors to the HSCB during 2013/14. HSCB, NHS England, the CCGs and health providers have worked together to establish the accountability framework for safeguarding across the health sector in Hampshire. This has led to the establishment of a health sub group to engage the number of health commissioners and providers in the work of the board.

Police and Crime Commissioner

The Police and Crime Commissioner (PCC) is an elected official charged with securing efficient and effective policing in the area. The PCC has met with representatives from the HSCB to ensure an understanding of the need to protect the most vulnerable children in Hampshire. HSCB presents its Annual Report to the PCC outlining key safeguarding challenges and any action required of policing in the area.

Financial arrangements

Board partners continue to contribute to the HSCB's budget in addition to providing a variety of resources 'in kind'. Contributions from partners for 2013/14 were £234,200 with Hampshire County Council contributing £52,200 towards the costs of running the 4LSCB Child Death Overview Panel.

Charges for non-attendance at training events provided an income of £10,680. An underspend of £33,700 was carried forward from the previous financial year making the total income available to the board - £330,780.

This income ensured that the overall cost of running the HSCB was met. The training budget was significantly underspent due to additional funds received from the Social Work Improvement Fund.

This fund will be carried forward to 2014/15 to support the workforce development strategy on early help. Existing costs around Serious Case Reviews will be carried forward to 2014/15.

The board has agreed to carry forward the underspend from 2013/14 to the 2014/15 budget.

2013/14 Budget Summary as at 31 March 2014

Final Accounts	2013/14 agreed Budget Plan	2013/14 Actuals
Income		
Total contributions from Partners	234,200	234,200
Hampshire County Council CDOP allocation	52,200	52,200
Training Income	5,000	10,680
Brought forward from previous year's surplus	33,700	33,700
Total Budget available	325,100	330,780
Expenditure		
Training and conference budget	85,300	85,300
Communication	3,000	3,545
Administration	7,000	7,000
Venues and refreshments	2,000	1,558
Serious Case Reviews	51,600	35,502
Staffing (including on costs) and travel	105,000	103,452
Independent Chair	17,000	22,992
Finance support service	2,000	2,000
CDOP HSCB contribution	52,200	52,200
Total expenditure	325,100	260,526
Net Expenditure (Income)		-70,254

Chapter 3

Progress
over
2012/2013

The Child's Journey

HSCB and Hampshire's Children's Trust are committed to redesigning Early Help services in Hampshire, as identified in the 2012-2015 Children's and Young People's Plan. Early Help means 'identifying as early as possible if a child or family need support and helping them to access services, working together to ensure that this has maximum impact. In other words, offering the right help at the right time.'

A new model of multi-agency Early Help Hubs is being rolled out based on the following key principles:

- Early help is a 0-19 offer.
- Focussing on the child and family's journey.
- A seamless pathway of interventions as they move in and out of services, step up/step down across the windscreen of need.
- A range of effective, evidence-based services in place to address assessed needs.
- Practitioners understanding their role both when providing a service as a single agency (early help in response to an emerging additional need) and as part of a multi-agency response (targeted early help).

Central to the new model is working alongside services who offer early help across the 0-19 age range, including children's centres, health, schools, locality teams, youth provision, the voluntary sector, local and district borough councils and social care. There will be 10 early help hubs in place by October 2014.

In the recent Ofsted inspection of Hampshire Children's Services Ofsted reported; 'partners work together well to plan early help services, with effective commissioning and some use of joint funding ensuring the best use of available resources. These services are well targeted and coordinated to meet the specific needs of the communities of Hampshire.'

In 2012/13 there were 165 recorded CAFs and in 2013/14 there were 74. A review of the CAF was undertaken in Hampshire to explore the reduction in CAF numbers over the last three years. The key finding overall was that the CAF was an obstacle to children and families receiving an Early Help intervention. A new Early Help Assessment tool was devised by multi-agency partners and early feedback is that it is easier to complete and less repetitive than the CAF.

In the last year Locality Teams have provided 2,400 early help interventions, with Children's Centre Outreach Workers providing a further 3,046.

