

**HAMPSHIRE COUNTY COUNCIL****Report**

<b>Committee:</b>	Health and Wellbeing Board
<b>Date:</b>	12 November 2015
<b>Title:</b>	Hampshire Safeguarding Children's Board (HSCB) – Annual Report 2014/2015
<b>Reference:</b>	7071
<b>Report From:</b>	Board Manager, HSCB

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**1. Summary**

- 1.1 The attached annual report from the Hampshire Safeguarding Children Board provides an independent analysis of the safeguarding services provided to the County's children and young people over 2014/15, and outlines the challenges ahead over the next year.

**2. Introduction**

- 2.1 This report presents the 2014/15 Annual Report endorsed by the Hampshire Safeguarding Children Board (HSCB) in September 2015.
- 2.2 This report identifies the progress made by the Council's Children's Services Department and partners across the NHS and Health partners, Hampshire Constabulary, Probation, District Councils, schools, and the voluntary sector during 2014/15 in improving the child protection system. It also identifies areas of vulnerabilities and outlines what action is being taken to address challenges where they remain.
- 2.3 The Annual Report includes lessons from management reviews, serious case reviews and child deaths, as well as findings from multi-agency audits and staff surveys within the reporting period.
- 2.4 It is important to note that over the reporting period and before, the number of referrals into children's services have continued to increase and the overall activity within the child protection system continues to rise (p.4 of the report). As the report indicates this places pressure on front line services across all sectors. Hampshire's Multi Agency Safeguarding Hub (MASH) continues to play an important feature of integrated front line working and receives all referrals through its systems. MASH were able to resolve over 60% of these contacts by providing advice and signposting to other agencies but this still leaves an increasing number which are further progressed to referrals, assessment and investigation where appropriate.

- 2.5 The Annual Report also outlines in detail the number of activities and work streams to increase understanding and identification of children at risk of sexual exploitation. This area of work has remained a priority for the HSCB during 2015 /16. The number of young people identified as vulnerable to CSE has continued to increase gradually over previous years and is a reflection of greater understanding, use, and multi-agency identification, and review via the SERAF risk assessment tool.
- 2.6 The Independent Chair responded to the Police and Crime Commissioner's review of historic child sexual abuse instigated September 2014. This led to a similar review of historic cases being undertaken both by Children's Services and also by NHS and Health partners. Whilst the Police review is still on-going in parts, this, and the related reviews reported to the HSCB have concluded that there is no evidence found of adult organised street grooming of children in Hampshire nor of the sexual exploitation reported in other areas of the country. There is also no evidence of any of the systematic organisational failures seen in Rotherham or Oxfordshire etc., although each review did highlight areas to improve particularly in relation to staff awareness and the continual updating of training and policies.
- 2.7 Specific challenges are highlighted in the Annual Report around action taken to learn lessons from cases when things go wrong and where children are the subject of neglect, harm or abuse from their carers or other adults around them.
- 2.8 HSCB is committed to publishing the findings from all Serious Case Reviews (SCRs) and in this reporting period published SCRs into Child V (September 2014), Child X (February 2015) and Child I (March 2015). There has been a significant increase in the numbers of SCRs commissioned across Hampshire in line with new government guidance.
- 2.9 The lessons from all of these cases have influenced the focus of HSCB's multi-agency training programme and a series of Learning Lessons workshops were implemented in 2014/15, resulting in the training of over 1,160 front line professionals from all partner agencies. This is a significant increase on the 700 people who attended training the year before. HSCB has also started a more in-depth evaluation process to fully ascertain the value of training provided and what positive impact it has on professional understanding and practice over a longer period. This work is in its early stages and will be reported on in more detail next year.
- 2.10 During the reporting period HSCB completed multi agency audits. This included a multi-agency audit to test awareness and review the practice of the SERAF tool since its implementation in 2013. The results of this audit will inform the Board's ongoing work in this area in the next reporting period.
- 2.11 A Section 11 audit was undertaken with statutory agencies across Hampshire which asked each partner agency to provide evidence to the Board on how they are meeting the many aspects of their safeguarding responsibilities. Where specific action has been required by certain agencies to improve their contributions, the HSCB monitors this to ensure all agencies are discharging their safeguarding duties.