The Troubled Families initiative has identified and is working with 712 families in addition to the 546 worked with on 2012/13. In the recent inspection of Hampshire Children's Services Ofsted reported; 'the local Troubled Families programme is particularly well targeted and responsive to the needs of families, with good take-up by those families most in need. Although this is a long term programme, the early signs are that it is making a real difference for many families, leading to improved outcomes for children.'

Additionally, there are a range of services commissioned by Hampshire County Council (e.g. 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.

In March 2014 HSCB endorsed the revision of the Children's Trust threshold document and were assured that there is an agreed understanding of thresholds for early help and statutory intervention across partner agencies.

There has been a significant rise in the number of referrals to Children's Services during 2013/14. The number of referrals received has risen from 21,248 during 2012/13 to 27,613 during 2013/14, an increase of 30%. The rise in referrals reflects to greater numbers of families under stress and in need but also greater recognition and response to signs of abuse and neglect.

Hampshire County Council has invested an additional £2.5 million in front-line social work services across 2013/14 and 2014/15 in recognition of the increasing demands.

Please note: some of the figures in this section are subject to official validation later in 2014



Chapter 3

Progress
over
2012/2013



MASH in Hampshire

HSCB had oversight of the development of a Multi-Agency Safeguarding Hub (MASH) which became operational on 31 January 2014. The MASH team of co-located partners includes Children's Services, Adult Services, Police and Health professionals. There are established links with a number of virtual partners such as Probation and Housing. The MASH triage all incoming referrals to Children's Services and share information to ensure children and families receive a responsive, proportionate service that enhances the safeguarding of children in Hampshire.

The following gives an example of the work the MASH undertakes;

- During March 2014 there were 5,912 contacts made to MASH relating to Hampshire children. 2,133 contacts arose from police Child and Young Person at Risk Reports, the remaining 3,779 arose from telephone and email contact. MASH were able to resolve 61% of these contacts through advice and information and by signposting to other agencies.
- 2,263 contacts were progressed to referrals for further assessment and investigation. This resulted in 148 section 47 child protection investigations and 1,102 Child and Family Assessments being completed by the local Referral and Assessment teams.



HSCB has had oversight of the Local Authority's development of a local protocol for assessment. 2013/14 saw the county wide implementation of a new single assessment led by children's social care called a Child and Family Assessment. Further work is required by the Local Authority alongside its partner agencies to produce a local protocol that is compliant with 'Working Together 2013'.

There has been an improvement in the timescales within which children are assessed. During 2012/13 71% of core assessments were completed within the timescales of 35 days. The new Child and Family Assessment has a 45 day timescale and this was achieved in 84% of cases.

The local authority and partner agencies have strengthened their response to ensuring the timely and proportionate management of children in need cases through the producing of a multi-agency children in need protocol which has been endorsed by the HSCB. HSCB intends to scrutinise the impact of this response, particularly with regards to neglect cases in 2014/15.

During 2013/14 the numbers of children subject to a CPP have continued to steadily increase. At the end of March 2013 the number

stood at 909 and at the end of March 2014 the number was 1,113. The number of children on a Child Protection Plan for the second or subsequent time has increased from 14% in 2012/13 to 17.4% in 2013/14. 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 – 18%.

94.5% of plans were reviewed within timescales in 2012/13 but this has decreased in 2013/14 to 85.6%. This decrease in timeliness reflects the increased pressure on the Independent Reviewing Service in particular who have to chair each Initial or Review Child Protection Conference. Additional resource has been allocated to the service as part of the £2.5 million investment referred to earlier.

Local Trends

Three local Multi-agency safeguarding forums routinely scrutinise child protection activity at a local level to understand any trends or issues impacting on safeguarding activity. The impact of social deprivation and the prevalence of large sibling groups were noted in certain districts of Hampshire.

Chapter 3

Progress
over
2012/2013

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

In response to a project to develop a quality assurance framework for the SE region LSCBs, the HSCB framework has been strengthened to include:

- A multi-agency balanced score card to monitor and evaluate performance on safeguarding indicators across the partnership. Data collection from partner agencies has been limited to date. Scrutiny and analysis of the data are in their infancy.
- A comprehensive audit programme including 'deep dive' case audits.
- A review of the three multi-agency safeguarding forums to ensure that there is a consistent thread from senior management and the LSCB Independent Chair to frontline staff. This has facilitated clearer communication and resulted in timely and accurate dissemination of key messages, learning and further scrutiny of performance.
- Local safeguarding arrangements and practice is also reviewed focusing on specific themes. These have included; safeguarding in schools, the Local Authority Designated Officer (LADO), child protection planning and children living in secure accommodation for example.





© drubig-photo - Fotolia.com

Schools safeguarding audit

In 2013 HSCB extended its school safeguarding audit conducted to assist governors with their duties under section 175 and section 157 of the Education Act to independent schools. The response rate to this audit was poor as illustrated below giving the HSCB cause for concern. A list of those schools who responded and those who did not is available on request.

School Type	Responded	No response
LA Maintained	368	126
Academy	12	24
Independent	15	45

In response to this audit the Independent Chair has written to Headteachers outlining their statutory responsibilities with regards to safeguarding children. An education sub-group has been formed to improve the education sector's engagement with the work of the Board and an event for independent schools was held that outlined the safeguarding training advice and support on offer. This event was attended by 23 schools.

Local Authority Designated Officer (LADO)

The LADO should be informed of all allegations against adults working with children and provides advice and guidance to ensure individual cases are resolved as quickly as possible. Referrals have increased steadily over the last 3 years (academic years) to 431 at the end of August 2013. Over the last three years the percentage of referrals from non-education settings has grown from 38% to 54%.

This may reflect an increase in awareness of the need to refer in non-educational settings following a programme of training offered across the voluntary sector and meetings held with police, and health colleagues to raise awareness and encourage engagement. However, there is a decline in real terms of overall numbers of the level of referrals from education settings.

In response to this decline HSCB has required that the LADO Team monitor this trend and report back to the Board in six months should this trend continue. In addition, HSCB required all partners to evaluate their organisations practices in respect of dealing with allegations and concerns about members of staff and volunteers through the section 11 audit which commenced in March 2014.

Chapter 3

Progress
over
2012/2013

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. GP attendance has remained an issue, but there has been some improvement in their input via written reports.

An audit of 32 conferences identified that the quality of reports presented to conferences varied and that in some cases were not shared with families before the conference. HSCB has raised this with partners as an area for improvement and will expect to see improvement by July 2014.

Children living in secure accommodation

Swanwick Lodge

During the course of Jan – Dec 2013 there was a total of 161 restraints. This is a substantially higher number than in 2010 (69), 2011 (67) and 2012 (91). Whilst HSCB was concerned about this rise it was reassured that there was no discernible change in the rate in which restraint is being used in response to incidents. A spike in the use of restraint during the latter part of 2013 was noted. Swanwick Lodge reported that at the time there were weaknesses in the staffs capacity to intervene early to prevent incidents from occurring and escalating. HSCB were assured that the staff competency issues have been addressed.

Bluebird House

There were a total of 1485 restraints over the last year, a slight increase from last year. During the last couple of years admissions have increased although restraints have not increased in correlation. Bluebird House recognised that it continues to use a high proportion of prone (face down) restraint.

The MIND report 'Mental health crisis care: physical restraint in crisis: report on the physical restraint in hospital settings in England (June 2013)' highlighted Southern Health NHS Foundation Trust (SHFT) as the second highest Mental Health Trust reporter of physical restraint. SHFT has commissioned an external review in response to the MIND report. HSCB remained concerned at the number of restraints, particularly 'face down' restraints, but in the absence of any comparative information felt unable to take an informed view of whether this is acceptable. It has been agreed that Bluebird House would report back next year on the external review. This will place HSCB in a much better position to form a view around restraint practices at this unit.

Tacking Child Sexual Exploitation (CSE)

Locally, progress is being made to tackle child sexual exploitation. A pan Hampshire Missing, Exploited and Trafficked (MET) board continues to provide a strategic lead. HSCB's Independent Chair invited strategic senior managers to a meeting in March 2014 to promote a consistent response to CSE across borders.