- 2.12 Engagement with Education in relation to safeguarding across all schools has been a strong focus but improvement can still be made. HSCB has engaged with all Independent Schools requiring completion of an annual s157 safeguarding assessment. 95% of Independent Schools responded to the self-assessment which is a significant achievement based on previous years. HSCB has also held a workshop with members of the Independent Sector to open dialogue on safeguarding issues. A further event is planned for the Autumn 2015 to maintain momentum in this area.
- 2.13 During 2014 the HSCB has initiated its first formal health safeguarding sub group to bring together the five CCGs, different health providers within the public and private sector and NHS England to ensure that priority is given at a senior level to safeguarding. The Independent Chair met with all chief executives of the different NHS Trusts during 2014 and seeks assurance from the HWG that a focus on safeguarding children will remain a priority for all of the health economy. Ensuring engagement at the HSCB from the appropriate senior executive from all health commissioners and providers across Hampshire remains a challenge. Concerns remain about the availability and waiting lists to access appropriate support for children with mental health needs. Whilst the overall picture in Hampshire reflects the position nationally, CAMHS have seen a significant increase in the number of urgent and crisis presentations requiring immediate assessment. CAMHS have extended their specialist services in order to meet this demand and HSCB will monitor and review this in next year's report.
- 2.14 The numbers of child deaths considered by the Child Death Overview Panel in Hampshire for the year was 56. The HSCB through the Child Death Overview Panel is required to ensure that a proportionate review is undertaken of each death of a child under 18 irrespective of the cause of the death. The purpose is to understand if there are any lessons to be learnt, and whether there are any wider public health or safety concerns to prevent further deaths. If abuse or neglect is suspected then a serious case review must be undertaken and the findings from this about how agencies how worked together to safeguard children must be published.

#### **4. Conclusions**

- 4.1 Hampshire agencies are working hard to ensure that the child protection system is working. This Annual Report outlines the achievements of HSCB 2014/15 and provides assurance that the child protection partnership is effective. However, challenges remain to ensure that there is a multi-agency strategic response to the increased activity and complexity of cases within the child protection system; that all schools are fully compliant with their safeguarding duties and health organisations across Hampshire are all fully engaged and represented on the health safeguarding group of the HSCB at an executive level to provide maximum assurance that the protection of children is a high priority for all health practitioners..

#### **5. Recommendations**

- 5.1 Members of the Health and Wellbeing Board are asked to:

- Note that the child protection partnership is working effectively across Hampshire but there are severe pressure points in relation to the increased complexity of cases and activity in the system;
- Consider the implications for all health organisations in relation to representation on the HSCB;
- Ensure that the HSCB Annual Report is submitted to all governing bodies of member organisations represented on the HWB.

**CORPORATE OR LEGAL INFORMATION:**

**Links to the Corporate Strategy**

<b>Hampshire safer and more secure for all:</b>	yes
<b>Maximising well-being:</b>	yes
<b>Enhancing our quality of place:</b>	no
<b>OR</b>	
<b>This proposal does not link to the Corporate Strategy but, nevertheless, requires a decision because:</b>	

<b>Section 100 D - Local Government Act 1972 - background documents</b>	
<p>The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)</p>	
<u>Document</u>	<u>Location</u>
None	

**IMPACT ASSESSMENTS:**

**1. Equality Duty**

1.1. The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

**Due regard in this context involves having due regard in particular to:**

- a) The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;
- b) Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;

- c) Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

**1.2. Equalities Impact Assessment:**

The report will have no impact on equalities because it is for information not decision.

**2. Impact on Crime and Disorder:**

- 2.1. There is no impact on crime and disorder as this report is for information not decision.

**3. Climate Change:**

- a) How does what is being proposed impact on our carbon footprint / energy consumption? No proposal therefore no impact.
- b) How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts? No proposal therefore no impact.