The local working group co-ordinating the operational response is now a formal sub group directly accountable to the HSCB. There has been good multi-agency representation at this group including voluntary organisations, Barnardos and No Limits, who both provide services in the area. Progress to date includes:

- The implementation of the SERAF risk assessment tool across agencies to assist in identifying those young people at risk of sexual exploitation.
- Regular multi-agency meetings to review individual cases and identify those young people at high risk.
- A multi-agency pathway response is being produced outlining what interventions should happen and what support provided depending of the level of risk identified.
- Development of CSE training for professionals working with children.

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 and from May 2014 includes an e learning package. HSCB held its third CSE conference in 2013 and is planning to hold a series of local events for practitioners later in 2014.

Raising Awareness of CSE

Barnardos have been working to raise awareness of CSE across schools by promoting 'Chelsea's Choice' - a short play and follow up session aimed at young people 12+years. This was available free of charge and reached five schools.

Following this work the HSCB sub-group are implementing a strategy to support schools to raise awareness of CSE with their staff and pupils.

Responding to revised statutory guidance

HSCB together with partner agencies progressed a number of work streams to ensure compliance with *Working Together to Safeguard Children 2013*.

- The re-design of Early Help in Hampshire
- The Hampshire Children's Trust Thresholds Document endorsed.
- 4LSCB on line procedures updated.
- A new single assessment implemented county wide.
- A local learning and improvement framework published.



Chapter 3

Progress
over
2012/2013



Young people who self harm

The number of young people in Hampshire who self harm is unknown, but remains a concern for those working with them. HSCB has promoted a better understanding of self harm and when it may become a safeguarding issue.

A conference was held in October 2013, where HSCB sought to ensure self harm was referenced in the revised threshold document and work has progressed on producing a flow chart to guide professionals through the response when a young person discloses or has self harmed.

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 and as a result NHS England, Wessex Local Area Team, agreed to host a conference..

The outcome of this was to establish a complex case panel with senior level representation from partner organisations to consider children and young people where the care planning is particularly complex and to discuss any ongoing difficulties that front-line operational staff are experiencing in progressing the care planning arrangements.

In addition further work is taking place to identify an appropriate Section 136 suite in Hampshire.



Safeguarding disabled children

In 2013 HSCB set up a multi-agency group to review the safeguarding arrangements and practice for disabled children in Hampshire in response to the 2012 Ofsted report 'protecting disabled children' and 2009 practice guidance. This group has been well attended with representation from statutory agencies, voluntary sector and service users. Areas for improvement have been identified for 2014/15, which include:

- An accessible version of the schools 'What Do I Think?' survey for disabled children.
- Reporting data on safeguarding disabled children in Hampshire.
- Sex and Relationships Education (SRE) for disabled children in short break settings, residential settings and schools as part of its work and report back to the board.

At the end of March 2014 there were 71 disabled children with a CPP compared to 68 at the end of March 2013. However, the numbers of families of disabled children who were subject to care proceedings rose from 7 in 2012/13 to 12 in 2013/14. At the end of 2013 HSCB had required that partner agencies undertake an audit of how their safeguarding arrangements take into consideration disabled children. Returns are expected back later in 2014/15.

HSCB has sought to increase practitioner's knowledge and skills base by holding a 'Safeguarding Disabled Children' conference which 100 people attended. This was in addition to our annual course.

Chapter 3

Progress over 2012/2013

Training

In 2013 HSCB revised its training policy outlining the roles and responsibilities for the HSCB, organisations and practitioners in terms of safeguarding training. This includes expectations around training pathways for staff. 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 2013/14 programme was based on themes coming from the HSCB annual training needs analysis, HSCB priorities and national and local learning. A total of 1,975 professionals attended HSCB training during 2013/14. Training was well attended and received positively by those attending.

Key training provided by the HSCB

4 Conferences were offered;

- Child Sexual Exploitation (98 attended),
- Self harm (107 attended),
- Safeguarding disabled Children (100 attended),
- Risk to Teenagers (150 attended).

Two day 'Working Together' training was offered on 12 occasions throughout 2013/14 and attended by 211 people in total.

One day training on 'Managing staff who have a responsibility for safeguarding children' was offered on 17 occasions and attended by 251 people in total.

Practitioner workshops to share key learning from both national and local cases. 8 half day workshops took place across the county presented by senior managers from partner agencies. 563 people attended in total.

'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 training is being implemented over the next three years.

Staff induction has been the focus of recent audit activity and results are to be presented to the board later in 2014.



Ofsted's review of the LSCB

HSCB was judged as 'good' by Ofsted in its 2014 review of the effectiveness of the LSCB. This provided assurances to the HSCB, partners and the public that local partnership work is effective in safeguarding the welfare of children.

Ofsted proposed two areas for improvement for the HSCB which will be addressed via the HSCB business plan for 2014/15:

- Evaluate the learning and impact of training delivered across the partnership to ensure that all staff have access to good quality training, and that this leads to sustained improvements across all safeguarding and early help services.
- Ensure that data collection from all key partners is incorporated into the balanced scorecard and used by the LSCB to monitor practice and service delivery of multi-agency safeguarding arrangements across the partnership.

Chapter 4

What Happens when a child dies or is seriously harmed in Hampshire?

Child Death Reviews

The Child Death Overview Panel (CDOP) is a sub-committee of the 4 LSCBs of Hampshire, Isle of Wight, Portsmouth and Southampton and enables the LSCBs to carry out their statutory functions relating to child deaths.

It undertakes 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 it considers appropriate 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.

With a business manager in post during 2013/14 the backlog of child death reviews from previous years has been addressed.

Hampshire received 64 child death notification's this year of which 33 of these were unexpected. The rate of child deaths has remained stable from 2012/13 at 22 per 100,000 child population. 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, teen suicide, deaths caused by dangerous driving and death from asthma and epilepsy have been key messages both locally and nationally.

When a child dies unexpectedly a process is set in motion to review the circumstances of the child's death. CDOP has recognised that there is some inconsistency across the area in implementing this process and a review of the rapid response procedure has taken place during 2013/14.

The CDOP and rapid response process should be able to have advice and support from a Designated Doctor for child deaths. This post has remained vacant in Hampshire again this year.

Further information can be found in the CDOP Annual Report 2013/14.



Serious Case Reviews

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 must always undertake a review of these 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 2013/14 fifteen cases were brought to the attention of the HSCB. Of these, three serious case reviews were commissioned, two smaller scales case reviews were commissioned and 10 led to no further action by the board. The table shows how these figures compare to previous years.

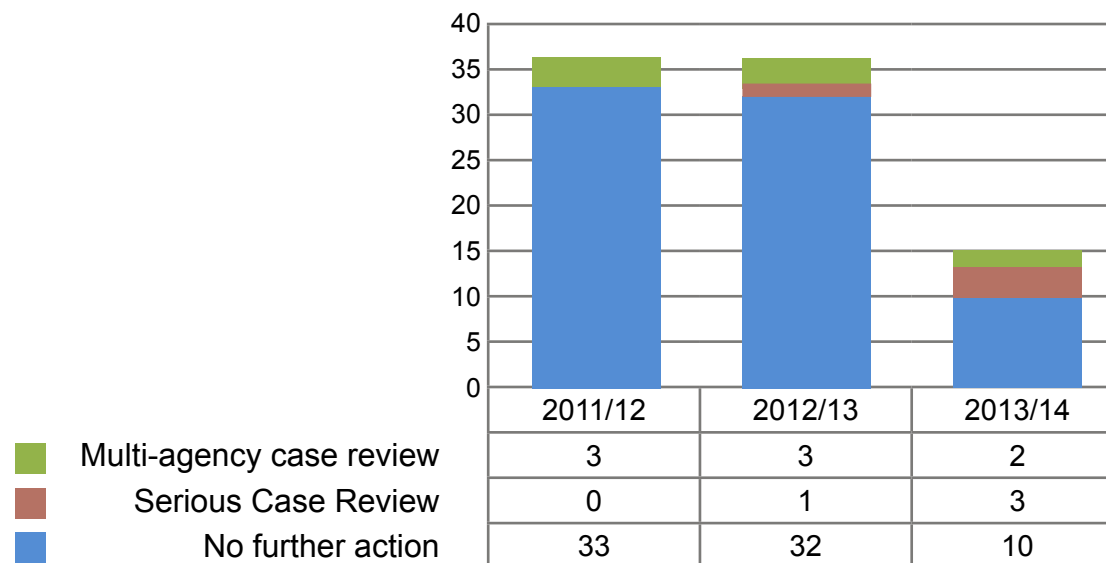
One serious case review is awaiting publication (Vicky's story) following the conclusion of criminal proceedings, and the remaining reviews are due to complete in 2014/15.

A multi-agency case review commissioned in 2011 (Sarah's Story), was also completed in 2013/14.



© vadyimvdrobot - Fotolia.com

Outcome of cases referred to the HSCB



Chapter 4

What Happens when a child dies or is seriously harmed in Hampshire?

Sarah's Story

The review examined the services offered to a family of five children from 2005-2010 where all of the children were the subject of child protection plans. They lived in a neglectful environment and were sexually abused.

As the events covered by the review occurred some time ago a specific focus was to consider the extent to which it was representative of current practice and to consider whether there had been any improvements. The review identified that since the events took place there has been an increased awareness around issues of neglect and more proactive interventions with families where this was an issue.

Responding to some of the findings of the review the HSCB is:

- Looking at ways to enable a better understanding of thresholds for neglect across agencies.
- Reviewing the referral pathways and multi-agency involvement in the risk assessment and management of sexual abuse investigations.
- Exploring ways information and communication technology can support professional's contribution to Child Protection Conferences.

Vicky's story

The Serious Case Review examined the services provided to the family of a 5-month old baby. Following her death she was found to have significant injuries. The overall conclusion was that there were no historical warning signs that could have alerted staff, and contacts with services were not exceptional. There were one or two opportunities which might have led to a helpful pooling of information, although this is not certain and one opportunity which almost certainly would have led to intervention which would have protected the baby. All these instances need to be seen in the context of how individuals were prepared for their work.

Responding to some of the findings:

- The local guidance around responding to bruising in infants who are not independently mobile has been revised. An event to promote awareness of this guidance was held in February 2014.
- Hampshire County Council wrote to schools, particularly those with nurseries, to outline that the responsibility for staff safeguarding training lies with the governing body and provided advice on where to access training.
- Relevant health providers have ensured that all staff working for them are aware of, and have easy access to, safeguarding guidance.

HSCB takes seriously its responsibilities to ensure that lessons learned from case reviews are disseminated and embedded into front-line 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.

Chapter 5

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 across inspection frameworks.
- 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 to 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 6

What next for child protection in Hampshire?

Key messages to:

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. 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

- 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.

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 Head Teachers and Governors of Schools

- Ensure that their schools are compliant with 'keeping children safe in education' (DfE, 2014) which outlines the processes which all schools, in the maintained, non-maintained or independent sector, must follow to safeguard their pupils.



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 603 5620.

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 voices.

Board Membership 2013/14

Partner Agency

Armed Forces

CAFCASS

Clinical Commissioning Groups

District Councils

District Councils

Hampshire Constabulary

Hampshire County Council

Adult Services

Children's Services

Children's Services

Public Health

Hampshire Fire and Rescue

Hampshire Probation Trust

Hampshire Hospitals NHS Foundation Trust

Hampshire Youth Offending Team

Lay member

Lay member

NHS England (Wessex Area)

Schools and colleges

South Central Ambulance Service Trust

Southern Health NHS Foundation Trust

Sussex Partnership NHS Trust

Voluntary sector (The Children's Society)

Representative

Shelia Owen-Cairns

Gillian Heath

Heather Hauschild

Martin Devine

Bob Coleman

Nigel Lecointe

Jane Duncan

John Coughlan

Steve Crocker

Ruth Milton

Steve Foye

Chris Mitchell

Trish Le Fluffy

Alison Smailes

Lisa Hayes

Diana Spencer

Nicky Priest

Sharon Ghiarcy

Tony Heleston

Nicky Adamson-Young

Simone Button

Jenny Hine



July 2014

www.hampshiresafeguardingchildrenboard.org.uk

Telephone: 01962 876231